Indiana Health Coverage Programs

PROVIDER BULLETIN

BT200032 SEPTEMBER 8, 2000

To: **All Indiana Health Coverage Programs Hospitals, Ambulatory Surgical Centers, Physicians, and Durable Medical Equipment Providers**

Subject: **NeuroCybernetic Prosthesis System – Vagus Nerve Stimulator**

Note: The information in this bulletin is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

Overview

Effective October 23, 2000, the Indiana Health Coverage Programs (IHCP) will reimburse for the NeuroCybernetic Prosthesis (NCP) System, a vagus nerve stimulator. This system works as a pacemaker for the brain. The NCP System is indicated for use as an adjunctive therapy in reducing the frequency of seizures in adults and adolescents older than twelve years old with partial onset seizures that are refractory to anti-epileptic medications and for which surgery has failed or is not recommended.

Coverage Criteria for the NCP System

The IHCP has approved the following criteria:

- Coverage of the NCP System is effective for dates of service on or after October 23, 2000. Reimbursement for implantation, revision, programming and reprogramming, and removal of the vagus nerve stimulator device is available under the IHCP for members older than twelve years old with medically intractable partial onset seizures who are not otherwise surgical candidates. Providers are required to perform this procedure on an outpatient basis whenever medically possible. Implantation procedures and equipment will

require prior authorization with documentation of medical necessity. In situations where complicating factors require this procedure to be performed on an inpatient basis, medical history and records should support the need for the inpatient admission. Prior authorization will not be required by the hospital for the inpatient admission or the device (included in the DRG reimbursement). The device cannot be billed separately for inpatients. Prior authorization must be obtained by the physician for the implantation procedures regardless of setting. The prior authorization request must be submitted with the following information:

- Documentation that an evaluation has been made by a neurologist
- Documentation of the member's type of epilepsy
- Documentation that the member's seizures are medically intractable (member continues with an unacceptable number of seizures with adequate treatment with two or more anti-epileptic drugs (AEDs) for a period of at least 12 months)
- Documentation that the member is not an intracranial surgical candidate or that surgery has been unsuccessful (for example, the member is not a surgical candidate due to multiple epileptic foci)

Members with diagnoses of ominous prognosis or other limiting factors would not be considered appropriate candidates for the implantation of the vagus nerve stimulator (for example, members with an absent left vagus nerve, severe mental retardation, cerebral palsy, stroke, progressive fatal neurologic disease, or progressive fatal medical disease).

Diagnosis and Procedure Codes

The following diagnosis and procedure codes are to be used when billing for the implantation, revision, programming and reprogramming, and removal of the vagus nerve stimulator device.

ICD-9 Diagnosis codes

Code	Description
345.41	Partial epilepsy with impairment of consciousness
345.51	Partial epilepsy without impairment of consciousness

ICD-9 Procedure codes

Code	Description
04.92	Implantation or replacement of peripheral neurostimulator
04.93	Removal of peripheral neurostimulator

Surgeon CPT Procedure Codes

Code	Description
64573	Incision for implantation of neurostimulator electrodes; cranial nerve
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve
61885	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or indirect coupling, with connection to a single electrode array
64585	Revision or removal of peripheral neurostimulator electrodes
61888	Revision or removal of cranial neurostimulator pulse generator or receiver

Neurologist CPT Procedure Codes

Code	Description
95970	Electronic analysis of implanted neurostimulator pulse generator system (for example, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance, and patient compliance measurements); simple or complex neurostimulator pulse generator, without programming
95974	Complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour
95975	Complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, each additional 30 minutes after first hour (list separately in addition to code for primary procedure)

Hospital Outpatient and Freestanding Ambulatory Surgical Center (ASC) Billing Instructions:

- For claims from hospital outpatient and ambulatory surgical centers, revenue codes 360 or 490 should be used on the UB-92 claim form.
- Table 1.1 indicates the procedure codes to be used when billing for the incision, implantation, revision, or removal of the vagus stimulator. The CPT code must be billed in conjunction with the appropriate revenue code on the UB-92 claim form. Also included in the table are the corresponding ambulatory surgical center (ASC) groups and the allowable IHCP reimbursement rates.

Table 1.1 – Procedure Codes and Corresponding ASC Groups and Rates

Category	CPT Code	Description	ASC Group	5/15/99 IHCP ASC Rate	PA Required
Implantation	64573	Incision for implantation of neurostimulator electrodes; cranial nerve; or	1	$337.08	Yes
	64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve			Yes
	61885	Incision and subcutaneous placement of cranial neurostimulator pulse generator and or receiver, direct or indirect coupling with connection to a single electrode array.	2	$469.08	Yes
Revision/ Removal.	64585	Revision or removal of peripheral neurostimulator electrodes.	A	$348.28	No
	61888	Revision or removal of cranial neurostimulator pulse generator or receiver.	1	$337.08	No

The surgical procedure involves two separate incisions. Therefore, both the 64573 and 61885 or 64553 and 61885 CPT codes should be used. Reimbursement is based on 100 percent of the highest ASC group and 50 percent for the second highest ASC group (no additional reimbursement is available for three or more procedures). Thus, the total ASC payment for the implantation procedure is $637.62.

Additional reimbursement, separate from the ASC rate for the implantation procedure performed in an outpatient setting, will be allowed for the cost of the device. Providers are to bill their usual and customary charge for this device and will be reimbursed the lesser of the submitted charges for the device or the maximum fee amount. The device must be billed on a HCFA-1500 claim form using a DME provider number and prior authorization must be obtained.

Note: If a provider does not have a DME provider number, the provider should request a DME provider application by writing to EDS Provider Enrollment, P.O. Box 7263, Indianapolis, Indiana, 43207-7263 or by calling EDS Customer Assistance at (317) 655-3240, Option 3, or 1-800-577-1278, Option 3.

The appropriate CPT code and the local codes listed in Table 1.2 should be used when billing the device.

Table 1.2 – Codes for Additional Reimbursement for the Cost of the Device

Local Code	Description	Maximum Fee Pricing	PA Required
Z5059	*NCP System (includes NCP generator, bipolar VNS lead, disposable tunneling tool, hand-held telemetry wand programmer, programming software, horseshoe and bar magnet) – one unit	$9,097	Yes
Z5060	NCP generator – one unit	$6,900	Yes
Z5061	Bipolar VNS lead – one unit	$2,030	Yes
Z5062	Disposable tunneling tool – one unit	$167	Yes
Z5063	**Hand-held magnet (horseshoe or block) – one unit	$30	Yes

**Z5059 – NCP System includes the individual parts for local codes Z5060, Z5061, Z5062, and Z5063*

***Used by patient to activate NCP during an aura or start of seizure.*

Note: Providers may not separately bill for individual components when implanting the complete system.

Hospital Inpatient

In situations where a complicating factor is present and the patient requires admission to the hospital for the procedure, the procedure and equipment will be reimbursed according to the appropriate diagnosis related group (DRG) payment. Prior authorization is not required for the admission or the device, which is included in the DRG reimbursement. The physician for the surgical procedure must obtain prior authorization. The hospital stay must be billed on the UB-92 claim form and must include a secondary diagnosis indicating a complicating factor that necessitated inpatient admission. Hospitals cannot receive additional reimbursement outside the DRG payment for the cost of the device. DRG payments for inpatient procedures with complicating factors include reimbursement for the device.

Physician Billing Instructions

Physicians will bill professional services on the HCFA-1500 claim form (see *Chapter 8 of the Indiana Health Coverage Programs Provider Manual*), using the appropriate procedure codes in the following tables.

Table 1.3 – Procedure Codes and Corresponding Rates

Category	CPT Code	Description	RBRVS Pricing	PA Required
Implanting	64573	Incision for implantation of neurostimulator electrodes; cranial nerve.	$215.37	Yes
	64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	$92.35	Yes
	61885	Incision and subcutaneous placement of cranial neurostimulator pulse generator and or receiver, direct or indirect coupling with connection to a single electrode array	$122.28	Yes
Revision/Removal	64585	Revision or removal of peripheral neurostimulator electrodes	$83.62	No
	61888	Revision or removal of cranial neurostimulator pulse generator or receiver	$153.03	No

Note: Surgeons will use the above codes. Anesthesia practitioners will use the above codes using the appropriate modifier(s).

The following codes in Table 1.4 should be used by the neurologist for interrogation and programming services performed on patients with implants.

Table 1.4 – Interrogation and Programming Services Codes for Implant Patients

Code	Description	RBRVS Pricing	PA Required
95970	Electronic analysis of implanted neurostimulator pulse generator system (for example, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex neurostimulator pulse generator, without programming.	$17.05	No
95974	Complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour.	$110.30	No
95975	Complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, each additional 30 minutes after first hour (list separately in addition to code for primary procedure).	$65.05	No

Note: These codes do not require prior authorization.

Further Information

Questions about this bulletin may be directed to the Health Care Excel (HCE) Medical Policy department at (317) 374-4500. Questions about the billing procedures referenced in this bulletin may be directed to EDS Customer Assistance at (317) 655-3240 in the Indianapolis local area or 1-800 577-1278.