

BWC Policy Alert

2016 BWC Coding Clarification, Proper Coding and Billing of Percutaneous Implantation of Neurostimulator Electrode Arrays

Date: June 13, 2016
Policy Alert # 06-2016-13

Purpose

This BWC policy alert clarifies appropriate physician coding and billing of percutaneous implantation of neurostimulator electrode arrays.

Issue

BWC has identified inconsistency in physicians' reporting of codes related to percutaneous implantation of neurostimulator electrode arrays.

Discussion

Effective April 1, 2014, the Centers for Medicare and Medicaid Services (CMS) changed its payment methodology for implantation of spinal cord stimulation furnished in a physician's office. In 2014, CMS determined that Healthcare Common Procedure Coding System (HCPCS) code L8680 (implantable neurostimulator electrode, each) was no longer separately billable for Medicare patients because payment for electrodes was incorporated in the payment Current Procedural Terminology (CPT) code 63650 (percutaneous implantation of neurostimulator electrode array, epidural). As a result, CMS directed practitioners to discontinue reporting L8680 in conjunction with an implantation procedure furnished in any setting. CPT 63650 is reported for each array implantation.

Even though Medicare does not reimburse providers for L8680, the code continues to remain a valid HCPCS Level II code that other payers may require.

BWC professional provider services

Effective Jan. 1, 2015, BWC adopted the bundled CMS reimbursement concept for 63650 in BWC's Professional Provider and Medical Service 2015 fee schedule. This action increased the fee to cover the electrode array previously reported under code L8680. L8680 also remained on BWC's professional provider fee schedule. Some providers have continued to report and be reimbursed separately for the code.

Conclusion

For dates of service on or after Jan. 1, 2015, physicians performing a percutaneous implantation of neurostimulator electrode array, epidural, should have reported only CPT 63650. Physicians should not have reported or received separate reimbursement for HCPCS code L8680. Separate reimbursement for L8680 is not appropriate even when reported with modifier 59.

Location: <http://www.ohiobwc.com/provider/services/FeeSchedules.asp>

References

2016 HCPCS Level II Code Set - <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html>

Ohio Administrative Code 4123-6-08 Bureau fee schedule

MLN Matters ® Number: MM8645 - <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm8645.pdf>