

AMBULATORY PAYMENT CLASSIFICATION (APC) FOR VAGUS NERVE STIMULATION IN EPILEPSY MEDICARE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM (OPPS) UPDATE — VNS THERAPY® IMPLANT

Effective January 1, 2018

CPT Code	Description	APC Code / (Status Indicator)	Required C Codes	2018 Rates (National Avg)
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FULL SYSTEM IMPLANT (ELECTRODE AND GENERATOR)

64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	5464 (J1)*	C1767 C1778	\$27,889.86
95971	Neurostimulator analysis-programming, simple (3 or fewer parameter changes)	5742 (S) [†]	NA	\$115.17
95974	Neurostimulator analysis-programming, complex (more than 3 parameter changes)	5742 (S) [†]	NA	\$115.17

GENERATOR/BATTERY REPLACEMENT (END OF SERVICE)

61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	5463 (J1)*	C1767	\$18,367.62
95971	Neurostimulator analysis-programming, simple (3 or fewer parameter changes)	5742 (S) [†]	NA	\$115.17
95974	Neurostimulator analysis-programming, complex (more than 3 parameter changes)	5742 (S) [†]	NA	\$115.17

ELECTRODE REVISION OR REPLACEMENT

64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	5462 (J1)*	C1778	\$6055.19
95971	Neurostimulator analysis-programming, simple (3 or fewer parameter changes)	5742 (S) [†]	NA	\$115.17
95974	Neurostimulator analysis-programming, complex (more than 3 parameter changes)	5742 (S) [†]	NA	\$115.17

REMOVAL ONLY OF ELECTRODE AND GENERATOR

64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	5432(J1)*	NA	\$4,627.27
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*Status indicator for APC with a (J1) "Hospital Part B services paid through comprehensive APC."

[†]Status indicator for APC with an (S) "Significant procedure, no multiple surgical procedure reduction."

SC codes remain required for reimbursement and data collection purposes. (CPT code 64568 will require both C1767 and C1778 for appropriate claim adjudication and payment).

ICD-10-CM DIAGNOSIS CODES (EPILEPSY)

G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
G40.019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
G40.111	(Attacks without alteration of consciousness) Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
G40.119	(Attacks without alteration of consciousness) Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus

REVENUE CODES

278	Medical device and implants
360	General classification OR services

IMPORTANT POINTS TO REMEMBER

- Correct coding: CMS reimburses hospitals at the APC payment rate assigned to a specific CPT code. Use of correct codes helps to ensure appropriate payment.
- Hospitals will need to review the charge master for supplies used during VNS Therapy implant surgery to ensure the HCPCS codes for these supplies are present. Charges for the procedure and device will need to be assigned to the appropriate CPT or HCPCS code.
- CMS believes coding of devices is vital to enhancing the device-dependent APC claims data and is critical for future APC payment rates. Hospitals will be required to include device category codes on claims when such devices are used in conjunction with procedures billed and paid for under OPPS.
- Complete and accurate coding is necessary for appropriate reimbursement and critical for future APC payment rates. Paying particular attention to this detail now may be extremely beneficial to future payments. Please feel free to share this document with others at the hospital that may find this information beneficial.
- Some state Medicaid contractors may require HCPCS codes:
L8686 Generator
L8680 Lead

FDA INDICATION FOR USE

The VNS Therapy System is indicated for use as an adjunctive therapy in reducing the frequency of seizures in patients 4 years of age and older with partial onset seizures that are refractory to antiepileptic medications.

LivaNova has compiled this coding information for your convenience. It is the provider's responsibility to file claims with appropriate ICD-10, CPT-4, HCPCS, revenue, and/or APC codes along with charges for the services provided. Please contact your local payer if you have questions regarding appropriate coding guidelines.

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Additional information can also be accessed through CMS. CMS has posted APC materials, including all addendums in its Medicare Manuals on the Internet. You should also contact your Medicare Fiscal Intermediary to clarify questions and/or concerns regarding billing and coding.