

## COMMON CODING OPTIONS & SCENARIOS

Effective January 1, 2018

### ANALYSIS / PROGRAMMING CPT-4 CODES (ALL SETTINGS)

CPT Code	Description	Work RVU	Total Non-Facility RVU	2018 Rates (National Avg)
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### FULL SYSTEM IMPLANT (ELECTRODE AND GENERATOR)

95970	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of waveform, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	0.45	1.97	\$70.92
95971	(3 or fewer parameter changes) Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of waveform, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	0.78	1.45	\$52.20
95974	(More than 3 parameter changes) Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of waveform, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	3.00	5.91	\$212.76
95975	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of waveform, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure.)	1.70	3.18	\$114.48

### 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

For a complete Medicare fee schedule visit [www.cms.gov](http://www.cms.gov).

## IMPORTANT POINTS TO REMEMBER

### Recent Changes for Neurostimulators, Analysis-Programming

According to the AMA CPT, they have defined simple intraoperative or subsequent programming of neurostimulator pulse generator with code 95971 when there are changes to three or fewer of the following parameters: rate, pulse amplitude, pulse duration, pulse frequency, eight or more electrode contacts, cycling, stimulation train duration, train spacing, number of programs, number of channels, alternating electrode polarities, dose time, or more than one clinical feature. When there are changes to more than three of the above, then AMA CPT defines this as complex intraoperative or subsequent programming identified by codes 95974-95975. Programming for these codes is time-based; for sessions less than 31 minutes, use reduced services modifier -52. In cases where it is deemed medically appropriate to submit an evaluation and management code, the use of an E/M code should be followed by a modifier -25. AMA CPT Assistant available upon request.

### Typical Office Visit Steps

- ① Interrogate generator
- ② Adjust Normal, Magnet, and AutoStim modes as needed
  - For AspireSR® (M106) and SenTiva® (M1000) generators, turn tachycardia detection on or off, if on, verify heartbeat detection and adjust threshold for AutoStim as needed
- ③ Program parameters if changes were made
- ④ Perform System Diagnostics
  - For Pulse® (M102/102R) series generators, perform System and Normal Mode Diagnostics only after patient can tolerate 1.0 mA
- ⑤ Always interrogate generator as last step in session to verify settings

### Dosing Notes

- Continue to optimize dose to therapeutic effect or tolerability
- Give patient time to adapt to parameter changes before making additional adjustments
- For more information on dosing parameters and strategies to manage side effects, please review the VNS Therapy® Dosing Guidelines

### 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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