VNSTherapy®

SURGICAL CODES

COMMON CODING OPTIONS & SCENARIOS

Effective January 1, 2018

CPT Code	Description	Global Period	Work RVU	Total Facility RVU	2018 Rates (National Avg)
FULL SYSTEM IMPLANT (ELECTRODE AND GENERATOR)					
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	90	9.00	18.52	$666.71
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	90	6.05	14.94	$537.83
ELECTRODE REVISION OR REPLACEMENT					
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to **existing** pulse generator	90	11.00	22.34	$804.23
REMOVAL ONLY OF ELECTRODE AND GENERATOR					
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	90	9.10	21.48	$773.27
REMOVAL OF GENERATOR					
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	10	5.23	11.58	$416.88
INTRAOPERATIVE PROGRAMMING					
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	NA	0.78	1.17	$42.12
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	NA	3.00	4.68	$168.48
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.)	NA	1.70	2.65	$95.40

**A physician should not bill if the service is performed entirely by, or under the direction of, a manufacturer representative without payer consent. If the service is performed in part by a physician or physician-supervised personnel (in accordance with the Medicare incident to requirements) and in part by a manufacturer representative, the physician should contact the payer and/or a reimbursement consultant before billing the service.*

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

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LivaNova
Health innovation that matters

VNSTherapy®

SURGICAL CODES

SAMPLE REPORT OF OPERATION

GENERAL HOSPITAL

123 Main Street
Anytown, USA 12345

Date of Surgery:	01/01/2018
Surgeon:	Surgeon's Name
Assistant:	If applicable
Preoperative Diagnosis:	Intractable refractory epilepsy (partial onset seizures)
Postoperative Diagnosis:	Same
Operative Procedure:	Vagus nerve stimulator/implantation of neurostimulator electrode lead
Anesthesia:	Local or general
Operative Findings:	We had good placement of lead and good lead impedance as appropriate. The data are available on the chart.

OPERATIVE TECHNIQUE:
Following adequate levels of general anesthetic, the patient was prepped with DuraPrep and draped in a sterile fashion. A transverse neck incision was made midway between the clavicle and mastoid process to expose the vagus nerve on the left side of the neck. With sharp and blunt dissection, we incised the platysma with electrocautery. We identified the facial vein and ligated it proximally and distally. Careful dissection identified the vagus nerve in its proper position between the carotid artery and internal jugular vein. This was isolated several centimeters and vessel loops placed around for better exposure. We then made an infraclavicular pocket at the anterior fold of the left axilla with sharp dissection and produced a subcutaneous pocket for the vagus nerve stimulator generator. The lead was then passed subcutaneously with a tunneling device from the neck incision to the generator pocket. Once the lead was in proper position, we then carefully attached each coil to the vagus nerve in its proper position placing both the positive and negative coils around the vagus nerve and then the anchor coil around the vagus nerve. We had good positioning. Once everything was in proper position, the lead was affixed to fascia inside the carotid sheath using 2 tie downs provided in the lead packaging. The lead was also attached to the sternocleidomastoid muscle using 1 tie down. The tie downs were secured with 4-0 silk. Once this was in place, we then obtained the generator and attached the lead appropriately to the generator using a torque wrench. The computer interrogations and tests of the generator found it to be functioning perfectly. The generator was then placed in the pocket and the excess lead was placed behind the pocket. The generator was secured to the pocket using 4-0 silk. All sites were then irrigated with antibiotic solution. The deep spaces were then closed with interrupted 4-0 Dexon suture and the skin sites were closed with interrupted 5-0 Maxon suture and Dermabond glue. The generator and lead were again retested and functioned perfectly. The patient was then returned to the recovery room in good condition. A chest x-ray was taken to document the lead placement.

Estimated Blood Loss: 50 cc

All sponge and instrument counts were correct. No blood was given. Surgeon Name, MD

IMPORTANT POINTS TO REMEMBER

Typical Intra-Operative Steps

1. Interrogate generator
2. For AspireSR® (M106) and SenTiva™ (M1000), select Verify Heartbeat Detection and adjust Heartbeat Sensitivity, if necessary
3. Perform system diagnostics
   - For Pulse® (M102/102R) series generators, perform System and Normal Mode Diagnostics only after patient can tolerate 1.0 mA
4. Always interrogate generator as last step in session to verify settings

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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