

## COMMON CODING OPTIONS & SCENARIOS

Effective January 1, 2019

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

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

95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	0.35	0.54
95976	Electronic analysis with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional (one to three parameters)	0.73	1.16
95977	Electronic analysis with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional (more than three parameters)	0.97	1.54

### 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 conscious) Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, 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

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

## IMPORTANT POINTS TO REMEMBER

### Recent Changes for Neurostimulators, Analysis-Programming

Parameters available for programming can vary between systems and may need to be adjusted multiple times during a single programming session. The iterative adjustments to parameters provide information that is required for the physician or other qualified health care professional to assess and select the most appropriate final programming parameters to provide for consistent delivery of appropriate therapy. The values of the final program parameters may differ from the starting values after the programming session.

Cranial nerve neurostimulator analysis with programming (95976, 95977) are reported based on the number of parameters adjusted during a programming session. Simple programming of a neurostimulator pulse generator/transmitter includes adjustment of one to three parameter(s). Complex programming includes adjustment of more than three parameters. For purposes of counting the number of parameters being programmed, a single parameter that is adjusted two or more times during a programming session counts as one parameter.

Programming may be performed in the operating room, postoperative care unit, inpatient, and/or outpatient setting. Programming a neurostimulator in the operating room is not inherent in the service represented by the implantation code and may be reported by either the implanting surgeon or other qualified health care professional when performed.

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.

Some payers may choose to adopt CMS-mandated codes at a later date.

### 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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