

CPT® Codes				
	CODE	DESCRIPTION	MEDICARE RVUs	
			PHYSICIAN OFFICE	FACILITY
Analysis and Programming	95970	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	1.93	0.69
	95971	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	1.43	1.16
	95978	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour	7.08	5.49
	95979	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	3.07	2.56
Interpretation of Stored Electrograms	95999	Unlisted neurological or neuromuscular procedure or service	N/A	N/A

ICD-10-CM Diagnosis Codes	
CODE	DESCRIPTION
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	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
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

Important Notes

Analysis and programming may be furnished by a provider, with or without support from a manufacturer's representative. Neither the payer nor the patient should be billed for services rendered by the manufacturer representative. Contact your local Medicare contractor or payer for interpretation of applicable policies.

According to CPT guidelines, complex programming is defined as changes to four or more parameters. The parameters include: 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. In addition, CPT guidelines instruct providers to append modifier -52 to code 95978 if complex programming lasts less than 31 minutes.

An evaluation and management code may be reported if a separately identifiable evaluation and management service takes place in addition to analysis and programming.

For code 95999, the N/A under Physician Office and Facility indicates that Medicare does not assign RVUs to unlisted codes. Medicare Administrative Contractors (MACs) determine the payment rates for unlisted codes at the local level.

Because an unlisted procedure code does not describe a specific procedure or service, it is necessary to submit supporting documentation when filing the claim. Payer documentation requirements vary but many payers will at least require a detailed description of the procedure, documentation of medical necessity and the provider's charge for the service. Please contact your local payer for specific requirements regarding use of an unlisted code.

About NeuroPace and the RNS® System

NeuroPace was founded to design, develop, manufacture and market implantable devices for the treatment of neurological disorders by responsive brain stimulation. The company's first product is the RNS® System, a cranially implanted responsive neurostimulator for the treatment of medically intractable partial onset seizures in adults with epilepsy. NeuroPace received approval from the U.S. Food and Drug Administration (FDA) for the RNS® System in November 2013.

FDA Indication for Use

The RNS® System is an adjunctive therapy in reducing the frequency of seizures in individuals 18 years of age or older with partial onset seizures who have undergone diagnostic testing that localized no more than 2 epileptogenic foci, are refractory to two or more antiepileptic medications, and currently have frequent and disabling seizures (motor partial seizures, complex partial seizures and/or secondarily generalized seizures). The RNS® System has demonstrated safety and effectiveness in patients who average 3 or more disabling seizures per month over the three most recent months (with no month with fewer than two seizures), and has not been evaluated in patients with less frequent seizures.



See labeling for prescribing information, including indications, contraindications, warnings, precautions and adverse events.

This document has been prepared for providers using the RNS® System, and is intended for informational purposes only. NeuroPace does not promise or guarantee coverage or any level of payment by any third party payer. While NeuroPace believes this information to be correct, it is subject to change at any time. As with all reimbursement claims, providers are solely responsible for determining the appropriate codes, modifiers and charges for services provided. NeuroPace recommends that you contact your local payer with questions regarding coding and payment guidelines.

The 2017 Medicare RVUs can be found in the Federal Register, Volume 81, Number 220, November 15, 2016. The complete Medicare Physician Fee Schedule can be found at www.cms.gov/physicianfeesched.

Current Procedural Technology (CPT) is copyright 2017 American Medical Association. All rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no responsibility for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a registered trademark of the American Medical Association.