

Inpatient Hospital Codes

AS OF OCTOBER 1, 2024

ICD-10-PCS Procedure Codes		
	CODE	DESCRIPTION
Lead Insertion or Replacement	ооноомz	Insertion of Neurostimulator Lead into Brain, Open Approach
	00H03MZ	Insertion of Neurostimulator Lead into Brain, Percutaneous Approach
Neurostimulator Insertion or Replacement	ONHOONZ	Insertion of Neurostimulator Generator into Skull, Open Approach
Lead Removal	OOPOOMZ	Removal of Neurostimulator Lead from Brain, Open Approach
Neurostimulator Removal	ONPOONZ	Removal of Neurostimulator Generator from Skull, Open Approach
MS-DRG Assignments		

MS-DRG Assignments				
	ICD-10 CODE(S)	MS-DRG	MS-DRG TITLE	
Insertion of RNS System Leads and Neurostimulator	OOHOOMZ AND ONHOONZ OR OOHO3MZ AND ONHOONZ	023	Craniotomy with Major Device Implant or Acute Complex Central Nervous System (CNS) Principal Diagnosis (PDX) with MCC or Chemotherapy Implant or Epilepsy with Neurostimulator	
Replacement of Neurostimulator Only or Removal of Neurostimu- lator Only	ONHOONZ OR ONPOONZ	040 041 042	Peripheral/Cranial Nerve & Other Nervous System Procedures with MCC Peripheral/Cranial Nerve & Other Nervous System Procedures with CC or Peripheral Neurostimulator Peripheral/Cranial Nerve & Other Nervous System Procedures without CC/MCC	
Removal of Leads and Neurostimulator	OOPOOMZ AND ONPOONZ	025 026 027	Craniotomy and Endovascular Intracranial Procedures with MCC Craniotomy and Endovascular Intracranial Procedures with CC Craniotomy and Endovascular Intracranial Procedures without CC/MCC	

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		

Coding Guide Inpatient Hospital Codes

Important Notes

Starting in Fiscal Year (FY) 2018, the Centers for Medicare & Medicaid Services (CMS) reassigned all cases involving implantation of the RNS* System (leads and generator) to MS-DRG 023.

Correct coding is critical for ensuring that the procedure maps to the appropriate MS-DRG. Per the CMS FY 2018 Inpatient Prospective Payment System final rule, cases involving the RNS* System will map to MS-DRG 023 when a principal diagnosis of epilepsy and one of the following ICD-10-PCS procedure code combinations are reported:

- ONHOONZ and OOHOOMZ
- ONHOONZ and OOHO3MZ

About NeuroPace and the RNS® System

NeuroPace develops, manufactures and markets implantable devices for the treatment of neurological disorders by responsive brain stimulation. The company's first product, the RNS® System, is the only FDA-approved brain-responsive neurostimulator for the treatment of drug-resistant focal onset epilepsy.

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.

 $\mathbf{R}_{\scriptscriptstyle{\mathsf{Only}}}$

See labeling available at www.NeuroPace.com 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 FY2025 Medicare MS-DRGs and relative weights can be found in the Federal Register, Volume 89, Number 167, August 28, 2024.