

CY 2020 OPPS PAYMENT FOR DEEP BRAIN STIMULATION (DBS) PROGRAMMING

ADVISORY PANEL ON HOSPITAL OUTPATIENT
PAYMENT
AUGUST 19-20, 2019

Medtronic
Further, Together

SUMMARY OF PRESENTATION

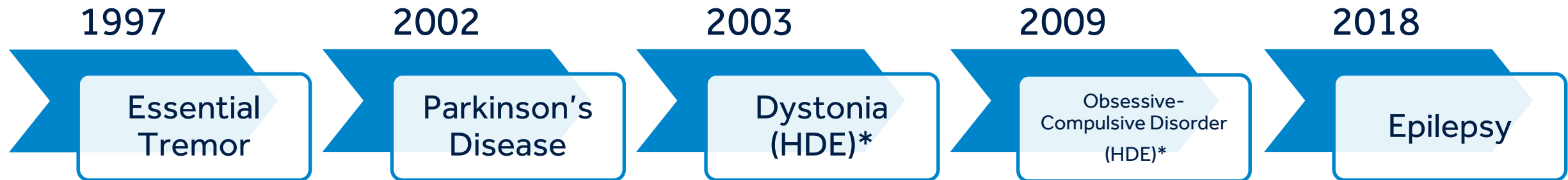
Presenters Dr. Michael Pourfar Carrie Bullock Cyndy Novak	Neurosurgeon & Neurologist, NYU Langone Medical Center Director, Health Policy & Reimbursement, Medtronic Senior Reimbursement Program Manager, Medtronic
CPT Codes Involved 95983 Electronic analysis and programming of an implanted neurostimulator pulse generator system	
APCs Affected 5471 (Level I Electronic Analysis of Devices) and 5472 (Level II Electronic Analysis of Devices)	
Description of the Issue In 2019, CPT codes 95978 (first 60 minutes) and 95979 (each additional 30 minutes) were deleted and replaced with 95983 (first 15 minutes) and 95984 (each additional 15 minutes). CPT code 95978 had been assigned to APC 5472 and CPT code 95983 was assigned to APC 5471 (CPT code 95984 is packaged as was its predecessor code). The overall costs for providing the service has not changed and the assignment of CPT code 95983 to APC 5471 has reduced the hospital payment approximately \$100. While the time increments of the current and predecessor codes vary, the payment for the associated add-on code remains packaged, and the overall costs of hospitals providing the service have not changed. The payment for APC 5471 is far below the cost of the predecessor code, 95978, which continues to map to APC 5472 for purposes of ratesetting.	
Clinical Description of the Service CPT code 95983 describes the electronic analysis of an implanted neurostimulator pulse generator/transmitter with programming. DBS programming is essential in optimizing the therapy for the patient and is necessary for maintaining patient symptom relief.	
Recommendation and Rationale for Change Reassign CPT code 95983 to APC 5472 to ensure hospitals receive adequate payment for providing DBS programming. The 2019 CPT code revision created a 15 minute base code with an add-on of 15 minute incremental coding. Under the OPPS, there is no recognition of the add-on 15 minute incremental coding. The current assignment does not allow for the costs for the total time to do DBS.	
Potential Consequences of Not Making the Change OPPS payment for DBS programming will remain insufficient relative to hospitals' costs for providing this service, which is vital to maximizing symptom control and minimizing side effects for patients undergoing DBS therapy.	

*Disclosures: Dr. Pourfar is previous faculty for Medtronic. Ms. Bullock and Ms. Novak are employees and shareholders of Medtronic.

DBS PROGRAMMING: CLINICAL DESCRIPTION

DEEP BRAIN STIMULATION (DBS)

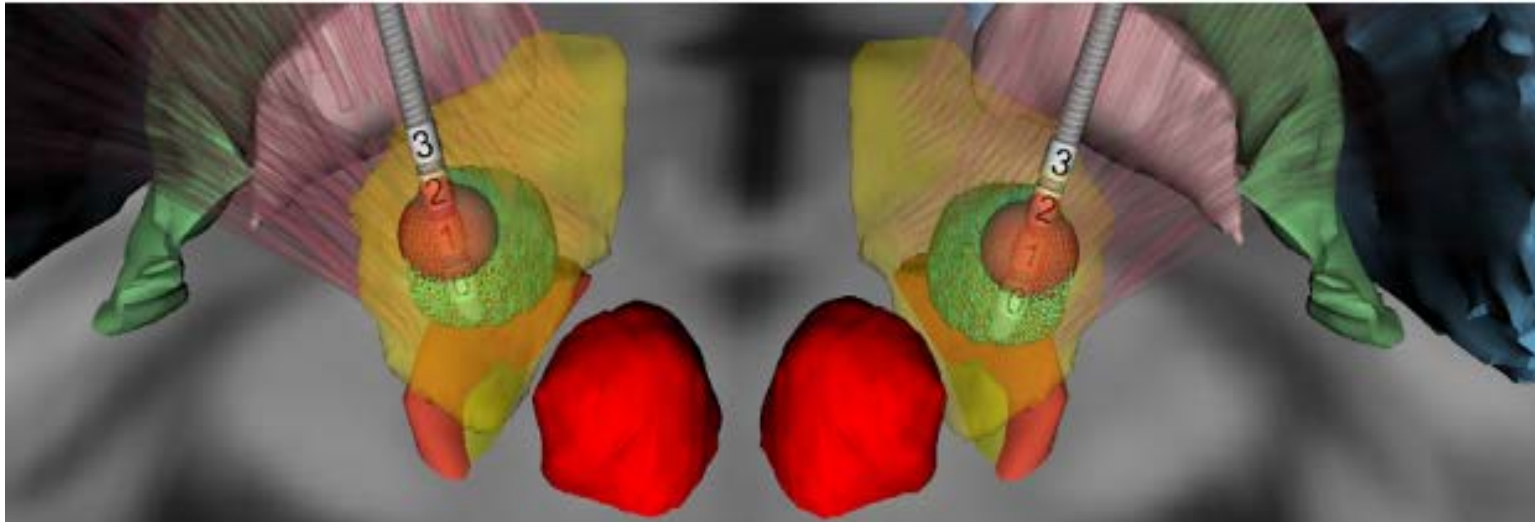
- DBS involves implanting one or two leads into certain areas of the brain to deliver electrical stimulation to parts involved in movement control (globus pallidus (GPI) or subthalamic nucleus (STN)), or seizure control (anterior nucleus of the thalamus (ANT))
- Each lead is connected to an extension and the extensions are connected to a neurostimulator, which provides mild electrical stimulation to the targeted area in the brain which is thought to override neuronal activity
- The stimulation may be programmed and adjusted, non-invasively, by the clinician to help maximize symptom control and minimize side effects
- A patient is provided a therapy programmer, which is an external device, that enables patient control over the therapy delivered, within the physician-prescribed parameters



* HDE: Humanitarian Device Exemption

DBS PROGRAMMING

- Programming of the DBS system, once implanted, is required by a medical professional to deliver the therapy to the brain target of interest while minimizing stimulation of surrounding structures
 - Using the lead electrode closest to the desired target provides maximal benefit and minimizes stimulation-induced adverse effects
 - Setting appropriate stimulation parameters ensures that the desired brain target, but not adjacent structures, receives the stimulation
- Patients must be seen periodically for programming to maintain the proper stimulation settings for the best control of symptoms while minimizing side effects
- As the disease progresses, programming becomes increasingly important to help manage symptoms



GOALS OF DBS PROGRAMMING



Primary Goals

- Maximize symptom suppression
 - Delivering therapy to the target of interest
 - Using the active contact(s) closest to the therapeutic target
 - Setting appropriate stimulation parameters
- Minimize adverse effects
 - Controlling electrical field spread

Secondary Goals

- Minimize battery drain
 - Delivering minimum necessary stimulation energy
- Medication reduction/adjustments

FOLLOW-UP PROGRAMMING VISITS

- Review interim changes
 - Symptom control
 - Medication changes
 - Adverse effects
 - Medication induced
 - Stimulation induced
- Interrogate device
 - Check impedances
- Assess where the stimulation parameters are within the therapeutic range
- Formulate and implement management plan
 - Adjust stimulation
 - Adjust medication
 - Make no adjustments



OPPS PAYMENT: DESCRIPTION OF ISSUE

CPT CODING FOR DBS PROGRAMMING

NEW CODES EFFECTIVE JANUARY 1, 2019

- The new DBS programming codes are based on 15-minute increments, while the retired DBS programming codes were based on 60 minutes and 30 minutes, respectively
- CPT code 95983 is assigned to APC 5741 (Level 1 Electronic Analysis of Devices), while the predecessor code was assigned to APC 5742 (Level 2 Electronic Analysis of Devices) for CY 2018 and earlier
 - CPT code 95984 is packaged as an add-on code, consistent with its predecessor code

Predecessor CPT Code		APC	New CPT Code	Descriptor	APC
95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, 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	5742	95983	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 neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	5741
95979	Each add'l 30 mins after the first hour	N/A (SI=N)	95984	Each add'l 15 mins face-to-face time with physician or other qualified health care professional	N/A (SI=N)

Both the old and the new codes reflect the same service: programming of a DBS system by a health care professional. While the time values of the codes differ, the cumulative cost to a hospital of providing the service remains the same.

APC MAPPING OF DBS PROGRAMMING CODES

CY 2018-PROPOSED CY 2020

CY 2018 Coding and Payment					Payment Change	
CPT Code	APC	Geometric Mean Cost	Single Freq	Payment	Payment Difference	Percentage Change
95978	5742	\$123	8,096	\$115	n/a	n/a
95979	SI=N	n/a	n/a	n/a	n/a	n/a
CY 2019 Coding and Payment					Comparison of CY 2019 to CY 2018	
CPT Code	APC	Geometric Mean Cost*	Single Freq*	Payment	\$ Difference	Percentage Change
95983	5741	\$122	8,480	\$37	-\$78	-68%
95984	SI=N	n/a	n/a	n/a	n/a	n/a
CY 2020 Coding and Payment					Comparison of Proposed CY 2020 to CY 2018	
CPT Code	APC	Geometric Mean Cost*	Single Freq*	Proposed Payment	Payment Difference	Percentage Change
95983	5741	\$109	8,830	\$37	-\$78	-68%
95984	SI=N	n/a	n/a	n/a	n/a	n/a

*Geometric mean cost and single frequency based on predecessor code 95978.

Sources: CY 2018 OPPS Addendum B; CY 2018 OPPS/ASC CN CPT Cost Statistics; CY 2019 OPPS Addendum B; CY 2019 OPPS/ASC Final Rule CPT Cost Statistics; CY 2020 OPPS Proposed Rule Addendum B; CY 2020 OPPS/ASC Proposed Rule CPT Cost Statistics.

- The current and proposed APC mapping for CPT code 95983 results in a drastic reduction in payment relative to CY 2018, and relative to the predecessor code's cost

Because the additional time spent programming is reported using add-on codes under both the old coding framework and the new coding framework, and because the payment for add-on codes is packaged under the OPPS, the drastic reduction in payment for primary CPT code 95983 is not warranted.

APC MAPPING OF DBS PROGRAMMING CODES

ASSIGNMENT OF COSTS FOR RATESETTING

- Notably, the cost of the predecessor CPT code 95978 continues to map to APC 5742 in the CY 2020 OPPS Proposed Rule 2x rule file, with a mean cost of approximately \$109 – despite the new code 95983 being assigned to APC 5741

APC 5742 - Level 2 Electronic Analysis of Devices						
APC GMEAN		DATE 06/13/19	CATEGORY	OFFLINE?		
GMEAN		COST (TOTAL) =		\$110.95		
HCPCS-----	SI	DESCRIPTION	--TOTGMN---	--FREQ--	PCT	TOT.FREQ.
*95978	PD19 S	Analyze neurostim brain/1h	\$109.18	8830	31	9263
*95972	CF14 S	Alys cplx sp/pn npgt w/prgrm	\$114.81	2108	7	5636
*95974	PD19 S	Cranial neurostim complex	\$117.86	1298	4	1591
*93271	S	Ecg/monitoring and analysis	\$117.92	10315	36	11332
0435T	NP16 S	Prgrmg eval npgs apnea 1 ses	\$151.84	3		3
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TOTALS:				28415		44247

Source: CY 2020 NPRM OPDS "2 Times Rule" File

- If the costs on 2018 claims for CPT code 95978 were mapped to APC 5741 in the CY 2020 OPPS Proposed Rule 2x rule file, consistent with the assignment of CPT code 95983, the high cost would trigger a two times violation

The APC assignment for payment of CPT code 95983 does not align with the mapping of the costs for predecessor code 95978 for ratesetting purposes; if it did, a two times violation would occur.

RECOMMENDATION AND RATIONALE FOR CHANGE

- Medtronic respectfully requests that CMS reassign CPT code 95983 to APC 5742 for CY 2020
- The new codes for DBS programming reflect the same service as the predecessor codes: programming of a DBS system by a health care professional
 - While the time values of the new codes differ, the cumulative cost to a hospital of providing the service remains the same
- The current and proposed APC mapping for CPT code 95983 results in a drastic reduction in payment relative to CY 2018 (from \$115 to \$37), and relative to the predecessor code's cost of approximately \$109
 - Because the additional time spent programming is reported using add-on codes under both the old coding framework and the new coding framework, and because the payment for add-on codes is packaged under the OPPS, the drastic reduction in payment for primary CPT code 95983 is not warranted
- The APC assignment for payment of CPT code 95983 does not align with the mapping of the costs for predecessor code 95978 for ratesetting purposes
 - If the costs on 2018 claims for CPT code 95978 were mapped to APC 5741 in the CY 2020 OPPS Proposed Rule 2x rule file, consistent with the APC assignment of CPT code 95983, the high cost would trigger a two times violation
- If CPT code 95983 continues to be assigned to APC 5741, OPPS payment for DBS programming will remain insufficient relative to hospitals' costs for providing this service, which is vital to maximizing symptom control and minimizing side effects for patients undergoing DBS therapy