

Phrenic Nerve Stimulator (NCD 160.19)

Policy Number	160.19	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	08/27/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the

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Summary

Overview

The phrenic nerve stimulator provides electrical stimulation of the patient's phrenic nerve to contract the diaphragm rhythmically and produce breathing in patients who have hypoventilation (a state in which an abnormally low amount of air enters the lungs). The device has been used successfully to treat hypoventilation caused by a variety of conditions, including respiratory paralysis resulting from lesions of the brain stem and cervical spinal cord and chronic pulmonary disease with ventilatory insufficiency. The phrenic nerve stimulator is intended to be an alternative to management of patients with respiratory insufficiency who are dependent upon the usual therapy of intermittent or permanent use of a mechanical ventilator as well as maintenance of a permanent tracheotomy stoma.

However, an implanted phrenic nerve stimulator can be effective only if the patient has an intact phrenic nerve and diaphragm. Moreover, nerve injury may occur during the surgical procedure and if sufficient injury is incurred, the device will not prove useful to the patient. Consequently, it is possible for such a device to be indicated for a patient but, due to injury sustained during implant, fail to assist the patient, resulting in a return to the use of mechanical ventilation.

Reimbursement Guidelines

The implantation of a phrenic nerve stimulator is covered for selected patients with partial or complete respiratory insufficiency.

CPT/HCPCS Codes

Code	Description
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64580	Incision for implantation of neurostimulator electrode array; neuromuscular
64585	Revision or removal of peripheral neurostimulator electrode array
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
L8680	Implantable neurostimulator electrode, each
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
L8682	Implantable neurostimulator radiofrequency receiver
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only

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L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only		
ICP/PCS Codes			
ICP Code	Description	PCS Code	Description
04.92	Implantation or replacement of peripheral neurostimulator lead(s)	00HE0MZ	Insertion of Neurostimulator Lead into Cranial Nerve, Open Approach
		00HE3MZ	Insertion of Neurostimulator Lead into Cranial Nerve, Percutaneous Approach
		00HE4MZ	Insertion of Neurostimulator Lead into Cranial Nerve, Percutaneous Endoscopic Approach
		01HY0MZ	Insertion of Neurostimulator Lead into Peripheral Nerve, Open Approach
		01HY3MZ	Insertion of Neurostimulator Lead into Peripheral Nerve, Percutaneous Approach
		01HY4MZ	Insertion of Neurostimulator Lead into Peripheral Nerve, Percutaneous Endoscopic Approach
		ODH60MZ	Insertion of Stimulator Lead into Stomach, Open Approach
		ODH63MZ	Insertion of Stimulator Lead into Stomach, Percutaneous Approach
		ODH64MZ	Insertion of Stimulator Lead into Stomach, Percutaneous Endoscopic Approach
		01HY0MZ	Insertion of Neurostimulator Lead into Peripheral Nerve, Open Approach
		01PY0MZ	Removal of Neurostimulator Lead from Peripheral Nerve, Open Approach
		01PY3MZ	Removal of Neurostimulator Lead from Peripheral Nerve, Percutaneous Approach
		01PY4MZ	Removal of Neurostimulator Lead from Peripheral Nerve, Percutaneous Endoscopic Approach
		01PYXMZ	Removal of Neurostimulator Lead from Peripheral Nerve, External Approach
		ODP60MZ	Removal of Stimulator Lead from Stomach, Open Approach
ODP63MZ	Removal of Stimulator Lead from Stomach, Percutaneous Approach		
ODP64MZ	Removal of Stimulator Lead from Stomach, Percutaneous Endoscopic Approach		
34.85	Implantation of diaphragmatic pacemaker	OBHR0MZ	Insertion of Diaphragmatic Pacemaker Lead into Right Diaphragm, Open Approach

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		OBHR3MZ	Insertion of Diaphragmatic Pacemaker Lead into Right Diaphragm, Percutaneous Approach
		OBHR4MZ	Insertion of Diaphragmatic Pacemaker Lead into Right Diaphragm, Percutaneous Endoscopic Approach
		OBHS0MZ	Insertion of Diaphragmatic Pacemaker Lead into Left Diaphragm, Open Approach
		OBHS3MZ	Insertion of Diaphragmatic Pacemaker Lead into Left Diaphragm, Percutaneous Approach
		OBHS4MZ	Insertion of Diaphragmatic Pacemaker Lead into Left Diaphragm, Percutaneous Endoscopic Approach
		OJH604Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Open Approach
		OJH634Z	Insertion of Pacemaker, Single Chamber into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
		OJH804Z	Insertion of Pacemaker, Single Chamber into Abdomen Subcutaneous Tissue and Fascia, Open Approach
		OJH834Z	Insertion of Pacemaker, Single Chamber into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach

References Included (but not limited to):

CMS NCD

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UnitedHealthcare Medicare Advantage Coverage Summaries

Stimulators - Electrical and Spinal Cord Stimulators

History

Date	Revisions
08/27/2014	Annual review
09/11/2013	Administrative updates
11/30/2011	Annual review, no changes