

Stereotaxic Depth Electrode Implantation (NCD 160.5)

Policy Number	160.5	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	12/18/2013
----------------------	-------	--------------------	--	------------------------------	------------

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.

*CPT copyright 2010 (or such other date of publication of CPT) American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Proprietary information of UnitedHealthcare. Copyright 2014 United HealthCare Services, Inc.

Table of Contents

Application	1
Summary	2
Overview	2
Reimbursement Guidelines	2
CPT/HCPSC Codes	2
ICP/PCS Codes	2
References Included (but not limited to):	3
CMS NCD	3
UnitedHealthcare Medicare Advantage Coverage Summaries	3
History	3

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 HCPSC/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

Stereotaxic Depth Electrode Implantation (NCD 160.5)

committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

The procedure employs thin wire electrodes which are implanted in the brain of the focal epileptic patient for electroencephalograph (EEG) monitoring. By taking several readings during seizure activity, the location of the epileptic focus may be found, so that better informed decisions can be made regarding the surgical treatment of persons with intractable seizures.

Reimbursement Guidelines

Stereotaxic depth electrode implantation prior to surgical treatment of focal epilepsy for patients who are unresponsive to anticonvulsant medications has been found both safe and effective for diagnosing resectable seizure foci that may go undetected by conventional scalp EEGs.

CPT/HCPCS Codes

Code	Description
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring

ICP/PCS Codes

ICP Code	Description	PCS Code	Description
02.93	Implantation or replacement of intracranial neurostimulator lead(s)	00H00MZ	Insertion of neurostimulator lead into brain, open approach
		00H03MZ	Insertion of neurostimulator lead into brain, percutaneous approach
		00H04MZ	Insertion of neurostimulator lead into brain, percutaneous endoscopic approach
		00H60MZ	Insertion of neurostimulator lead into cerebral ventricle, open approach
		00H63MZ	Insertion of neurostimulator lead into cerebral ventricle, percutaneous approach
		00H64MZ	Insertion of neurostimulator lead into cerebral ventricle, percutaneous endoscopic approach
		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

Stereotaxic Depth Electrode Implantation (NCD 160.5)

		00P00MZ	Removal of neurostimulator lead from brain, open approach
		00P03MZ	Removal of neurostimulator lead from brain, percutaneous approach
		00P04MZ	Removal of neurostimulator lead from brain, percutaneous endoscopic approach
		00P60MZ	Removal of neurostimulator lead from cerebral ventricle, open approach
		00P63MZ	Removal of neurostimulator lead from cerebral ventricle, percutaneous approach
		00P64MZ	Removal of neurostimulator lead from cerebral ventricle, percutaneous endoscopic approach
		00PE0MZ	Removal of neurostimulator lead from cranial nerve, open approach
		00PE3MZ	Removal of neurostimulator lead from cranial nerve, percutaneous approach
		00PE4MZ	Removal of neurostimulator lead from cranial nerve, percutaneous endoscopic approach
		00PEXMZ	Removal of neurostimulator lead from cranial nerve, external approach

References Included (but not limited to):

CMS NCD

Stereotaxic Depth Electrode Implantation (NCD 160.5)

UnitedHealthcare Medicare Advantage Coverage Summaries

Neurologic Services and Procedures

History

Date	Revisions
12/18/2013	Annual review, no changes
11/09/2011	Annual review, no changes