

New York State Department of Health
Reimbursement of Vagus Nerve Stimulation (VNS) Therapy Services

Effective January 1, 2011, Medicare implemented coding changes relating to Vagus Nerve Stimulation (VNS) Therapy services. Prior to January 1, 2011, providers reported CPT codes 61885 (Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array) and 64573 (Incision for implantation of neurostimulator electrodes; cranial nerve) when implanting a full VNS system and only procedure code 61885 (Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array) when replacing the pulse generator.

For dates of service on and after January 1, 2011, providers should report CPT 64568 (Incision for the implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator) when implanting a full VNS system and 61885 (Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array) when replacing the pulse generator. CPT code 64568 should not be reported in conjunction with CPT code 61885.

For January 1, 2011, VNS Therapy services provided in a hospital ambulatory surgery setting will be reimbursed as follows: CPT code 64568 groups to APG 218 (Level II Nerve Procedures) with an APG weight of 19.3408; the upstate payment including capital will be \$3,056 and the downstate payment including capital will be \$3,931.

CPT code 61885 groups to APG 223 (Level III Nerve Procedures) with an APG weight of 77.419; the upstate APG payment including capital will be \$11,908 and the downstate payment including capital will be \$15,390.

Effective April 1, 2011 procedure codes 64568 and 61885 will continue to be billed through APGs, under the APG rate codes, using the new fee schedule component of the APG grouper-pricer that was introduced on January 1, 2011. The APG reimbursement for CPT codes 64568 and 61885 will no longer vary by region and will be approximately \$19,630 and \$11,800, respectively. Continue to bill these codes in APGs as you normally would. Again, both of these codes are never to be billed for the same date of service or on the same claim.