



CODMAN® 3000

Implantable Constant-Flow Infusion Pump

CONTINUOUS QUALITY



CODING SHEETS

AGILECATH™

EPIDURAL CATHETER FOR PAIN MANAGEMENT

Effective January 1, 2009

**CODMAN® 3000 NEUROMODULATION AND ONCOLOGY
REIMBURSEMENT HOTLINE**



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AGILECATH™

Epidural Catheter for Pain Management

PHYSICIAN SERVICES – CY 2009 MEDICARE REIMBURSEMENT¹

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The following table details physician coding and reimbursement for the AGILECATH™ when the catheter is *not* tunneled.

Note: When performing multiple procedures, review current correct coding guidelines carefully. Services that are considered a component of another procedure cannot always be coded and billed separately. Medicare's Correct Coding Initiative is reviewed and updated several times a year. Commercial payer policies vary and should be consulted and thoroughly reviewed on a regular basis.

Code	Code Description	Medicare Phys Fee Schedule ²		Global Days ³
		Non-Facility (Phys Office)	Facility (Non-Phys Office)	
Lysis of Adhesions				
Note: Physicians are advised to document the assessment and procedure for lysis of spinal adhesions very carefully. Some payers may not reimburse for this procedure. We recommend preauthorizing the procedure for all non-Medicare patients.				
64999 (0027T ⁵ was deleted)	Unlisted procedure, nervous system NOTE: Use for <i>endoscopic lysis of epidural adhesions with direct visualization using mechanical means (eg, spinal endoscopic catheter system) or solution injection (eg, normal saline) including radiologic localization and epidurography</i>	Carrier Determined	Carrier Determined	N/A
62263	Percutaneous lysis of epidural adhesions using solution injection including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	\$597.26	\$352.73	010
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	\$365.72	\$215.68	010
Non-Tunneled Catheter				
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, w/ or w/o contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution, epidural or subarachnoid; cervical or thoracic	\$212.79	\$95.58	000
62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, w/ or w/o contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; lumbar, sacral (caudal)	\$192.60	\$89.45	000
Other Services				
72275 -26*	Epidurography, radiological supervision and interpretation	\$104.59 (Global)	\$36.43 (-26, Professional)*	N/A
77003 -26*	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint), including neurolytic agent destruction	\$59.15 (Global)	\$28.13 (-26, Professional)*	N/A

*Modifier -26 (aka –PC) should be used when billing for the professional component of a service.

January 2009

1

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AGILECATH™

Epidural Catheter for Pain Management

OUTPATIENT FACILITIES

CY 2009 OUTPATIENT HOSPITAL AND CY 2009 ASC MEDICARE REIMBURSEMENT

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The following table details outpatient facility coding and reimbursement for the AGILECATH™ when the catheter is *not* tunneled.

Note: When performing multiple procedures, review current correct coding guidelines carefully. Services that are considered a component of another procedure cannot always be coded and billed separately. Medicare's Correct Coding Initiative is reviewed and updated several times a year. Commercial payer policies vary and should be consulted and reviewed thoroughly on a regular basis.

Code	Code Description	OUTPATIENT HOSPITAL ⁴				AMBULATORY SURGERY CENTER ⁴	
		APC Group	APC Descriptor	APC Payment	*Status Indicator	*Payment Indicator	Payment Rate
Lysis of Adhesions							
64999 (0027T ⁵ was deleted)	Unlisted procedure, nervous system NOTE: Use for <i>endoscopic lysis of epidural adhesions with direct visualization using mechanical means (eg, spinal endoscopic catheter system) or solution injection (eg, normal saline) including radiologic localization and epidurography</i>	0204	Level I Nerve Injections	\$164.30	T	Not covered	\$0.00
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	0207	Level III Nerve Injections	\$473.78	T	A2	\$307.09
62264	Percutaneous lysis of epidural adhesions using solution injection or mechanical means including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	0203	Level IV Nerve Injections	\$949.39	T	A2	\$452.39

*Status/Payment Indicator Key: A2= ASC payment based on OPPS rate; G2= Non office-based surgical procedure added to ASC in CY 2008; payment based on OPPS relative payment weight; N & N1= Packaged service/item; no separate payment; T=Procedure discounted when multiple; X=Ancillary service

January 2009

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OUTPATIENT FACILITIES (continued)

Code	Code Description	OUTPATIENT HOSPITAL ⁴				AMBULATORY SURGERY CENTER ⁴	
		APC Group	APC Descriptor	APC Payment	*Status Indicator	*Payment Indicator	Payment Rate
Non-Tunneled Catheter							
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, w/ or w/o contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution, epidural or subarachnoid; cervical or thoracic	0207	Level III Nerve Injections	\$473.78	T	A2	\$307.09
62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, w/ or w/o contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; lumbar, sacral (caudal)	0207	Level III Nerve Injections	\$473.78	T	A2	\$307.09
Other Services							
72275	Epidurography, radiological supervision and interpretation	N/A	N /A	N/A	N	N1	Packaged into ASC pymt rate
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures...including neurolytic agent destruction	N/A	N /A	N/A	N	N1	Packaged into ASC pymt rate

REFERENCES:

¹ Non-Medicare payment rates may vary from the Medicare Physician Fee Schedule and will be based on the physician's negotiated contract with the payer. For specific reimbursement rates, we recommend contacting the patient's payer.

² Physician national reimbursement levels are based on the Medicare Physician Fee Schedule as published in the Medicare Program: Revisions to Payment Policies, etc.; Final Rule *Federal Register*, November 29, 2008, Medicare Program; Payment Policies under the Physician Fee Schedule, and Other Revisions to Part B for CY 2009.

³ Physician Global Period is based on the Medicare Physician Fee Schedule as published in the Medicare Program: Revisions to Payment Policies, etc.; Final Rule *Federal Register*, November 29, 2008, Medicare Program; Payment Policies under the Physician Fee Schedule, and Other Revisions to Part B for CY 2009.

⁴ Outpatient Hospital and Ambulatory Surgery Center national reimbursement levels are based on the Medicare Outpatient Prospective Payment System and Ambulatory Surgery Center Payment System as published in the Medicare Program—Changes to the Hospital Outpatient Prospective Payment System and CY 2009 Payment Rates; Changes to the Ambulatory Surgical Payment System and CY 2009 Payment Rates...Final Rule *Federal Register*, November 18, 2008.

⁵ Category III (temporary) CPT code for use with endoscopic epidural lysis, was effective 1-1-03 through 12-31-2008. The AMA has deleted this code from the 2009 CPT code set and instructs providers to use CPT 64999.

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3

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