

## Part B Insider (Multispecialty) Coding Alert

### Neurostimulators: Hours Of Programming, Weeks of Wrangling

#### Complex neurostimulators can be tricky to bill

Any time a procedure or visit has a time-based element, it becomes more complicated. In the case of programming complex neurostimulators, you face the twin possibilities of being denied for treatment after the first hour or downcoded to simple neurostimulators, which don't involve time-based reimbursement.

With complex neurostimulators, the CPT book lumps many different types of stimulation into a handful of codes. [CPT code 95974](#) covers the first hour of programming and analysis for a complex cranial neurostimulation and 95972 covers the first hour for a complex brain, spinal cord or peripheral (except cranial nerve) neurostimulator.

For each 30 minute period after that first hour, you'd use 95975 (for the cranial neurostimulation) or 95973 (for the brain, spinal cord or peripheral neurostimulation).

For the purposes of these time-based codes, the time includes not just face-to-face time with the patient, but time on the floor or in the hospital unit after adjusting the programming, according to the **American Academy of Neurology**. Often, the physician must wait for the patient to respond to the programming and monitor for side effects.

Programming one of these devices can be a time-consuming process, according to **Patrick Cafferty**, president and CEO of **Neurosurgical Associates of Western Kentucky** in Paducah.

More than three variables and you're no longer dealing with a simple neurostimulator (95971). "There are some simple stimulators that don't have the variables of multiple electrodes" or pulse width, Cafferty notes. "If it's just an amplitude and you turn it up and down, that's not very complex."

The complexity increases when the multiple variables affect each other, Cafferty adds. "It has to do with the actual configuration of the electrical signal you're sending in, or if you're using bilateral leads and multiple electrodes." It's also possible you might program a neurostimulator to ramp up to a particular amplitude and then decrease "in a kind of wave effect" regularly during the day.

Also, it can depend on what you're trying to accomplish and which areas you're hoping to affect. "When someone has more right leg pain than left leg pain, or more proximal pain or distal pain," it can require delicate adjustments, Cafferty notes.

If the carrier does deny complex neurostimulator programming, the physician should write a letter to the carrier and explain what parameters he adjusted. If the programming goes over an hour, make sure the dictated note documents the time spent in detail, and include that note along with the letter.