CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 10343	**Date: September 4, 2020**
	Change Request 11950

SUBJECT: Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 32, Section 40.2.1 and 40.2.4.

I. SUMMARY OF CHANGES: This Change Request (CR) makes updates to chapter 32 of the Medicare Claims Processing Manual Pub. 100-04.

EFFECTIVE DATE: October 6, 2020
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 6, 2020
Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	32/40/40.2.1/Healthcare Common Procedural Coding System (HCPCS)
R	32/40/40.2.4/Payment Requirements for Codes C1767, C1778, C1820, C1883 and C1897

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:
Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 10343	Date: September 4, 2020	Change Request: 11950

SUBJECT: Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 32, Section 40.2.1 and 40.2.4.

EFFECTIVE DATE: October 6, 2020
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 6, 2020

I. GENERAL INFORMATION

A. Background: This Change Request (CR) constitutes an update to Pub. 100-04, chapter 32 Billing Requirements for Special Services, sections 40.2.1 and 40.2.4, of the Medicare Claims Processing manual due to NCD 230.18 in CR11655 International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)--July 2020 Update.

In CR11655, the Medicare contractors were advised to add Healthcare Common Procedure Coding System (HCPCS) C1820 effective January 1, 2020 in regards to NCD230.18 Sacral Nerve Stimulation for Urinary Incontinence; therefore, the billing manual needed to be updated to match the criteria for NCD230.18.

B. Policy: There are no policy changes.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
11950.1	The Medicare contractors shall be aware of the manual updates in Pub 100-04, chapter 32, sections 40.2.1 and 40.2.4.	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cindy Pitts, Cindy.Pitts@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

Table of Contents

(Rev. 10343, Issued: 09-04 -2020)

Transmittals for Chapter 32

40.2.4 - Payment Requirements for Codes C1767, C1778, *C1820,* C1883 and C1897

40.2.1 – Healthcare Common Procedural Coding System (HCPCS)

(Rev. 10343, Issued: 09-04 -2020), Effective Date: 10- 06-2020, Implementation Date: 10-06-2020)

64561 - Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)

64581 - Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)

64585 - Revision or removal of peripheral neurostimulator electrodes

64590 - Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling

64595 - Revision or removal of peripheral neurostimulator pulse generator or receiver

A4290 - Sacral nerve stimulation test lead, each

E0752 - Implantable neurostimulator electrodes, each

E0756 - Implantable neurostimulator pulse generator

C1767 - Generator, neurostimulator (implantable)

C1778 - Lead, neurostimulator (implantable)

C1820 - Generator, neurostimulator (implantable), with rechargeable battery and charging system - effective 01/01/20 for NCD230.18 with CR11655

C1883 - Adaptor/extension, pacing lead or neurostimulator lead (implantable)

C1897 - Lead, neurostimulator test kit (implantable)

NOTE: The "C" codes listed above are only applicable when billing under the hospital outpatient prospective payment system (OPPS). They should be reported in place of codes A4290, E0752 and E0756.

40.2.4 – Payment Requirements for Codes C1767, C1778, *C1820,* C1883 and C1897

(Rev. 10343, Issued: 09-04 -2020), Effective Date: 10- 06-2020, Implementation Date: 10-06-2020)

Only hospital outpatient departments report these codes. Payment is made under OPPS.