

## **NAEC Activities and Accomplishments – 2012**

In 2012, 177 specialized epilepsy centers joined the NAEC. Annual reports were completed by 167 centers, resulting in 141 centers being recognized as level 4 and 26 as level 3. The names of 149 hospitals with level 4 epilepsy centers were submitted to US News and World Report, which recognizes level 4 epilepsy centers as a component of its national ranking of hospitals with top Neurology/Neurosurgery services.

### Member Services and Association Management:

NAEC computerized its annual report in 2012. This will allow for future years' reports to be pre-populated with center information that typically doesn't change, such as center personnel and training information. Collecting data on-line will also enable NAEC to provide national data (de-identified) to its centers, researchers, and other organizations interested in specialized epilepsy care. NAEC is also working to create a computerized/searchable database of the paper annual reports of the past 10 years.

NAEC adopted several Board policies in 2012 related to the annual report. These policies were adopted to recognize the importance of the NAEC Guidelines and the centers' annual reports as a means to evaluate the quality of care provided at epilepsy centers. Two of the policies dealt specifically with the needs of rural epilepsy centers in "isolated geographic areas."

1. The first policy provides a one year grace period for members that do not fully complete their annual reports. Many centers do not provide all of the information requested in the annual report (especially years of fellowship for epileptologists and neurosurgeons). Now that the annual reports are computerized much of the information will be provided, so this should not be a difficult requirement to meet. Beginning in 2013, centers will be notified if their reports are incomplete and will be asked to submit the missing information. Centers not complying will not be designated in the following year.
2. The second policy provides a definition of the term "isolated geographic areas." The NAEC Guidelines provides for an exemption to the standard that a level 3 center have 2 epileptologists if it is located in an isolated geographic area. NAEC will use the federal definitions of Mental Health Professional Shortage Areas and Medically Underserved Areas to define isolated geographic areas.
3. The third policy requires additional data from centers in isolated geographic areas that report fewer than 50 cases of vEEG (a minimum standard in the Guidelines). These centers will be asked to provide the number of patients discussed in multi-disciplinary conferences and whether they have a referral arrangement with a level 4 center.

The NAEC Board revised its By-Laws in 2012 bringing them in line with other non-profit associations. NAEC contracted with an attorney at Holland & Knight in Washington, DC for this task. The major changes to the By-Laws include: removal of the individual and corporate membership categories, term limits for board members, a succession path for the Vice President to become President of the Association, and the establishment of an audit committee. The new By-Laws will be voted on by the membership at its annual meeting on December 3, 2012.

NAEC created a marketing brochure for the organization. The brochure is available in hard copy and on-line and provides a brief explanation of the services provided by level 3 and 4 centers and an overview of the Association. NAEC participated in the Epilepsy Foundation Walk in Washington, DC and distributed the brochure. The brochure was also distributed at the AAN Epilepsy section meeting in April.

#### Policy and Program Activities and Accomplishments:

The Institute of Medicine (IOM) report *Epilepsy across the Spectrum: Promoting Health and Understanding* was released on March 23, 2012. NAEC was actively involved in the IOM's efforts to evaluate public health dimensions of the Epilepsies. Several NAEC Board members testified at IOM's hearings including former NAEC President, Robert J. Gumnit, MD; current President, David Labiner, MD; and NAEC Officers, Nathan Fountain and Sue Herman. In addition NAEC Board member Christi Heck, MD was chosen to sit on the IOM Panel. NAEC took part in the IOM activities associated with the release of the report and prepared a press release on the report earlier this year. A brief summary of the IOM Report's recommendations related to healthcare services are attached to this report. NAEC is taking the lead in evaluating two of the IOM recommendations as described below:

1. Recommendation 6 in the report calls for the accreditation of epilepsy centers and the establishment of an epilepsy care network of accredited centers to collaborate in professional education, data collection and research. The focus of the recommendation is on the importance of external review and validation by an independent body to ensure "excellence, consistency, clarity, and transparency in the provision of epilepsy care." NAEC has begun to explore the different models of accreditation that exist for similar centers, including the Joint Commission's accreditation of stroke centers and the American College of Surgeons' accreditation of transplant centers and cancer centers. The NAEC Board plans to review these options carefully and to bring to the membership its recommendations at the 2013 annual meeting
2. Recommendation 4 in the report focuses on improving the early identification of epilepsy and its comorbid health conditions. This recommendation calls for the development and validation of screening tools for at-risk populations (people with developmental disabilities and mental health conditions) co-morbidities, and people with persistent seizures. NAEC, along with AES, ILAE, and the other epilepsy organizations involved in Vision 20/20, is working on developing a screening tool to

identify individuals with refractory epilepsy that would benefit from referral to more specialized epilepsy care. Plans are underway to hold a workshop on the screening tool in March 2013 at the IOM with the participation of primary care societies, general neurology and the Vision 20/20 groups.

NAEC joined with the Epilepsy Foundation and AES at a meeting with the Director of the Agency for Healthcare Research and Quality (AHRQ) to raise concerns with its comparative effectiveness review titled, *Effectiveness and Safety of Antiepileptic Medications in Patients with Epilepsy*, and the draft patient and clinician guides developed based on the review. The review looked at the existing literature as well as current studies and clinical trials to qualitatively and/or quantitatively compare older and newer medications and generic and innovator AEDs' impact on the efficacy, safety and tolerability of antiepileptic medications and patient outcomes. To date, the Agency has not released the patient or clinician guides likely due to our organizations strong opposition. In addition, at the meeting the AHRQ Director proposed to work with the epilepsy organizations on a research agenda-setting workshop to identify the studies needed to evaluate the effectiveness of AEDs and their impact on patient outcomes. Initial discussions with AHRQ have begun with thoughts that the workshop would occur in 2013.

Several member centers brought to NAEC's attention current Medicare RAC audits of epilepsy hospital admissions. NAEC contacted AAN and CMS to better understand what criteria were being used to evaluate the medical necessity of epilepsy/seizure hospital admissions and found that the RACs basically develop their own criteria based on published guidelines and other data. CMS asked that we provide them with specific problems or any denials that we felt were unjustified, but to date no center has brought to NAEC's attention a denial. To better address the RAC audits as well as private insurance requirements for pre-approval of epilepsy admissions, the NAEC Board has decided to draft a white paper for publication on the criteria for a hospital admission to an epilepsy center. The white paper will explain why an admission to an EMU is different than a typical hospital admission for seizures, what information should be provided for pre-approval of an admission and the anticipated course of treatment for medical and surgical evaluations.

NAEC provides its members with analysis of the major Medicare regulations on the physician fee schedule and the hospital inpatient and outpatient prospective payment systems. Attached to this report are charts comparing payments in 2012 to those that will take effect on January 1, 2013. In addition, NAEC has provided legislative and regulatory updates related to the implementation of the Affordable Care Act (the health reform legislation) and other issues of importance to epilepsy centers. Throughout the year, NAEC responds to coding and reimbursement questions raised by member centers.

Plans are underway to update NAEC's coding manual next year and to develop a crosswalk of the ICD-9-CM to ICD-10-CM diagnosis codes prior to the implementation of ICD-10 in October 2014. The manual will include updated information on the Medicare carriers (MACs) and Recovery Audit Contractors (RACs) as well as clinical vignettes on the major diagnostic and treatment services provided by epilepsy centers.

**IOM Report: Epilepsy across the Spectrum—Promoting Health and Understanding  
Summary of Recommendations on Improving Healthcare**

The study does a good job of defining the problems and challenges of improving health care for people with Epilepsy. The report clearly states that lengthy delays in diagnosis and referral to more advanced levels of care are a problem and improvements are especially needed for individuals with refractory epilepsy. The report states:

“An important element in high quality care is access to specialized epilepsy centers, especially for people with refractory epilepsy. Epilepsy centers are vital in providing specialized epilepsy care and have the potential to build on their current efforts by forming a network for health professional education, clinical research, and data collection and analysis.”

Recommendation 6 in the report calls for the accreditation of epilepsy centers and the establishment of an epilepsy care network of accredited centers to collaborate in professional education, data collection and research. The focus of the recommendation is on the importance of external review and validation by an independent body to ensure “excellence, consistency, clarity, and transparency in the provision of epilepsy care.” The report calls for NAEC and AES to collaborate to establish accreditation criteria.

The report describes NAEC’s current self-designation process and references the Joint Commission’s Disease-Specific Care Certification program, but recognizes that it does not currently have epilepsy specific criteria developed. The report describes several models that could be followed for epilepsy center accreditation, including the Primary Stroke Centers – certified by the Joint Commission, the American College of Surgeons’ accreditation of trauma centers and the Cystic Fibrosis Foundation’s Centers. The report also recommends the following elements/“qualities” of accredited centers: external evaluation, research and data sharing network, interdisciplinary care, quality improvement, co-management of care (specialist/primary care), community outreach, educational and community referral resource, and professional education.

The report calls for the development of an Epilepsy Care Network of Accredited Epilepsy Centers to conduct collaborative clinical and health services research, collect and analyze quality and outcome data from the centers and to partner with state health departments and other providers to ensure access to specialty care through telemedicine, outreach clinics and other mechanisms.

The other 3 recommendations in the healthcare section of the report are:

#4: Improve the Early Identification of Epilepsy and its Comorbid Health Conditions. – This recommendation calls for AES and AAN to lead a collaborative effort to develop and validate screening tests for at-risk populations (people with developmental disabilities and mental health

conditions) and people with persistent seizures and to develop screening protocols for people with epilepsy for co-morbidities.

#5: Develop and Implement a National Quality Measurement and Improvement Strategy for Epilepsy Care. This recommendation calls for AES to take the lead in developing new and disseminating existing practice guidelines and performance metrics in epilepsy.

#7: Improve Health Professional Education about the Epilepsies. This recommendation calls for AES and AAN to ensure that professionals caring for people with epilepsy are knowledgeable and skilled to provide high-quality, patient-centered epilepsy care.

Epilepsy centers are referred to in several other sections of the report as playing a key role in improving the delivery and coordination of community services such as support groups, independent living assistance and vocational, educational, transportation, and transitional care services as well as providing educational resources and self-management tools to patients and families.

<b>2013 Final Physician Fee Schedule (CMS 1590-FC)</b>					
<b>Payment Rates for Medicare Physician Services - Epilepsy</b>					
<b>CPT Code</b>	<b>Mod</b>	<b>Descriptor</b>	<b>2012</b>	<b>2013</b>	<b>% CHANGE 2012-2013</b>
			<b>CF = \$34.0376</b>	<b>CF = \$34.0066</b>	
95812		EEG, 41-60 minutes	\$366.93	\$452.97	23.45%
95812	TC	EEG, 41-60 minutes	\$312.81	\$397.20	26.98%
95812	26	EEG, 41-60 minutes	\$54.12	\$55.77	3.05%
95813		EEG, over 1 hour	\$425.13	\$520.64	22.47%
95813	TC	EEG, over 1 hour	\$338.67	\$431.20	27.32%
95813	26	EEG, over 1 hour	\$86.46	\$89.44	3.45%
95816		EEG, awake and drowsy	\$336.97	\$415.56	23.32%
95816	TC	EEG, awake and drowsy	\$282.51	\$359.11	27.11%
95816	26	EEG, awake and drowsy	\$54.46	\$56.45	3.66%
95819		EEG, awake and asleep	\$382.58	\$477.45	24.80%
95819	TC	EEG, awake and asleep	\$328.46	\$421.34	28.28%
95819	26	EEG, awake and asleep	\$54.12	\$56.11	3.68%
95822		EEG, coma or sleep only	\$348.89	\$426.78	22.33%
95822	TC	EEG, coma or sleep only	\$294.77	\$370.67	25.75%
95822	26	EEG, coma or sleep only	\$54.12	\$56.11	3.68%
95824	26	EEG, cerebral death only	\$37.78	\$39.11	3.51%
95827		EEG, all night recording	\$671.22	\$812.08	20.99%
95827	TC	EEG, all night recording	\$616.76	\$755.97	22.57%
95827	26	EEG, all night recording	\$54.46	\$56.11	3.03%
95829		Surgery electrocorticogram	\$1,672.27	\$1,971.02	17.87%
95829	TC	Surgery electrocorticogram	\$1,363.55	\$1,652.72	21.21%
95829	26	Surgery electrocorticogram	\$308.72	\$318.30	3.10%
95830	Hospital	Insert electrodes for EEG	\$86.46	\$90.80	5.02%
95830	Office	Insert electrodes for EEG	\$201.16	\$268.65	33.55%
95950		Ambulatory eeg monitoring	\$298.17	\$349.59	17.24%
95950	TC	Ambulatory eeg monitoring	\$222.27	\$271.03	21.94%
95950	26	Ambulatory eeg monitoring	\$75.90	\$78.56	3.49%
95951	26	EEG monitoring/videorecord	\$309.06	\$319.66	3.43%
95953		EEG monitoring/computer	\$429.55	\$443.11	3.15%
95953	TC	EEG monitoring/computer	\$273.66	\$282.93	3.39%
95953	26	EEG monitoring/computer	\$155.89	\$160.17	2.74%
95954		EEG monitoring/giving drugs	\$405.73	\$477.11	17.59%
95954	TC	EEG monitoring/giving drugs	\$287.96	\$356.05	23.65%
95954	26	EEG monitoring/giving drugs	\$117.77	\$121.06	2.80%
95955		EEG during surgery	\$194.01	\$238.73	23.05%

95955	TC	EEG during surgery	\$143.30	\$186.02	29.81%
95955	26	EEG during surgery	\$50.72	\$52.71	3.93%
95956		EEG monitoring, cable/radio	\$1,179.06	\$1,740.12	47.58%
95956	TC	EEG monitoring, cable/radio	\$1,001.73	\$1,553.08	55.04%
95956	26	EEG monitoring, cable/radio	\$177.34	\$187.04	5.47%
95957		EEG digital analysis	\$386.67	\$465.55	20.40%
95957	TC	EEG digital analysis	\$286.94	\$362.51	26.34%
95957	26	EEG digital analysis	\$99.73	\$103.04	3.32%
95958		EEG monitoring/function test	\$495.25	\$586.27	18.38%
95958	TC	EEG monitoring/function test	\$281.83	\$367.95	30.56%
95958	26	EEG monitoring/function test	\$213.42	\$218.32	2.30%
95961		Electrode stimulation, brain	\$270.94	\$287.02	5.93%
95961	TC	Electrode stimulation, brain	\$119.81	\$132.97	10.98%
95961	26	Electrode stimulation, brain	\$151.13	\$154.05	1.93%
95962		Electrode stim, brain add-on	\$236.22	\$248.59	5.24%
95962	TC	Electrode stim, brain add-on	\$74.54	\$82.64	10.86%
95962	26	Electrode stim, brain add-on	\$161.68	\$165.95	2.64%
95965	26	MEG, spontaneous	\$414.92	\$426.78	2.86%
95966	26	MEG, evoked, single	\$206.95	\$196.22	-5.19%
95967	26	MEG, evoked, each add'l	\$180.40	\$172.41	-4.43%
95970	Hospital	Analyze neurostim, no prog	\$23.15	\$23.80	2.85%
95970	Office	Analyze neurostim, no prog	\$63.65	\$71.75	12.73%
95971	Hospital	Analyze neurostim, simple	\$39.82	\$40.13	0.76%
95971	Office	Analyze neurostim, simple	\$57.52	\$60.19	4.64%
95972	Hospital	Analyze neurostim, complex	\$77.61	\$77.54	-0.09%
95972	Office	Analyze neurostim, complex	\$108.24	\$109.84	1.48%
95973	Hospital	Analyze neurostim, complex	\$47.99	\$47.95	-0.09%
95973	Office	Analyze neurostim, complex	\$61.95	\$62.91	1.56%
95974	Hospital	Cranial neurostim, complex	\$153.85	\$159.49	3.67%
95974	Office	Cranial neurostim, complex	\$190.27	\$205.40	7.95%
95975	Hospital	Cranial neurostim, complex	\$87.14	\$90.12	3.42%
95975	Office	Cranial neurostim, complex	\$102.45	\$109.84	7.21%

<b>2013 Final Physician Fee Schedule (CMS 1590-FC)</b>				
<b>Payment Rates for Medicare Physician Services - Epilepsy Surgery</b>				
<b>CPT Code</b>	<b>Descriptor</b>	<b>2012</b>	<b>2013</b>	<b>% CHANGE 2012-2013</b>
		<b>CF = \$34.0376</b>	<b>CF = \$34.0066</b>	
61531	Implant brain electrodes	\$1,229.78	\$1,238.86	0.74%
61537	Removal of brain tissue	\$2,471.47	\$2,481.46	0.40%
61538	Removal of brain tissue	\$2,678.42	\$2,683.46	0.19%
61539	Removal of brain tissue	\$2,374.46	\$2,376.72	0.10%
61540	Removal of brain tissue	\$2,199.85	\$2,199.21	-0.03%
61541	Incision of brain tissue	\$2,162.75	\$2,164.86	0.10%
61542	Removal of brain tissue	\$2,212.78	\$2,079.84	-6.01%
61543	Removal of brain tissue	\$2,181.13	\$2,187.98	0.31%
61566	Removal of brain tissue	\$2,266.90	\$2,263.82	-0.14%
61567	Incision of brain tissue	\$2,586.52	\$2,581.78	-0.18%
61720	Incise skull/brain surgery	\$1,265.52	\$1,283.75	1.44%
61735	Incise skull/brain surgery	\$1,582.07	\$1,604.77	1.44%
61750	Incise skull/brain biopsy	\$1,414.26	\$1,419.78	0.39%
61751	Brain biopsy w/ct/mr guide	\$1,383.63	\$1,390.87	0.52%
61760	Implant brain electrodes	\$1,582.41	\$1,594.23	0.75%
61770	Incise skull for treatment	\$1,619.51	\$1,632.32	0.79%
61790	Treat trigeminal nerve	\$874.43	\$883.83	1.08%
61791	Treat trigeminal tract	\$1,118.48	\$1,125.96	0.67%
61796	Srs, cranial lesion simple	\$994.58	\$1,015.44	2.10%
61797	Srs, cran les simple, addl	\$218.52	\$217.64	-0.40%
61798	Srs, cranial lesion complex	\$1,340.74	\$1,383.73	3.21%
61799	Srs, cran les complex, addl	\$301.91	\$300.62	-0.43%
61800	Apply srs headframe add-on	\$152.49	\$153.03	0.35%
61867	Implant neuroelectrode	\$2,300.94	\$2,299.19	-0.08%
61868	Implant neuroelectrde, add'l	\$506.48	\$500.92	-1.10%
61870	Implant neuroelectrodes	\$1,193.36	\$1,196.35	0.25%
61875	Implant neuroelectrodes	\$1,036.79	\$963.75	-7.04%
61880	Revise/remove neuroelectrode	\$571.49	\$583.21	2.05%
61885	Insrt/redo neurostim 1 array	\$533.71	\$531.18	-0.47%
61886	Implant neurostim arrays	\$849.92	\$867.17	2.03%
61888	Revise/remove neuroreceiver	\$391.43	\$397.54	1.56%
63620	Srs, spinal lesion	\$1,113.03	\$1,118.82	0.52%
63621	Srs, spinal lesion, addl	\$250.18	\$249.95	-0.09%



<b>2013 Final Physician Fee Schedule (CMS 1590-FC)</b>							
<b>Payment Rates for Medicare Physician Services - Evaluation and Management</b>							
<b>CPT Code</b>	<b>Descriptor</b>	<b>NON-FACILITY (OFFICE)</b>			<b>FACILITY (HOSPITAL)</b>		
		<b>2012</b>	<b>2013</b>	<b>% CHANGE 2012- 2013</b>	<b>2012</b>	<b>2013</b>	<b>% CHANGE 2012-2013</b>
		<b>CF = \$34.0376</b>	<b>CF = \$34.0066</b>		<b>CF = \$34.0376</b>	<b>CF = \$34.0066</b>	
99201	Office/outpatient visit, new	\$42.55	\$43.87	3.11%	\$25.87	\$25.85	-0.09%
99202	Office/outpatient visit, new	\$72.50	\$74.47	2.72%	\$49.01	\$48.97	-0.09%
99203	Office/outpatient visit, new	\$105.18	\$107.80	2.50%	\$74.88	\$74.81	-0.09%
99204	Office/outpatient visit, new	\$160.66	\$164.59	2.45%	\$126.96	\$127.86	0.71%
99205	Office/outpatient visit, new	\$199.46	\$203.70	2.13%	\$162.70	\$164.25	0.95%
99211	Office/outpatient visit, est	\$19.74	\$20.40	3.35%	\$9.19	\$8.84	-3.79%
99212	Office/outpatient visit, est	\$42.55	\$43.87	3.11%	\$25.19	\$24.48	-2.79%
99213	Office/outpatient visit, est	\$70.46	\$72.43	2.80%	\$49.69	\$49.65	-0.09%
99214	Office/outpatient visit, est	\$104.16	\$106.44	2.19%	\$76.24	\$76.51	0.35%
99215	Office/outpatient visit, est	\$139.89	\$142.83	2.10%	\$107.22	\$107.80	0.54%
99221	Initial hospital care	N/A	N/A	N/A	\$98.37	\$98.96	0.60%
99222	Initial hospital care	N/A	N/A	N/A	\$133.09	\$134.33	0.93%
99223	Initial hospital care	N/A	N/A	N/A	\$195.38	\$197.58	1.13%
99231	Subsequent hospital care	N/A	N/A	N/A	\$38.12	\$38.09	-0.09%
99232	Subsequent hospital care	N/A	N/A	N/A	\$69.78	\$70.05	0.40%
99233	Subsequent hospital care	N/A	N/A	N/A	\$100.07	\$101.00	0.93%
99291	Critical care, first hour	\$267.20	\$271.71	1.69%	\$217.16	\$217.64	0.22%
99292	Critical care, add'l 30 min	\$119.47	\$120.72	1.05%	\$108.92	\$109.50	0.53%
99471	Ped critical care, initial	N/A	N/A	N/A	\$769.25	\$833.16	8.31%
99472	Ped critical care, subseq	N/A	N/A	N/A	\$391.09	\$396.18	1.30%
99495	Trans care mgmt 14 day disch	NEW IN 2013	\$163.91	N/A	NEW IN 2013	\$163.91	N/A
99496	Trans care mgmt 7 day disch	NEW IN 2013	\$230.90	N/A	NEW IN 2013	\$230.90	N/A

## Attachment 3

**2013 Final Hospital Outpatient Prospective Payment System (HOPPS) Regulations  
Neurology-Related APCs**

2013 Final APC	HCPCS	Descriptor	2012 Final Payment Rate	2013 Final Payment Rate	% Change
<b>0209</b>	<b>Level II Extended EEG, Sleep, and Cardiovascular Studies</b>		<b>\$795.16</b>	<b>\$806.13</b>	<b>1.38%</b>
	95805	Multiple sleep latency test			
	95807	Sleep study, attended			
	95808	Polysomnography, 1-3			
	95810	Polysomnography, 4 or more			
	95811	Polysomnography w/cpap			
	95950	Ambulatory eeg monitoring			
	95951	EEG monitoring/videorecord			
	95953	EEG monitoring/computer			
	95956	Eeg monitoring, cable/radio			
<b>0213</b>	<b>Level I Extended EEG, Sleep, and Cardiovascular Studies</b>		<b>\$170.12</b>	<b>\$172.61</b>	<b>1.46%</b>
	95800	Slp stdy unattended			
	95801	Slp stdy unatnd w/anal			
	95806	Sleep study unatt&resp efft			
	95812	Eeg, 41-60 minutes			
	95813	Eeg, over 1 hour			
	95816	Eeg, awake and drowsy			
	95819	Eeg, awake and asleep			
	95822	Eeg, coma or sleep only			
	95827	Eeg, all night recording			
	95958	EEG monitoring/function test			
<b>0216</b>	<b>Level III Nerve and Muscle Tests</b>		<b>\$185.46</b>	<b>\$184.02</b>	<b>-0.78%</b>
	92584	Electrocochleography			
	95961	Electrode stimulation, brain			
	95962	Electrode stim, brain add-on			
<b>0218</b>	<b>Level II Nerve and Muscle Tests</b>		<b>\$84.19</b>	<b>\$79.83</b>	<b>-5.18%</b>
	95954	EEG monitoring/giving drugs			
	95970	Analyze neurostim, no prog			

	95973	Analyze neurostim, complex <i>(moved from APC 0692)</i>			
	95975	Cranial neurostim, complex			
<b>0692</b>	<b>Level II Electronic Analysis of Devices</b>		<b>\$111.63</b>	<b>\$111.47</b>	<b>-0.14%</b>
	93271	Ecg/monitoring and analysis			
	95971	Analyze neurostim, simple			
	95972	Analyze neurostim, complex			
	95974	Cranial neurostim, complex			
	95978	Analyze neurostim brain/1h			
	95979	Analyz neurostim brain addon			
	95982	lo ga n-stim subsq w/reprog			
<b>0065</b>	<b>Level I Stereotactic Radiosurgery, MRgFUS, and MEG</b>		<b>\$902.53</b>	<b>\$978.25</b>	<b>8.39%</b>
	95966	Meg, evoked, single			
	95967	Meg, evoked, each addl			
	G0251	Linear acc based stereo radio			
<b>0066</b>	<b>Level II Stereotactic Radiosurgery, MRgFUS, and MEG</b>		<b>\$2,520.30</b>	<b>\$2,354.79</b>	<b>-6.57%</b>
	95965	Meg spontaneous			
<b>0039</b>	<b>Level I Implantation of Neurostimulator Generator</b>		<b>\$15,188.78</b>	<b>\$16,394.73</b>	<b>7.94%</b>
	61885	Insrt/redo neurostim 1 array			
<b>0220</b>	<b>Level I Nerve Procedures</b>		<b>\$1,322.75</b>	<b>\$1,344.72</b>	<b>1.66%</b>
	61790	Treat trigeminal nerve			
<b>0221</b>	<b>Level II Nerve Procedures</b>		<b>\$2,529.61</b>	<b>\$2,481.58</b>	<b>-1.90%</b>
	61720	Incise skull/brain surgery			
	61770	Incise skull for treatment			
<b>0203</b>	<b>Level IV Nerve Injection</b>		<b>\$896.18</b>	<b>\$856.68</b>	<b>-4.41%</b>
	61791	Treat trigeminal tract			
<b>0315</b>	<b>Level II Implantation of Neurostimulator Generator</b>		<b>\$19,995.82</b>	<b>\$20,602.25</b>	<b>3.03%</b>
	61886	Implant neurostim arrays			
<b>0687</b>	<b>Revision/Removal of Neurostimulator Electrodes</b>		<b>\$1,450.72</b>	<b>\$1,511.08</b>	<b>4.16%</b>
	61880	Revise/remove neuroelectrode			
<b>0688</b>	<b>Revision/Removal of Neurostimulator Pulse Generator Receiver</b>		<b>\$2,177.51</b>	<b>\$2,598.26</b>	<b>19.32%</b>
	61888	Revise/remove neuroreceiver			
<b>0040</b>	<b>Level I Implantation/Revision/Replacement of Neurostimulator Electrodes</b>		<b>\$4,437.12</b>	<b>\$4,399.77</b>	<b>-0.84%</b>
	64569	Revise/repl vagus n eltrd <i>(moved from APC 0687)</i>			