

**2024 Proposed Hospital Outpatient Prospective Payment System (HOPPS) Regulations**

**Neurology-Related Services**

CPT/HCPCS	Description	2024 Proposed Payment Rate	2023 Final Payment Rate	2024 Proposed Status Indicator*	2023 Final Status Indicator*	2024 Proposed APC	2023 Final APC	%Change
61720	Incise skull/brain surgery	\$6,503.58	\$6,178.65	J1	J1	5432	5432	5.26%
61770	Incise skull for treatment	\$6,503.58	\$6,178.65	J1	J1	5432	5432	5.26%
61790	Treat trigeminal nerve	\$1,844.74	\$1,797.52	J1	J1	5431	5431	2.63%
61791	Treat trigeminal tract	\$1,844.74	\$1,797.52	J1	J1	5431	5431	2.63%
61880	Revise/remove neuroelectrode	\$3,364.67	\$3,247.68	J1	J1	5461	5461	3.60%
61885	Insrt/redo neurostim 1 array	\$21,376.53	\$21,515.36	J1	J1	5464	5464	-0.65%
61886	Implant neurostim arrays	\$30,354.65	\$29,358.48	J1	J1	5465	5465	3.39%
61888	Revise/remove neuroreceiver	\$13,899.52	\$11,952.59	J1	J1	5463	5463	16.29%
64569	Revise/repl vagus n eltrd	\$13,899.52	\$11,952.59	J1	J1	5463	5463	16.29%
95700	Eeg cont rec w/vid eeg tech	\$151.40	\$145.43	S	S	5721	5721	4.11%
95705	Eeg w/o vid 2-12 hr unmntr	\$304.35	\$145.43	S	S	5722	5721	109.28%
95706	Eeg wo vid 2-12hr intmt mntr	\$304.35	\$280.06	S	S	5722	5722	8.67%
95707	Eeg w/o vid 2-12hr cont mntr	\$304.35	\$280.06	S	S	5722	5722	8.67%
95708	Eeg wo vid ea 12-26hr unmntr	\$512.71	\$483.43	S	S	5723	5723	6.06%
95709	Eeg w/o vid ea 12-26hr intmt	\$512.71	\$483.43	S	S	5723	5723	6.06%
95710	Eeg w/o vid ea 12-26hr cont	\$512.71	\$483.43	S	S	5723	5723	6.06%
95711	Veeg 2-12 hr unmonitored	\$304.35	\$280.06	S	S	5722	5722	8.67%
95712	Veeg 2-12 hr intmt mntr	\$304.35	\$280.06	S	S	5722	5722	8.67%
95713	Veeg 2-12 hr cont mntr	\$512.71	\$483.43	S	S	5723	5723	6.06%
95714	Veeg ea 12-26 hr unmntr	\$512.71	\$483.43	S	S	5723	5723	6.06%
95715	Veeg ea 12-26hr intmt mntr	\$512.71	\$483.43	S	S	5723	5723	6.06%
95716	Veeg ea 12-26hr cont mntr	\$1,009.24	\$934.38	S	S	5724	5724	8.01%
95717	Eeg phys/qhp 2-12 hr w/o vid	NA	NA	M	M	NA	NA	NA
95718	Eeg phys/qhp 2-12 hr w/veeg	NA	NA	M	M	NA	NA	NA
95719	Eeg phys/qhp ea incr w/o vid	NA	NA	M	M	NA	NA	NA
95720	Eeg phy/qhp ea incr w/veeg	NA	NA	M	M	NA	NA	NA
95721	Eeg phy/qhp>36<60 hr w/o vid	NA	NA	M	M	NA	NA	NA
95722	Eeg phy/qhp>36<60 hr w/veeg	NA	NA	M	M	NA	NA	NA
95723	Eeg phy/qhp>60<84 hr w/o vid	NA	NA	M	M	NA	NA	NA
95724	Eeg phy/qhp>60<84 hr w/veeg	NA	NA	M	M	NA	NA	NA
95725	Eeg phy/qhp>84 hr w/o vid	NA	NA	M	M	NA	NA	NA
95726	Eeg phy/qhp>84 hr w/veeg	NA	NA	M	M	NA	NA	NA
95812	Eeg, 41-60 minutes	\$304.35	\$280.06	S	S	5722	5722	8.67%
95813	Eeg, over 1 hour	\$304.35	\$280.06	S	S	5722	5722	8.67%
95816	Eeg, awake and drowsy	\$304.35	\$280.06	S	S	5722	5722	8.67%
95819	Eeg, awake and asleep	\$304.35	\$280.06	S	S	5722	5722	8.67%
95822	Eeg, coma or sleep only	\$304.35	\$280.06	S	S	5722	5722	8.67%
95836	Ecog impltd brn npgt </30 d	\$36.79	\$35.00	Q1	Q1	5741	5741	5.11%
95954	EEG monitoring/giving drugs	\$512.71	\$483.43	S	S	5723	5723	6.06%
95958	EEG monitoring/function test	\$1,009.24	\$934.38	S	S	5724	5724	8.01%
95961	Electrode stimulation, brain	\$1,009.24	\$934.38	S	S	5724	5724	8.01%
95965	Meg spontaneous	\$1,009.24	\$934.38	S	S	5724	5724	8.01%
95966	Meg, evoked, single	\$1,009.24	\$934.38	S	S	5724	5724	8.01%
95970	Analyze neurostim, no prog	\$123.02	\$116.11	Q1	Q1	5734	5734	5.95%
95971	Analyze neurostim, simple	\$94.92	\$99.81	S	S	5742	5742	-4.90%
95972	Analyze neurostim, complex	\$94.92	\$99.81	S	S	5742	5742	-4.90%
95976	Alys smpl cn npgt prgrmg	\$36.79	\$35.00	S	S	5741	5741	5.11%
95977	Alys cplx cn npgt prgrmg	\$94.92	\$99.81	S	S	5742	5742	-4.90%
95983	Alys brn npgt prgrmg 15 min	\$94.92	\$99.81	S	S	5742	5742	-4.90%
95984	Alys brn npgt prgrmg addl 15	NA	NA	N	N	NA	NA	NA

**Explanation of Status Indicators**

	Item/Code/Service	OPPS Payment Status
J1	Hospital Part B services paid through a comprehensive APC	Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS status indicator of "F", "G", "H", "L" and "U"; ambulance services; diagnostic and screening mammography; rehabilitation therapy services; services assigned to a new technology APC; self-administered drugs; all preventive services; and certain Part B inpatient services; and FDA-authorized or approved drugs and biologicals (including blood products) that are authorized or approved to treat or prevent COVID-19.
M	Items and Services Not Billable to the MAC	Not paid under OPPS.
N	Items and Services Packaged into APC Rates	Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.
Q1	STV-Packaged Codes	<p>Paid under OPPS; Addendum B displays APC assignments when services are separately payable.</p> <p>(1) Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "S," "T," or "V."</p> <p>(2) Composite APC payment if billed with specific combinations of services based on OPPS composite-specific</p> <p>(3) In other circumstances, payment is made through a separate APC payment.</p>
S	Procedure or Service, Not Discounted When Multiple	Paid under OPPS; separate APC payment.