Reimbursement in the German Public Health Insurance System

The German Operation and Procedure Code base (OPC) has several focused ultrasound-specific procedure codes for treating a variety of indications. These OPCs are linked to Diagnostic Related Groups (DRGs), which in turn are linked to a standard payment for hospital in-patient procedures. Only hospitals can bill for procedures against these codes. There is no mechanism or codes for ambulatory/outpatient focused ultrasound treatments. This means all focused ultrasound (FUS) patients need to spend a minimum of one night in a hospital.

The table below gives an overview of focused ultrasound-specific codes and generic codes that cover focused ultrasound procedures and will result in payment. The € amounts shown are the reimbursement for the procedure and include a professional and technical fee, which is not itemized in Germany. In addition to the procedure fees, the hospital can charge a nursing fee for items such as room and board, which is a linear daily amount of the order of €150, depending on the DRG.

Indication	ICD-10	Means	OPC	DRG	1 Night	Nights	Base €
FUS specific codes							
Essential Tremor	G25.0	MRI	5-014.e 8-660.x	B20E	€ 4616,82	2+	€ 6053,07
Parkinson's Tremor	G20.2.1	MRI	5-014.e 8-660.x	B20E	€ 4616,82	2+	€ 6053,07
Neuropathic Pain	M79.20	MRI	5-014.e 8-660.x	B20E	€ 4616,82	2+	€ 6053,07
Prostate Cancer	C61	MRI	5-601.a 8-660.x	M09B	€ 1400,25	2+	€ 3724,66
		US	5-602.1	M09B	€ 1400,25	2+	€ 3724,66
BPH	N40	MRI	5-601.a 8-660.x	M06Z	€ 1508,27	2+	€ 2820,50
		US	5-602.1	M06Z	€ 1508,27	2+	€ 2820,50
Uterine Fibroids	D25.0	MRI	5-681.65 8-660.x	N25Z	€ 2108,37	2+	€ 2804,50
Adenomyosis	N80.0	MRI	5-681.65 8-660.x	N07A	€ 2472,44	2+	€ 3312,59
Bone Metastasis	C79.5	MRI	5-789.7 8-660.x	I28D	€ 2272,40	3+	€ 4360,77
Osteoid osteoma	D16.3	MRI	5-789.7 8-660.x	I28E	€ 2252,40	2+	€ 3332,59
Generic codes, not specific to FUS							
Uterine Fibroids	D25.0	Destruction, other	5-681.6x	N09B	€ 1640,29	2+	€ 2476,44
Breast Cancer	C50.9	Partial destruction	5-870.60	J25Z	€ 2160,38	2+	€ 2988,53
Breast Fibroadenoma	D24	Partial destruction	5-870.60	J24D	€ 1884,33	2+	€ 2516,45
Desmoid Tumor	C49.1	Thermal ablation	5-859.32	I27C	€ 3616,64	2+	€ 5064,90

Updated September 2023

Pancreatic Cancer	C25.9	Local destruction	5-521.x	H09B	€ 6901,22	3+	€ 10053,78
Thyroid Nodules	D34	Partial resection	5-062.x	K06E	€ 2064,37	2+	€ 2812,50
Varicose veins	I83.9	Excision, stripping	5-385.x	F65B	€ 2040,36	2+	€ 2248,40

If a patient only spends one night in-patient, the hospital receives a lower payment discounted from the base value (Refer to '1 Night' in the table). The base value (Base €) is only paid after two or more nights (Nights), depending on the indication.

MR-guided focused ultrasound (MRgFUS) specific codes include OPC 8-660.x, where - .x - codes the duration of the procedure with 0 for < 1 hour to 5 for > 5 hours. However, this code/ the duration of the procedure does not influence payment.

The generic codes include some general language that specifies either percutaneous, local destruction or thermal ablation, which are applicable to focused ultrasound and accepted. In these cases, the - .x – indicates an unspecified or other method as what is already in the catalogue, such as Radiofrequency ablation or laser.

Impact on Focused Ultrasound

Unfortunately, in many cases and especially for MRgFUS procedures, the 1 Night payment (or even the Base) does not provide a positive return on investment. Reimbursement is determined based on procedural cost, which does not include amortization of capital equipment, making return-on-investment calculation for costly devices challenging. For the MRgFUS neurological procedures, the Base payment is only half of what would be paid for the standard deep-brain stimulation procedure, which is discouraging for the healthcare provider. On the other hand, prostate cancer treatments are reimbursed to a level that makes it attractive with ultrasound-guided systems and only a small disposable cost per procedure.

In cases the reimbursement does not cover the actual cost for the healthcare provider, hospitals can try to negotiate an additional payment, either on a case-by-case basis, or as an Integrated Care Contract with an insurance company (IVV - Integrierter VersorgungsVertrag). The case-by-case approach is time-consuming as payors by default oftentimes deny such requests initially and only after longer deliberation may agree. To agree on an IVV, the payor typically requires long term experience and results of the healthcare provider with the procedure, which means a considerable upfront investment with no guaranteed outcome. Also, each hospital needs to have a contract with many insurance companies.

This summary was compiled by Thomas Andreae, PhD, the Focused Ultrasound Foundation's Ambassador in Europe. Please contact him for more information at tandreae@fusfoundation.org.