



Quick Reference Guide - Neuromodulation

Outpatient Hospital 2024

Coding and Payment Guide for Medicare Reimbursement: The following are the 2024 Medicare coding and national payment rates for Spinal Cord Stimulation (SCS) procedures performed in the outpatient hospital setting. Comprehensive Ambulatory Payment Classification (C-APCs) are effective for services performed in an Outpatient Hospital. A C-APC is a single all-inclusive payment for a primary device dependent service and all adjunct services provided to support the delivery of the primary service.

For reimbursement support, please contact: reimbursement@nalumed.com or 1-800-618-3402

CPT ^{®1}	Description	APC ²	Status Indicator ³	National Base Payment ⁴
Leads & Pulse Generator Placement Codes				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	\$6,523
63685	<u>Insertion or replacement</u> of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between the electrode array and pulse generator or receiver	5465	J1	\$29,617
Revision/Removal of Leads and Pulse Generators				
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	5431	Q2	\$1,842
63663	Revision <u>including replacement</u> when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	5462	J1	\$6,523
63688	<u>Revision or removal</u> of implanted spinal neurostimulator pulse generator or receiver with detachable connection to electrode array	5461	J1	\$3,245
HCPCS Code ⁵	Descriptor			
C1778	Lead, neurostimulator (implantable)			
C1897	Lead, neurostimulator test kit (implantable)			
C1767	Generator, neurostimulator (implantable), non-rechargeable			
C1816	Receiver and/or transmitter, neurostimulator (implantable)			
C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)			

Hospital Outpatient Modifiers:

- 50 Bilateral Procedures
- 52 Reduced Services
- 58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period
- 73 Discontinued Procedure Prior to the Administration of Anesthesia
- 74 Discontinued Procedure After the Administration of Anesthesia

Medicare National Coverage Determination (NCD)

In the case of spinal cord stimulation, Medicare has a longstanding National Coverage Determination (NCD) for electrical nerve stimulators (160.7) that includes specific criteria for coverage, which are as follows:

- The implantation of the stimulator is used only as a last resort (if not a last resort) for patients with chronic intractable pain;
- With respect to item A, other treatment modalities (pharmacological, surgical, physical, or psychological therapies) have been tried and did not prove satisfactory, or are judged to be unsuitable or contraindicated for the given patient;
- Patients have undergone careful screening, evaluation, and diagnosis by a multidisciplinary team prior to implantation. (Such screening must include psychological, as well as physical evaluation);
- All the facilities, equipment, and professional and support personnel required for the proper diagnosis, treatment training, and follow up of the patient (including that required to satisfy item c) must be available; and
- Demonstration of pain relief with a temporarily implanted electrode precedes permanent implantation.

Medical National Coverage Determination for Electrical Nerve Stimulators (160.7) can be found at:
<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=240>

Medicare Local Coverage Determinations

In addition to NCD criteria, some Medicare Administrative Contractors (MACs) may require additional SCS coverage criteria called local coverage determinations (LCDs). Please check with your local contractor. In absence of an LCD, Medicare contractors will follow the NCD. Please note that LCD jurisdiction is subject to change.

MAC	Jurisdiction	States Covered	Web Link	LCD Number* Article Number [†]
Wisconsin Physician Services	J-5	Iowa, Kansas, Missouri, Nebraska	N/A	N/A
National Government Services	J-6	Illinois, Minnesota, Wisconsin	N/A	N/A
Wisconsin Physician Services	J-8	Indiana, Michigan	N/A	N/A
CGS Administrators	J-15	Kentucky, Ohio	N/A	N/A
Noridian Healthcare Solutions	J-E	California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=35136	L35136
			https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=57791	A57791
Noridian Healthcare Solutions	J-F	Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=36204	L36204
			https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=57792	A57792

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MAC	Jurisdiction	States Covered	Web Link	LCD Number* Article Number [†]
Palmetto GBA	J-J	Alabama, Georgia, Tennessee	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37632	L37632
			https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=56876	A56876
National Government Services	J-K	Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	N/A	N/A
Palmetto GBA	J-M	North Carolina, South Carolina, Virginia, West Virginia (excludes Part B for the counties of Arlington and Fairfax in Virginia and the city of Alexandria in Virginia)	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37632	L37632
			https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=56876	A56876

*LCDs include Coverage Indications, Limitations, and/or Medical Necessity.

[†] Articles include CPT codes, ICD-10 Diagnosis Codes, and Utilization Guidelines.

INDICATIONS FOR USE

Spinal Cord Stimulation (SCS)

This system is indicated as the sole mitigating agent, or as an adjunct to the other modes of therapy used in a multidisciplinary approach for chronic, intractable pain of the trunk and/or limbs, including unilateral or bilateral pain. The trial devices are solely used for trial stimulation (no longer than 30 days) to determine efficacy before recommendation for a permanent (long term) device.

Peripheral Nerve Stimulation (PNS)

This system is indicated for pain management in adults who have severe intractable chronic pain of peripheral nerve origin, as the sole mitigating agent, or as an adjunct to other modes of therapy used in a multidisciplinary approach. The Nalu Neurostimulation System for PNS is not intended to treat pain in the craniofacial region. The trial devices are solely used for trial stimulation (no longer than 30 days) to determine efficacy before recommendation for a permanent (long term) device.

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2. FY 2024 CMS OPPS Final Rule, 42 CFR Part 419 [CMS-1793-F], Addendum B.
3. Hospital Outpatient Status Indicators:

J1: Hospital Part B services paid through a comprehensive APC (only one payment will be made for the episode of care).
Q2: Not paid separately when billed with a T procedure (T = packaged).
4. Medicare 2024 base rates without geographical adjustments. Actual payment will vary based on the maximum allowances less any applicable deductibles, co-insurance, etc.
5. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7, Benefit Category; Prosthetic Devices NCD.

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