



Quick Reference Guide - Neuromodulation

Ambulatory Surgery Center 2026

Coding and Payment for Medicare Reimbursement: The following are the 2026 coding and national payment rates for Spinal Cord Stimulation (SCS) procedures performed in an Ambulatory Surgery Center (ASC).

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

CPT ^{®1}	Description	Multiple Surgery Discounting ²	Payment Indicator ³	National Base Payment ⁴
Leads & Pulse Generator Placement Codes				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	N	J8	\$5,031
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	N	J8	\$27,486
Revision/Removal of Leads and Pulse Generators				
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Y	G2	\$949
63663	<u>Revision including replacement</u> when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Y	J8	\$5,076
63688	<u>Revision or removal</u> of implanted spinal neurostimulator pulse generator or receiver or receiver, with detachable connection to electrode array	Y	A2	\$2,003
HCPCS Code*				
L8679	Implantable neurostimulator pulse generator, any type			
L8681	Patient programmable (external) for use with implantable programmable neurostimulator pulse generator, <u>replacement only</u>			
L8683	Radio frequency transmitter (external) for use with implantable neurostimulator radio frequency receiver <u>replacement only</u>			
L7368	Lithium ion battery charger, <u>replacement only</u>			

*For Non-Medicare use only

ASC Modifiers:

-50 Bilateral Procedures

-52 Reduced Services: Use this modifier when a procedure is partially reduced or eliminated at the physician's discretion

-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 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/view/ncd.aspx?ncdid=240&ncdver=1&bc=0>

Medicare Local Coverage Determinations (LCDs)

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	States Covered	Web Link	LCD Number* Article Number†
Noridian Healthcare Solutions	California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=35136	L35136
	Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57791&ver=12&bc=0	A57791

Medicare Local Coverage Determinations (cont.)

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	States Covered	Web Link	LCD Number* Article Number†
Palmetto GBA	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
	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 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. Procedures marked "N" are not subject to discounting, and are paid at 100% in full, regardless of whether they are submitted with other procedures. Procedures marked with "Y" are subject to discounting; the procedure with the highest allowable will be paid at 100%, while the payment for the other procedures in the same category will be reduced by 50%.
3. **ASC Payment Indicators:**
A2: Surgical procedure on the ASC list in 2007: payment based on OPPS relative payment weight.
J8: Device-intensive procedure; paid at adjusted rate.
G2: Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.
4. Medicare 2026 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.

The Nalu logo consists of the word "nalu" in a lowercase, sans-serif font. A vertical line segment is positioned between the "n" and the "u". A small trademark symbol (TM) is located at the top right corner of the "u".

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