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CPT ^{®1}	Description	Global Period	Total RVU	National Base Payment ²
Leads & Pulse Generator Placement Codes				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	10	Paf&P tefy	\$eMte&4(Non-Facility) t*t (Facility)
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between the electrode array and pulse generator or receiver	10	10.28	\$33m (Facility)
Revision/Removal of Leads and Pulse Generators				
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	10	9.95	\$326 (Facility)
63663	Revision including replacement when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	10	13.56	\$444 (Facility)
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	10	9.09	\$298 (Facility)

Medicare National Coverage Determination (NCD)³

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>

MPFS Modifiers:

- 26 Professional component: Used to indicate billing for the provider's work, including supervision, interpretations, and reports only
- 50 Bilateral Procedures (the RT/LT modifiers may be appropriate alternative)
- 51 Multiple Procedures (only use if payer requires it)
- 58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period
- 59 Distinct procedural service

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
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.

HCPCS Code*	Description
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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>

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. Medicare 2024 base rates without geographical adjustments. Actual payment will vary based on the maximum allowances less any applicable deductibles, co-insurance, etc.
3. 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.

*For Non-Medicare use only

naluTM
neurostimulation

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