



## 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 Peripheral Nerve Stimulation (PNS) procedures performed in an Ambulatory Surgery Center (ASC).

For reimbursement support, please contact: [reimbursement@nalumed.com](mailto:reimbursement@nalumed.com) or 1-800-618-3402.

| CPT <sup>®1</sup>                              | Description  | Multiple<br>Surgery<br>Discounting <sup>2</sup> | Payment<br>Indicator <sup>3</sup> | National<br>Base<br>Payment <sup>4</sup> |
|--|--|---|-----------------------------------|--|
| Leads & Pulse Generator Placement Codes        |  |   |                                   |  |
| 64555  | Percutaneous implantation of neurostimulator electrode array:<br>peripheral nerve (excludes sacral nerve)  | N   | J8                                | \$5,775                                  |
| 64590  | <u>Insertion or Replacement</u> of peripheral, sacral or gastric neurostimulator pulse<br>generator or receiver, requiring pocket creation and connection between<br>electrode array and pulse generator or receiver | N   | J8                                | \$16,224                                 |
| Revision/Removal of Leads and Pulse Generators |  |   |                                   |  |
| 64585  | <u>Revision or removal</u> of peripheral neurostimulator electrode array   | Y   | A2                                | \$2,003                                  |
| 64595  | <u>Revision or removal</u> of peripheral, sacral or gastric neurostimulator<br>pulse generator or receiver, with detachable connection to<br>electrode array   | Y   | G2                                | \$2,003                                  |
| HCPCS<br>Code*                                 | Descriptor   |   |                                   |  |
| L8679  | Implantable neurostimulator pulse generator, any type  |   |                                   |  |
| L8681  | Patient programmable (external) for use with implantable programmable neurostimulator pulse generator,<br><u>replacement only</u>  |   |                                   |  |
| L8683  | Radio frequency transmitter (external) for use with implantable neurostimulator radio frequency receiver<br><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 peripheral nerve 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 PNS 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*<br>Article Number <sup>†</sup> |
|--|--------------|--|---|--|
| Noridian Healthcare Solutions <sup>‡</sup> | J-E          | California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands                     | <a href="https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=34328">https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=34328</a>                                   | L34328                                     |
|  | J-F          | Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming | <a href="https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55530&amp;ver=35&amp;bc=0">https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55530&amp;ver=35&amp;bc=0</a> | A55530                                     |

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

<sup>†</sup>Articles include CPT codes, ICD-10 Diagnosis Codes, and Utilization Guidelines.

<sup>‡</sup>No other MACs have published a LCD for Peripheral Nerve Stimulation.

## 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 CY 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.

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