



## 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 <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
			<a href="https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=55530">https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=55530</a>	A55530
Noridian Healthcare Solutions <sup>‡</sup>	J-F	Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	<a href="https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=37360">https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=37360</a>	L37360
			<a href="https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=55531">https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=55531</a>	A55531

\*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 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 OPPI 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).
4. Code of Federal Regulations, §512.250, Determination of national base rates. URL:  
<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-H/part-512/subpart-B/subject-group-ECFR388d9ab0bb970d0/section-512.250>
5. C-codes are required for billing Medicare outpatient procedures in conjunction with the applicable CPT codes but are not separately payable by Medicare.
6. 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.