



Quick Reference Guide - Neuromodulation

Physician Reimbursement 2026

Coding and Payment Guide for Medicare Reimbursement: The following are the 2026 Medicare coding and national physician payment rates for Peripheral Nerve Stimulation (PNS) procedures.

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

CPT ^{®1}	Description	Global Period	Total RVU	National Base Payment ²
Leads & Pulse Generator Placement Codes				
64555	Percutaneous implantation of neurostimulator electrode array: peripheral nerve (excludes sacral nerve)	10	66.62 8.80	\$2,236 (Non-Facility) \$295 (Facility)
64590	<u>Insertion or Replacement</u> of peripheral, sacral or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	10	7.99	\$268 (Facility)
Revision/Removal of Leads and Pulse Generators				
64585	<u>Revision or removal</u> of peripheral neurostimulator electrode array	10	4.07	\$137 (Facility)
64595	<u>Revision or removal</u> of peripheral, sacral or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	10	6.28	\$211 (Facility)

Medicare National Coverage Determination (NCD)³

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>

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)
- 52 Reduced Services
- 53 Discontinued Procedure
- 58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period
- 59 Distinct procedural service

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* Article Number†
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=34328	L34328
	J-F	Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming	https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55530&ver=35&bc=0	A55530

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

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

‡No other MACs have published a LCD for Peripheral Nerve Stimulation.

HCPCS Code* Description

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

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. Medicare 2026 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.

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