



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.

Disclaimer: Health economic and reimbursement information provided by Nalu Medical, Inc. is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Nalu Medical encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any service and to submit appropriate codes, charges, and modifiers for services that are rendered. Nalu Medical recommends that you consult with your payers, reimbursement specialists and/or legal counsel regarding coding, coverage, and reimbursement matters. Nalu Medical does not promote the use of its products outside their FDA-approved label. Information included herein is current as of January 1, 2026 but is subject to change without notice. Rates for services are effective January 1, 2026.

1. CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS. Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
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.

The Nalu logo consists of the word "nalu" in a lowercase, sans-serif font. The letter "n" is lowercase and italicized. The letter "a" is lowercase and bold. The letter "l" is lowercase and standard. The letter "u" is lowercase and standard. A small trademark symbol (TM) is located at the top right of the "u".

Nalu Medical, Inc. | www.nalumed.com
2320 Faraday Ave., Suite 100 | Carlsbad, CA 92008 USA

Nalu and the Nalu logo are trademarks of Nalu Medical, Inc. © 2026 Nalu Medical Inc.
All other trademarks referenced are trademarks of their respective owners.