



2024 Quick Reference Guide – Spinal Cord Stimulation

Outpatient Hospital 2024

Coding and Payment Guide for Medicare Reimbursement: The following are the 2024 Medicare coding and national payment rates for Spinal Cord Stimulation (SCS) procedures performed in the outpatient hospital setting. Comprehensive Ambulatory Payment Classification (C-APCs) are effective for services performed in an Outpatient Hospital. A C-APC is a single all-inclusive payment for a primary device dependent service and all adjunct services provided to support the delivery of the primary service.

CPT® ¹	Description	APC ²	Status Indicator ³	National Average Payment ⁴
Lead & Pulse Generator Placement Codes				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	5462	J1	\$6,523
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	5464	J1	\$20,865
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	5465	J1	\$29,617
Revision of Lead and Pulse Generators				
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	5462	J1	\$6,523
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	5463	J1	\$12,992
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	5461	J1	\$3,245
Removal of Leads and Pulse Generator				
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	5431	Q2	\$1,842
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	5461	J1	\$3,245
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	5461	J1	\$3,245

Neurostimulator Analysis & Programming: The AMA CPT® has defined simple intraoperative or subsequent programming of neurostimulator pulse generator with code 95971 when there are changes to three or fewer of the following parameters: rate, pulse amplitude, pulse duration, pulse frequency, eight or more electrode contacts, cycling, stimulation train duration, train spacing, number of programs, number of channels, alternating electrode polarities, dose time, or more than one clinical feature. Complex intraoperative or subsequent programming is defined as changes to more than three of the parameters above (code 95972).⁷

CPT® ¹	Description	APC ²	Status Indicator ³	National Average Payment ⁴
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, simple spinal cord, peripheral nerve or sacral nerve neurostimulator pulse generator/transmitter, without programming	5734	Q1	\$122
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	5742	S	\$92
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	5742	S	\$92

HCPCS Level II Descriptors^{1,5,6}

HCPCS Code	Descriptor
C1778	Lead, neurostimulator (implantable)
C1897	Lead, neurostimulator test kit (implantable)
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
C1767	Generator, neurostimulator (implantable), nonrechargeable
C1787	Patient programmer, neurostimulator
C1883	Adapter/ extension, pacing lead or neurostimulator lead (implantable)

* In 2014 a new HCPCS level II code was established: L8679 - "Implantable neurostimulator pulse generator, any type". However, L8687 - "Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension" may still be an active code on the fee schedule for some payers.

Medicare National Coverage Determinations⁸

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 late 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.

Medicare Local Coverage Determinations⁹

Medicare has a long-standing NCD (160.7) for Electrical Nerve Stimulators (e.g., SCS). In addition to the NCD criteria, some Medicare contractors may require additional SCS coverage criteria through local coverage determinations (LCD). Please check with your local contractor. In the absence of an LCD, Medicare contractors will follow the NCD.

Palmetto GBA (AL, GA, TN, SC, VA, WV, NC)	http://www.palmettogba.com/medicare	LCD #L37632 LCA #A56876
Noridian JE (CA, NV, HI)	https://med.noridianmedicare.com/web/je/policies	LCD #L35136 LCA #A57791
Noridian JF (AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY)	https://med.noridianmedicare.com/web/jf/policies	LCD #L36204 LCA #A57792

Indications for Use. The Boston Scientific Spinal Cord Stimulator Systems are indicated as an aid in the management of chronic intractable pain of the trunk and/or limbs including unilateral or bilateral pain associated with the following: failed back surgery syndrome, Complex Regional Pain Syndrome (CRPS) Types I and II, Diabetic Peripheral Neuropathy of the lower extremities, intractable low back pain and leg pain. Associated conditions and etiologies may be: radicular pain syndrome, radiculopathies resulting in pain secondary to failed back syndrome or herniated disc, epidural fibrosis, degenerative disc disease (herniated disc pain refractory to conservative and surgical interventions), arachnoiditis, multiple back surgeries. Contraindications, warnings, precautions, side effects. The SCS Systems are contraindicated for patients who: are unable to operate the SCS System, have failed trial stimulation by failing to receive effective pain relief, are poor surgical candidates, or are pregnant. Warning: Stimulation modes. Only paresthesia-based stimulation mode has been evaluated for effectiveness in the diabetic peripheral neuropathy (DPN) population. Refer to the Instructions for Use provided with the SCS System or Pain.com for potential adverse effects, warnings, and precautions prior to using this product.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician

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2. 42 CFR Parts 411, 412, 416, 419, 422, 423, and 424 [CMS-1786-FC]
3. S: Procedure or Service, Not Discounted When Multiple;
J1: Hospital Part B services paid through a comprehensive APC.
Q2: Not paid separately when billed with a T procedure (T packaged)
4. 2023 Medicare National Average payment rates, unadjusted for wage. "National Average Payment" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance etc.
5. Medicare device edits link: http://www.cms.gov/HospitalOutpatientPPS/02_device_procedure.asp. Please verify with local payers for specific device coding requirements.
6. Please verify with local payers for specific device coding requirements.
7. C-codes are required for billing Medicare outpatient procedures with the applicable CPT codes, but are not separately payable by Medicare.
8. AMA 2024 CPT® Professional Edition coding book; Neurostimulators, Analysis-Programming
9. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7.
10. List of local Medicare contractors is not an exhaustive list. LCD Link <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

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