

# SPINAL CORD STIMULATION (SCS)

## 2022 OUTPATIENT HOSPITAL REIMBURSEMENT & CODING REFERENCE GUIDE

### CPT® Procedure Codes for Spinal Cord Stimulation

The following CPT® codes are provided as a guide for hospital outpatient department (HOPD) reporting. Actual code(s) billed should reflect the documented services provided to each individual patient. The Medicare Outpatient Prospective Payment System (OPPS) payment rates listed are a national average and have not been geographically or wage adjusted.

### Comprehensive APCs

Effective January 1, 2015, the Centers for Medicare and Medicaid Services (CMS) formed Comprehensive APCs (C-APCs) for hospital outpatient payment of device-intensive procedures, including spinal cord stimulation therapy implant, revision and replacement procedures. CMS established status indicator “J1” to designate CPT codes assigned to C-APCs. Note that, generally, all other items and services reported on the same claim are considered adjunctive services and included in the single C-APC payment rate. If there are cases with multiple J1 status indicator CPT codes on a single claim, the C-APC payment is made for the primary CPT code, which typically is the code with the highest cost per the OPPS Addendum J ranking. The result is a single C-APC payment for the comprehensive service based on all included charges on the claim.

The table below provides a brief description of the procedure and the CPT code plus the following:

- HCPCS short description
- Medically Unlikely Edit (MUE) date of service unit limit
- OPPS Status Indicator (SI)
- Applicable APC
- 2022 Medicare National Average Payment Rate

Procedure	CPT Code <sup>1</sup>	Description	MUE <sup>2</sup>	SI <sup>3</sup>	APC <sup>3</sup>	2022 Medicare National Average <sup>3</sup>
Trial	63650	<i>Percutaneous implantation of neurostimulator electrode array, epidural</i>	2	J1	5462	\$6,295
SCS Implant with Perc Leads	63650	<i>Percutaneous implantation of neurostimulator electrode array, epidural</i>	2	J1	5462	\$6,295 <i>Included in C-APC</i>
	63685	<i>Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling</i>	1	J1	5465	\$30,063

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Procedure	CPT Code <sup>1</sup>	Description	MUE <sup>2</sup>	SI <sup>3</sup>	APC <sup>3</sup>	2022 Medicare National Average <sup>3</sup>
SCS Implant with Paddle Lead	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	1	J1	5464	\$20,913 Included in C-APC
	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	1	J1	5465	\$30,063
Revision	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	1	J1	5462	\$6,295
	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	1	J1	5463	\$11,483
	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	1	J1	5461	\$3,346
Removal	63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	1	Q2	5431	\$1,793
	63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	1	J1	5461	\$3,346
	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	1	J1	5461	\$3,346

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Procedure	CPT Code <sup>1</sup>	Description	MUE <sup>2</sup>	SI <sup>3</sup>	APC <sup>3</sup>	2022 Medicare National Average <sup>3</sup>
Analysis & Programming	95970 <sup>4</sup>	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, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, <b>without programming</b>	1	Q1	5734	\$115
	95971 <sup>5</sup>	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., 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; <b>with <u>simple</u> spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional</b>	1	S	5742	\$103
	95972 <sup>5</sup>	.... <b>with <u>complex</u> spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional</b>	1	S	5742	\$103

*Note: Analysis and programming of spinal cord stimulator systems may be provided by the treating physician, practitioner, or medical personnel (in accordance with the Medicare or relevant payer “incident-to” requirements) under the direct supervision of the physician (or other practitioner), with or without support from a manufacturer’s representative. A physician should not bill if the service is performed by a manufacturer representative without payer consent. Nevro recommends that the insurance carrier be contacted for interpretation of applicable coding and billing policies.*

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### OPPS Status Indicators<sup>6</sup>

Status Indicator	OPPS Payment Status
J1	Hospital Part B services paid through a comprehensive APC.
Q1	STV-packaged codes, paid under OPPS, packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "S", "T", or "V".
Q2	T-packaged codes, paid under OPPS, packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "T".
S	Procedure or service, not discounted when multiple

### Medicare Reimbursement Examples

The below calculations represent the formula Medicare uses to calculate the allowable payment amount when multiple procedures are billed. These examples reflect rounded national averages, are not geographically adjusted, and are for illustrative purposes only.

#### SCS Trial

CPT 63650	+	CPT 63650	=	2021 Medicare Allowable
\$6,295 <i>Paid per C-APC 5462</i>	+	\$0 <i>Inclusive of C-APC 5462</i>	=	\$6,295

#### SCS Implant with Two Percutaneous Leads

CPT 63685	+	CPT 63650	+	CPT 63650	=	2021 Medicare Allowable
\$30,063 <i>Paid per C-APC 5465</i>	+	\$0 <i>Inclusive of C-APC 5465</i>	+	\$0 <i>Inclusive of C-APC 5465</i>	=	\$30,063

#### SCS Implant with Paddle Lead

CPT 63685	+	CPT 63655	=	2021 Medicare Allowable
\$30,063 <i>Paid per C-APC 5465</i>	+	\$0 <i>Inclusive of C-APC 5465</i>	=	\$30,063

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### Level II HCPCS: Devices

Level II HCPCS codes are reported by facilities when they have purchased and supplied the device. Medicare will no longer implement procedure-to-device edits in their hospital claims system but encourages facilities to continue to include all appropriate HCPCS C-codes on their claims for correct coding and cost reporting purposes.

Effective January 1, 2016, CMS created a new device category (C1822) for HF10 therapy based on the clinical evidence that fulfills the substantial clinical improvement criteria.<sup>7</sup> Medicare accepts this code, along with all other applicable C-codes, on each outpatient hospital claim, as appropriate.

### Billing C1822

For Medicare claims, Nevro's IPG kit and charger kit should be billed under revenue code 278 with HCPCS C1822 (*generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system*). Nevro's system is the only device on the market that should be billed with C1822.

Product Code	Description	Revenue Code	HCPCS Code
NIPG1000 or NIPG1500 or NIPG2500	IPG Kit	278	C1822
CHGR1000 or CHGR2500	Charger Kit	278	C1822

Charges associated with the IPG and charger kit should be combined and billed as one line item on the UB-04 claim form.

Most commercial plans provide guidance in their medical policies about which device HCPCS codes to report on claims. The table below contains the HCPCS Level II codes, as well as the L-codes that might be listed in a medical policy or commercial contract.

Device	HCPCS Code <sup>3</sup>	Description
<b>Medicare Level II HCPCS Codes</b>		
Pulse Generator	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
Leads (8-contact, paddle)	C1778	Lead, neurostimulator (implantable)
Trial Leads	C1897	Lead, neurostimulator, test kit (implantable)
Leads Extension	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
Patient Programmer	C1787	Patient programmer, neurostimulator

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Device	HCPCS Code	Description
<b>Commercial Payer L-Codes</b>		
Leads: 8-contact	L8680	Implantable neurostimulator electrode, each
Pulse Generator	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
External Recharger	L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
Remote Control (patient programmer)	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only

### Nevro Device Crosswalk by Product Code

The following Nevro products have Level II HCPCS codes that can be billed on the UB-04 claim form. Medicare accepts the below C-codes. For commercial claims, please confirm device coding with payer prior to billing (see tables on pages six and seven).

Product Code	Description	HCPCS Code	Revenue Code
<b>Trial</b>			
TLEAD1058-50B	Trial Lead, 50cm	C1897	278
TLEAD1058-70B	Trial Lead, 70cm	C1897	278
<b>Implantable Neurostimulator</b>			
NIPG1500	Senza IPG Kit	C1822	278
NIPG2000	Senza II IPG Kit	C1822	278
NIPG2500	Omnia IPG Kit	C1822	278
<b>Patient Charger</b>			
CHGR1000	Charger Kit	C1822	278
CHGR2500	Omnia Charger Kit	C1822	278
<b>Patient Remote</b>			
PTRC1000	Patient Remote Kit	C1787	271
PTRC2500	Omnia Patient Remote Kit	C1787	271

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Product Code	Description	HCPCS Code	Revenue Code
<b>Leads</b>			
LEAD1058-50B	Lead Kit, 50cm	C1778	278
LEAD1058-70B	Lead Kit, 70cm	C1778	278
LEAD1058-90B	Lead Kit, 90cm	C1778	278
LEAD3005-50B	Surgical Lead Kit, 50cm	C1778	278
LEAD3005-70B	Surgical Lead Kit, 50cm	C1778	278
LEAD2005-70B	Surpass C Surgical Lead Kit, 70cm	C1778	278
LEAD2005-90B	Surpass C Surgical Lead Kit, 90cm	C1778	278
<b>Implant Accessories</b>			
LEAD2008-25B	Lead Extension Kit, 25cm	C1883	278
LEAD2008-35B	Lead Extension Kit, 35cm	C1883	278
LEAD2008-60B	Lead Extension Kit, 60cm	C1883	278
SADP2008-25B	S8 Lead Adapter Kit, 25cm	C1883	278
MAPD2008-25B	M8 Lead Adapter Kit, 25cm	C1883	278
ACCK5000	Lead Anchor Kit	L8699	278
ACCK5300	Lead Anchor Kit (N300)	L8699	278
ACCK7000	IPG Port Plug Kit	L8699	278

**Payer coverage and payment policies vary and should be verified by the provider prior to treatment and billing.**

**Please contact [NeuroHealthEconomics@Neuro.com](mailto:NeuroHealthEconomics@Neuro.com) if you have any questions.**

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### References

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<sup>2</sup> Centers for Medicare and Medicaid Services, Facility Outpatient Hospital Services MUE Table - Effective-01-01-2022, <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE>. Accessed December 16, 2021.

<sup>3</sup> Centers for Medicare and Medicaid Services, Addendum B.- Final OPPTS Payment by HCPCS Code for CY 2022, <https://www.cms.gov/medicaremedicare-fee-service-paymenthospitaloutpatientpps/cms-1753-fc>. Accessed December 16, 2021.

<sup>4</sup> CPT code 95970 is used for electronic analysis (e.g., interrogation) of the implanted neurostimulator pulse generator/transmitter without programming. CPT guidance provides that code 95970 is integral to the lead and/or generator/transmitter implantation procedure and should not be assigned separately in connection with the procedure. Additionally, CPT guidance provides that test stimulations typically performed during implantation procedures are integral to such procedures and distinct from electronic analysis and programming and, therefore, should not be reported using codes 95970, 95971, or 95972. AMA, CPT Changes 2019 (Medicine).

<sup>5</sup> Medicare National Correct Coding Initiative (NCCI) edits do not permit CPT codes 95971 or 95972 to be reported separately with lead or generator/transmitter implantation procedures; however, providers may override these edits if actual programming is performed at the time of lead or generator/transmitter implantation. Additionally, CPT guidance provides that test stimulations typically performed during implantation procedures are integral to such procedures and distinct from electronic analysis and programming and, therefore, should not be reported using codes 95970, 95971, or 95972. AMA, CPT Changes 2019 (Medicine). Simple programming includes adjustment of one to three parameters for the implanted neurostimulator pulse generator/transmitter. Complex programming includes adjustment of more than three parameters for the implanted neurostimulator pulse generator/transmitter. For purposes of counting the number of parameters being programmed, a single parameter that is adjusted two or more times during a programming session counts as one parameter. AMA, CPT Changes 2019 (Medicine).

<sup>6</sup> Centers for Medicare and Medicaid Services, Addendum D1 –OPPS Payment Status Indicators for CY 2022. <https://www.cms.gov/license/ama?file=/files/zip/2022-nfrm-ops-addenda.zip>. Accessed December 16, 2021.

<sup>7</sup> Centers for Medicare and Medicaid Services, January 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS), MLN Matters Number: MM9486, Effective January 1, 2016. Accessed December 16, 2021.



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Patient experiences with the Senza<sup>®</sup>, Senza II<sup>™</sup> and Senza Omnia<sup>™</sup> neuromodulation systems vary by individual, including the amount of pain relief. The occurrence of adverse effects associated with SCS implant surgery or use also varies by patient.

**Brief Summary:** A summary of important information follows. Please see [www.NevroHFX.com/safety](http://www.NevroHFX.com/safety) and the Senza<sup>®</sup>, Senza II<sup>™</sup> and Senza Omnia<sup>™</sup> Patient Manual (at <https://www.nevro.com/manuals>) for complete information. Please consult your doctor to fully understand Senza<sup>®</sup>, Senza II<sup>™</sup> and Senza Omnia<sup>™</sup> benefits and risks.

**Indications for Use:** The Senza<sup>®</sup>, Senza II<sup>™</sup> and Senza Omnia<sup>™</sup> neuromodulation systems are used as aids in the management of chronic intractable pain of the trunk and/or limbs. This includes pain associated with failed back surgery syndrome, intractable low back pain, and leg pain. The Senza<sup>®</sup>, Senza II<sup>™</sup> and Senza Omnia<sup>™</sup> neuromodulation systems, when programmed to include a frequency of 10 kHz, are indicated as aids in the management of chronic intractable pain of the lower limbs, including unilateral or bilateral pain, associated with diabetic neuropathy.

**Contraindications:** These include patients not fit for surgery.

**Warnings/Precautions:** There are warnings or precautions against or regarding: Senza<sup>®</sup>, Senza II<sup>™</sup> and Senza Omnia<sup>™</sup> use in patients who are or may become pregnant; patients undergoing diathermy or with other active implanted devices, or those undergoing CT scans, ultrasound or other procedures, among others.

**Adverse Effects:** Senza<sup>®</sup>, Senza II<sup>™</sup> and Senza Omnia<sup>™</sup> are implanted surgically, so surgical complications are possible, such as infection, pain, bleeding and, very rarely, paralysis or death. After Senza<sup>®</sup>, Senza II<sup>™</sup> and Senza Omnia placement, potential side effects include allergy or infection, loss of pain relief, pain or uncomfortable stimulation, burns or device or component malfunction resulting in corrective surgery, lead replacement or device removal.



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