

CURONIX

2024 **SPINAL CORD STIMULATION (SCS)**

Coding and Payment Guide for Medicare Reimbursement

Physician Services (Facility and Non-Facility)

Ambulatory Surgical Center

Hospital Outpatient Department



| Physician Services | | | | | | |
|------------------------------|------------------------|--|----------------------------|----------|--|----------------------------------|
| Procedure | CPT® Code ¹ | Description | Medicare RVUs ² | | Medicare National Average Payment ² | |
| | | | Non-Facility | Facility | Non-Facility | Facility |
| SCS Trial | | | | | | |
| One Lead Trial | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | 68.30 | 12.42 | \$2,236 | \$407 |
| Two Lead Trial | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | 68.30 | 12.42 | \$2,236 + \$2,236(50%) = \$3,354 | \$407 + \$407(50%) = \$611 |
| | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | 68.30 | 12.42 | | |
| SCS Permanent Implant | | | | | | |
| One Lead with Permanent SCS | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | NA | 12.42 | NA | \$407 |
| | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | NA | 10.28 | NA | \$337 |
| Two Leads with Permanent SCS | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | NA | 12.42 | NA | \$407 + \$407(50%) = \$611 |
| | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | NA | 12.42 | NA | |
| | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | NA | 10.28 | NA | \$337 |

| SCS Physician Services | | | | | | |
|--------------------------------|------------------------|--|----------------------------|----------|--|----------|
| Procedure | CPT® Code ¹ | Description | Medicare RVUs ² | | Medicare National Average Payment ² | |
| | | | Non-Facility | Facility | Non-Facility | Facility |
| SCS Revision or Removal | | | | | | |
| Removal of Lead | 63661 | Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | 20.62 | 9.95 | \$675 | \$326 |
| Revision/ Replacement of Leads | 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | 27.15 | 13.56 | \$889 | \$444 |
| Revision/ Removal of Receiver | 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array | NA | 9.09 | NA | \$298 |

| Ambulatory Surgical Center (ASC) | | | | |
|----------------------------------|-----------------------|--|-------------------------------|--|
| Procedure | CPT Code ¹ | Description | Status Indicator ² | Medicare National Average Payment ² |
| SCS Trial | | | | |
| One Lead Trial | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | J8 | \$4,952 |
| Two Lead Trial | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | J8 | \$4,952 + \$4,952 = \$9,904 |
| | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | J8 | |
| SCS Permanent Implant | | | | |
| One Lead with Permanent SCS | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | J8 | \$4,952 |
| | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | J8 | \$25,298 |
| Two Leads with Permanent SCS | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | J8 | \$4,952 + \$4,952 = \$9,904 |
| | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | J8 | |
| | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | J8 | \$25,298 |
| SCS Revision or Removal | | | | |
| Removal of Lead | 63661 | Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | G2 | \$898 |
| Revision/ Replacement of Leads | 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | J8 | \$4,864 |
| Revision/ Removal of Receiver | 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array | A2 | \$1,898 |

| Hospital Outpatient Department (HOPD) | | | | | |
|---------------------------------------|-----------------------|--|-------|-------------------------------|--|
| Procedure | CPT Code ¹ | Description | APC | Status Indicator ² | Medicare National Average Payment ² |
| SCS Trial | | | | | |
| One Lead Trial | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | 5462 | J1 | \$6,523 |
| Two Lead Trial | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | 5462 | J1 | \$6,523 |
| | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | 5462 | J1 | |
| SCS Permanent Implant | | | | | |
| One Lead with Permanent SCS | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | 5465* | J1 | \$29,617 |
| | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | | J1 | |
| Two Leads with Permanent SCS | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | 5465* | J1 | \$29,617 |
| | 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | | J1 | |
| | 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | | J1 | |
| SCS Revision or Removal | | | | | |
| Removal of Lead | 63661 | Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | 5431 | Q2 | \$1,842 |
| Revision/ Replacement of Leads | 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | 5462 | J1 | \$6,523 |
| Revision/ Removal of Receiver | 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array | 5461 | J1 | \$3,245 |

| Status Indicator Description |
|---|
| J1 - Hospital part B services paid through a comprehensive APC |
| J8 - Device-intensive procedure; paid at adjusted rate |
| A2 - Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight |
| G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight |

| HCPCS II Codes ³ | |
|-----------------------------|--|
| L8680 | Implantable neurostimulator electrode, each |
| L8682 | Implantable neurostimulator radiofrequency receiver |
| L8683 | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver |
| C1778 | Lead, neurostimulator (implantable) |
| C1816 | Receiver and/or transmitter, neurostimulator (implantable) |

| CPT | MUEs ⁴ | Global Days ² | MPRR ⁵ |
|-------|-------------------|--------------------------|-------------------|
| 63650 | 2 | 10 | Y |
| 63685 | 1 | 10 | Y |
| 63661 | 1 | 10 | Y |
| 63663 | 1 | 10 | Y |
| 63688 | 1 | 10 | Y |

*According to the Medicare Claims Processing Manual, Chapter 4, Section 10.2.3 - Comprehensive APCs provide a single payment for a primary service, and payment for all adjunctive services reported on the same claim is packaged into payment for the primary service. With few exceptions, all other services reported on a hospital outpatient claim in combination with the primary service are considered to be related to the delivery of the primary service and packaged into the single payment for the primary service. HCPCS codes assigned to comprehensive APCs are designated with status indicator J1. See Addendum J at: <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1786-fc>.

This document is for informational purposes only and should not be construed as authoritative. It is not intended to increase or maximize payment by any third-party payer. This information is current as of January 2024 and is based upon publicly available source information. Codes and payment values are subject to frequent change without notice. Healthcare providers are solely responsible for the accuracy of the codes assigned to the services or items in the medical record. Providers are encouraged to contact the American Medical Association, relevant medical societies, CMS, or third-party payers with questions relative to coding, payment, or policy. Items and services billed to third party payers must be medically necessary and supported by appropriate documentation. Final coding for any procedure is at the discretion of the healthcare provider.

References

¹ 2024 Current Procedural Terminology (CPT®) Professional Edition. © 2023 American Medical Association. CPT® is a registered trademark of the American Medical Association. All rights reserved.

² CMS-1784-F. Medicare 2024 Physician Fee Schedule – January 2024 Addendum B updates. 2024 Conversion Factor \$32.74. CMS-1786-FC Addendum B.-OPPS Payment by HCPCS Code for CY 2024 and Addendum AA -- Final ASC Covered Surgical Procedures for CY 2024.

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⁴ NCCI Edits at <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits>