

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 OPSS relative payment weight
G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPSS 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.

³ 2024 HCPCS Level II Expert. © 2023 Optum, Inc. All rights reserved.

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