

CURONIX

2024 **PERIPHERAL NERVE STIMULATION (PNS)**

Coding and Payment Guide for Medicare Reimbursement

Physician Services (Facility and Non-Facility)

Ambulatory Surgical Center

Hospital Outpatient Department



What is the Curonix Freedom® PNS System?

The Freedom PNS System is cleared under FDA PNS product code GZF for pain management in adults who have severe, intractable chronic pain of peripheral origin, as the sole mitigating agent, or as an adjunct to other modes of therapy used in a multidisciplinary approach. The Freedom PNS System is not intended to treat pain in the craniofacial region.

The Freedom PNS System includes an electrode array, a separate implanted receiver as well as an external transmitter assembly and wearable accessory. The Freedom PNS System is comprised of two components that the physician connects during the procedure. The physician is required to also create a pocket to anchor the receiver and neurostimulator.

List of Different Nerve Stimulators and Associated FDA Clearance

FDA Classification	FDA Product Code Definition*
PNS	Implanted Peripheral Nerve Stimulator For Pain Relief
PENS	Percutaneous Electrical Nerve Stimulator For Pain Relief
PNfS	Percutaneous Nerve Stimulator For Substance Use Disorders
TENS	Transcutaneous Electrical Nerve Stimulator For Pain Relief
	Powered Muscle Stimulator
	Cutaneous Electrode

Product Code	Permanent	Temporary
GZF	X	
NHI		X
PZR		X
NUH		X
NGX		X
GXY		X

*Definitions sourced per FDA Classification Product Code

PNS Physician Services						
Procedure	CPT® Code ¹	Description	Medicare RVUs ²		Medicare National Average Payment ²	
			Non-Facility	Facility	Non-Facility	Facility
PNS Trial						
One Lead Trial	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	63.67	9.68	\$2,085	\$317
Two Lead Trial	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	63.67	9.68	\$2,085 + \$2,085(50%) = \$3,127	\$317 + \$317(50%) = \$475
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	63.67	9.68		
PNS Permanent Implant						
One Lead with Permanent PNS	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	NA	9.68	NA	\$317
	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	NA	8.83	NA	\$289
Two Lead with Permanent PNS	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	NA	9.68	NA	\$317 + \$317(50%) = \$475
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	NA	9.68	NA	
	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	NA	8.83	NA	\$289

PNS Physician Services						
Procedure	CPT Code ¹	Description	Medicare RVUs ²		Medicare National Average Payment ²	
			Non-Facility	Facility	Non-Facility	Facility
PNS Revision or Removal						
One Lead Revision or Removal	64585	Revision or removal of peripheral neurostimulator electrode array	7.28	4.33	\$238	\$142
Two Lead Revision or Removal	64585	Revision or removal of peripheral neurostimulator electrode array	7.28	4.33	\$238 + \$238(50%) = \$357	\$142 + \$142(50%) = \$213
	64585	Revision or removal of peripheral neurostimulator electrode array	7.28	4.33		
Receiver Revision or Removal	64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	10.94	6.89	\$358	\$226

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
64555	2	10	Y
64590	1	10	Y
64585	2	10	Y
64595	1	10	Y

AMA CPT 2024 Guidance – Neurostimulators (Peripheral Nerve) ¹		
PNS	GZF	"Code 64590 is used in conjunction with 64555, 64561 for permanent placement. Codes 64555, 64561 are used to report electrode array placement for a trial and for the permanent placement of the electrode array. Code 64590 is used to report the insertion of a neurostimulator pulse generator or receiver that requires creation of a pocket and connection between the electrode array and the neurostimulator pulse generator or receiver." Page 492
PENS	NHI	"(For percutaneous electrical stimulation of a peripheral nerve using needle[s] or needle electrode[s] [eg, PENS, PNT], use 64999)" Page 492
PfNS	PZR	"(For implantation of trial or permanent electrode arrays or pulse generators for peripheral subcutaneous field stimulation, use 64999)" Page 494
TENS	NUH	"(For transcutaneous nerve stimulation [TENS], use 97014 for electrical stimulation requiring supervision only or use 97032 for electrical stimulation requiring constant attendance)" Page 492
	NGX	
	GXY	

Ambulatory Surgical Center (ASC)				
Procedure	CPT Code ¹	Description	Status Indicator ²	Medicare National Average Payment ²
PNS Trial				
One Lead Trial	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	J8	\$5,620
Two Lead Trial	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	J8	\$5,620 + \$5,620 = \$11,240
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	J8	
PNS Permanent Implant				
One Lead with Permanent PNS	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	J8	\$5,620
	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	J8	\$19,007
Two Leads with Permanent PNS	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	J8	\$5,620 + \$5,620 = \$11,240
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	J8	
	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	J8	\$19,007
PNS Revision or Removal				
One Lead Revision or Removal	64585	Revision or removal of peripheral neurostimulator electrode array	A2	\$1,898
Two Lead Revision or Removal	64585	Revision or removal of peripheral neurostimulator electrode array	A2	\$1,898 + \$1,898(50%) = \$2,847
	64585	Revision or removal of peripheral neurostimulator electrode array	A2	
Receiver Revision or Removal	64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	G2	\$1,898

Hospital Outpatient Department (HOPD)					
Procedure	CPT Code ¹	Description	APC	Status Indicator ²	Medicare National Average Payment ²
PNS Trial					
One Lead Trial	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5462	J1	\$6,523
Two Lead Trial	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5462	J1	\$6,523
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5462	J1	
PNS Permanent Implant					
One Lead with Permanent PNS	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5465*	J1	\$29,617
	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver		J1	
Two Leads with Permanent PNS	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5465*	J1	\$29,617
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		J1	
	64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver		J1	
PNS Revision or Removal					
One Lead Revision or Removal	64585	Revision or removal of peripheral neurostimulator electrode array	5461	J1	\$3,245
Two Lead Revision or Removal	64585	Revision or removal of peripheral neurostimulator electrode array	5461	J1	\$3,245
	64585	Revision or removal of peripheral neurostimulator electrode array	5461	J1	
Receiver Revision or Removal	64595	Revision or removal of peripheral, sacral, or gastric 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

*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-notices/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

¹2024 Current Procedural Terminology (CPT) Professional Edition. © 2023 American Medical Association. CPT® is a registered trademark of the American Medical Association. All rights reserved.

²CMS-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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⁴NCCI Edits at <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits>.

⁵Multiple procedure reduction rules apply for procedures per Optum EncoderPro.