# 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 implanted electrode array, a separate implanted receiver as well as an external transmitter assembly and wearable accessory. The Freedom PNS System is comprised of a (two or more component implant) that the physician connects during the procedure. The physician is also required to create a pocket.

#### 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		
	Transcutaneous Electrical Nerve Stimulator For Pain Relief		
TENS	Powered Muscle Stimulator		
	Cutaneous Electrode		

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

<sup>\*</sup>Definitions sourced per FDA Classification Product Code

PNS Physician Services						
Procedure	CPT <sup>®</sup> Code <sup>1</sup>	Description	Medicare RVUs <sup>2</sup>		Medicare National Average Payment <sup>2</sup>	
			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 +
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	63.67	9.68		\$317(50%) = \$475
		PNS Permanent In	nplant			
0 1 1 11	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	NA	9.68	NA	\$317
One Lead with Permanent PNS	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 <sup>1</sup>	Description	Medicare RVUs <sup>2</sup>		Medicare National Average Payment <sup>2</sup>	
Procedure			Non- Facility	Facility	Non-Facility	Facility
		PNS Revision or Re	emoval			
One Lead Revision or Removal	64585	Revision or removal of peripheral neurostimulator electrode array	7.28	4.33	\$238	\$142
Two Lead	64585	Revision or removal of peripheral neurostimulator electrode array	7.28	4.33	\$238 +	\$142 +
Revision or Removal	64585	Revision or removal of peripheral neurostimulator electrode array	7.28	4.33	\$238(50%) = \$357	\$142(50%) = \$213
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 <sup>3</sup>				
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)			

СРТ	MUEs <sup>4</sup>	Global Days <sup>2</sup>	MPRR <sup>5</sup>
64555	2	10	Υ
64590	1	10	Υ
64585	2	10	Υ
64595	1	10	Υ

AMA CPT 2024 Guidance – Neurostimulators (Peripheral Nerve) <sup>1</sup>				
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		
	NUH			
TENS	NGX	"(For transcutaneous nerve stimulation [TENS], use 97014 for electrical stimulation requiring supervision only or use 97032 for electrical stimulation requiring constant attendance)" Page 492		
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Ambulatory Surgical Center (ASC)								
Procedure	CPT Code <sup>1</sup>	Description	Status Indicator <sup>2</sup>	Medicare National Average Payment <sup>2</sup>				
PNS Trial								
One Lead Trial	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		J8	\$5,620				
T . I I T'I	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	J8	ΦΕ COO . ΦΕ COO . Φ14 O 4 O				
Two Lead Trial	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	18	\$5,620 + \$5,620 = \$11,240				
		PNS Permanent In	nplant					
One Lead with	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	J8	\$5,620				
Permanent PNS	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				
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	J8	φΕ COO .				
Two Leads with Permanent	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	J8	\$5,620 + \$5,620 = \$11,240				
PNS	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 Re	emoval					
One Lead Revision or Removal	64585	Revision or removal of peripheral neurostimulator electrode array	A2	\$1,898				
Two Lead Revision or	64585	Revision or removal of peripheral neurostimulator electrode array	A2	\$1,898 + \$1,898(50%) = \$2,847				
Removal	64585	Revision or removal of peripheral neurostimulator electrode array	A2	ψ1,030 · ψ1,030(3070) - ψ2,047				
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 <sup>1</sup>	Description	APC	Status Indicator <sup>2</sup>	Medicare National Average Payment <sup>2</sup>
		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	<b>\$6 F</b> 22
Two Lead Trial	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5462 J1		\$6,523
		PNS Permanent In	nplant		
On a Land with	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5465*	J1	
One Lead with Permanent PNS	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	\$29,617
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5465*	J1	
Two Leads with Permanent	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)		J1	\$29,617
PNS	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 Re	moval		
One Lead Revision or Removal	64585	Revision or removal of peripheral neurostimulator electrode array	5461	J1	\$3,245
Two Lead Revision or	64585	Revision or removal of peripheral neurostimulator electrode array	5461	J1	\$3,245
Removal	64585	Revision or removal of peripheral neurostimulator electrode array	5461	J1	<b>40)</b> 2 10
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 OPPS relative payment weight
- G2 Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS 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

<sup>&</sup>lt;sup>1</sup>2024 Current Procedural Terminology (CPT) Professional Edition. © 2023 American Medical Association. CPT<sup>®</sup> is a registered trademark of the American Medical Association. All rights reserved.

<sup>&</sup>lt;sup>2</sup> 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. <sup>3</sup> 2024 HCPCS Level II Expert. © 2023 Optum, Inc. All rights reserved.

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

<sup>&</sup>lt;sup>5</sup> Multiple procedure reduction rules apply for procedures per Optum EncoderPro.