



2024 Quick Reference Guide – Spinal Cord Stimulation Ambulatory Surgical Center 2024

Coding and Payment Guide for Medicare Reimbursement: The following are the 2024 Medicare coding and national payment rates for Spinal Cord Stimulation (SCS) procedures performed in an ambulatory surgical center.

| CPT® ¹ | Description | Multiple Surgery Discounting ² | Status Indicator ³ | National Average Payment ⁴ |
|---|--|---|----------------------------------|---|
| Lead & Pulse Generator Placement Codes | | | | |
| 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | N | J8 | \$4,952 |
| 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural | N | J8 | \$17,993 |
| 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver | N | J8 | \$25,298 |
| Revision of Lead and Pulse Generators | | | | |
| 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | N | J8 | \$4,864 |
| 63664 | Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed | N | J8 | \$10,317 |
| 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array | Y | A2 | \$1,898 |
| Removal of Leads and Pulse Generator | | | | |
| 63661 | Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed | N | G2 | \$898 |
| 63662 | Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed | Y | G2 | \$1,898 |
| 63688 | Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array | Y | A2 | \$1,898 |

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2. In the case that multiple procedures are billed and coded, payment is typically made at 100% of the rate for the first procedure, and 50% of the rate for the second and all succeeding procedures. Such procedures subject to this discounting are marked "Y". However, procedure marked "N" are not subject to discounting, and are paid at 100% in full, regardless of whether they are submitted with other procedures.

3. ASC Status indicators:

J8: Device-intensive procedure; paid at adjusted rate.

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

A2: Surgical procedure on ASC list in CY 2007; payment based on OPPS relative weight, subject to multiple reduction rule

4. 2024 Medicare National Average payment rates, unadjusted for wage. "National Average Payment" is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance

See important notes on the uses and limitations of this information on page 2.

Medicare National Coverage Determination (NCD)⁵

In the case of spinal cord stimulation, Medicare has a longstanding National Coverage Determination (NCD) for electrical nerve stimulators (160.7) that includes specific criteria for coverage, which are as follows:

- The implantation of the stimulator is used only as a late resort (if not a last resort) for patients with chronic intractable pain;
- With respect to item a, other treatment modalities (pharmacological, surgical, physical, or psychological therapies) have been tried and did not prove satisfactory, or are judged to be unsuitable or contraindicated for the given patient;
- Patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. (Such screening must include psychological, as well as physical evaluation);
- All the facilities, equipment, and professional and support personnel required for the proper diagnosis, treatment training, and follow up of the patient (including that required to satisfy item c) must be available; and
- Demonstration of pain relief with a temporarily implanted electrode precedes permanent implantation.

Medicare Local Coverage Determinations⁷

Medicare has a long-standing NCD (160.7) for Electrical Nerve Stimulators (e.g., SCS). In addition to the NCD criteria, some Medicare contractors may require additional SCS coverage criteria through local coverage determinations (LCD). Please check with your local contractor. In the absence of an LCD, Medicare contractors will follow the NCD.

| | | |
|--|---|-------------------------|
| Palmetto GBA (AL, GA, TN, SC, VA, WV, NC) | http://www.palmettogba.com/medicare | LCD #L37632 LCA #A56876 |
| Noridian JE (CA, NV, HI) | https://med.noridianmedicare.com/web/je/policies | LCD #L35136 LCA #A57791 |
| Noridian JF (AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY) | https://med.noridianmedicare.com/web/jf/policies | LCD #L36204 LCA #A57792 |

HCPCS Level II Descriptors

| HCPCS Code | Descriptor |
|------------|---|
| L8679 | Implantable neurostimulator pulse generator, any type |
| L8680 | Implantable neurostimulator electrode, each |
| L8681 | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only |
| L8687 | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension |
| L8688 | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension |
| L8689 | External recharging system for battery (internal) for use with implantable neurostimulator, replacement only |
| L8699 | Prosthetic implant, not otherwise specified |
| L9900 | Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code |

* In 2014 a new HCPCS level II code was established: L8679 - "Implantable neurostimulator pulse generator, any type". However, L8687 - "Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension" may still be an active code on the fee schedule for some payers.

Indications for Use. The Boston Scientific Spinal Cord Stimulator Systems are indicated as an aid in the management of chronic intractable pain of the trunk and/or limbs including unilateral or bilateral pain associated with the following: failed back surgery syndrome, Complex Regional Pain Syndrome (CRPS) Types I and II, Diabetic Peripheral Neuropathy of the lower extremities, intractable low back pain and leg pain. Associated conditions and etiologies may be: radicular pain syndrome, radiculopathies resulting in pain secondary to failed back syndrome or herniated disc, epidural fibrosis, degenerative disc disease (herniated disc pain refractory to conservative and surgical interventions), arachnoiditis, multiple back surgeries. Contraindications, warnings, precautions, side effects. The SCS Systems are contraindicated for patients who: are unable to operate the SCS System, have failed trial stimulation by failing to receive effective pain relief, are poor surgical candidates, or are pregnant. Warning: Stimulation modes. Only paresthesia-based stimulation mode has been evaluated for effectiveness in the diabetic peripheral neuropathy (DPN) population. Refer to the Instructions for Use provided with the SCS System or Pain.com for potential adverse effects, warnings, and precautions prior to using this product.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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5. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7, Benefit Category: Prosthetic Devices
6. NCD Link: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=240>
7. List of local Medicare contractors is not an exhaustive list. LCD Link: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

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NM-45910-AV