



## 2024 Quick Reference Guide – Spinal Cord Stimulation

### Physician Reimbursement 2024

**Coding and Payment Guide for Medicare Reimbursement:** The following are the 2024 Medicare coding and national physician payment rates for spinal cord stimulation procedures.

CPT® <sup>1,2</sup>	Description	Global Period	Total RVU <sup>3</sup>	National Average Payment <sup>4</sup>
<b>Lead &amp; Pulse Generator Placement Codes</b>				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	10	68.30	<b>\$2,236</b> (Non-Facility)
			12.42	<b>\$407</b> (Facility)
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	90	25.60	<b>\$838</b>
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	10	10.28	<b>\$337</b>
<b>Revision of Lead and Pulse Generators</b>				
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	10	27.15	<b>\$889</b> (Non-Facility)
			13.56	<b>\$444</b> (Facility)
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	90	27.05	<b>\$886</b>
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	10	9.09	<b>\$298</b>
<b>Removal of Leads and Pulse Generators</b>				
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	10	20.62	<b>\$675</b> (Non-Facility)
			9.95	<b>\$326</b> (Facility)
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	90	25.99	<b>\$851</b>
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	10	9.09	<b>\$298</b>

**Neurostimulator Analysis & Programming:** The AMA CPT® has defined simple intraoperative or subsequent programming of neurostimulator pulse generator with code 95971 when there are changes to three or fewer of the following parameters: rate, pulse amplitude, pulse duration, pulse frequency, eight or more electrode contacts, cycling, stimulation train duration, train spacing, number of programs, number of channels, alternating electrode polarities, dose time, or more than one clinical feature. Complex intraoperative or subsequent programming is defined as changes in more than three of the parameters above (code 95972)<sup>5</sup>.

CPT® <sup>1,2</sup>	Description	Global Period	Total RVU <sup>3</sup>	National Average Payment <sup>4</sup>
95970*	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter, without programming	XXX <sup>5</sup>	0.56	<b>\$18</b> (Non-Facility)
			0.54	<b>\$18</b> (Facility)
95971*	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	XXX <sup>5</sup>	1.44	<b>\$47</b> (Non-Facility)
			1.15	<b>\$38</b> (Facility)
95972*	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	XXX <sup>5</sup>	1.70	<b>\$56</b> (Non-Facility)
			1.19	<b>\$39</b> (Facility)

\*A physician should not bill if the service is performed entirely by, or under the direction of, a manufacturer representative without payer consent. If the service is performed in part by a physician or physician-supervised personnel (in accordance with the Medicare incident to requirements) and in part by a manufacturer representative, the physician should contact the payer and/or a reimbursement consultant before billing the service.

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## Medicare National Coverage Determinations<sup>7</sup>

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) must be available; and
- Demonstration of pain relief with a temporarily implanted electrode precedes permanent implantation.

## Medicare Local Coverage Determinations<sup>8</sup>

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)	<a href="http://www.palmettogba.com/medicare">http://www.palmettogba.com/medicare</a>	LCD #L37632 LCA #A56876
Noridian JE (CA, NV, HI)	<a href="https://med.noridianmedicare.com/web/jeb/policies">https://med.noridianmedicare.com/web/jeb/policies</a>	LCD #L35136 LCA #A57791
Noridian JF (AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY)	<a href="https://med.noridianmedicare.com/web/jfb/policies">https://med.noridianmedicare.com/web/jfb/policies</a>	LCD #L36204 LCA #A57792

**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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The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP. Information included herein is current as of November 2023 but is subject to change without notice. Rates for services are effective January 1, 2024.

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2. Multiple procedure reduction rules apply for procedures (excluding programming codes). Quantity of devices used in each procedure must be specified for appropriate payment. Payment rates provided are Medicare national average rates for each specified procedure with quantity = 1.
3. Department of Health and Human Services. Centers for Medicare and Medicaid Services. The 2024 National Average Medicare physician payment rates have been calculated using a revised 2024 conversion factor of \$32.7442 which reflects changes effective as of calendar year 2024.
4. "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 etc.
5. XXX: The global concept does not apply to the code.
6. AMA CPT® 2024 Professional Edition code book.
7. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7, Benefit Category: Prosthetic Devices NCD Link: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncid=240&bc=CAAAAAAAAAAA>
8. 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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Neuromodulation  
25155 Rye Canyon Loop  
Valencia, CA 91355  
[www.bostonscientific.com](http://www.bostonscientific.com)

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