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NALU™ SYSTEM
Peripheral Nerve Stimulation

Coding & Payment Guide for Medicare Reimbursement

PNS

Quick Reference Guide - Neuromodulation

Outpatient Hospital 2026

The following are the 2026 Medicare coding and national payment rates for Peripheral Nerve Stimulation (PNS) procedures performed in the outpatient hospital setting. Comprehensive Ambulatory Payment Classifications (C-APCs) are effective for services performed in an Outpatient Hospital. A C-APC is a single all-inclusive payment for a primary device dependent service and all adjunct services provided to support the delivery of the primary service.

For reimbursement support, please contact: reimbursement@nalumed.com or 1.800.618.3402.

CPT®[1]	DESCRIPTION	APC[2]	STATUS INDICATOR[3]	NATIONAL BASE PAYMENT[4]
Lead & Pulse Generator Placement Codes				
64555	Percutaneous implantation of neurostimulator electrode array: peripheral nerve (excludes sacral nerve)	5462	J1	$6,511
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	5464	J1	$19,820
Revision/Removal of Leads and Pulse Generators				
64585	Revision or removal of peripheral neurostimulator electrode array	5461	J1	$3,572
64595	**Revision or removal** of peripheral, sacral or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	5461	J1	$3,572

HCPCS CODE*	DESCRIPTOR
C1778	Lead, neurostimulator (implantable)
C1897	Lead, neurostimulator test kit (implantable)
C1767	Generator, neurostimulator (implantable), non-rechargeable
C1816	Receiver and/or transmitter, neurostimulator (implantable)
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)

Modifiers:
-50 Bilateral Procedures
-52 Reduced Services: Use this modifier when a procedure is partially reduced or eliminated at the physician's discretion
-58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period
-73 Discontinued Procedure Prior to the Administration of Anesthesia
-74 Discontinued Procedure After Administration of Anesthesia

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD)

In the case of peripheral nerve 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 last 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.

Medical National Coverage Determination for Electrical Nerve Stimulators (160.7) can be found at: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=240&ncdver=1&bc=0

MEDICARE LOCAL COVERAGE DETERMINATIONS (LCDS)

In addition to NCD criteria, some Medicare Administrative Contractors (MACs) may require additional PNS coverage criteria called local coverage determinations (LCDs). Please check with your local contractor. In absence of an LCD, Medicare contractors will follow the NCD. Please note that LCD jurisdiction is subject to change.

MAC	Jurisdiction	States Covered	Web Link	LCD Number* Article Number†
Noridian Healthcare Solutions‡	J-E	California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?lcdid=34328 https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=55530	L34328 A55530
	J-F	Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming		

*LCDs include Coverage Indications, Limitations, and/or Medical Necessity.

† Articles include CPT codes, ICD-10 Diagnosis Codes, and Utilization Guidelines.

‡ No other MACs have published a LCD for Peripheral Nerve Stimulation.

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2. FY 2026 CMS OPPS Final Rule, [CMS-1834-FC], Addendum B.
3. Hospital Outpatient Status Indicators: J1: Hospital Part B services paid through a comprehensive APC (only one payment will be made for the episode of care).
4. Code of Federal Regulations, §512.250, Determination of national base rates. URL: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-H/part-512/subpart-B/subject-group-ECFR388d9ab0bb970d0/section-512.250
5. C-codes are required for billing Medicare outpatient procedures in conjunction with the applicable CPT codes but are not separately payable by Medicare.
6. 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.

View Boston Scientific Nalu Neurostimulation System Indications, Safety, and Warnings at bostonscientific.com/nalu-indications

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NM-2456407-AA