



# SPINAL CORD STIMULATION AMBULATORY SURGICAL CENTER REIMBURSEMENT 2025

**2025 Coding and Payment Guide for Medicare Reimbursement:** The following are the 2025 Medicare coding and national payment rates for Spinal Cord Stimulation (SCS) procedures performed in an ambulatory surgical center.

CPT <sup>*1</sup>	DESCRIPTION	MULTIPLE SURGERY DISCOUNTING <sup>2</sup>	STATUS INDICATOR <sup>3</sup>	NATIONAL AVERAGE PAYMENT <sup>4</sup>
Lead & Pulse Generator Placement Codes				
63650	Percutaneous implantation of neurostimulator electrode array, epidural	N	J8	\$5,084
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	N	J8	\$18,105
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	\$26,282
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	\$5,159
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	N	J8	\$9,132
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Y	A2	\$1,944
Removal of Leads and Pulse Generator				
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	N	G2	\$925
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Y	G2	\$1,944
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Y	A2	\$1,944

<sup>3</sup>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.

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, 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. The Boston Scientific Spectra WaveWriter™, WaveWriter Alpha™ and WaveWriter Alpha™ Prime SCS Systems are also indicated as an aid in the management of chronic intractable unilateral or bilateral low back and leg pain without prior back surgery. 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. 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.

Warning: Stimulation modes. Only paresthesia-based stimulation mode has been evaluated for effectiveness in the diabetic peripheral neuropathy (DPN) population.

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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. 2025 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

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NM-45910-AW