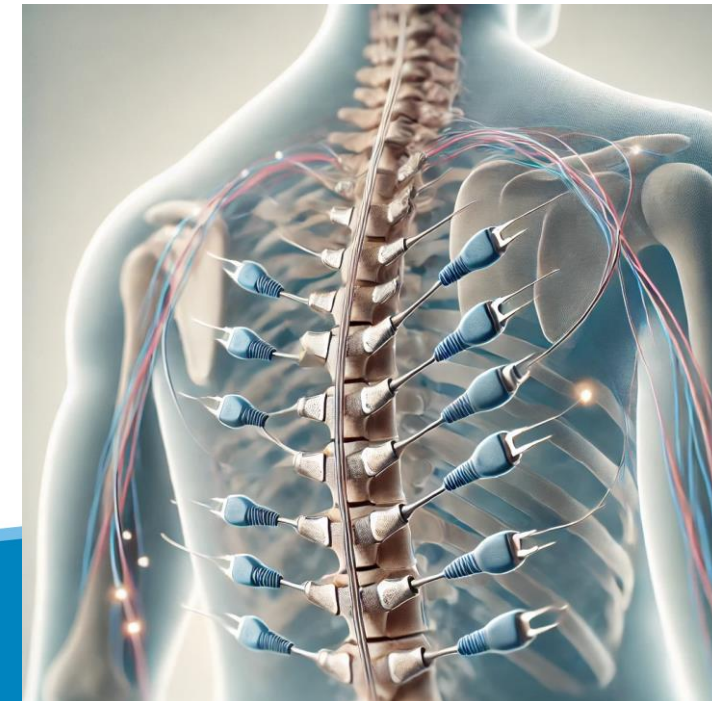


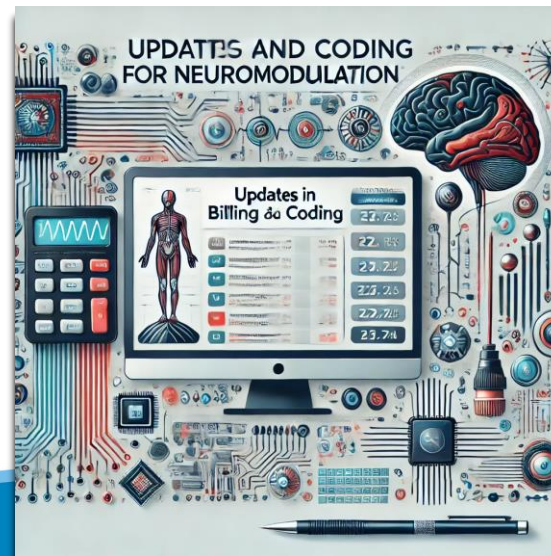
Billing and Coding in Neuromodulation

Trent Emerick, MD, MBA
Associate Professor of Anesthesiology and Perioperative Medicine and Bioengineering
Fellowship Director, Chronic Pain Medicine
Associate Chief, Chronic Pain Medicine
Certified Six Sigma Black Belt
Department of Anesthesiology and Perioperative Medicine, Division of Chronic Pain
University of Pittsburgh Medical Center



Learning Objectives

- Review CPT codes for common neuromodulation procedures
- Understand nuances between various stimulation types and billing codes
- Analyze the most appropriate CPT codes for various procedures



Common SCS CPT Codes

- 63650: Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural
- 63685: Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, **Requiring Pocket Creation And Connection Between Electrode Array And Pulse Generator Or Receiver**
- 63663: Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electrode Percutaneous Array(S), Including Fluoroscopy, When Performed

CMS Statement

- *“Physicians with a low trial to permanent implant ratio (less than 50%) will be subject to post-payment review and may be asked to submit documentation as to the patient selection criteria, the radiologic imaging demonstrating proper lead placement, and the medical necessity of the trials. Failure to provide this documentation will be cause for post-payment denial and recoupment of reimbursement.”*

Work RVUs and Details

CPT Code	wRVUs	Global Period	Physician Reimbursement - Facility (Professional Fee)	Facility Reimbursement - Facility (Technical Fee – CMS average)	Physician Reimbursement - Non Facility (Professional Fee)	Facility Reimbursement – Non Facility (Technical Fee)
63650	7.15	10	\$407	\$6,523	\$2,236	n/a
63685	5.19	10	\$337	\$29,617	n/a	n/a

(National Average Payments; ASC Facility fees slightly less than above; can be found in ASRA Fee schedule:
https://www.asra.com/docs/default-source/practice-management/2024-fee-schedule.pdf?sfvrsn=faaf9556_3)

Reimbursement

- Most spinal cord stimulator companies publish yearly reimbursement guides
- Can find reimbursement guides online
- Further reading; ASRA article 2019 by Dr. Yesh Navalgund



[Guidelines & Articles](#) [News & Publications](#) [Events & Education](#) [About Us](#) [Membership](#) [Patient Information](#)

Newsletter

[Home](#) / [News & Publications](#) / [ASRA Pain Medicine News](#) / Newsletter Item

Medical Necessity, Documentation, Coding, and Billing for Spinal Cord Stimulation

May 1, 2019, 16:39 PM by Yeshvant Navalgund, MD [Leave a comment](#)

Background

Trials to Permanent

- Successful trial should have documentation of:
 - 50% improvement in pain OR
 - 50% reduction in analgesic medications
 - Show some form of functional improvement
- Caveat: CMS mentions that CRPS takes longer to see improvement,
- Caveat: physician experience/judgment can also be taken into account
- Can you bill when you remove the trial lead at the end of the trial?

What About Programming?

- Programming performed by a sales rep cannot be billed
 - 95970: analysis without reprogramming (0.35 wRVU, \$18 pro fee)
 - 95971: analysis with reprogramming (0.78 wRVU, \$47 non-fac pro fee, \$38 facility pro fee)
- Electrical analysis codes should usually not be billed more than once every 30 days, although ok if during the first month

Repeating Trials

- CMS:
 - “If a trial fails, a repeat trial is not appropriate unless there are extenuating circumstances that lead to trial failure. Appropriate medical documentation to support a repeat trial can be sent on appeal.”

PNS Changes – January 2024

- **Old description:** 63685 (*Insertion or replacement of spinal neurostimulator pulse generator or receiver, ~~direct or inductive coupling~~*)
- **New description:** 63685 (*Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver*)

Temporary Peripheral Nerve Stimulation

- 64555 – Average Medicare payment: \$6,523 facility fee/\$317 pro fee (slightly less facility fee in ASC)
- 64596 - Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; *initial electrode array*)
- 64597 - Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; *each additional electrode array*
- 64598 - *Revision* or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator



PNS Work RVUs

CPT Code	Work RVU
64555	5.76
64596	n/a
64597	n/a
64598	n/a

Miscellaneous Neuromodulation

- Restorative Neuromodulation for Multifidus Muscle Dysfunction
 - Restorative neuromodulation for the treatment of multifidus muscle dysfunction does not require a trial or pain psychology evaluation
 - Lead: 64555; pulse generator: 64590
 - ICD-10-CM code M62.85 (effective Oct 1 2024)
- Peripheral field stimulation
 - CPT 64999

Billing and Coding: Peripheral Nerve Stimulation

[https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=55531#:~:text=Restorative%20Neurostimulation%20Therapy%20\(i.e.%20ReActiv8,reported%20with%20CPT%20code%2064590.](https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=55531#:~:text=Restorative%20Neurostimulation%20Therapy%20(i.e.%20ReActiv8,reported%20with%20CPT%20code%2064590.)

New Code Changes in Neuromodulation

- Some commercial insurance plans not covering PNS

What About Prior Authorization?

- Since 2021:
 - No prior auth required for CPT 63685 and 63688
 - CPT 63650 does require prior authorization
 - If the physician performs both the trial and the permanent implant, only one prior authorization is required for both (prior to the trial)

Conclusion

- ASRA fee schedule is available for members!
 - https://www.asra.com/docs/default-source/practice-management/2024-fee-schedule.pdf?sfvrsn=faaf9556_3
- As electrotherapeutic field is rapidly evolving, the physician's understanding of billing and coding needs to evolve as well
- How will you know if your SCS is properly reimbursed?



Additional References

Slide 1 and Slide 2 images courtesy ChatGPT 4o.