SPRINT® PNS SYSTEM AMBULATORY SURGERY CENTER REFERENCE GUIDE 2021

This guide has been developed to assist in reporting the procedures and services associated with the use of the SPRINT Peripheral Nerve Stimulation (PNS) System for patients with acute or chronic pain. It is important to understand that coding is specific to the procedure or services performed, not to the device being used. Ultimately it is the provider's responsibility to select codes that accurately describe the patient's condition and the procedure or services performed. This guide is provided for informational purposes only and does not guarantee payment, payment amount, or coverage.

AMBULATORY SURGERY CENTER – PLACE OF SERVICE 24

Current Procedural Terminology (CPT®)[1] codes are used by Ambulatory Surgery Centers (ASC) to report procedures and services performed. Medicare reimburses ASCs under a fee schedule assigned to each CPT code.[2] Private payers generally reimburse based on contracted rates.

SINGLE SPRINT LEAD IMPLANT PROCEDURE

	CPT	Description	Place of Service	Subject to Multiple Procedure Discounting*	2021 Medicare National Average[2]
Single lead placement	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	24	No	$4,789.16

*Multiple Procedure Discounting does not apply[2]

DUAL SPRINT LEAD IMPLANT PROCEDURES

	CPT	2021 Medicare National Average[2]
Two leads placed on the same nerve - same session*[3]	64555	$4,789.16 + $4,789.16 = $9,578.32
	64555-59	

	CPT	2021 Medicare National Average[2]
Two leads placed on two different nerves - same session*[3]	64555	$4,789.16 + $4,789.16 = $9,578.32
	64555-XS	

	CPT	2021 Medicare National Average[2]
Two leads placed, bilateral sites - same session*[3]	64555	$4,789.16 + $4,789.16 = $9,578.32
	64555	

"Can fluoroscopic guidance be reported separately during implant?"
No, Fluoroscopic guidance (CPT 77002) is considered included in CPT code 64555 and should not be reported separately.[5]

*Medicare instructs providers to report procedures performed on different structures as two procedures, either as a single unit on two separate lines or with two units.[4]

HCPCS CODES

Hospitals are required to report a Healthcare Common Procedure Coding System (HCPCS) Level II codes for cost reporting of the device used in "Device Intensive" procedures in the Ambulatory Surgery Center, and are not separately paid by Medicare.[4]

	HCPCS[6]	Description
Medicare Claims	C1778	Lead, neurostimulator (implanted)
Commercial Claims	L8680	Implantable neurostimulator electrode, each

ADDITIONAL PROCEDURES

Ultrasound guidance (CPT 76942) and analysis/programming services (CPT 95970, 95971 or 95972) are packaged into the payment of the PNS lead implant procedure and not eligible for separate payment in the Ambulatory Surgery Center.[5]

GEOGRAPHICALLY ADJUSTED AMBULATORY SURGERY CENTER MEDICARE FEE SCHEDULE

CPT	Description	Place of Service	Setting	Subject to Multiple Procedure Discounting*	2021 Adjusted Fee Schedule[2] for
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	24	Ambulatory Surgery Center	No	

*Multiple Procedure Discounting does not apply[2]

FREQUENTLY ASKED QUESTIONS

Q. During a single operative session, if two SPRINT leads are placed, how is this reported?

A. A modifier should be appended to CPT code 64555 to indicate that multiple procedures were performed at the same surgical session in the Ambulatory Surgery Center (ASC) setting. CPT 64555 is not subject the multiple procedure reduction as per the Medicare OPPS Rules; 100% payment is made for each 64555-procedure reported.[2] Providers should consult with their individual payers on their preferred reporting method in order to avoid claims denials and processing delays.

Two leads placed on the same nerve: Modifier -59 is the most appropriate modifier to indicate that multiple procedures were performed during the same operative session in the ASC.[3] Note: Modifier -51 multiple procedures, is not an approved modifier for facility claims under CPT guidance.[3]

Two leads placed in bilateral sites: it is not appropriate to append modifier -50. Medicare Claims Processing Manual states bilateral procedures are reported as two procedures, either as 1-unit on two separate lines or a single line with 2-units.[4]

Two leads placed on different nerves: Modifier -XS (separate structure) is the most appropriate modifier to indicate that two leads were placed on two different nerves during the same session in the ASC.[3] Medicare Claims Processing Manual states procedures performed on different structures are reported as two procedures, either as 1-unit on two separate lines or a single line with 2-units.[4]

Q. Can CPT 64585 be used for the removal of the SPRINT leads at the end of the treatment course?

A. No, CPT 64585 is not appropriate to report for SPRINT lead removal. CPT 64585 describes the open surgical removal of the electrode array. The SPRINT PNS System is intended to be removed without a return trip to the O.R.[1]

Note

Facilities should consult Payers for any coverage guidelines and/or prior authorization requirements for PNS CPT 64555. Coverage varies by Payer and differs by Plan Type.[7]

References:

1. Current Procedural Terminology 2021, American Medical Association. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2020 American Medical Association. All Rights Reserved. Applicable FARS/ DFARS apply
2. 2021 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS-1736-FC)
3. Coding with Modifiers, 6th Edition. Copyright © 2020 by the American Medical Association (AMA). All Rights Reserved.
4. Medicare Claims Processing Manual 100-04
5. Medicare National Correct Coding Initiative (NCCI) Edits, eff. January 1, 2021
6. HCPCS Level II, 2021 Expert. Copyright 2020, Optum 360, LLC
7. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7)

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