

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 determine medical necessity and the proper site of service where treatment is rendered based on clinical judgment, and to report code(s) that accurately describe the patient's condition and the procedure or services performed. The information contained in this guide was obtained from third-party sources and is subject to change at any time. This guide is provided for illustrative 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 lead placement	CPT	Description	Place of Service	Subject to Multiple Procedure Discounting*	2021 Medicare National Average ²
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	24	No	\$4,789.16

*Medicare has assigned a J8 (device intensive) payment indicator to CPT 64555 therefore, multiple procedure discounting does not apply.²

DUAL SPRINT LEAD IMPLANT PROCEDURES

Two leads placed on the same nerve - same session ^{3,4}	CPT	2021 Medicare National Average ²
	64555	\$4,789.16 + \$4,789.16 = \$9,578.32
	64555-XS	
Two leads placed on two different nerves - same session ^{3,4}	CPT	2021 Medicare National Average ²
	64555	\$4,789.16 + \$4,789.16 = \$9,578.32
	64555-XS	
Two leads placed, bilateral sites - same session ^{3,4}	CPT	2021 Medicare National Average ²
	64555	\$4,789.16 + \$4,789.16 = \$9,578.32
	64555-XS	

“Can fluoroscopic guidance be reported separately during an implant procedure?”

No, Fluoroscopic guidance (CPT 77002) is considered included in CPT code 64555 and should not be reported separately.⁵

HCPCS CODES

An Ambulatory Surgery Center (ASC) may report a Healthcare Common Procedure Coding System (HCPCS) Level II codes for the device used in “Device Intensive” procedures for cost reporting; they are not separately paid by Medicare.⁴ Commercial payers may utilize HCPCS codes as per contractual arrangement with the ASC.

	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 therefore, not eligible for separate payment in the ASC.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	

*Medicare has assigned a J8 (device intensive) payment indicator to CPT 64555 therefore, 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 ASC, Medicare has assigned the J8 payment indicator to CPT 64555. Procedures with a J8 payment indicator are not subject the multiple procedure payment reduction rules; according to the Medicare OPPS Rules; 100% payment is made for each 64555-procedure code reported.² Providers should consult with their individual payers on their preferred reporting method to avoid claim denials and processing delays.

Two leads placed on the same nerve: Modifier -XS (separate structure) may appropriately indicate multiple procedures were performed during the same surgical session.^{3,4} Note: Modifier -51 (multiple procedures) is not an approved modifier for facility claims under CPT guidance.³ Alternatively, Commercial payers would use modifier -59.³

Two leads placed in bilateral sites: Modifier -XS (separate structure) may appropriately indicate two leads were placed bilaterally during the same surgical session.^{3,4} Note: Modifier -50 (bilateral procedure) is not an appropriate modifier for use with CPT 64555. Alternatively, Commercial payers would use modifier -59.³

Two leads placed on different nerves: Modifier -XS (separate structure) may appropriately indicate two leads were placed on two different nerves during the same surgical session.^{3,4} Alternatively, Commercial payers would use modifier -59.³

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)

Disclaimer:

The information contained in this document was gathered from third-party sources and is subject to change at any time. This information is for illustrative purposes only and does not guarantee coverage, payment, or payment rates. In all cases, services billed must be medically necessary, reported as performed, and appropriately documented. Providers are responsible to understand and comply with all reimbursement guidance and requirements established by relevant payers. Payer policies and payment rates vary by payer and plan type; coverage, payment, and payment amounts should be verified prior to treatment.



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