

SPRINT® PNS SYSTEM HOSPITAL OUTPATIENT DEPARTMENT 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, the proper site of service where treatment is rendered based on clinical judgment and to report codes that accurately describe the patient's condition and the procedure or services performed. This guide is for informational purposes only and does not guarantee payment, payment amount, or coverage.

HOSPITAL OUTPATIENT DEPARTMENT – PLACE OF SERVICE 22

Medicare reimburses Hospital Outpatient Departments (HOPD) under the Ambulatory Payment Classification (APC) system in which each Current Procedural Terminology (CPT®)1 code is assigned to an APC. Each APC is assigned a payment rate. Private payers generally reimburse based on contracted rates.

SINGLE SPRINT LEAD IMPLANT PROCEDURE

Single lead placement	CPT	Description	Place of Service	APC	Status Indicator*	2021 Medicare National Average ²
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	22	5462	J1	\$6,160.68

*Status indicator J1: Hospital Part B services paid through a Comprehensive APC (C-APC). Medicare reimburses the facility a single C-APC per date of service. All covered services are packaged into this payment.²

DUAL SPRINT LEAD IMPLANT PROCEDURES

Two leads placed on the same nerve - same session ^{3,4}	CPT	2021 Medicare National Average ²
	64555	\$6,160.68
64555-XS		
Two leads placed on two different nerves - same session ^{3,4}	CPT	2021 Medicare National Average ²
	64555	\$6,160.68
64555-XS		
Two leads placed, bilateral sites - same session ^{3,4}	CPT	2021 Medicare National Average ²
	64555	\$6,160.68
64555-XS		

“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

Commercial Payers (-XS modifier is specific to CMS) ^{3,4}	CPT
	64555
	64555-59

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 Hospital Outpatient Department 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.⁵

GEOGRAPHICALLY ADJUSTED HOSPITAL OUTPATIENT DEPARTMENT MEDICARE FEE SCHEDULE

CPT	Description	Place of Service	Setting	APC	Status Indicator*	2021 Adjusted Fee Schedule ² for
64555*	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	22	Hospital Outpatient Department	5462	J1	

*Status indicator J1: Hospital Part B services paid through a Comprehensive APC (C-APC). Medicare reimburses the facility a single C-APC per date of service. All covered services are packaged into this payment.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 hospital outpatient (HOPD) setting. When multiple CPT codes with a J1 status indicator are reported on the same claim, a single C-APC payment is made for the date of service.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 -XS (separate structure) is the most appropriate modifier to indicate multiple procedures were performed on the same nerve during the same operative session in the HOPD.³ 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) is the most appropriate modifier for bilateral procedures to indicate that the procedure was performed on both sides during the same operative session in the HOPD.³ Alternatively, Commercial payers would use modifier -59.³

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 HOPD.³ Alternatively, Commercial payers would use modifier -59.³

- Q. What is the Medicare payment rate for an “Off-Campus” HOPD?
- A. Place of Service (POS) 19, “Off-Campus” Departments are reimbursed at 40% of the fee schedule by Medicare. Private payers generally reimburse Hospital Outpatient Departments at contracted rates.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.⁶

References:

- 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
- 2021 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS-1736-FC)
- Coding with Modifiers, 6th Edition. Copyright © 2020 by the American Medical Association (AMA). All Rights Reserved.
- Medicare Claims Processing Manual 100-04
- Medicare National Correct Coding Initiative (NCCI) Edits, eff. January 1, 2021
- HCPCS Level II, 2021 Expert. Copyright 2020, Optum 360, LLC
- Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7)

Disclaimer:

The information contained in this document is for informational purposes only and does not guarantee coverage or payment. In all cases, services billed must be medically necessary, actually performed as reported and appropriately documented.



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