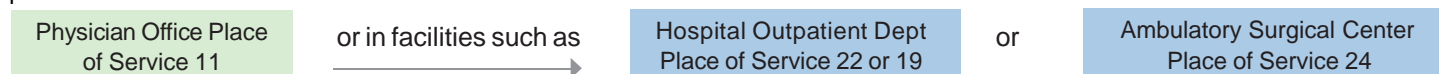


SPRINT® PNS SYSTEM PHYSICIAN REFERENCE GUIDE 2021

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 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. Current Procedural Terminology (CPT®)¹ codes are used by Physicians to report procedures and services performed in the:



Medicare reimburses physicians under a fee schedule based on the Relative Value Units (RVUs) assigned to each CPT code. Medicare payment for CPT 64555 is subject to multiple procedure payment reduction when more than one lead is placed in same session: 1st lead=100%, 2nd lead=50%.⁴ Commercial payers may base reimbursement on Medicare rates, or on contracted/negotiated amounts.

SINGLE SPRINT LEAD IMPLANT PROCEDURE

Single lead placement	CPT	Description	Setting	Work RVUs	Total RVUs	2021 Medicare National Average ²
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Facility	5.76	10.07	\$326.37

DUAL SPRINT LEAD IMPLANT PROCEDURES

Two leads placed on the same nerve - same session ³	CPT	2021 Medicare National Average ²
	64555	\$326.37
	64555-51	\$163.19

Two leads placed on two different nerves - same session ³	CPT	2021 Medicare National Average ²
	64555	\$326.37
	64555-XS	\$163.19

Two leads placed, bilateral sites - same session ^{3,4}	CPT	2021 Medicare National Average ²
	64555	\$326.37
	64555-XS	\$163.19

“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

ADDITIONAL PROCEDURES

Ultrasound guidance (76942) may be billed separately if performed; modifier -26 describes the professional component. Programming by the physician or other QHP (95971 or 95972) may be billed separately if performed; and may be performed in the OR, post-op care unit or office setting.⁵

CPT	Description	Setting	Work RVUs	Total RVUs	2021 Medicare National Average ²
76942-26	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Facility	0.67	0.89	\$28.84
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter; with simple spinal cord or peripheral nerve neurostimulator pulse generator/transmitter nerve programming by physician or other QHP (simple <3 parameters)	Facility	0.78	1.19	\$38.57
		Office	0.78	1.47	\$47.64
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter; with complex spinal cord or peripheral nerve neurostimulator pulse generator/transmitter nerve programming by physician or other QHP (complex >3 parameters)	Facility	0.80	1.21	\$39.22
		Office	0.80	1.68	\$54.45

GEOGRAPHICALLY ADJUSTED MEDICARE PHYSICIAN FEE SCHEDULE

CPT	Description	2021 Adjusted Fee Schedule ² for:
64555 ¹	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	
95971	Electronic analysis of implanted neurostimulator pulse generator/ transmitter; with simple spinal cord or peripheral nerve neurostimulator pulse generator/transmitter nerve programming by physician or other QHP (simple <3 parameters)	
95972	Electronic analysis of implanted neurostimulator pulse generator/ transmitter; with complex spinal cord or peripheral nerve neurostimulator pulse generator/transmitter nerve programming by physician or other QHP (complex >3 parameters)	

*CPT 64555 is subject to multiple procedure payment reduction. When placing two leads on the same nerve during the same procedure, modifier -51 may be appended to the second CPT code. In this case, the first lead is paid at 100% of the fee schedule while the second lead is paid at 50% of the fee schedule.³

GLOBAL SURGICAL PERIOD

CPT 64555 has a 10-day global period which includes pre-op visit on the date of surgery, intraoperative services, routine follow-up care during post-op global period, and treatment for complications which do not require return trip to the OR.²

FREQUENTLY ASKED QUESTIONS

- 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
- 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 by the same provider.⁴ Multiple procedure reductions may apply. 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 -51 is the most appropriate modifier to indicate multiple procedures were performed on the same nerve during the same operative session by the same provider.³

Two leads placed in bilateral sites: Modifier -XS is the most appropriate modifier for bilateral procedures to indicate that the procedure was performed on both sides during the same operative session by the same provider.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 by the same provider.³ Alternatively, Commercial payers would use modifier -59.³

Note:

Physicians should consult Payers for any coverage guidelines, prior authorization requirements, and/or payment for PNS CPT 64555. Coverage varies by Payer and differs by Plan Type.⁶

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 Physician Final Rule, CMS-1734-F
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. 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.