

SPRINT® PERIPHERAL NERVE STIMULATION (PNS) SYSTEM HOSPITAL OUTPATIENT DEPARTMENT (HOPD) REFERENCE GUIDE 2022

This guide has been developed to provide support on reporting the procedures and services associated with the use of the SPRINT Peripheral Nerve Stimulation (PNS) System for patients with acute or chronic pain. This information is provided for illustrative purposes only and does not guarantee payment, payment amount, or coverage. Providers are responsible for determining medical necessity, the proper site of service where treatment is rendered based on clinical judgment, and for all decisions relating to coding and billing.

HOSPITAL OUTPATIENT DEPARTMENT CODING AND BILLING

CPT® codes¹ are used by a Hospital Outpatient Department (HOPD), Place of Service 22, to report procedures and services performed. In accordance with AMA CPT guidelines and resources, CPT 64555 appropriately describes the implantation procedure of SPRINT PNS system lead(s).¹⁻³

Medicare reimburses HOPDs under the Ambulatory Payment Classification (APC) system in which each CPT code is assigned to an APC group. Each APC is assigned a payment rate.^{4,5} Commercial/Private payers may base reimbursement on Medicare rates, or via proprietary contracted rates.

CPT	Description	APC ⁴	Status Indicator ⁴	2022 Medicare National Average Payment ⁴
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5462	J1	\$6,295.45

In the Hospital Outpatient Department, Medicare has assigned CPT 64555 status indicator J1 (hospital Part B services are paid through a comprehensive APC (C-APC)) therefore, Medicare reimburses the facility a single C-APC rate per date of service. All covered services are packaged into this single payment.⁵

Procedure	CPT ¹	2022 Medicare National Average Payment ⁴
1st lead implant procedure	64555	\$6,295.45
2nd lead implant procedure	64555 – (see back page and append applicable modifier)	Not separately reimbursed
Total		\$6,295.45

HCPCS Codes⁶ – Hospitals are required to report a Healthcare Common Procedure Coding System (HCPCS) Level II codes and associated charges on claims.⁵ While no separate reimbursement is provided, the reporting of the HCPCS code(s) and associated charges is used by Medicare in future ratesetting.⁵ Commercial/Private payers may utilize HCPCS code(s) and may reimburse separately as per contractual arrangement with the HOPD.

Payer	HCPCS ⁶	Description
Medicare*	C1778	Lead, neurostimulator (implanted)
Commercial	L8680	Implantable neurostimulator electrode, each

*Some Commercial/Private payers may utilize C1778, check with the payer to determine appropriate use of the "L" or "C" HCPCS code.

ADDITIONAL PROCEDURES

Additional procedures such as ultrasound guidance (CPT 76942), fluoroscopic guidance (CPT 77002), and electronic analysis/programming (CPT 95970, 95971, 95972) may be performed and are packaged into the payment of the PNS lead implant procedure therefore, not eligible for separate payment in the HOPD.⁷ Appropriate use and reporting of additional procedures will vary based on the patient condition and clinical documentation.

2022 GEOGRAPHICALLY ADJUSTED MEDICARE HOPD FEE SCHEDULE

CPT	Description	Medicare Adjusted Payment for Zip Code ⁸ _____
64555*	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	

*CPT 64555 has a J1 status indicator therefore, all covered services are packaged into a single payment rate.⁵

MODIFIERS

A modifier is appended to a CPT code to indicate that the service or procedure performed has been altered by a specific circumstance but not changed in its definition or code.^{1,9} Payer guidelines regarding modifier use varies by payer and plan type and should be confirmed prior to claim submission. For example, a Medicare Advantage plan where the claim is adjudicated by a commercial payer may use Medicare modifiers or Commercial modifiers.¹⁰ SPRcare is unable to determine claim processing and/or appropriate modifier use during a pre-service discussion with the payer.

Modifiers Used in the Scenarios Below and Payment Implications*	
MODIFIER ¹	MEDICARE PAYMENT IMPLICATION ^{**}
59 Distinct Procedural Service	N/A – modifier 59 is not applicable for use with 64555 for Medicare, see modifier XS. ^{1,8}
XS^{***} Separate Structure	CPT 64555 has a J1 status indicator and therefore, all covered services will be packaged into a single payment rate. ⁴
73 Discontinued procedure prior to administration of anesthesia	Medicare will pay 50% of the payment rate after removing the device offset amount ⁵
74 Discontinued procedure after administration of anesthesia	No payment implications detailed by Medicare ⁵
76 Repeat procedure same physician	No payment implications detailed by Medicare ⁵

*This list is not all-inclusive; appropriate modifier use is dependent on the specific situation, clinical condition, and documentation

**Commercial, Medicare Advantage plans may follow Medicare payment methodology or payment may be based on contractual agreement

***Modifier XS is a Medicare modifier.⁷ Medicare Advantage plans may utilize modifier XS or may follow Commercial modifier guidance.¹⁰

Two-Lead Implant Procedure: Same Nerve <u>or</u> Different Nerves <u>or</u> Bilateral Nerves – Same Session	
MEDICARE	COMMERCIAL / NON-MEDICARE
64555	64555
64555-XS	64555-59
<p>PNS Example A: The physician performs the percutaneous implantation of a PNS lead targeting the sciatic nerve. During the same surgical session, the physician then implants a 2nd PNS lead targeting the same sciatic nerve.</p> <p>PNS Example B: The physician performs the percutaneous implantation of a PNS lead at the suprascapular nerve. During the same surgical session, the physician implants a 2nd PNS lead at the axillary nerve.</p> <p>PNS Example C: The physician performs the percutaneous implantation of a PNS lead at the left medial branch at L3. During the same session, the physician implants a 2nd PNS lead at the right medial branch at L3.</p>	

Discontinued Procedure	
PRIOR TO ADMINISTRATION OF ANESTHESIA	AFTER ADMINISTRATION OF ANESTHESIA
MEDICARE AND COMMERCIAL / NON-MEDICARE	MEDICARE AND COMMERCIAL / NON-MEDICARE
64555	64555
64555-73	64555-74
<p>PNS Example: The patient was draped and prepped and the introducer with stimulating probe were placed. Prior to administration of anesthesia or lead implant, physician identified an abnormal heart rhythm and chose to abandon implantation of the PNS lead.</p>	<p>PNS Example: A patient underwent monitored anesthesia care (MAC) in advance of a PNS lead placement procedure. The physician identified an abnormal heart rhythm and chose to abandon implantation of the PNS lead before referring the patient to the care of a specialist.</p>

Repeat Procedure: Same Day or Within the 10-Day Global Period*
MEDICARE AND COMMERCIAL / NON-MEDICARE

64555

64555-76

PNS Example A: A patient had a PNS lead implanted targeting the median nerve. As the patient was changing out of a gown, the lead was inadvertently withdrawn. On the same day, the same physician replaced the lead.

PNS Example B: A patient had a PNS lead implanted at the occipital nerve at C2. On postoperative day 8 the lead was inadvertently withdrawn during a dressing change. The physician repeated the procedure to replace the lead on post-operative day 9 (within the 10-day global period).

*If a repeat procedure is performed outside of the global period, a modifier indicating "repeat procedure" is typically not required⁹

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 does not appropriately represent the procedure of removing SPRINT PNS lead(s). CPT 64585 describes the open surgical removal of the electrode array.¹ The SPRINT PNS System lead(s) are intended to be removed without a return trip to the O.R.

Q. Is PNS Covered by Medicare?

A. Medicare has a National Coverage Determination (NCD), Electrical Nerve Stimulators (160.7, Section A).¹¹ Peripheral Nerve Stimulation is covered when medically necessary for chronic intractable pain.

Medicare Advantage (MA) Plans must provide coverage of all services that are covered by Part A and/or Part B of Medicare (if the enrollee is entitled to benefits under part A and/or B) and comply with CMS' NCD.¹⁰

Q. Do Commercial Payers Cover PNS?

A. Some Commercial payers have a coverage policy detailing specific criteria requirements while others cover based on medical necessity. Payer policies often address multiple stimulation modalities, it is important to ensure you are looking at the specifics around PNS coverage.

Note: Facilities should consult Payers for any coverage guidelines, prior authorization requirements, and/or payment for PNS CPT 64555. Coverage, pre-service requirements, and payment varies by Payer and differs by Plan Type.

REIMBURSEMENT SUPPORT

SPR Therapeutics provides reimbursement and case management support in order to facilitate patient access to the SPRINT PNS System through our SPRcare Patient Access Program. For questions regarding reimbursement or case management support, please call the SPRcare at 833-777-2884 or via email at SPRcare@SPRINTPNS.com

Indication: The SPRINT PNS System is indicated for up to 60 days for: (i) Symptomatic relief of chronic, intractable pain, post-surgical and post-traumatic acute pain; (ii) Symptomatic relief of post-traumatic pain; and (iii) Symptomatic relief of post-operative pain. The SPRINT PNS System is not intended to treat pain in the region innervated by the cranial and facial nerves.

References:

1. Current Procedural Terminology 2022, American Medical Association. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2021 American Medical Association. All Rights Reserved. Applicable FARS/ DFARS apply
2. CPT Assistant August 2018 / Volume 28 Issue 8, CPT Assistant October 2018 / Volume 28 Issue 10, and CPT Knowledge Base Inquiry and Response Sept 2018
3. DecisionHealth - Plain English Descriptions. Copyright ©2015-2022 All Rights Reserved
4. 2022 Medicare HOPD and ASC Final Rule, CMS-1753-FC Addendum B. [CMS HOPD Final Rule Federal Registration and Addenda Files](#)
5. Medicare Claims Processing Manual 100-04, Chapter 4 (Part B Hospital) [CMS Regulations and Guidance Manuals](#)
6. HCPCS Level II, 2022 Expert Copyright 2021, Optum360 LLC
7. Medicare National Correct Coding Initiative (NCCI) Edits, effective January 1, 2022. [CMS NCCI Coding Edits](#)
8. CodeMap Medicare Reimbursement Information. CodeMap® is a Registered Trademark of Wheaton Partners, LLC.
9. Understanding Modifiers: Comprehensive Instruction to Effective Modifier Application 2022. Copyright © 2021 Optum360 LLC, All Rights Reserved.
10. Medicare Managed Care Manual 100-16, Chapter 4, Section 10.2 and 10.16 [CMS Regulations and Guidance Manuals](#)
11. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7), Section A. [CMS Coverage Database](#)

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; coding, coverage, payment, and payment amounts should be verified prior to treatment.

SPR Therapeutics does not promote the use of SPRINT PNS outside the FDA Labeled Indications.

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