

# SPRINT® PERIPHERAL NERVE STIMULATION (PNS) SYSTEM PHYSICIAN REFERENCE GUIDE 2024

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.

**NOTE: 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.**

## PHYSICIAN CODING AND BILLING

CPT® codes<sup>1</sup> are used by Physicians to report procedures and services performed in the Physician Office (Place of Service 11), or in facilities such as the Hospital Outpatient Department (Place of Service 22) or the Ambulatory Surgery Center (Place of Service 24)

In accordance with AMA CPT guidelines and resources, CPT 64555 appropriately describes the implantation procedure of SPRINT PNS system lead(s).<sup>1,2,3</sup>

Medicare reimburses physicians under a fee schedule based on the Relative Value Units (RVUs) assigned to each CPT code multiplied by the annual conversion factor.<sup>4,5</sup> Commercial, Private, and Non-Medicare payers may base reimbursement on Medicare rates, or via proprietary contracted rates.

CPT <sup>1</sup>	Description <sup>1</sup>	Setting	Work RVUs <sup>4</sup>	Total RVUs <sup>4</sup>	2024 Medicare National Average Payment <sup>4</sup>
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Facility	5.76	9.68	\$316.90

CPT 64555 is subject to multiple procedure payment reduction under the Medicare Physician payment rules, the first implant procedure is reimbursed at 100% of the fee schedule and the second implant procedure is reimbursed at 50% of the fee schedule.<sup>4,5</sup>

Procedure	CPT <sup>1</sup>	2024 Medicare National Average Payment <sup>4</sup>
1st lead implant procedure	64555	\$316.90
2nd lead implant procedure	64555 - (see back page and append applicable modifier)	\$158.45
<b>Total</b>		<b>\$475.35</b>

## ADDITIONAL PROCEDURES

Procedures that may be performed in conjunction with or after the SPRINT PNS implant procedure. Appropriate use and reporting of additional procedures will vary based on the patient condition and clinical documentation.

CPT <sup>1</sup>	Description <sup>4</sup>	Setting	Work RVUs <sup>4</sup>	Total RVUs <sup>4</sup>	2024 Medicare National Average Payment <sup>4</sup>
77002	Fluoroscopic guidance for needle placement (e.g. biopsy, aspiration, injection, localization device)	Facility	n/a	n/a	Not separately reimbursed <sup>6</sup>
76942-26	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Facility	0.67	0.89	\$29.14
95970	Electronic analysis neurostimulator, without programming	Facility	0.35	0.54	\$17.68
		Office	0.35	0.56	\$18.33
95971	Electronic analysis neurostimulator and programming – Simple (<3 parameters)	Facility	0.78	1.15	\$37.65
		Office	0.78	1.44	\$47.14
95972	Electronic analysis of neurostimulator and programming – Complex (>3 parameters)	Facility	0.80	1.19	\$38.96
		Office	0.80	1.70	\$55.65

**GLOBAL SURGICAL PERIOD**

CPT 64555 has a 10-day global period (total global period is 11 days; count the day of the surgery and the 10 days immediately following the day of the surgery). The surgical global period includes a 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.<sup>1,7</sup>

**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.<sup>1,9</sup> 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/private payer may use Medicare modifiers or Commercial/Private modifiers.<sup>12</sup> 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 <sup>1</sup>	MEDICARE PAYMENT IMPLICATION <sup>**</sup>
<b>51</b> Multiple Procedures	CPT 64555 is subject to multiple procedure payment reduction; the first implant procedure is paid at 100% of the fee schedule and the second implant procedure is paid at 50% of the fee schedule. <sup>4,8</sup>
<b>53</b> Discontinued Procedure	CPT 64555 billed with modifier 53 is subject to carrier medical review and priced by individual consideration. <sup>4,8</sup>
<b>59</b> Distinct Procedural Service	N/A – modifier 59 is not applicable for use with 64555 for Medicare, see modifier XS. <sup>1,9</sup>
<b>XS***</b> Separate Structure	CPT 64555 is subject to multiple procedure payment reduction; the first implant procedure is paid at 100% of the fee schedule and the second implant procedure is paid at 50% of the fee schedule. <sup>4,8</sup>
<b>76</b> Repeat procedure same physician	No payment implications detailed by Medicare <sup>4,8</sup>

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

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

\*\*\* Modifier XS is a Medicare modifier.<sup>9</sup> Medicare Advantage plans may utilize modifier XS or may follow Commercial/Private modifier guidance.<sup>12</sup>

Two-Lead Implant Procedure			
SAME NERVE – SAME SESSION		DIFFERENT NERVES OR BILATERAL NERVES* – SAME SESSION	
MEDICARE	COMMERCIAL / NON-MEDICARE	MEDICARE	COMMERCIAL / NON-MEDICARE
	64555	64555	64555
	64555-51	64555-XS	64555-51
<p><b>PNS Example:</b> 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><b>PNS Example A:</b> The physician performs the percutaneous implantation of a PNS lead targeting the suprascapular nerve. During the same surgical session, the physician implants a 2nd PNS lead at the axillary nerve.</p> <p><b>PNS Example B:</b> The physician performs the percutaneous implantation of a PNS lead targeting 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>	

\* Modifier -50 is not applicable for use with CPT 64555<sup>1</sup>

Discontinued Procedure (Prior to or After Administration of Anesthesia)	
MEDICARE AND COMMERCIAL / NON-MEDICARE	
	64555
	64555-53
<p><b>PNS Example A:</b> A patient was prepped in usual surgical fashion, the PNS System was opened in a sterile environment and prepared for implantation. Prior to administration of anesthesia (e.g. local or regional, or general), the physician identified an abnormal heart rhythm and chose to abandon implantation of the PNS lead and referred the patient to a specialist.</p> <p><b>PNS Example B:</b> A patient was prepped in usual surgical fashion, the PNS System was opened in a sterile environment and prepared for implantation. Anesthesia (e.g., local, regional, or general) was administered. During the PNS lead placement procedure the patient began having an abnormal heart rhythm. The physician chose to abandon implantation of the PNS lead and referred 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 targeting 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 required.<sup>9</sup>*

**2024 GEOGRAPHICALLY ADJUSTED MEDICARE PHYSICIAN FEE SCHEDULE**

CPT <sup>1</sup>	Description <sup>1</sup>	2024 Medicare Adjusted Payment Zip Code <sup>10</sup> _____
64555*	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
76942	Ultrasonic guidance needle placement, imaging supervision and interpretation	
95970	Electronica analysis neurostimulator, without programming	
95971	Electronic analysis neurostimulator and programming – Simple (<3 parameters)	
95972	Electronic analysis neurostimulator and programming – Complex (>3 parameters)	

*\*CPT 64555 is subject to multiple procedure payment reduction under the Medicare Physician payment rules.<sup>4,5</sup>*

**FREQUENTLY ASKED QUESTIONS**

**Q. Can CPT 64585 be used for the removal of the SPRINT lead(s) 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.<sup>1</sup> 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).<sup>10</sup> 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.<sup>11</sup>

**Q. Do Commercial/Private Payers Cover PNS?**

A. Some Commercial/Private 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:** 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.

**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 team at 833-777-2884 or via email at [SPRcare@SPRINTPNS.com](mailto: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 2024, American Medical Association. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2023 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 ©2015-2024 All Rights Reserved
4. 2024 Medicare Physician Final Rule, CMS-1784-F Addendum B. [CMS Physician Fee Schedule Federal Regulation Notices and Addenda Files](#)
5. Medicare Claims Processing Manual 100-04, Chapter 12 (Physician/Non-Physician Practitioners), Section 40 [CMS Regulations and Guidance Manuals](#)
6. Medicare National Correct Coding Initiative (NCCI) Edits, effective January 1, 2024. [CMS NCCI Coding Edits](#)
7. CMS Global Surgery Booklet, December 2023 [CMS Medicare Learning Network - Global Surgery ICN 907166](#)
8. Medicare Claims Processing Manual 100-04, Chapter 23 (Fee Schedule Administration and Coding Requirements) [CMS Regulations and Guidance Manuals](#)
9. Understanding Modifiers: Comprehensive Instruction to Effective Modifier Application 2024. Copyright © 2023 Optum360 LLC, All Rights Reserved.
10. CodeMap Medicare Reimbursement Information. CodeMap® is a Registered Trademark of Wheaton Partners, LLC.
11. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7), Section A. [CMS Coverage Database](#)
12. Medicare Managed Care Manual 100-16, Chapter 4, Section 10.2 and 10.16 [CMS Regulations and Guidance Manuals](#)

**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.