

2024 StimRouter Neuromodulation System Reimbursement Reference Guide January 2024

StimRouter Neuromodulation System, developed, manufactured, and sold by Bioventus, is cleared by the FDA to treat chronic pain of peripheral nerve origin. StimRouter is a minimally invasive device, consisting of an implanted lead, external pulse transmitter (EPT) and conductive electrode, controlled by a small, hand-held patient programmer. StimRouter is programmed at the direction of the physician to meet patient requirements.

The information in this Bioventus Reimbursement Guide is intended solely as a resource to assist the staff in physicians' offices and hospitals with certain reimbursement-related questions. Bioventus makes no representation about the information provided, as reimbursement information, including applicable policies and laws, are subject to change without notice from Bioventus. This Reimbursement Guide is not conclusive or exhaustive and is not intended to replace the guidance of a qualified, professional advisor. The appropriate staff member of a physician's office or hospital, not Bioventus, determines the appropriate method of seeking reimbursement based on the medical procedure performed and any other relevant information. Bioventus LLC does not recommend or endorse the use of any particular diagnosis or procedure code(s), and makes no determination regarding if or how reimbursement may be available. The use of this information does not guarantee payment or that any payment received will equal a certain amount.

Information about the Healthcare Common Procedure Coding System (HCPCS) codes is based on guidance issued by the Centers for Medicare & Medicaid Services (CMS) applicable to Medicare Part B and may not apply to other public or private payers. Consult the relevant manual and/or other guidelines for a description of each code to determine the appropriateness of a particular code and for information on additional codes. *Bioventus provides this information for your convenience only. It is the responsibility of the provider to determine coverage and to manage billing codes, including modifiers, and charges for the rendered service. Bioventus provides assistance for FDA-cleared indications under 510(k) K142432, K190047 and K200482 only. The information provided is subject to change as government policies get modified.*

The Centers for Medicare & Medicaid Services (CMS) publishes a National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7), see Section A for implanted peripheral nerve stimulators.¹ It is our understanding that many payers currently do not require a documented psychological evaluation as a prerequisite for coverage of a peripheral nerve stimulator (PNS) implant for pain. However, there may be exceptions and differences based on individual payer and plan policies. Additionally, not all payers have formal, written coverage policies concerning PNS therapies. Therefore, we recommend that providers verify payer coverage policy requirements and seek preauthorization on an individual patient basis.

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CPT Codes for StimRouter Device and Procedure

2024 CMS Allowables				
CPT Procedure Code & Description	Physician Fee Schedule In-Office Facility ²	Ambulatory Surgery Center (ASC) Payment Rate ³	Hospital Outpatient APC ⁴	Hospital Outpatient APC Payment Rate ⁴
64555: Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	\$2,084.50 \$316.96	\$5,615.15	5462	\$6,516.28
64575: Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	NA \$310.42	\$11,344.43	5463	\$12,978.95
64585: Revision or removal of peripheral neurostimulator electrode array	\$238.38 \$141.78	\$1,898.16	5461	\$3,241.90
64596: Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	TBD TBD	\$9,224.45	5463	\$12,978.95
+64597: Insertion or replacement of percutaneous electrode array; peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (list separately in addition to the code for primary procedure)	TBD TBD	SI = N1, Packaged service/item; no separate payment made.	NA	SI=N, Items and Services Packaged into APC Rates⁵
64598: Revision or removal of neurostimulator electrode array; peripheral nerve, with integrated neurostimulator	TBD TBD	\$1,898.16	5461	\$3,241.90

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HCPCS Level II Descriptors

As stated in the Medicare Claims Processing Manual, HCPCS codes are required for all outpatient hospital services, unless specifically accepted in manual instructions.⁶

HCPCS Code	HCPCS II Descriptor
C1778	Lead, neurostimulator (implantable)
C1787	Patient programmer, neurostimulator
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser

CPT Codes for Analysis and Programming StimRouter

According to AMA CPT coding guidelines, code 95970 describes electronic analysis of the implanted brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve neurostimulator pulse generator/transmitter without programming. Electronic analysis is inherent to implementation codes, including but not limited to 64555, 64575 and 64585. Codes 95971 and 95972 describe electronic analysis with simple or complex programming of the implanted neurostimulator pulse generator/transmitter. Simple programming includes adjustment of one to three parameter(s), while complex programming includes adjustment of more than three parameters. Examples of parameters include contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters.

2024 CMS Allowables			
CPT Procedure Code & Description	Physician Fee Schedule In-Office Facility ²	Hospital Outpatient APC ⁵	Hospital Outpatient APC Payment Rate ⁵
95970: Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	\$18.34 \$17.68	5734	\$121.71
95971: Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	\$47.15 \$37.66	5742	\$92.23
95972: Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	\$55.67 \$38.97	5742	\$92.23
<ul style="list-style-type: none"> • 95970, 95971, and 95972 are not on the CMS ASC Fee Schedule • In the office, analysis and programming may be furnished by a physician, practitioner with an "incident to" benefit, or auxiliary personnel under the direct supervision of the physician, with or without support from a manufacturer's representative. 			

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References:

1. Centers for Medicare & Medicaid Services. Electrical Nerve Stimulators. NCD 160.7. Last updated August 7 1995. www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=240
2. Centers for Medicare & Medicaid Services. Physician Fee Schedule. Last updated December 21 2023. www.cms.gov/medicare/physician-fee-schedule/search
3. Centers for Medicare & Medicaid Services. ASC Payment Rates - Addenda. Last updated February 15, 2024. www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment/11_addenda_updates
4. Centers for Medicare & Medicaid Services. Addendum A and Addendum B Updates. Last updated December 27, 2023. www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/addendum-a-b-updates
5. Centers for Medicare & Medicaid Services. Hospital Outpatient Regulations and Notices. CMS-1786-FC 2024 NFMR OPPTS Addenda, Addendum D1, Last updated November 1 2023. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice>
6. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual (100-04) Chap 4, Section 20.1. Last updated December 21, 2023. www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912



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The StimRouter Neuromodulation System is indicated for pain management in adults who have severe intractable chronic pain of peripheral nerve origin, as an adjunct to other modes of therapy (e.g., medications). The StimRouter is not intended to treat pain in the craniofacial region.

Do not use the StimRouter Neuromodulation System in users who have an implanted demand cardiac pacemaker, implanted cardioverter defibrillator (ICD), or other implanted active device, or who have bleeding disorders that cannot be stopped in advance of the StimRouter implantation procedure. Do not use the system where a metallic implant or a cancerous lesion is present in the immediate implant area. Effects of stimulation during pregnancy are not known. StimRouter is capable of producing skin irritation and muscle ache in the area of stimulation.

Full prescribing information can be found in the Clinician Guide or at <https://stimrouter.com/safety-information>.

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