

Peripheral Nerve Stimulation (PNS) 2025 Reimbursement Guide

Bioventus provides this Reimbursement Guide as a convenient resource to assist the staff in physicians' offices and hospitals with certain reimbursement-related questions. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules, regulations, and coding guidelines. 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 makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service.

The Centers for Medicare & Medicaid Services (CMS) publishes a National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Section A for implanted peripheral nerve stimulators.¹ Noridian Healthcare Solutions has a Local Coverage Determination (LCD) for Peripheral Nerve Stimulation with associated articles across the JE (L34328/A55530) and JF (L37360/A55531) jurisdictions.^{2,3,4,5} Providers are encouraged to contact their local Medicare Administrative Coordinator (MAC), Commercial, and/or Medicare Advantage plans to determine applicable medical coverage policies.

CPT Codes for PNS Device and Procedure

Physicians use CPT codes for all services. Hospitals also use CPT codes for those services that can be performed on an outpatient basis.

AMA CPT coding guidelines state that: "Codes 64590, 64596 describe two different approaches to placing a neurostimulator pulse generator or receiver. Code 64590 is used in conjunction with 64555, 64561 for permanent placement. Codes 64555, 64561 are used to report electrode array placement for a trial and for the permanent placement of the electrode array. Code 64590 is used to report the insertion of a neurostimulator pulse generator or receiver that requires creation of a pocket and connection between the electrode array and the neurostimulator pulse generator or receiver. Code 64596 is used to report the permanent placement of an integrated system, including the electrode array and receiver"⁶.

Physician Fee Schedule (PFS)			
CPT Code	Code Description	Non-Facility Price ⁷	Facility Price ⁷
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	\$1,988.02	\$317.32
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	NA	\$308.26
64585	Revision or removal of peripheral neurostimulator electrode array	\$232.25	\$140.71
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	\$402.07	\$286.91
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	\$327.02	\$224.48
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Contractor Priced	Contractor Priced
64598	Revision or removal of neurostimulator electrode array; peripheral nerve, with integrated neurostimulator	Contractor Priced	Contractor Priced

Ambulatory Surgical Center (ASC) Fee Schedule

CPT Code	Code Description	Subject to Multiple Procedure Discounting ⁸	Payment Indicator ⁸	ASC Payment Rate ⁸
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	No	J8	\$5,853.22
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	No	J8	\$9,923.03
64585	Revision or removal of peripheral neurostimulator electrode array	Yes	A2	\$1,944.33
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	No	J8	\$19,672.23
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	Yes	J8	\$2,477.62
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Yes	J8	\$8,481.39
64598	Revision or removal of neurostimulator electrode array; peripheral nerve, with integrated neurostimulator	Yes	R2	\$1,944.33

Indicator	Payment Indicator Definition
J8	Device-intensive procedure; paid at adjusted rate.*
A2	Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight.
R2	Office-based surgical procedure added to ASC list in CY 2008 or later without MPFS non-facility PE RVUs; payment based on OPPS relative payment weight.

*ASCs will receive a 50% reduction on multiple procedures billed on the same day when the payment indicator is J8 and MPD=Y. Meanwhile, multiple procedure(s) are NOT subject to a multiple procedure discount and will be allowed at 100% when the payment indicator is J8 and MPD=N. When the ASC performs multiple surgical procedures in the same operative session that are subject to the multiple procedure discount, contractors pay 100 percent of the highest paying surgical procedure on the claim, plus 50 percent of the applicable payment rate(s) for the other ASC covered surgical procedures subject to the multiple procedure discount that are furnished in the same session.⁹

CPT Code	64555	64575	64585	64590	64595	64596	64598
MUEs ^{10,11}	2	2	2	1	1	1	1
Global Days ^{3,12}	10	90	10	10	10	10	10

*MUEs are equivalent for both Facility & Practitioner (2025) for all codes listed above. For dates of service on or after 1/1/2025, the MUE Adjudication Indicator (MAI) for 64596 is 3; providers may submit medical necessity appeals if and when more than one unit of 64596 is billed per physician per patient per day.

Hospital Outpatient Department (HOPD) Fee Schedule				
CPT Code	Code Description	Hospital Outpatient APC ¹³	Status Indicator ¹³	Payment Rate ⁸
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5462	J1	\$6,562.90
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5463	J1	\$12,470.31
64585	Revision or removal of peripheral neurostimulator electrode array	5461	J1	\$3,439.01
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	5464	J1	\$21,444.39
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	5461	J1	\$3,439.01
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	5463	J1	\$12,470.31
64598	Revision or removal of neurostimulator electrode array; peripheral nerve, with integrated neurostimulator	5461	J1	\$3,439.01

Status Indicator	Item/Code/Service	OPPS Payment Status
J1	Hospital Part B Services Paid Through a Comprehensive APC	Paid under OPPS; all covered Part B services on the claim are packaged with the primary "J1" service for the claim, except the Comprehensive APC payment policy exclusions found in the most recent Addendum J.*

*HOPDs billing multiple procedures on the same day will only be reimbursed for the most expensive procedure billed on CPTs with Status Indicator (SI) J1. The comprehensive APC payment policy packages payment for adjunctive items, services, and procedures into the most costly primary procedures under the OPPS at the claim level.⁹

CPT Codes for Analysis and Programming PNS Devices

AMA CPT coding guidelines state that: “Code 95970 describes electronic analysis of the implanted brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve neurostimulator pulse generator/transmitter without programing. Electronic analysis is inherent to implementation codes, including but not limited to 64555, 64575 and 64590. 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. For purposes of counting the number of parameters being programmed, a single parameter that is adjusted two or more times during a programming session counts as one parameter”⁶.

CPT Code	Programming Code Description	Physician Fee Schedule Non-Fac Facility ⁷	Hospital Outpatient APC ¹³	Hospital Outpatient Payment Rate ¹³
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., 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	5462	J1	\$6,562.90
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., 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 (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	5463	J1	\$12,470.31
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., 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 (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	5461	J1	\$3,439.01

- 95970, 95971, and 95972 are not on the CMS ASC Fee Schedule⁸
- Electronic analysis of a device (95970) is not reported separately at the time of implantation⁶
- Codes 95971, 95972 are reported when programming a neurostimulator is performed by a physician or other qualified healthcare professional⁶

HCPCS Level II Descriptors

HCPCS codes (Healthcare Common Procedure Coding System) represent procedures, supplies, products, and devices provided to Medicare beneficiaries and to individuals enrolled in private health insurance programs. HCPCS codes are required for all outpatient hospital services, unless specifically accepted in manual instructions.¹⁴

HCPCS Code	HCPCS II Descriptor
C1767	Generator, neurostimulator (implantable), non-rechargeable
C1778	Lead, neurostimulator (implantable)
C1787	Patient programmer, neurostimulator
C1816	Receiver and/or transmitter, neurostimulator (implantable)
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser
C1897	Lead, neurostimulator test kit (implantable)

Disclaimer: 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. Payment rates provided are base rates without geographical adjustments, actual payment amount may vary. 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. The information provided is subject to change as government policies are modified.

References: 1. Centers for Medicare & Medicaid Services. Electrical Nerve Stimulators. NCD 160.7. Accessed July 10, 2025. www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=240 2. Centers for Medicare & Medicaid Services. Peripheral Nerve Stimulation. LCD L34328. Accessed July 10, 2025. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=34328> 3. Centers for Medicare & Medicaid Services. Billing and Coding: Peripheral Nerve Stimulation. A55530. Accessed July 10, 2025. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55530&ver=34> 4. Centers for Medicare & Medicaid Services. Peripheral Nerve Stimulation. LCD L37360. Accessed July 10, 2025. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=37360&ContrlId=345> 5. Centers for Medicare & Medicaid Services. Billing and Coding: Peripheral Nerve Stimulation. A55531. Accessed July 10, 2025. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55531&ver=33> 6. 2025 Current Procedural Terminology (CPT) Professional Edition. © 2024 American Medical Association. CPT® is a registered trademark of the American Medical Association. All rights reserved 7. Centers for Medicare & Medicaid Services. Physician Fee Schedule. Accessed July 10, 2025. www.cms.gov/medicare/physician-fee-schedule/search 8. Centers for Medicare & Medicaid Services. ASC Payment Rates - Addenda. Accessed July 10, 2025. www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment/11_addenda_updates 9. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual 100-04. ASC Chapter 14 Section 40.5 Last updated March 24, 2023; OPPS Chapter 4 Sections 10.2.3 and 10.2.4. Accessed July 10, 2025. [cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms018912](https://www.cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms018912) 10. Centers for Medicare & Medicaid Services. Medicare NCCI Medically Unlikely Edits (MUEs) – Facility Outpatient Hospital Services MUE Table. Accessed July 10, 2025. <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits> 11. Centers for Medicare & Medicaid Services. Medicare NCCI Medically Unlikely Edits (MUEs) – Practitioner Services MUE Table. Accessed July 10, 2025. <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-medically-unlikely-edits> 12. Centers for Medicare & Medicaid Services. CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies – CY 2025 PFS Final Rule Addenda. Accessed July 10, 2025. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notices/cms-1807-f> 13. Centers for Medicare & Medicaid Services. Hospital Outpatient PPS Quarterly Addenda Updates. Accessed July 10, 2025. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient-pps/quarterly-addenda-updates> 14. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual (100-04) Chap 4, Section 20.1. Accessed July 10, 2025. www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912

INDICATIONS FOR USE

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.

The TalisMann 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 TalisMann Neuromodulation System is not intended to treat pain in the craniofacial region.

The StimTrial System is indicated for trial stimulation (no longer than 30 days) to determine efficacy before recommendation for the StimRouter Neuromodulation System's permanent (long term) implant indicated for pain management in adults who have severe intractable chronic pain of peripheral nerve origin, as an adjunct to other modes of therapy used in a multidisciplinary approach and not intended to treat pain in the craniofacial region

Do not use the StimRouter, TalisMann, or StimTrial 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 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, TalisMann and StimTrial are capable of producing skin irritation and muscle ache in the area of stimulation.

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Refer to product instruction manual/instruction for use, warnings, precautions, and contraindications.

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