

# Peripheral Nerve Stimulation (PNS) 2026 Reimbursement Guide

## Introduction

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.

## Coverage for Neurostimulators (Peripheral Nerve)

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.<sup>1</sup> Noridian Healthcare Solutions has a Local Coverage Determination (LCD) for Peripheral Nerve Stimulation with associated article (L34328/A55530) for the JE and JF jurisdictions.<sup>2,3</sup> 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"<sup>4</sup>.

## CMS Physician Fee Schedule (PFS)<sup>5</sup>

Procedure	CPT Code	Code Description	PFS Non-Facility Price	PFS Facility Price <sup>7</sup>
Percutaneous Trial	<b>64555</b>	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	<b>\$2,223.50</b>	<b>\$293.93</b>
<b>Permanent PNS Implant with Pulse Generator or Receiver (e.g. TalisMann)</b>				
IPG Implant - Percutaneous Electrode Array Implantation	<b>64555</b>	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	<b>\$2,223.50</b>	<b>\$293.93</b>
	<b>64590</b>	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	<b>\$428.20</b>	<b>\$266.87</b>
IPG Implant - Open Electrode Array Implantation	<b>64575</b>	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	<b>\$293.59</b>	<b>\$293.59</b>
	<b>64590</b>	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	<b>\$428.20</b>	<b>\$266.87</b>
<b>Permanent Integrated PNS Implant (e.g. StimRouter)</b>				
Integrated PNS Implant - Open Approach	<b>64575</b>	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	<b>\$293.59</b>	<b>\$293.59</b>
Integrated PNS Implant - Percutaneous Approach	<b>64596</b>	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	<b>Contractor Priced</b>	<b>Contractor Priced</b>
<b>PNS Revision or Removal</b>				
Revision/Removal - Array	<b>64585</b>	Revision or removal of peripheral neurostimulator electrode array	\$251.84	\$135.94
Revision/Removal - IPG	<b>64595</b>	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	\$348.04	\$209.76
Revision/Removal - Integrated PNS	<b>64598</b>	Revision or removal of neurostimulator electrode array; peripheral nerve, with integrated neurostimulator	Contractor Priced	Contractor Priced

## CMS Ambulatory Surgical Center (ASC) Fee Schedule<sup>6</sup>

Procedure	CPT Code	Code Description	Subject to Multiple Procedure Discounting	Payment Indicator	ASC Payment Rate
Percutaneous Trial	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	No	J8	\$5,774.91
<b>Permanent PNS Implant with Pulse Generator or Receiver (e.g. TalisMann)</b>					
IPG Implant - Percutaneous Electrode Array Implantation	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	No	J8	\$5,774.91
	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	\$16,224.24
IPG Implant - Open Electrode Array Implantation	64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	No	J8	\$9,552.62
	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	\$16,224.24
<b>Permanent Integrated PNS Implant (e.g. StimRouter)</b>					
Integrated PNS Implant - Open Approach	64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	No	J8	\$9,552.62
Integrated PNS Implant - Percutaneous Approach	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Yes	J8	\$9,490.60
<b>PNS Revision or Removal</b>					
Revision/Removal - Array	64585	Revision or removal of peripheral neurostimulator electrode array	Yes	A2	\$2,003.41
Revision/Removal - IPG	64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	Yes	A2	\$2,003.41
Revision/Removal - Integrated PNS	64598	Revision or removal of neurostimulator electrode array; peripheral nerve, with integrated neurostimulator	Yes	R2	\$2,003.41
Indicator	ASC Payment Indicator Definitions				
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.<sup>7</sup>

CPT Code	64555	64575	64585	64590	64595	64596	64598
MUEs*	2	2	2	1	1	1	1
Global Days <sup>5,10</sup>	10	90	10	10	10	10	10

\*MUEs are equivalent for both Facility & Practitioner (2026) for all codes listed above. When the MUE Adjudication Indicator (MAI) is "3" (e.g., 64555, 64575, 64585, 64590, 64595 and 64596) providers may submit clinical appeals on denied claims if and when additional units than the standard MUE assignment are documented to support medically necessary, per provider per patient per day.<sup>5,9</sup>

CMS Hospital Outpatient Department (HOPD) Fee Schedule <sup>11</sup>					
Procedure	CPT Code	Code Description	Hospital Out-patient	Payment Indicator	HOPD Payment Rate
Percutaneous Trial	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5462	J1	\$6,511.03
<b>Permanent PNS Implant with Pulse Generator or Receiver (e.g. TalisMann)</b>					
IPG Implant - Percutaneous Electrode Array Implantation	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5462	J1	\$6,511.03
	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	\$19,820.31
IPG Implant - Open Electrode Array Implantation	64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5463	J1	\$11,384.04
	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	\$19,820.31
<b>Permanent Integrated PNS Implant (e.g. StimRouter)</b>					
Integrated PNS Implant - Open Approach	64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	5463	J1	\$11,384.04
Integrated PNS Implant - Percutaneous Approach	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	5463	J1	\$11,384.04
<b>PNS Revision or Removal</b>					
Revision/Removal - Array	64585	Revision or removal of peripheral neurostimulator electrode array	5461	J1	\$3,571.83
Revision/Removal - IPG	64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	5461	J1	\$3,571.83
Revision/Removal - Integrated PNS	64598	Revision or removal of neurostimulator electrode array; peripheral nerve, with integrated neurostimulator	5461	J1	\$3,571.83
HOPD 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.<sup>7</sup>

# 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 programming. 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”<sup>4</sup>.

CPT Code	Programming Code Description	Physician PFS Non-Fac   Facility <sup>5</sup>	Hospital Outpatient APC <sup>11</sup>	HOPD Payment Rate <sup>11</sup>
<b>95970</b>	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	<b>\$19.71   \$16.03</b>	<b>5734</b>	<b>\$135.93</b>
<b>95971</b>	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	<b>\$50.44   \$34.40</b>	<b>5742</b>	<b>\$97.13</b>
<b>95972</b>	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	<b>\$59.79   \$35.07</b>	<b>5742</b>	<b>\$97.13</b>

- 95970, 95971, and 95972 are not on the CMS ASC Fee Schedule<sup>6</sup>
- Electronic analysis of a device (95970) is not reported separately at the time of implantation.<sup>4</sup>
- Codes 95971 and 95972 are reported when programming a neurostimulator is performed by a physician or other qualified healthcare professional.<sup>4</sup>

## 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.<sup>12</sup>

HCPCS Code	HCPCS II Descriptor
<b>C1767</b>	Generator, neurostimulator (implantable), non-rechargeable
<b>C1778</b>	Lead, neurostimulator (implantable)
<b>C1787</b>	Patient programmer, neurostimulator
<b>C1816</b>	Receiver and/or transmitter, neurostimulator (implantable)
<b>C1894</b>	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser
<b>C1897</b>	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 January 29, 2026. [www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=240](http://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=240) 2. Centers for Medicare & Medicaid Services. Peripheral Nerve Stimulation. LCD L34328. Accessed January 29, 2026. <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 January 29, 2026. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55530&ver=35&=4> 4. 2026 Current Procedural Terminology (CPT) Professional Edition. © 2025 American Medical Association. CPT® is a registered trademark of the American Medical Association. All rights reserved. 5. Centers for Medicare & Medicaid Services. Physician Fee Schedule. Accessed January 29, 2026. [www.cms.gov/medicare/physician-fee-schedule/search](http://www.cms.gov/medicare/physician-fee-schedule/search) 6. Centers for Medicare & Medicaid Services. ASC Payment Rates - Addenda. Accessed January 29, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-payment-rates-addenda> 7. 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 January 29, 2026. [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) 8. Centers for Medicare & Medicaid Services. Medicare NCCI Medically Unlikely Edits (MUEs) – Facility Outpatient Hospital Services MUE Table. Accessed January 29, 2026. <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-nci-edits/medicare-nci-medically-unlikely-edits> 9. Centers for Medicare & Medicaid Services. Medicare NCCI Medically Unlikely Edits (MUEs) – Practitioner Services MUE Table. Accessed January 29, 2026. <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-nci-edits/medicare-nci-medically-unlikely-edits> 10. Centers for Medicare & Medicaid Services. CY 2026 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies – CY 2026 PFS Final Rule Addenda. Accessed January 29, 2026. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f> 11. Centers for Medicare & Medicaid Services. Hospital Outpatient PPS Quarterly Addenda Updates. Accessed January 29, 2026. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient-pps/quarterly-addenda-updates> 12. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual (100-04) Chap 4, Section 20.1. Accessed January 29, 2026. [www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMS-Items/CMS018912](http://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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