

Local Coverage Article: Billing and Coding: Peripheral Nerve Stimulation (A55530)

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Contractor Information

| CONTRACTOR NAME | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATE(S) |
|------------------------------------|---------------|-----------------|--------------|---|
| Noridian Healthcare Solutions, LLC | A and B MAC | 01111 - MAC A | J - E | California - Entire State |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01112 - MAC B | J - E | California - Northern |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01182 - MAC B | J - E | California - Southern |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01211 - MAC A | J - E | American Samoa Guam Hawaii Northern Mariana Islands |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01212 - MAC B | J - E | American Samoa Guam Hawaii Northern Mariana Islands |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01311 - MAC A | J - E | Nevada |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01312 - MAC B | J - E | Nevada |
| Noridian Healthcare Solutions, LLC | A and B MAC | 01911 - MAC A | J - E | American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands |

Article Information

General Information

Article ID

Original Effective Date

A55530

08/27/2018

Article Title

Billing and Coding: Peripheral Nerve Stimulation

Revision Effective Date

12/01/2019

Article Type

Billing and Coding

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

Article Guidance

Article Text:

The following billing and coding guidance is to be used with its associated Local Coverage Determination.

Noridian has found the current peer-reviewed data is insufficient to warrant the medical necessity of coverage for Peripheral Nerve Field Stimulation (PNFS), also known as Peripheral Subcutaneous Field Stimulation (PSFS) for any condition. Therefore, this service will not be covered for any condition.

To bill for denial, providers must bill CPT[®] code 64999 for both the trial and permanent insertion of the electrode array when billing for these procedures and report the following information.

Part B claims

- Enter 1 units of service (UOS)
- Enter Peripheral Nerve Field Stimulation, PNFS, Peripheral Subcutaneous Field Stimulation, or PSFS adjacent to the CPT[®] code 64999 and whether the procedure is for a permanent or trial in the comment/narrative field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Item 19 for paper claim

Part A claims

- Enter 1 UOS
- Enter Peripheral Nerve Field Stimulation, PNFS, Peripheral Subcutaneous Field Stimulation, or PSFS adjacent to the CPT[®] code 64999 and whether the procedure is for a permanent or trial in the comment/narrative field/types:
 - Line SV02-7 for 837 in electronic claim
 - Block 80 on the UB04 claim form

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Providers are to use CPT[®] Code 64999 for both the trial and permanent insertion of the electrode array when billing for the procedures associated with either Peripheral Subcutaneous Field Stimulation or Peripheral Nerve Field Stimulation. 64999 for these purposes is not covered due to insufficient peer reviewed data to warrant the medical necessity of coverage.

Group 1 Codes:

| CODE | DESCRIPTION |
|-------|--|
| 61885 | INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO A SINGLE ELECTRODE ARRAY |

| CODE | DESCRIPTION |
|-------|--|
| 64553 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; CRANIAL NERVE |
| 64555 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE) |
| 64561 | PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE, IF PERFORMED |
| 64569 | REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR |
| 64570 | REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR |
| 64575 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE) |
| 64581 | INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) |
| 64585 | REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY |
| 64590 | INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING |
| 64595 | REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER |
| 64999 | UNLISTED PROCEDURE, NERVOUS SYSTEM |

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

Group 1 codes do not apply to CPT® code 64585 for the purposes of this policy.

Group 1 Codes:

| ICD-10 CODE | DESCRIPTION |
|-------------|-----------------------------------|
| B02.0 | Zoster encephalitis |
| B02.22 | Postherpetic trigeminal neuralgia |
| B02.23 | Postherpetic polyneuropathy |

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| B02.29 | Other postherpetic nervous system involvement |
| E08.41 | Diabetes mellitus due to underlying condition with diabetic mononeuropathy |
| E09.41 | Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy |
| E10.41 | Type 1 diabetes mellitus with diabetic mononeuropathy |
| E11.41 | Type 2 diabetes mellitus with diabetic mononeuropathy |
| E13.41 | Other specified diabetes mellitus with diabetic mononeuropathy |
| G43.011 | Migraine without aura, intractable, with status migrainosus |
| G43.019 | Migraine without aura, intractable, without status migrainosus |
| G43.111 | Migraine with aura, intractable, with status migrainosus |
| G43.A1 | Cyclical vomiting, in migraine, intractable |
| G43.B1 | Ophthalmoplegic migraine, intractable |
| G43.C1 | Periodic headache syndromes in child or adult, intractable |
| G43.D1 | Abdominal migraine, intractable |
| G43.811 | Other migraine, intractable, with status migrainosus |
| G43.819 | Other migraine, intractable, without status migrainosus |
| G44.021 | Chronic cluster headache, intractable |
| G44.029 | Chronic cluster headache, not intractable |
| G44.321 | Chronic post-traumatic headache, intractable |
| G44.329 | Chronic post-traumatic headache, not intractable |
| G44.59 | Other complicated headache syndrome |
| G50.0 | Trigeminal neuralgia |
| G54.1 | Lumbosacral plexus disorders |
| G54.2 | Cervical root disorders, not elsewhere classified |
| G54.3 | Thoracic root disorders, not elsewhere classified |
| G54.4 | Lumbosacral root disorders, not elsewhere classified |
| G54.8 | Other nerve root and plexus disorders |
| G54.9 | Nerve root and plexus disorder, unspecified |
| G55 | Nerve root and plexus compressions in diseases classified elsewhere |
| G56.41 | Causalgia of right upper limb |
| G56.42 | Causalgia of left upper limb |
| G56.43 | Causalgia of bilateral upper limbs |

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| G57.71 | Causalgia of right lower limb |
| G57.72 | Causalgia of left lower limb |
| G57.73 | Causalgia of bilateral lower limbs |
| G58.8 | Other specified mononeuropathies |
| G58.9 | Mononeuropathy, unspecified |
| G59 | Mononeuropathy in diseases classified elsewhere |
| G89.22 | Chronic post-thoracotomy pain |
| G90.50 | Complex regional pain syndrome I, unspecified |
| G90.511 | Complex regional pain syndrome I of right upper limb |
| G90.512 | Complex regional pain syndrome I of left upper limb |
| G90.513 | Complex regional pain syndrome I of upper limb, bilateral |
| G90.521 | Complex regional pain syndrome I of right lower limb |
| G90.522 | Complex regional pain syndrome I of left lower limb |
| G90.523 | Complex regional pain syndrome I of lower limb, bilateral |
| G90.59 | Complex regional pain syndrome I of other specified site |
| M54.81 | Occipital neuralgia |

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

| CODE | DESCRIPTION |
|------|----------------|
| 999x | Not Applicable |

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION |
|-----------------------|-------------------------|---|
| 12/01/2019 | R1 | <p>This article was converted to a Billing and Coding Article type and is to be used with its associated Local Coverage Determination.</p> <p>The article title was changed to from "Noncoverage of Peripheral Nerve Field Stimulation - Coding and Billing" to "Billing and Coding: Peripheral Nerve Stimulation" to match the title of the LCD.</p> |

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L34328 - Peripheral Nerve Stimulation

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Keywords

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- Part B
- electronic claim form
- Peripheral
- Nerve
- Field
- Stimulation
- Item 19
- UB04
- 64999