Local Coverage Article:
Noncoverage of Peripheral Nerve Field Stimulation – Coding and Billing (A55531)

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This article is being republished with a new Effective Date because the 45 days’ notice of the original Final LCD effective date did not get published in a timely manner. The new effective date is 11/02/2018.

Contractor Information

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Article Information

General Information

Article ID
Created on 11/19/2018. Page 1 of 5
Noncoverage of Peripheral Nerve Field Stimulation – Coding and Billing

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Article Guidance

Article Text:

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 837I electronic claim
  - Block 80 on the UB04 claim form

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**Coding Information**

**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.

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**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

**CPT/HCPCS Codes**

N/A

Created on 11/19/2018. Page 3 of 5
ICD-10 Codes that are Covered
N/A

ICD-10 Codes that are Not Covered
N/A

Revision History Information
N/A

Associated Documents

Related Local Coverage Document(s)
LCD(s)
L37360 - 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)
Updated on 06/25/2018 with effective dates 08/27/2018 - N/A

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