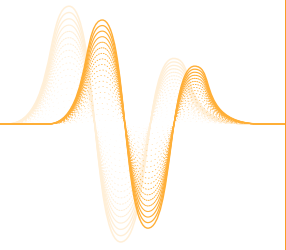


SPINAL CORD STIMULATION

2026 Ambulatory Surgery Center Reimbursement Guide



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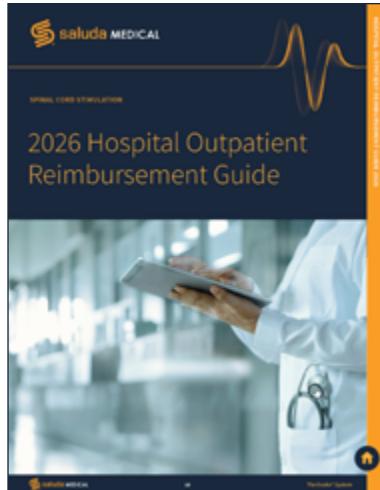
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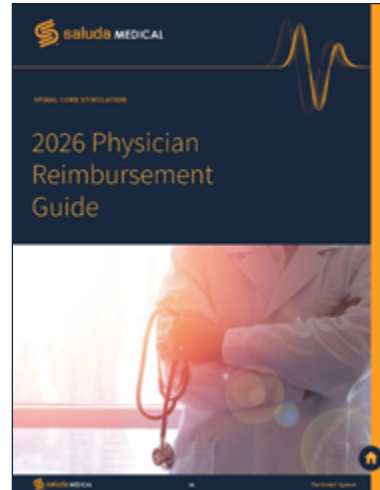


2026 AMBULATORY SURGERY CENTER (ASC)

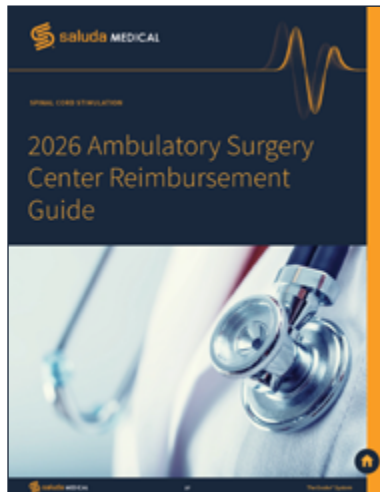
Saluda Medical offers several resources for coding, coverage, and payment information for spinal cord stimulation



Spinal Cord Stimulation Hospital Outpatient Reimbursement Guide



Spinal Cord Stimulation Physician Reimbursement Guide



Spinal Cord Stimulation Ambulatory Surgery Center (ASC) Reimbursement Guide

Procedure	CPT Code	ICD-10 Code	Payment Rate	Payment Rate	Payment Rate
Spinal Cord Stimulation (SCS) - Single Lead	93.58	S35.01	\$2,500	\$2,500	\$2,500
Spinal Cord Stimulation (SCS) - Multi-Lead	93.59	S35.02	\$3,500	\$3,500	\$3,500

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Spinal Cord Stimulation Quick Reference Guide

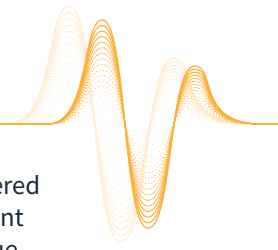
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2026 AMBULATORY SURGERY CENTER (ASC)



Ambulatory Surgery Centers use CPT codes for their services. Each CPT code which is designated as a covered procedure in an ASC is assigned a comparable weight as under the hospital outpatient Ambulatory Payment Classification. This weight is then converted to a flat payment amount, based on a conversion factor unique to ASCs.

Trial & System Implant

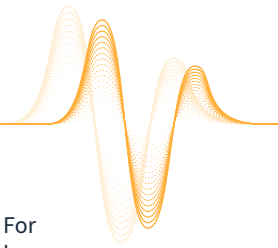
Procedure	CPT® Code ¹	Short Descriptor	Multiple Procedure Discounting ²	Status Indicator ³	ASC Medicare National Average Payment ^{4,5}
Trial					
Single Percutaneous Lead Trial	63650	Percutaneous implantation of neurostimulator electrode array, epidural	N	J8	\$5,031
Dual Percutaneous Lead Trial	63650	Percutaneous implantation of neurostimulator electrode array, epidural	N	J8	\$5,031+ \$5,031 = \$10,062
	63650	Percutaneous implantation of neurostimulator electrode array, epidural	N	J8	
System Implant					
Single Lead with Spinal Cord Stimulator	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	N	J8	\$27,486 + \$5,031 = \$32,517
	63650	Percutaneous implantation of neurostimulator electrode array, epidural	N	8	
Dual Lead with Spinal Cord Stimulator	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	N	J8	\$27,486 + \$5,031 + \$5,031 = \$37,548
	63650	Percutaneous implantation of neurostimulator electrode array, epidural	N	J8	
	63650	Percutaneous implantation of neurostimulator electrode array, epidural	N	J8	

Revision, Removal & Replacement

Procedure	CPT® Code ¹	Short Descriptor	Multiple Procedure Discounting ²	Status Indicator ³	ASC Medicare National Average Payment ^{4,5}
Removal Percutaneous Lead	63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	N	G2	\$949
Revision or Replacement Percutaneous Lead	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	N	J8	\$5,076
Revision or Removal–Spinal Cord Stimulator	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	N	A2	\$2,003

*SI=Status Indicator





HCPCS Level II Descriptions

The following codes are utilized by the entity that purchased the device, DME or supply and provided it to the patient. For implantable devices, the entity is usually the facility. Device L-Codes are utilized by non-Medicare payers. Device C-Codes are used by ASCs when billing a pass-through device paid separately when provided integral to the surgical procedure on the ASC list.

HCPCS Code	Descriptor
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system
L8679*	Implantable neurostimulator pulse generator, any type
L8680	Implantable neurostimulator electrode, each
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
L8699	Prosthetic implant, not otherwise specified
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code

*In 2014 a new HCPCS level II code was established: L8679-“Implantable neurostimulator pulse generator, any type”. However, L8687 - “Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension” may still be an active code on the fee schedule for some payers.

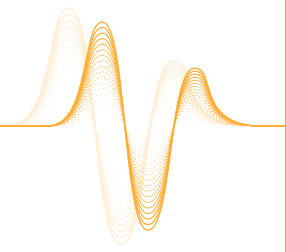
ICD-10-CM Diagnoses

ICD-10-CM diagnosis codes are used by providers to report the indication or reason for the procedure and patient conditions. List all diagnoses on the claim form and code to the highest available level of specificity based on the documentation in the patient’s medical record. The following ICD-10-CM codes describe chronic, intractable pain conditions commonly managed with spinal cord stimulation. Other codes may apply based on the patient condition. For a complete list of codes and descriptions, consult the current ICD-10-CM manual.

ICD-10-CM Code ⁶	Descriptor
Arachnoiditis	
G56.40	Causalgia of unspecified upper limb
G56.41	Causalgia of right upper limb
G56.42	Causalgia of left upper limb
G56.43	Causalgia of bilateral upper limbs
G57.70	Causalgia of unspecified lower limb
G57.71	Causalgia of right lower limb
G57.72	Causalgia of left lower limb
G57.73	Causalgia of bilateral lower limbs
Causalgia (CRPS II)	
G03.1	Chronic meningitis
G03.9	Meningitis, unspecified

*SI=Status Indicator



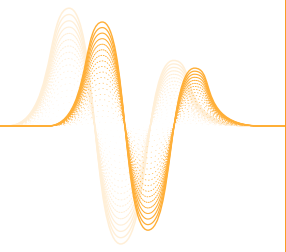


ICD-10-CM Code ⁶	Descriptor
Peripheral Neuropathy	
G56.90	Unspecified mononeuropathy of unspecified upper limb
G56.91	Unspecified mononeuropathy of right upper limb
G56.92	Unspecified mononeuropathy of left upper limb
G56.93	Unspecified mononeuropathy of bilateral upper limbs
G57.90	Unspecified mononeuropathy of unspecified lower limb
G57.91	Unspecified mononeuropathy of right lower limb
G57.92	Unspecified mononeuropathy of left lower limb
G57.93	Unspecified mononeuropathy of bilateral lower limbs
Chronic Pain Disorders	
G89.0	Central pain syndrome
G89.29	Other chronic pain
G89.4	Chronic pain syndrome
Reflex Sympathetic Dystrophy (CRPS I)	
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
G90.519	Complex regional pain syndrome I of unspecified upper limb
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
G90.529	Complex regional pain syndrome I of unspecified lower limb
Epidural Fibrosis	
G96.12	Meningeal adhesions (spinal) (cerebral)

*SI=Status Indicator



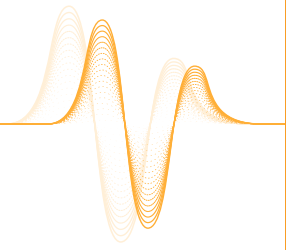
2026 AMBULATORY SURGERY CENTER (ASC)



ICD-10-CM Code ⁶	Descriptor
Radiculopathy	
M50.10	Cervical disc disorder with radiculopathy, unspecified cervical region
M50.11	Cervical disc disorder with radiculopathy, high cervical region
M50.121	Cervical disc disorder at C4-C5 level with radiculopathy
M50.122	Cervical disc disorder at C5-C6 level with radiculopathy
M50.123	Cervical disc disorder at C6-C7 level with radiculopathy
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
Post Laminectomy Syndrome	
M96.1	Post laminectomy syndrome, not elsewhere classified

*SI=Status Indicator





References

1. CPT Copyright 2023 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
2. In the case that multiple procedures are billed and coded, payment is typically made at 100% of the rate for the first procedure and 50% of the rate for the second and all succeeding procedures. Such procedures subject to this discounting are marked "Y". However, procedures marked "N" are not subject to discounting and are allowed at 100% in full, regardless of whether they are submitted with other procedures.
3. ASC Status indicators: J8:Device-intensive procedure; paid at adjusted rate; J7: Applies to Pass-Through Device category.
4. Center for Medicare and Medicaid Services. CY 2025 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule. December 2025. The CY 2026 ASC conversion factor is \$56.32 and assumes the ASC meets all quality reporting requirements. The payment will also be adjusted by the wage index for specific geographic localities. Therefore, payment will vary by surgery center from the stated Medicare National Payment levels. Applicable co-insurance, deductibles and other amounts that are patient obligations are included in the Medicare National Payment levels shown.
5. Rates referenced do not reflect Sequestration; the automatic reductions in federal spending that will result in a 2% across-the-board reduction to all Medicare rates. (Budget Control Act of 2011 and American Rescue Plan Act of 2021).
6. Centers for Disease Control and Prevention, National Center for Health Statistics. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). <https://www.cdc.gov/nchs/icd/icd-10-cm.htm>. Updated October 17, 2022.

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