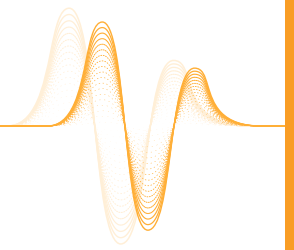


SPINAL CORD STIMULATION

# 2026 Physician Reimbursement Guide



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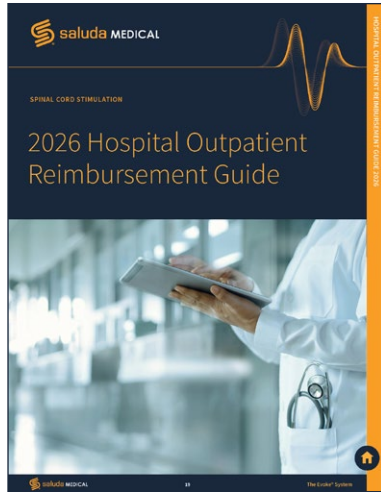
## Spinal Cord Stimulation - 2026 Physician Reimbursement Guide

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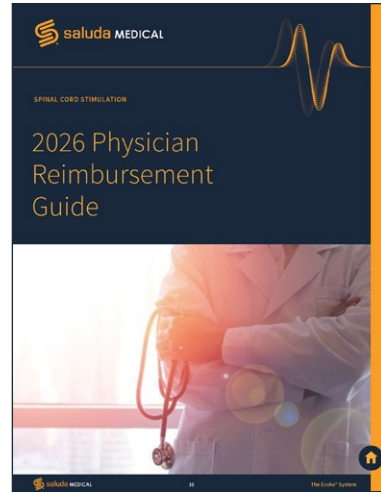


# 2026 PHYSICIAN REIMBURSEMENT GUIDE

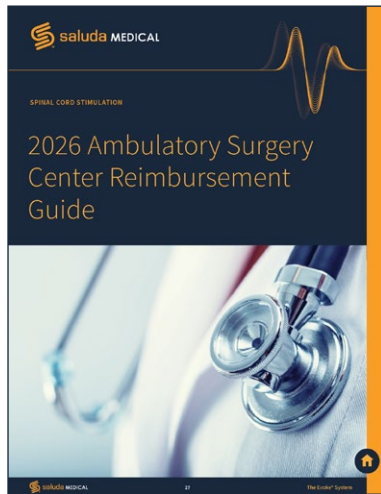
Saluda Medical offers several resources for coding, coverage, and payment information for spinal cord stimulation



**Spinal Cord Stimulation Hospital Outpatient Reimbursement Guide**



**Spinal Cord Stimulation Physician Reimbursement Guide**



**Spinal Cord Stimulation Ambulatory Surgery Center (ASC) Reimbursement Guide**

**SPINAL CORD STIMULATION - QUICK REFERENCE GUIDE**  
2026 National Unadjusted Payment Rates

**Common Select Billing Scenarios**

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**Hospital Outpatient Payment Rates**

Procedure	CPST Code	Short Description	Relative Value Unit (RVU)	Physician Payment (Payer)	Physician Payment (Hospital)	Net Rate
<b>Qualification Level 1</b>						
Qualification Level 1	63002	Percutaneous implantation of neurostimulation electrodes, any, initial	940 (2)	\$8,863	\$775 - \$381 - \$300	\$3,292 - \$1,517 - \$14.86
<b>System Implant</b>						
Qualification Level 1	63003	Percutaneous implantation of neurostimulation electrodes, any, initial	940 (2)			
Qualification with System Impl	63003	System implantation of neurostimulation electrodes, any, initial	940 (2)	\$13,006	\$775 - \$381 - \$300 + \$281 - \$125	1,281 - \$142 - \$4.17 - \$14.86
Qualification with Stimulator	63003	System implantation of neurostimulation electrodes, any, initial	940 (2)			
Qualification with Stimulator	63003	System implantation of neurostimulation electrodes, any, initial	940 (2)	\$13,006	\$775 - \$381 - \$300 + \$281 - \$125	1,281 - \$142 - \$4.17 - \$14.86

**Ambulatory Surgery Center Payment Rates**

Procedure	CPST Code	Short Description	Relative Value Unit (RVU)	Physician Payment (Payer)	Physician Payment (ASC)	Net Rate
<b>Qualification Level 1</b>						
Qualification Level 1	63002	Percutaneous implantation of neurostimulation electrodes, any, initial	940 (2)	\$5,281 - \$5,011 - \$48,000	\$775 - \$381 - \$300	\$3,292 - \$1,517 - \$14.86
<b>System Implant</b>						
Qualification Level 1	63003	Percutaneous implantation of neurostimulation electrodes, any, initial	940 (2)			
Qualification with System Impl	63003	System implantation of neurostimulation electrodes, any, initial	940 (2)	\$5,281 - \$5,011 - \$48,000	\$775 - \$381 - \$300 + \$281 - \$125	1,281 - \$142 - \$4.17 - \$14.86
Qualification with Stimulator	63003	System implantation of neurostimulation electrodes, any, initial	940 (2)	\$5,281 - \$5,011 - \$48,000	\$775 - \$381 - \$300 + \$281 - \$125	1,281 - \$142 - \$4.17 - \$14.86

**Physician Office Payment Rates**

Procedure	CPST Code	Short Description	Relative Value Unit (RVU)	Physician Payment (Payer)	Net Rate
Qualification Level 1	63002	Percutaneous implantation of neurostimulation electrodes, any, initial	940 (2)	\$5,281 - \$5,011 - \$48,000	\$3,292 - \$1,517 - \$14.86

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**Spinal Cord Stimulation Quick Reference Guide**

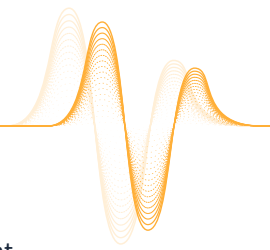
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# 2026 PHYSICIAN REIMBURSEMENT GUIDE



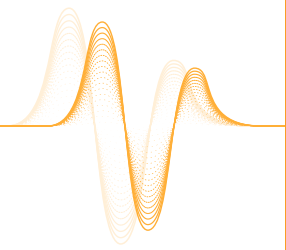
## 2026 Physician Payment

Physicians use CPT codes for all services. Under Medicare’s Resource-Based Relative Value Scale (RBRVS) methodology, each CPT code is assigned a relative value unit (RVU) that is then converted to a flat payment amount. Payment rates will vary by Facility and Physician Office setting.

Trial & System Implant			Total RVUs <sup>3</sup>		Medicare National Average Payment <sup>3,4,5</sup>	
Procedure	CPT® Code <sup>1,2</sup>	Short Descriptor	Non-Facility (Office)	Facility	Non-Facility (Office)	Facility
<b>Trial</b>						
Single Percutaneous Lead Trial	63650	Percutaneous implantation of neurostimulator electrode array, epidural	71.56	11.24	\$2,390	\$375
Dual Percutaneous Lead Trial	63650	Percutaneous implantation of neurostimulator electrode array, epidural	71.56 + 35.78 = <b>107.34</b>	11.24 + 5.62 = <b>16.86</b>	\$3,390 + \$1,195 = <b>\$3,585</b>	\$375 + \$188 = <b>\$563</b>
	63650	Percutaneous implantation of neurostimulator electrode array, epidural				
<b>System Implant</b>						
Single Lead with Spinal Cord Stimulator	63650	Percutaneous implantation of neurostimulator electrode array, epidural	NA	11.24 + 4.77 = <b>16.01</b>	NA	\$375 + \$160 = <b>\$535</b>
	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver				
Dual Lead with Spinal Cord Stimulator	63650	Percutaneous implantation of neurostimulator electrode array, epidural	NA	11.24 + 5.62 + 4.77 = <b>21.63</b>	NA	\$375 + \$188 + \$160 = <b>\$723</b>
	63650	Percutaneous implantation of neurostimulator electrode array, epidural				
	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver				

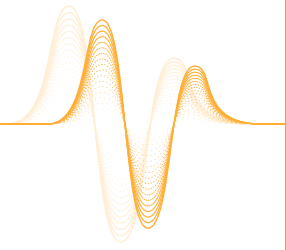
Revision, Removal & Replacement			Total RVUs <sup>3</sup>		Medicare National Average Payment <sup>2,3,4,5</sup>	
Procedure	CPT® Code <sup>1</sup>	Short Descriptor	Non-Facility (Office)	Facility	Non-Facility (Office)	Facility
Removal Percutaneous Lead	63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	22.27	9.25	\$744	\$309
Revision or Replacement Percutaneous Lead	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	28.55	12.26	\$954	\$409
Revision or Removal–Spinal Cord Stimulator	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	NA	9.15	NA	\$306





Neurostimulator Analysis & Programming		Total RVUs <sup>3</sup>		Medicare National Average Payment <sup>3,4,5</sup>	
		Non-Facility (Office)	Facility	Non-Facility (Office)	Facility
CPT® Code <sup>15</sup>	Short Descriptor				
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, 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	0.59	0.48	\$20	\$16
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, 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 (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	1.51	1.03	\$50	\$34
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, 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 (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	1.51	1.03	\$50	\$34





## References

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2. Center for Medicare and Medicaid Services. CY 2025 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule. December 2025.
3. Hospital Outpatient Status Indicators: J1: Hospital Part B services paid through a comprehensive APC. Status Indicator H: 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. The Medicare National Average Payment is determined by multiplying the APC weight by the conversion factor of \$91.42 for 2026. The payment will also be adjusted by the wage index for specific geographic localities. Therefore, payment will vary by hospital 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.
6. Multiple procedure reduction rules apply for procedures. Quantity of devices used in each procedure must be specified for appropriate payment.
7. Department of Health and Human Services. Centers for Medicare and Medicaid Services. CY2026 CMS National Physician Fee Schedule Relative Value File (Addendum B). The 2025 National Medicare physician payment rates have been calculated using the 2026 conversion factor of \$33.57 released December 2025.
8. Final payment to the physician is adjusted by the Geographical Practice Cost Indices (GPCI). Any applicable coinsurance, deductible and any other amounts that are patient obligations are included in the amounts shown.
9. 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).
10. ASC Status indicators: J8:Device-intensive procedure; paid at adjusted rate; J7: Applies to Pass-Through Device category.
11. Quantity of devices used in each procedure must be specified for appropriate payment.

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