SPINAL CORD STIMULATION - QUICK REFERENCE GUIDE

2026 National Unadjusted Payment Rates

Common Select Billing Scenarios

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Hospital Outpatient Payment Rates

Procedure	CPT® Code[1]	Short Descriptor	Hospital APC[2,3] (SI)*	Hospital OP Facility Payment[2,5]	Physician Payment (Facility)[6,7,8,9]	Total RVUs[7]
Trial						
Dual Percutaneous Lead Trial	63650 x 2	Percutaneous implantation of neurostimulator electrode array, epidural	5462 (J1)	**$6,511**	$375 + $188 = **$563**	11.24 + 5.62 = **16.86**
System Implant						
Dual Lead with Spinal Cord Stimulator	63650 x 2	Percutaneous implantation of neurostimulator electrode array, epidural	5462 (J1)	**$31,526**	$375 + $188 + $160 = **$723**	11.24 + 5.62 + 4.77 = **21.63**
	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	5465 (J1)			
Paddle Lead with Spinal Cord Stimulator	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	5464 (J1)	**$31,526**	$839.99 + $160.00 = **$999**	25.11 + 4.77 = **29.88**
	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	5465 (J1)			

Ambulatory Surgery Center Payment Rates

Procedure	CPT® Code[1]	Short Descriptor	ASC Facility Payment (SI*)[2,4,10,11]	Physician Payment (Facility)[6,7,8,9]	Total RVUs[7]
Trial					
Dual Percutaneous Lead Trial	63650 x 2	Percutaneous implantation of neurostimulator electrode array, epidural	$5,031 + $5,031 = **$10,062**	$375 + $188 = **$563**	11.24 + 5.62 = **16.86**

*SI=Status Indicator

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Ambulatory Surgery Center Payment Rates continued

Procedure	CPT® Code[1]	Short Descriptor	ASC Facility Payment (SI*)[2,4,10,11]	Physician Payment (Facility)[6,7,8,9]	Total RVUs[7]
System Implant					
Dual Lead with Spinal Cord Stimulator	63650 x 2	Percutaneous implantation of neurostimulator electrode array, epidural	$5,031 + $5,031 + $27,486 = **$37,548**	$375 + $188 + $160 = **$723**	11.24 + 5.62 + 4.77 = **21.63**
	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver			
Paddle Lead with Spinal Cord Stimulator	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	$27,486.00 + $14,406.00 = **$41,892**	$839.99 + $160.00 = **$999**	25.11 + 4.77 = **29.88**
	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver			

Physician Office Payment Rates

Procedure	CPT® Code[1]	Short Descriptor	Physician Payment (Facility)[6,7,8,9]	Total RVUs[7]
Dual Percutaneous Lead Trial	63650 x 2	Percutaneous implantation of neurostimulator electrode array, epidural	$2,390 + $1,195 = **$3,585**	71.56 + 35.78 = **107.34**

*SI=Status Indicator

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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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