

# SPR® SPRINT® PNS SYSTEM AMBULATORY SURGERY CENTER (ASC) REFERENCE GUIDE 2025

This guide has been developed to provide support on reporting the procedures and services associated with the use of the SPRINT Peripheral Nerve Stimulation (PNS) System for patients with acute or chronic pain.

**NOTE:** This information is provided for illustrative purposes only and does not guarantee payment, payment amount, or coverage. Providers are responsible for determining medical necessity, the proper site of service where treatment is rendered based on clinical judgment, and for all decisions relating to coding and billing.

Procedure	CPT <sup>1</sup>	2025 Medicare National Average Payment <sup>2</sup>
1st lead implant procedure	64555	\$5,853.22
2nd lead implant procedure	64555	\$5,853.22
<b>Total</b>		<b>\$11,706.44</b>

**HCPCS Codes<sup>3</sup>** — An Ambulatory Surgery Center (ASC) may choose to report a Healthcare Common Procedure Coding System (HCPCS) for the device(s) used in “Device Intensive” procedures for cost reporting however, they are not separately paid by Medicare.<sup>2</sup> Commercial/Private payers may utilize HCPCS codes and may pay separately as per contractual arrangement with the ASC.

Payer	HCPCS <sup>3</sup>	Description <sup>3</sup>
Medicare*	C1778	Lead, neurostimulator (implanted)
Commercial/Private	L8680	Implantable neurostimulator electrode, each

\*Some Commercial payers may utilize C1778, check with payer to determine use of the “L” or “C” HCPCS code.

## MODIFIERS

A modifier is appended to a CPT code to indicate that the service or procedure performed has been altered by a specific circumstance but not changed in its definition or code.<sup>1,4</sup> Payer guidelines regarding modifier use varies by payer and plan type and should be confirmed prior to claim submission. For example, a Medicare Advantage plan where the claim is adjudicated by a Commercial/Private payer may use Medicare modifiers or Commercial/Private modifiers.<sup>6</sup> The SPRcare® Team is unable to determine claim processing and/or appropriate modifier use during a pre-service discussion with the payer.

Modifiers Used in the Scenarios Below and Payment Implications*	
MODIFIER <sup>1</sup>	MEDICARE PAYMENT IMPLICATION**
<b>59</b> Distinct Procedural Service	N/A – modifier 59 is not applicable for use with 64555 for Medicare, see modifier XS. <sup>1,4</sup>
<b>XS***</b> Separate Structure	CPT 64555 has a J8 (device intensive) payment indicator and therefore, not subject to multiple procedure reduction. <sup>4,5</sup>
<b>73</b> Discontinued procedure prior to administration of anesthesia	Medicare will pay 50% of the payment rate. <sup>4,5</sup>
<b>74</b> Discontinued procedure after administration of anesthesia	No payment implications detailed by Medicare. <sup>5</sup>
<b>76</b> Repeat procedure same physician	No payment implications detailed by Medicare. <sup>5</sup>

\* This list is not all-inclusive; appropriate modifier use is dependent on the specific situation, clinical condition, and documentation.

\*\* Commercial/Private, Medicare Advantage plans may follow Medicare payment methodology or payment may be based on contractual agreement.

\*\*\* Modifier XS is a Medicare modifier.<sup>4</sup> Medicare Advantage plans may utilize modifier XS or may follow Commercial/Private modifier guidance.<sup>6</sup>

## SUPPORT

SPR provides reimbursement and case management support in order to facilitate patient access to the SPRINT PNS System through our SPRcare Patient Access Program. For questions regarding reimbursement or case management support, please call the SPRcare team at 833-777-2884 or via email at [SPRcare@SPRPainRelief.com](mailto:SPRcare@SPRPainRelief.com)

**Indication:** The SPRINT PNS System is indicated for up to 60 days for: (i) Symptomatic relief of chronic, intractable pain, post-surgical and post-traumatic acute pain; (ii) Symptomatic relief of post-traumatic pain; and (iii) Symptomatic relief of post-operative pain. The SPRINT PNS System is not intended to be placed in the region innervated by the cranial and facial nerves. Rx only.

### References:

1. Current Procedural Terminology 2025, American Medical Association. CPT® is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2024 American Medical Association. All Rights Reserved. Applicable FARS/ DFARS apply
  2. 2025 Medicare HOPD and ASC Final Rule, CMS-1809-FC Addendum AA.
  3. HCPCS Level II, 2024 Expert Copyright 2024, Optum360 LLC
  4. Understanding Modifiers: Comprehensive Instruction to Effective Modifier Application 2025. Copyright © 2024 Optum360 LLC, All Rights Reserved.
  5. Medicare Claims Processing Manual 100-04, Chapter 14 (Ambulatory Surgery Center), Section 40
  6. Medicare Managed Care Manual 100-16, Chapter 4, Section 10.2 and 10.16
- CPT Assistant August 2018 / Volume 28 Issue 8, CPT Assistant October 2018 / Volume 28 Issue 10, and CPT Knowledge Base Inquiry and Response Sept 2018  
DecisionHealth - Plain English Descriptions. Copyright ©2015-2023 All Rights Reserved  
Medicare Claims Processing Manual 100-04, Chapter 14 (Ambulatory Surgery Center), Section 40  
Medicare National Correct Coding Initiative (NCCI) Edits, effective January 1, 2025.  
CodeMap Medicare Reimbursement Information. CodeMap® is a Registered Trademark of Wheaton Partners, LLC.  
Understanding Modifiers: Comprehensive Instruction to Effective Modifier Application 2024. Copyright © 2024 Optum360 LLC, All Rights Reserved.  
Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7), Section A.

### Disclaimer:

The information contained in this document was gathered from third-party sources and is subject to change at any time. This information is for illustrative purposes only and does not guarantee coverage, payment, or payment rates. In all cases, services billed must be medically necessary, reported as performed, and appropriately documented. Providers are responsible to understand and comply with all reimbursement guidance and requirements established by relevant payers. Payer policies and payment rates vary by payer and plan type; coding, coverage, payment, and payment amounts should be verified prior to treatment.

SPR does not promote the use of SPRINT PNS outside the FDA Labeled Indications.

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