

| CPT® Codes | | | |
|--|-------|---|------------------------|
| | CODE | DESCRIPTION | MEDICARE RVUS FACILITY |
| Cortical Lead Implantation | 61850 | Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical | 30.21 |
| | 61860 | Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical | 47.68 |
| Depth Lead Implantation | 61863 | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array | 46.01 |
| | 61864 | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure) | 8.49 |
| Neurostimulator Implantation | 61889 | Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s) | 37.92 |
| Neurostimulator Replacement or Revision | 61891 | Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s) | 17.99 |
| Removal of Neurostimulator | 61892 | Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed | 24.82 |
| Revision or Removal of Electrodes | 61880 | Revision or removal of intracranial neurostimulator electrodes | 18.04 |

| ICD-10 –CM Diagnosis Codes | |
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| CODE | DESCRIPTION |
| G40.011 | Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus |
| G40.019 | Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus |
| G40.111 | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus |
| G40.119 | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus |
| G40.211 | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus |
| G40.219 | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus |
| Z45.42 | Encounter for adjustment and management of neurostimulator |

Important Coding Changes for 2024

Three new CPT codes go into effect January 1, 2024, to describe the insertion (61889), replacement (61891), and removal (61892) of a skull-mounted cranial neurostimulator (e.g., the RNS System neurostimulator).

The CPT codes for the implantation of cortical strip leads (61850, 61860) and the implantation of depth leads (61863, 61864) remain the same.

About NeuroPace and the RNS® System

NeuroPace develops, manufactures and markets implantable devices for the treatment of neurological disorders by responsive brain stimulation. The company's first product, the RNS® System, is the only FDA-approved brain-responsive neurostimulator for the treatment of refractory focal onset epilepsy.

FDA Indication for Use

The RNS® System is an adjunctive therapy in reducing the frequency of seizures in individuals 18 years of age or older with partial onset seizures who have undergone diagnostic testing that localized no more than 2 epileptogenic foci, are refractory to two or more antiepileptic medications, and currently have frequent and disabling seizures (motor partial seizures, complex partial seizures and/or secondarily generalized seizures). The RNS® System has demonstrated safety and effectiveness in patients who average 3 or more disabling seizures per month over the three most recent months (with no month with fewer than two seizures), and has not been evaluated in patients with less frequent seizures.



See labeling available at www.NeuroPace.com for prescribing information, including indications, contraindications, warnings, precautions and adverse events.

This document has been prepared for providers using the RNS® System, and is intended for informational purposes only. NeuroPace does not promise or guarantee coverage or any level of payment by any third party payer. While NeuroPace believes this information to be correct, it is subject to change at any time. As with all reimbursement claims, providers are solely responsible for determining the appropriate codes, modifiers and charges for services provided. NeuroPace recommends that you contact your local payer with questions regarding coding and payment guidelines.

The 2024 Medicare RVUs can be found in Regulation CMS-1784-F Medicare and Medicaid Programs; CY 2024 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies. The complete Medicare Physician Fee Schedule can be found at <https://www.cms.gov/medicare/physician-fee-schedule/search/overview>.

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