

**CPT® Codes**

Procedure	Code	Description	Medicare Work RVUs	Medicare National Average	
				Physician Office	Facility
<b>Analysis and Programming</b>	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	.35	\$20	\$16
	95983	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 neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	.91	\$52	\$42
	95984	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 neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	.80	\$45	\$47
<b>Electrocorticography (ECoG)</b>	95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	1.93	\$107	\$89

**ICD-10-CM Diagnosis Codes**

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 neuropacemaker (brain) (peripheral nerve) (spinal cord)

CPT Guidelines on the Time Component for Analysis and Programming

Per CPT guidelines, a unit of service is attained when the mid-point is passed. Physician or other qualified health care professional face-to-face time of less than eight minutes is not separately reportable.

►Physician or Other Qualified Health Care Professional Face-to-Face Time for Brain Neurostimulator Analysis With Programming	Code(s)
Less than 8 minutes	Not reported
8-22 minutes	95983 X 1
23-37 minutes	95983 X 1 + 95984 X 1
38-52 minutes	95983 X 1 + 95984 X 2
53-67 minutes	95983 X 1 + 95984 X 3
68 minutes or longer	add units of 95984◀

Important Notes Regarding Analysis and Programming

Analysis and programming may be furnished by a physician or other qualified healthcare professional, with or without support from a manufacturer’s representative. Neither the payer nor the patient should be billed for services rendered by the manufacturer representative. Contact your local Medicare contractor or payer for interpretation of applicable policies. An evaluation and management code may be reported if a separately identifiable evaluation and management service takes place in addition to analysis and programming. In such case, modifier -25 should be appended to the evaluation and management code reported on the claim.

Important Notes Regarding Electrocopticography

Per CPT guidelines, Code 95836 describes recording of ECoG from electrodes chronically implanted on or in the brain. Chronically implanted electrodes allow for intracranial recordings to continue after the patient has been discharged from the hospital. Code 95836 includes unattended ECoG recording with storage for later review and interpretation during a single 30-day period. Code 95836 may be reported only once for each 30-day period. The dates encompassed by the 30-day period must be documented in the report.

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 drug-resistant 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](http://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 2026 Medicare RVUs and national average payment can be found in Regulation CMS-1832-F Medicare and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies. The Medicare national average payment represents the non-qualifying Alternative Payment Model (APM) rate. The complete Medicare Physician Fee Schedule can be found at <https://www.cms.gov/medicare/physician-fee-schedule/search/overview>.

Current Procedural Terminology (CPT) is copyright 2025 American Medical Association (AMA). All rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no responsibility for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a registered trademark of the AMA.