NEUROPACE

Outpatient Hospital Codes

AS OF JANUARY 1, 2026

CPT® Codes

Procedure	Code	Description	APC
Neurostimulator Replacement	61891*	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	5465
Removal of Neurostimulator	61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	5113
Revision or Removal of Electrodes	61880	Revision or removal of intracranial neurostimulator electrodes	5461
Analysis and Programming	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	5734
	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	5742
	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)	N/A**

C Codes

	C1767	Generator, neurostimulator (implantable), nonrechargeable
	C1778	Lead, neurostimulator (implantable)

Other HCPCS II Device Codes

	L8680	Implantable neurostimulator electrode, each
	L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension

*Medicare requires hospitals to report C codes in addition to the CPT code when billing for certain outpatient procedures. Non-Medicare payers may require either C codes or other HCPCS Level II codes.

**Payment is packaged into payment for other services.

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

Notes

Analysis and programming may be furnished by a provider, 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.

Medicare requires hospitals to bill appropriate C codes for all procedures that use implantable medical devices and are assigned to a device-intensive Comprehensive Ambulatory Payment Classification (C-APC). Correct coding is important for receiving appropriate reimbursement and for setting future reimbursement rates for device-intensive C-APCs.

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.

℞ Only

See labeling 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 status indicators, relative weights and list of device-intensive C-APCs can be found in Regulation CMS-1834-FC Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems.

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