



MOVEMENT DISORDERS

National Medicare Reimbursement Guide

Effective January 1, 2024

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NEUROMODULATION MEDICARE REIMBURSEMENT GUIDE

Introduction

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product's labeling. This content includes information regarding coverage, coding and reimbursement. Additional resources can be found at:

<https://www.neuromodulation.abbott/us/en/hcp/provider-resources/reimbursement-guides.html>

Reimbursement Hotline

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement support is available from 8 a.m. to 5 p.m. Central Time, Monday through Friday at (855) 569-6430 or ptahotline@abbott.com. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

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MOVEMENT DISORDERS

| CPT [‡] CODE | DESCRIPTION | WORK RVU | NATIONAL MEDICARE RATE | |
|-----------------------|---|----------|------------------------|--------------|
| | | | FACILITY | NON-FACILITY |
| DIAGNOSTIC SERVICES | | | | |
| 70450-26 | Computed tomography, head or brain; without contrast material | 0.85 | \$39 | \$39 |
| 70551-26 | Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material | 1.48 | \$68 | \$68 |
| 76376-26 | 3-D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound or other tomographic modality with image post processing under concurrent supervision; not requiring image post processing on an independent workstation | 0.20 | \$9 | \$9 |
| 76377-26 | ...; requiring image post processing on an independent workstation | 0.79 | \$37 | \$37 |

Rates effective Jan 1, 2024 - Dec 31, 2024

- It is incumbent upon the physician to determine which, if any modifiers should be used first.

MOVEMENT DISORDERS

| CPT [‡] CODE | DESCRIPTION | WORK RVU | NATIONAL MEDICARE RATE | |
|------------------------|--|----------|------------------------|--------------|
| | | | FACILITY | NON-FACILITY |
| LEAD PROCEDURES | | | | |
| 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 | 20.71 | \$1,506 | NA |
| 61864 | ...; each additional array (List separately in addition to primary procedure) | 4.49 | \$278 | NA |
| 61867 | 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), with use of intraoperative microelectrode recording; first array | 33.03 | \$2,272 | NA |
| 61868 | ...; each additional array (List separately in addition to primary procedure) | 7.91 | \$491 | NA |
| 61880 | Revision or removal of intracranial neurostimulator electrodes | 6.95 | \$591 | NA |

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| CPT [‡] CODE | DESCRIPTION | WORK RVU | NATIONAL MEDICARE RATE | |
|---|---|----------|------------------------|--------------|
| | | | FACILITY | NON-FACILITY |
| INTRAOPERATIVE STIMULATION WITH MICROELECTRODE RECORDING | | | | |
| 95961-26 | Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional | 2.97 | \$156 | \$156 |
| 95962-26 | ...; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure) | 3.21 | \$166 | \$166 |

Rates effective Jan 1, 2024 - Dec 31, 2024

- It is incumbent upon the physician to determine which, if any modifiers should be used first.

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| CPT [‡] CODE | DESCRIPTION | WORK RVU | NATIONAL MEDICARE RATE | |
|---|--|----------|------------------------|--------------|
| | | | FACILITY | NON-FACILITY |
| IMPLANTABLE PULSE GENERATOR (IPG) PROCEDURES | | | | |
| 61885 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array | 6.05 | \$530 | NA |
| 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays | 9.93 | \$885 | NA |
| 61888 | Revision or removal of cranial neurostimulator pulse generator or receiver | 5.23 | \$398 | NA |

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| CPT‡ CODE | DESCRIPTION | WORK RVU | NATIONAL MEDICARE RATE | |
|---------------------------------|--|----------|------------------------|--------------|
| | | | FACILITY | NON-FACILITY |
| ANALYSIS AND PROGRAMMING | | | | |
| 95970 | Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without programming | 0.35 | \$18 | \$18 |
| 95983 | IPG Programming (first 15 minutes) | 0.91 | \$48 | \$49 |
| 95984* | 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) | 0.8 | \$42 | \$43 |

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- *CPT‡ code 95984 may be billed up to 11 times on the same date of service.
- Programming of the device by the physician or other qualified health care professional is included in this service. A physician or other qualified health care professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. A patient or his payer should not be billed for analysis and programming services performed at the discretion of the physician by a manufacturer's representative.
- CPT‡ codes 95970, 95983 and 95984 were added to Medicare's list of telehealth services for the duration of CY2023 (CMS, CY 2023 PFS Final Rule).
- CMS recommends appending modifier 95 to indicate the service took place via telehealth. (Billing and coding Medicare Fee-for-Service claims)

MOVEMENT DISORDERS

| CPT [®] CODE | DESCRIPTION | STATUS INDICATOR | C-APC | NATIONAL MEDICARE FACILITY RATE |
|----------------------------|--|------------------|-------|---------------------------------|
| DIAGNOSTIC SERVICES | | | | |
| 70450 | Computed tomography, head or brain; without contrast material | Q3 | 5522 | \$105 |
| 70551 | Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material | Q3 | 5523 | \$234 |
| 76376 | 3-D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post processing under concurrent supervision; not requiring image post processing on an independent workstation | N | NA | Packaged |
| 76377 | ...; requiring image post processing on an independent workstation | N | NA | Packaged |

Rates effective Jan 1, 2024 - Dec 31, 2024

- N = Items and services packaged into APC rates
- Q3 = Codes subject to payment as part of a composite

MOVEMENT DISORDERS

| CPT CODE | DESCRIPTION | STATUS INDICATOR | C-APC | NATIONAL MEDICARE FACILITY RATE |
|--|--|------------------|-------|---------------------------------|
| IMPLANTABLE PULSE GENERATOR (IPG) PROCEDURES, REVISION OR REPLACEMENT | | | | |
| 61885 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array | J1 | 5464 | \$20,865 |
| 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays | J1 | 5465 | \$29,617 |
| 61888 | Revision or removal of cranial neurostimulator pulse generator or receiver | J1 | 5463 | \$12,992 |
| LEAD REVISION OR REMOVAL | | | | |
| 61880 | Revision or removal of intracranial neurostimulator electrode | J1 | 5461 | \$3,245 |

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• J1 = Hospital Part B services paid through a comprehensive APC

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| CPT [‡] CODE | DESCRIPTION | STATUS INDICATOR | C-APC | NATIONAL MEDICARE FACILITY RATE |
|---------------------------------|--|------------------|-------|---------------------------------|
| 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 | Q1 | 5734 | \$122 |
| 95983 | IPG Programming (first 15 minutes) | S | 5742 | \$92 |
| 95984* | 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 | NA | NA |

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- *CPT[‡] code 95984 may be billed up to 11 times on the same date of service.
- N = Items and services packaged into APC rates
- Q1 = Separately payable unless performed on the same date as a HCPCS codes with a status indicator of "S", "T", or another Q1
- S = Procedures or service, not discounted when multiple
- Programming of the device by the physician or other qualified health care professional is included in this service. A physician or other qualified health care professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. A patient or his payer should not be billed for analysis and programming services performed at the discretion of the physician by a manufacturer's representative.
- CPT[‡] codes 95970, 95983 and 95984 were added to Medicare's list of telehealth services for the duration of CY2023 (CMS, CY 2023 PFS Final Rule).
- CMS recommends appending modifier 95 to indicate the service took place via telehealth. (Billing and coding Medicare Fee-for-Service claims).

MOVEMENT DISORDERS

| CPT [®] CODE | DESCRIPTION | PAYMENT INDICATOR | MULTI-PROCEDURE DISCOUNT | NATIONAL MEDICARE FACILITY RATE |
|---|--|-------------------|--------------------------|---------------------------------|
| IMPLANTABLE PULSE GENERATOR (IPG) PROCEDURES | | | | |
| 61885 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array | J8 | N | \$19,380 |
| 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays | J8 | N | \$25,340 |
| 61888 | Revision or removal of cranial neurostimulator pulse generator or receiver | J8 | Y | \$10,782 |
| OTHER PERIPHERAL NERVES | | | | |
| 61880 | Revision or removal of intracranial neurostimulator electrodes | G2 | Y | \$1,898 |

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- G2 = Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment rate.
- J8 = Device intensive procedure; paid at adjusted rate.

MOVEMENT DISORDERS

| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | NATIONAL MEDICARE FACILITY RATE |
|--|---|-----------------------------------|---------------------------------|
| IMPLANTATION OF LEAD(S) ONLY | | | |
| 00H00MZ | Insertion of neurostimulator lead into brain, open approach | 025 with MCC | \$30,919 |
| 00H03MZ | Insertion of neurostimulator lead into brain, percutaneous approach | 026 with CC 027 without CC/MCC | \$20,676 \$17,034 |
| IMPLANTATION OF IMPLANTABLE PULSE GENERATORS (IPG) ONLY | | | |
| 0JH60BZ | Insertion of single array stimulator generator into chest subcutaneous tissue and fascia, open approach | 040 with MCC | \$26,960 |
| 0JH60DZ | Insertion of multiple array stimulator generator into chest subcutaneous tissue and fascia, open approach | 041 with CC | \$15,618 |
| 0JH80MZ | Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, open approach | 042 without CC/MCC | \$12,181 |
| 0JH83MZ | Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, percutaneous approach | | |

Rates effective Oct 1, 2023 - Sept 30, 2024

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| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | NATIONAL MEDICARE FACILITY RATE |
|--|---|---------------------------|---------------------------------|
| IMPLANTATION OF LEAD(S) AND IMPLANTABLE PULSE GENERATOR (IPG) | | | |
| CHOOSE ONE OF THE FOLLOWING | | | |
| 00H00MZ | Insertion of neurostimulator lead into brain, open approach | 025 with MCC | \$30,919 |
| 00H03MZ | Insertion of neurostimulator lead into brain, percutaneous approach | 026 with CC | \$20,676 |
| PLUS ONE OF THE FOLLOWING | | | |
| 0JH60BZ | Insertion of single array stimulator generator into chest subcutaneous tissue and fascia, open approach | 027 without CC/MCC | \$17,034 |
| OR | | | |
| 0JH60DZ | Insertion of multiple array stimulator generator into chest subcutaneous tissue and fascia, open approach | 023 with MCC | \$39,691 |
| 0JH80MZ | Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, open approach | 024 without MCC | \$26,528 |
| 0JH83MZ | Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, percutaneous approach | | |

Rates effective Oct 1, 2023 - Sept 30, 2024

MOVEMENT DISORDERS

| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | NATIONAL MEDICARE FACILITY RATE |
|------------------------------------|---|---------------------------|---------------------------------|
| REPLACEMENT OF LEAD(S) ONLY | | | |
| CHOOSE ONE OF THE FOLLOWING | | | |
| 00P00MZ | Removal of neurostimulator lead from brain, open approach | 025 with MCC | \$30,919 |
| 00P03MZ | Removal of neurostimulator lead from brain, percutaneous approach | 026 with CC | \$20,676 |
| PLUS ONE OF THE FOLLOWING | | | |
| 00H00MZ | Insertion of neurostimulator lead into brain, open approach | 027 without CC/MCC | \$17,034 |
| 00H03MZ | Insertion of neurostimulator lead into brain, percutaneous approach | | |

Rates effective Oct 1, 2023 - Sept 30, 2024

MOVEMENT DISORDERS

| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | NATIONAL MEDICARE FACILITY RATE |
|--|---|---------------------------|---------------------------------|
| REPLACEMENT OF IMPLANTABLE PULSE GENERATOR (IPG) ONLY | | | |
| CHOOSE ONE OF THE FOLLOWING | | | |
| 0JPT0MZ | Removal of stimulator generator from trunk subcutaneous tissue and fascia, open approach | 040 with MCC | \$26,960 |
| 0JPT3MZ | Removal of stimulator generator from trunk subcutaneous tissue and fascia, percutaneous approach | | |
| PLUS ONE OF THE FOLLOWING | | | |
| 0JH60BZ | Insertion of single array stimulator generator into chest subcutaneous tissue and fascia, open approach | 041 with CC | \$15,618 |
| 0JH60DZ | Insertion of multiple array stimulator generator into chest subcutaneous tissue and fascia, open approach | 042 without CC/MCC | \$12,181 |
| 0JH80MZ | Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, open approach | | |
| 0JH83MZ | Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, percutaneous approach | | |

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| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | NATIONAL MEDICARE FACILITY RATE |
|--------------------------------|---|-----------------------------------|---------------------------------|
| REMOVAL OF LEAD(S) ONLY | | | |
| 00P00MZ | Removal of neurostimulator lead from brain, open approach | 025 with MCC | \$30,919 |
| 00P03MZ | Removal of neurostimulator lead from brain, percutaneous approach | 026 with CC 027 without CC/MCC | \$20,676 \$17,034 |
| LEAD REVISION ONLY | | | |
| 00W00MZ | Revision of neurostimulator lead in brain, open approach | 025 with MCC | \$30,919 |
| 00W03MZ | Revision of neurostimulator lead in brain, percutaneous approach | 026 with CC 027 without CC/MCC | \$20,676 \$17,034 |

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| ICD-10 PCS CODE | DESCRIPTION | TYPICAL MS-DRG ASSIGNMENT | NATIONAL MEDICARE FACILITY RATE |
|---|--|---------------------------|---------------------------------|
| REMOVAL OF IMPLANTABLE PULSE GENERATOR (IPG) AND LEAD(S) WITHOUT REPLACEMENT | | | |
| CHOOSE ONE OF THE FOLLOWING | | | |
| 0JPT0MZ | Removal of stimulator generator from trunk subcutaneous tissue and fascia, open approach | 025 with MCC | \$30,919 |
| 0JPT3MZ | Removal of stimulator generator from trunk subcutaneous tissue and fascia, percutaneous approach | 026 with CC | \$20,676 |
| PLUS ONE OF THE FOLLOWING | | | |
| 00P00MZ | Removal of neurostimulator lead from brain, open approach | 027 without CC/MCC | \$17,034 |
| 00P03MZ | Removal of neurostimulator lead from brain, percutaneous approach | | |

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ADDITIONAL CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

| HCPCS Device Category C-Codes | |
|-------------------------------|---|
| C-CODE | DESCRIPTION |
| | MEDICARE REQUIRED C-CODES FOR OUTPATIENT DBS IMPLANTS- BILLED UNDER REVENUE CODE 0278 |
| C1767 | Generator, neurostimulator (implantable), non-rechargeable |
| C1778 | Lead, neurostimulator (implantable) |
| C1820 | Generator, neurostimulator (implantable), with rechargeable battery and charging system |
| C1883 | Adapter/extension, pacing lead or neurostimulator lead (implantable) |
| C1787 | Patient programmer, neurostimulator |

| HCPCS Device Category L-Codes | |
|-------------------------------|---|
| L-CODE | DESCRIPTION |
| | LEAD |
| L8680 | Implantable neurostimulator electrode, each |
| | IMPLANTABLE PULSE GENERATOR (IPG) |
| L8679 | Implantable neurostimulator pulse generator, any type |
| L8686 | Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension |
| L8688 | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension |
| | PATIENT PROGRAMMER |
| L8681 | Patient programmer (external) for use with implantable programmer neurostimulator pulse generator, replacement only |

MOVEMENT DISORDERS

ADDITIONAL CODING AND REIMBURSEMENT FOR DEEP BRAIN STIMULATION

| ICM-10 Diagnosis Codes | |
|--------------------------|---|
| ICD-10 | DESCRIPTION |
| ICD CODES THAT MAY APPLY | |
| G20.A | Parkinson's disease without dyskinesia |
| G20.A1 | Parkinson's disease without dyskinesia, without mention of fluctuations |
| G20.A2 | Parkinson's disease without dyskinesia, with fluctuations |
| G20.B | Parkinson's disease with dyskinesia |
| G20.B1 | Parkinson's disease with dyskinesia, without mention of fluctuations |
| G20.B2 | Parkinson's disease with dyskinesia, with fluctuations |
| G20.C | Parkinsonism, unspecified |
| G25.0 | Essential Tremor |

This list is a partial list of possible diagnosis codes and it is not meant to be an exhausting list representative of all diagnosis options for the procedure. It is always the responsibility of healthcare providers to choose the most appropriate diagnosis code(s) representative of their patients' clinical condition.

1. FY2024 IPPS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: September 2023].
<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2024-ipp-pps-final-rule-home-page>
2. CY2024 ASC Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2023]
<https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and/cms-1786-fc>
3. CY2024 MPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2023].
<https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f>
4. CY2024 OPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services. [cited: November 2023]
<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc>
5. CMS_2024 ICD-10-PCS [cited: September 2023].
<https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-pcs>
6. CMS_2024 ICD-10-CM [cited: September 2023]
<https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-cm>
7. 2023 CPT Coding Guide_2023_American Medical Association. [cited: September 2023]
8. Modifier 50 Fact Sheet [cited: September 2023]
<https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00144531>
9. Modifier 59 Fact Sheet [cited: September 2023]
https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?_adf.ctrl-state=86hvagjfk_4&contentId=00144545
10. CMS List of Telehealth Services. [cited: September 2023]
<https://www.cms.gov/medicare/coverage/telehealth/list-services>
11. Modifier 95 for Telehealth. [cited: September 2023]
<https://www.aapc.com/blog/50505-using-modifier-95-for-telehealth-makes-cents/>
12. NCD Electrical Nerve Stimulator 160.7 [cited: September 2023]
<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=240>
13. LCD - Spinal Cord Stimulators for Chronic Pain (L35136) [cited: September 2023]
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=35136&DocId=L35136>
14. LCD - Spinal Cord Stimulators for Chronic Pain (L36204) [cited: September 2023]
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=36204&DocId=L36204>
15. LCD - Spinal Cord Stimulators for Chronic Pain (L37632) [cited: September 2023]
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=37632>

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