



MOVEMENT DISORDERS

National Medicare Reimbursement Guide

Effective Dates

Inpatient Rates

Oct 1, 2026 - Sept 30, 2027

Hospital Outpatient, Ambulatory Surgery Center, Physician Jan 1, 2026 - Dec 31, 2026

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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 hce@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	0.83	\$39	\$39
70551-26	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	1.44	\$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	0.77	\$37	\$37

Rates effective Jan 1, 2026 - Dec 31, 2026

- 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	20.19	\$1,496	NA
61864	...; each additional array (List separately in addition to primary procedure)	4.38	\$259	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	32.20	\$2,206	NA
61868	...; each additional array (List separately in addition to primary procedure)	7.71	\$456	NA
61880	Revision or removal of intracranial neurostimulator electrodes	6.78	\$620	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	\$170	\$170
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	\$182	\$182

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- 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	5.90	\$558	NA
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays	9.68	\$932	NA
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	5.1	\$403	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	\$16	\$20
95983	IPG Programming (first 15 minutes)	0.91	\$42	\$52
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	\$37	\$45

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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)

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CPT [®] CODE	DESCRIPTION	STATUS INDICATOR	C-APC	NATIONAL MEDICARE FACILITY RATE
DIAGNOSTIC SERVICES				
70450	Computed tomography, head or brain; without contrast material	Q3	5522	\$107
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	Q3	5523	\$244
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

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

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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	5465	\$31,526
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	\$31,526
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	J1	5463	\$11,384
LEAD REVISION OR REMOVAL				
61880	Revision or removal of intracranial neurostimulator electrode	J1	5461	\$3,572

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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	\$136
95983	IPG Programming (first 15 minutes)	S	5742	\$97
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).

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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	\$27,985
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	\$27,402
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	J8	Y	\$8,688
OTHER PERIPHERAL NERVES				
61880	Revision or removal of intracranial neurostimulator electrodes	G2	Y	\$2,003

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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.

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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	\$34,073
00H03MZ	Insertion of neurostimulator lead into brain, percutaneous approach	026 with CC 027 without CC/MCC	\$23,577 \$19,457
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	\$27,463
0JH60DZ	Insertion of multiple array stimulator generator into chest subcutaneous tissue and fascia, open approach	041 with CC	\$16,104
0JH80MZ	Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, open approach	042 without CC/MCC	\$12,382
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
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	\$34,073
00H03MZ	Insertion of neurostimulator lead into brain, percutaneous approach	026 with CC	\$23,577
PLUS ONE OF THE FOLLOWING		027 without CC/MCC	\$19,457
0JH60BZ	Insertion of single array stimulator generator into chest subcutaneous tissue and fascia, open approach	OR 023 with MCC 024 without MCC	\$42,429 \$29,327
0JH60DZ	Insertion of multiple array stimulator generator into chest subcutaneous tissue and fascia, open approach		
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
REPLACEMENT OF LEAD(S) ONLY			
	CHOOSE ONE OF THE FOLLOWING	025 with MCC 026 with CC 027 without CC/MCC	\$34,073 \$23,577 \$19,457
00P00MZ	Removal of neurostimulator lead from brain, open approach		
00P03MZ	Removal of neurostimulator lead from brain, percutaneous approach		
	PLUS ONE OF THE FOLLOWING		
00H00MZ	Insertion of neurostimulator lead into brain, open approach		
00H03MZ	Insertion of neurostimulator lead into brain, percutaneous approach		

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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		
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	040 with MCC	\$27,463
0JH60DZ	Insertion of multiple array stimulator generator into chest subcutaneous tissue and fascia, open approach	041 with CC	\$16,104
0JH80MZ	Insertion of stimulator generator into abdomen subcutaneous tissue and fascia, open approach	042 without CC/MCC	\$12,382
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	\$34,073
00P03MZ	Removal of neurostimulator lead from brain, percutaneous approach	026 with CC 027 without CC/MCC	\$23,577 \$19,457
LEAD REVISION ONLY			
00W00MZ	Revision of neurostimulator lead in brain, open approach	025 with MCC	\$34,073
00W03MZ	Revision of neurostimulator lead in brain, percutaneous approach	026 with CC 027 without CC/MCC	\$23,577 \$19,457

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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	\$34,073
0JPT3MZ	Removal of stimulator generator from trunk subcutaneous tissue and fascia, percutaneous approach	026 with CC	\$23,577
	PLUS ONE OF THE FOLLOWING	027 without CC/MCC	\$19,457
00P00MZ	Removal of neurostimulator lead from brain, open approach		
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. FY2027 IPPS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services.
<https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2027-ipp-pps-final-rule-home-page>
2. CY2026 ASC Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services.
<https://www.cms.gov/medicare/payment/prospective-payment-systems/ambulatory-surgical-center-asc/asc-regulations-and-notice/cms-1834-fc>
3. CY2026 MPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services.
<https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>
4. CY2026 OPFS Final Rule Home Page. U.S. Centers for Medicare and Medicaid Services.
<https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>
5. CMS_2026 ICD-10-PCS.
<https://www.cms.gov/medicare/coding-billing/icd-10-codes>
6. CMS_2026 ICD-10-CM.
<https://www.cms.gov/medicare/coding-billing/icd-10-codes>
7. CPT® Coding Guidelines. AMA. CPT® 2024 Professional Edition. American Medical Association. 2024.
<https://www.ama-assn.org/>
8. Modifier 50 Fact Sheet.
<https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00144531>
9. Modifier 59 Fact Sheet.
https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?_adf.ctrl-state=86hvagjfk_4&contentId=00144545
10. CMS List of Telehealth Services.
<https://www.cms.gov/medicare/coverage/telehealth/list-services>
11. Modifier 95 for Telehealth.
<https://www.aapc.com/blog/50505-using-modifier-95-for-telehealth-makes-cents/>
12. NCD Electrical Nerve Stimulator 160.7
<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=240>
13. LCD - Spinal Cord Stimulators for Chronic Pain (L35136).
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=35136&DocID=L35136>
14. LCD - Spinal Cord Stimulators for Chronic Pain (L36204).
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=36204&DocID=L36204>
15. LCD - Spinal Cord Stimulators for Chronic Pain (L37632).
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=37632>

Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use.

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One St. Jude Medical Dr., St. Paul, MN 55117, USA, Tel: 1 651 756 2000

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