

NEUROSTIMULATOR ELECTRODE

Scope		
This policy applies to:		
☑ Kaiser PermanenteHealth Plan ofWashington	⊠ Kaiser Permanent Health Plan of Washi Options, Inc.	
□ Commercial	⊠ Medicare	☐ Medicaid
Policy	Ori	iginal Effective Date: 01/01/2021
	•	the Center for Medicare and Medicaid nen billed with CPT code 63650.
Billing/Coding Guidelines		
) is no longer separately	care & Medicaid Services (CMS) billable for Medicare because payment 50.
Policy Definitions		
63650 – Percutaneous implanta	ation of neurostimulator	electrode array, epidural.
Prerequisite(s)		
Not applicable		
References		
CMS Manual Pub 100-04 Medic	care Claims Processing	
Frequently Asked Question	ıs	
Not appliable		
Revision History		

04/20/2022 - Updated to correct hyperlinks and formatting.

Note: This information is intended to serve only as a <u>general</u> reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.