ReActiv8®
Restorative Neurostimulation™

ReActiv8 US Reimbursement Coding & Payment

ReActiv8® Restorative Neurostimulation is a restorative therapy designed to address impaired neuromuscular control and degeneration of the multifidus muscle(s) linked to mechanical chronic low back pain (CLBP). The ReActiv8® system overrides underlying multifidus inhibition by eliciting episodic, isolated contractions which, over time, can facilitate recovery from mechanical chronic low back pain (CLBP). ReActiv8® offers an effective treatment solution for your patients experiencing mechanical CLBP resulting from multifidus muscle dysfunction.

ICD-10-CM Diagnosis Codes

The following ICD-10-CM codes identify potential diagnoses which could support the use of ReActiv8®. Documentation in the medical record should clearly support the diagnosis/condition of the patient. Payer policy may vary regarding reimbursement by diagnosis and should be periodically reviewed to determine applicability.

General Description	ICD-10-CM Code	Description
Other specified disorders of muscle	**M62.85**	**Dysfunction of the multifidus muscles, lumbar region**
Muscle wasting & atrophy	M62.5A2	Muscle wasting and atrophy, not elsewhere classified, back, lumbosacral
Other specified dorsopathies	M53.86	Lumbar region
Other specified dorsopathies	M53.87	Lumbosacral region
Vertebrogenic low back pain	M54.51	Low back vertebrogenic pain
Device Related Complications	T85.113A	Breakdown (mechanical) of implanted electronic neurostimulator, generator
	T85.123A	Displacement of implanted electronic neurostimulator, generator
	T85.193A	Other mechanical complication of implanted electronic neurostimulator, generator
	T85.734A	Infection and inflammatory reaction due to implanted electronic neurostimulator generator
	T85.734A	Infection and inflammatory reaction due to implanted electronic neurostimulator generator
	T85.820A	Fibrosis due to nervous system prosthetic devices, implants, and grafts
	T85.830A	Hemorrhage due to nervous system prosthetic devices, implants, and grafts
	T85.840A	Pain due to nervous system prosthetic devices, implants, and grafts
	T85.890A	Other specified complication of nervous system prosthetic devices, implants, and grafts
Attention to Device	Z45.42	Encounter for adjustment and management of neurostimulator
Neurostimulator Status	Z96.82	Presence of neurostimulator

Mainstay Medical
Restoring Function. Restoring Life.

ReActiv8®
Restorative Neurostimulation™

Physician Coding & Payment - Possible Procedure Codes

Physicians use CPT® codes to bill for outpatient services. When a physician performs multiple procedures in the same encounter, Medicare may not pay for each procedure fully. Instead, Medicare will apply a multiple procedure reduction (MPPR) for codes assigned status of "2", paying the highest valued code at 100% of assigned rate and the next code at 50% of the assigned rate. Review of all procedures performed by the same physician on the same date of service is recommended to understand if any adjustment to the assigned reimbursement rate may be applied.

CPT® Code	Description	2025 Medicare Physician in Facility-Based				
		MPPR	Work RVU	PE Facility RVU	MP Facility RVU	Total National Rate
Lead Implantation						
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	2	5.76	3.42	0.63	$317.32
Generator Implant or Replacement						
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	2	5.10	3.06	0.71	$286.91
Imaging Guidance						
76000-26	Fluoroscopy, up to one hour	N/A	0.30	0.12	0.03	$14.56
Revision or Removal of Lead						
64585	Revision or removal of peripheral neurostimulator electrode array	2	2.11	1.95	0.29	$140.71
Revision or Removal of Generator						
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	2	3.79	2.60	0.55	$224.48
Analysis & Programming						
95970	Analysis	0	0.35	0.17	0.03	$17.79
95971	Analysis w/Simple programming	0	0.78	0.31	0.06	$37.20
95972	Analysis w/Complex programming	0	0.80	0.31	0.07	$38.17

Mainstay Medical
Restoring Function. Restoring Life.

ReAct iv8®
Restorative Neurostimulation™

Medicare 2025 Hospital Outpatient Coding & Payment

Hospitals use CPT® and HCPCS codes to bill for outpatient services. Medicare assigns each procedure code to an ambulatory payment classification (APC) methodology for hospital outpatient payment, each CPT®/HCPCS code is assigned to a single APC that includes a payment amount.

As shown on the tables below, peripheral nerve stimulation is subject to the comprehensive APC (C-APC) payment policy specifically for implantation and revision/replacement of the leads, and implantation/replacement of the generator. C-APCs are identified by status indicator (SI) of J1 and include payment for all ancillary services into the J1 designated service.

Additionally, in the facility setting, CPT® codes 64555 and 64590 are considered device intensive procedures by Medicare. The leads and/or generator are reported with the respective device codes C1778 and C1767 and must be on the same claim as the primary code. Billing for the procedure without the device HCPCS code will result in denial of payment.

CPT® Code	Description	2025 Medicare Physician in Facility-Based			
		SI	APC	Relative Weight	Total National Rate
Lead Implantation					
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	J1	5462	73.6007	$6,562.90
C1778	Lead, neurostimulator (implantable)	N	NA	NA	NA
Generator Implant or Replacement					
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	J1	5464	240.4915	$21,444.39
C1767	Generator, neurostimulator (implantable), nonrechargeable	N	NA	NA	NA
Imaging Guidance					
76000	Fluoroscopy, up to one hour	S	5523	2.7108	$241.72
Revision or Removal of Lead					
64585	Revision or removal of peripheral neurostimulator electrode array	J1	5461	38.5673	$3,349.01
Revision or Removal of Generator					
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	J1	5461	38.5673	$3,439.01
Analysis & Programming					
95970	Analysis w/o programming	Q1	5734	1.4456	$128.90
95971	Analysis w/Simple programming	S	5742	1.0294	$91.79
95972	Analysis w/Complex programming	S	5742	1.0294	$91.79
95970	Analysis w/o programming	Q1	5734	1.4456	$128.90

Status Indicator (SI)	Description
J1	Hospital Part 8 Services Paid Through a Comprehensive APC (C-APC) NOTE: Assignment of a CPT procedure code to a C-APCs is considered a primary procedure. All other services and procedures reported on the claim would be considered adjunctive to the primary procedure. CMS will make a single APC payment for the entire hospital outpatient encounter. There is no additional payment for the adjunctive services or procedures. When procedures performed in an episode of care map to multiple C- APCs, the entire episode will map to the highest paying C-APC.
Q1	Lead, neurostimulator (implantable)
N	Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.
S	Procedure or Service, Not Discounted When Multiple. Paid under OPPS; separate APC payment.
T	Procedure or Service, Multiple Procedure Reduction Applies. Paid under OPPS; separate APC payment.

APC	APC Description
5441	Level 1 Nerve Injections
5461	Level 1 Neurostimulator and Related Procedures
5462	Level 2 Neurostimulator and Related Procedures
5464	Level 4 Neurostimulator and Related Procedures
5523	Level 3 Imaging Without Contrast
5734	Level 4 Minor Procedures
5742	Level 2 Electronic Analysis of Devices

ReAct8®
Restorative Neurostimulation™

Medicare 2025 ASC Coding & Payment

Ambulatory Surgical Centers (ASCs) use CPT® and HCPCS codes to bill outpatient services. Medicare does not reimburse all services in the ASC as they do in the outpatient hospital setting. If a procedure is not considered a surgical or ancillary service according to the fee schedule, it is not reimbursed.

Multiple procedures can be paid for each claim. Certain ancillary services, such as imaging, are also covered when they are integral to covered surgical procedures, although they may not be separately payable. In general, there is no separate payment for devices; their payment is packaged into the payment for the procedure.

Additionally, in the ASC, CPT® codes 64555 and 64590 are considered device intensive procedures by Medicare. The leads and/or generator are reported with the respective device codes C1778 and C1767 and must be on the same claim as the primary code. Billing for the procedure without the device HCPCS code will result in denial of payment.

CPT® Code	Description	2025 Medicare Physician in Facility-Based			
		Payment Indicator	Multiple Procedure Discounting?	Relative Weight	Total National Rate
Lead Implantation					
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	J8	No	106.63	$5,853.22
C1778	Lead, neurostimulator (implantable)	N1	NA	NA	NA
Generator Implant or Replacement					
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	J8	No	358.36	$19,672.23
C1767	Generator, neurostimulator (implantable), nonrechargeable	N1	NA	NA	NA
Imaging Guidance					
76000	Fluoroscopy, up to one hour	Z3	No	—	$26.85
Revision or Removal of Lead					
64585	Revision or removal of peripheral neurostimulator electrode array	A2	Yes	35.42	$1,944.33
Revision or Removal of Generator					
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	G2	Yes	45.13	$2,477.62
Analysis & Programming					
95970	Analysis w/o programming	NA			
95971	Analysis w/Simple programming				
95972	Analysis w/Complex programming				

Payment Indicator	Description
A2	Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight
G2	Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight
J8	Device-intensive procedure; paid at adjusted rate
N1	Packaged service/item; no separate payment made
Z3	Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on MPFS non-facility PE RVUs

Mainstay Medical
Restoring Function. Restoring Life.

ReActiv8®
Restorative Neurostimulation™

HCPCS Device Codes (Medicare)

When billing to Medicare payers, HCPCS codes for reporting the devices utilized are available for use in the facility setting, hospital outpatient and ambulatory surgical center. Medicare does not provide separate reimbursement for the reporting of either device code, as they are packaged into the procedure. Medicare does require reporting of the packaged items in the facility setting for tracking and utilization. In the office setting, the value of the neurostimulator and introducer/sheath are included in the primary procedure and are not separately billable.

Device/Product	HCPCS Code	Description	OPPS Status Indicator	ASC Payment Indicator
Leads	C1778	Lead, neurostimulator (implantable)	N	N1
Pulse Generator	C1767	Generator, neurostimulator (implantable), nonrechargeable	N	N1
Patient Programmer	C1787	Patient programmer, neurostimulator	N	N1
Lead Introducer	C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	N	N1

HCPCS II Device Codes (non-Medicare)

When billing to non-Medicare payers, they may require use of HCPCS II codes for reporting the devices utilized rather than the standard HCPCS codes previously identified.

Device/Product	HCPCS Code	Description
Lead	L8680	Implantable neurostimulator electrode, each
Pulse Generator	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
Patient Programmer	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only

Mainstay Medical
Restoring Function. Restoring Life.

ReActiv8®
Restorative Neurostimulation™

CPT® five-digit codes, nomenclature and other data are copyright 2024 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT®. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for the data contained herein or not contained herein.

2025 Medicare national reimbursement rates reflect current data available from the respective payment systems and do not include any sequestration or other applicable payment reductions.

Hospital Outpatient Department rates are from CY 2025 Hospital Outpatient Prospective Payment System Final Rule, CMS-1809-FC, Centers for Medicare and Medicaid Services.

Medicare Physician Fee Schedule freestanding or office setting (global) or physician in facility (hospital) professional (pro) only rates are from the CY 2025 Physician Fee Schedule Final Rule, CMS-1807-FC, Centers for Medicare and Medicaid Services. Conversion Factor = $32.3465.

Indication of reimbursement rate values does not guarantee payment or coverage by the individual payer. Review of payer policies is necessary to determine coverage and limitations of coverage for the services provided related to the ReActivS®technology.

Mainstay Medical Limited, US Inc. is providing this coding and billing guide for your convenience only. This document shall not serve as a recommendation regarding clinical practice or legal advice. The information contained in this document is sourced from several different third parties and may change without notice. Medical necessity determination and submission of appropriate codes and charges for the care provided are the responsibility of the provider. Mainstay Medical makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Contact your reimbursement specialists, legal counsel, or payor for interpretation of coding, coverage, and payment policies. This document shall only provide assistance for FDA approved indications for ReActiv8 and its associated components.