

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11789	Date: January 19, 2023
	Change Request 13025

SUBJECT: Update to the Internet Only Manual (IOM) For Alpha-Numerical Order in Publication (Pub.) 100-04, Chapter 32, Index, Sections 40.2.1 and 40.2.4

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to make updates to 100-04, chapter 32 to ensure that the Healthcare Common Procedure Coding System (HCPCS) codes in sections 40.2.1 and 40.2.4 are in alpha-numerical order of the claims processing Manual. CR 12069 was previously implemented for the HCPCS codes, but were submitted out of order.

EFFECTIVE DATE: February 21, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: February 21, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	TOC
R	32 Index/40/40.2.4/Payment Requirements for Codes C1767, C1778, C1883, C1897, and C1820
R	32/40/40.2.1/Healthcare Common Procedural Coding System (HCPCS)
R	32/40/40.2.4/Payment Requirements for Codes C1767, C1778, C1883, C1897, and C1820

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 11789	Date: January 19, 2023	Change Request: 13025
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I. GENERAL INFORMATION

A. Background: This Change Request (CR) constitutes an update in regards to the alpha-numerical order for Pub. 100-04, Chapter 32, Section 40.2.1 Healthcare Common Procedure Coding System (HCPCS) and 40.2.4 Payment Requirements for Codes C1767, C1778, C1883, C1897, and C1820, and the index of 40.2.4. This update will align the HCPCS codes in an alpha-numerical order.

B. Policy: Not Applicable

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C M W F		
13025.1	The Medicare contractors shall be aware of the manual updates in Pub 100-04, Chapter 32, Section 40.2.1 and 40.2.4.	X									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Cindy Pitts, Cindy.Pitts@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0

Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

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(Rev.11789, Issued: 01-19-23)

[Transmittals for Chapter 32](#)

40.2.4 - Payment Requirements for Codes C1767, C1778, *C1820*, C1883 and C1897

40.2.1 – Healthcare Common Procedural Coding System (HCPCS)

(Rev.11789, Issued:01-19-23, Effective Date: 02-21-23, Implementation Date: 02-21-23)

64561 - Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)

64581 - Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)

64585 - Revision or removal of peripheral neurostimulator electrodes

64590 - Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling

64595 - Revision or removal of peripheral neurostimulator pulse generator or receiver

A4290 - Sacral nerve stimulation test lead, each

C1767 - Generator, neurostimulator (implantable)

C1778 - Lead, neurostimulator (implantable)

C1820 - Generator, neurostimulator (implantable), with rechargeable battery and charging system - effective 01/01/20 for NCD230.18 with CR11655

C1883 - Adaptor/extension, pacing lead or neurostimulator lead (implantable)

C1897 - Lead, neurostimulator test kit (implantable)

E0752 - Implantable neurostimulator electrodes, each

E0756 - Implantable neurostimulator pulse generator

NOTE: The "C" codes listed above are only applicable when billing under the hospital outpatient prospective payment system (OPPS). They should be reported in place of codes A4290, E0752 and E0756.

40.2.4 – Payment Requirements for Codes C1767, C1778, *C1820*, C1883 and C1897

(Rev.11789, Issued:01-19-23, Effective Date: 02-21-23, Implementation Date: 02-21-23)

Only hospital outpatient departments report these codes. Payment is made under OPPS.