

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13665	Date: March 5, 2026
	Change Request 14394

SUBJECT: Update to the Internet Only Manual (IOM) Publication 100-04, Chapter 32, Sections 40.1 and 40.2.1 for Updates in Change Request (CR) 14263 International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--April 2026

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the Publication (Pub.) 100-04, Chapter 32, Sections 40.1 and 40.2.1 of the Medicare Claims Processing Manual to coincide with the National Coverage Determination (NCD) updates in CR 14263 - International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) - April 2026.

EFFECTIVE DATE: April 1, 2026 - This CR needs to coincide with CR14263

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

IMPLEMENTATION DATE: April 6, 2026 - This CR needs to coincide with CR14263

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	32/TOC
R	32/40/40.1/Coverage Requirements
R	32/40/40.2.1/Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System (HCPCS)

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: 13665	Date: March 5, 2026	Change Request: 14394
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II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update the billing requirements in Pub.100-04, Chapter 32, Sections 40.1 and 40.2.1 of the Medicare Claims Processing Manual. The revisions listed below can be found in CR14263 International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs) - April 2026.

NCD 230.18 - Sacral Nerve Stimulation for Urinary Incontinence: ADD CPT codes 0786T and 0787T effective June 17, 2025. (Pub. 100-04 Chapter 32, Sections 40.1 and 40.2.1)

B. Policy: N/A

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14394.1	The Contractors shall be aware of CPT codes 0786T and 0787T being updated in PUB 100-04, Chapter 32, Section 40.2.1, effective June 17, 2025. In addition, a note is being added to Section 40.1. *Note: At this time, CPT codes 0786T and 0787T are the only codes being updated in the manual for this change request.	X	X							

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part B, A/B MAC Part A

V. 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

VI. CONTACTS

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

VII. 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

Table of Contents
(Rev. 13665; Issued:03-05-26)

Transmittals for Chapter 32

40.2.1 – *Current Procedural Terminology (CPT)/* Healthcare Common *Procedure*
Coding System (HCPCS)

40.1 – Coverage Requirements

(Rev. 13665, Issued: 03-05-26, Effective Date: 04-01-26, Implementation Date: 04-06-26)

Effective January 1, 2002, sacral nerve stimulation is covered for the treatment of urinary urge incontinence, urgency-frequency syndrome and urinary retention.

Sacral nerve stimulation *consists of* a temporary test stimulation to determine if an implantable stimulator would be effective and a permanent implantation in appropriate candidates.

Both the test and the permanent implantation are covered.

The following limitations for coverage apply to all indications:

- o Patient must be refractory to conventional therapy (documented behavioral, pharmacologic and/or surgical corrective therapy) and be an appropriate surgical candidate such that implantation with anesthesia can occur.

- o Patients with stress incontinence, urinary obstruction, and specific neurologic diseases (e.g., diabetes with peripheral nerve involvement) that are associated with secondary manifestations of the above three indications are excluded.

- o Patient must have had a successful test stimulation to support subsequent implantation. Before a patient is eligible for permanent implantation, he/she must demonstrate a 50% or greater improvement through test stimulation. Improvement is measured through voiding diaries.

- o Patient must be able to demonstrate adequate ability to record voiding diary data such that clinical results of the implant procedure can be properly evaluated.

Note: For additional information, refer to NCD 230.18 - Sacral Nerve Stimulation for Urinary Incontinence. www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/ncd103c1_part4.pdf

40.2.1 – *Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS)*

(Rev. 13665, Issued: 03-05-26, Effective Date: 04-01-26, Implementation Date: 04-06-26)

0786T – Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed - effective date June 17, 2025.

0787T – Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator - effective date June 17, 2025.

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.

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.