



**CY 2026 APC Request
for CPT 64568**

**Advisory Panel on Hospital
Outpatient Payment**

August 25, 2025

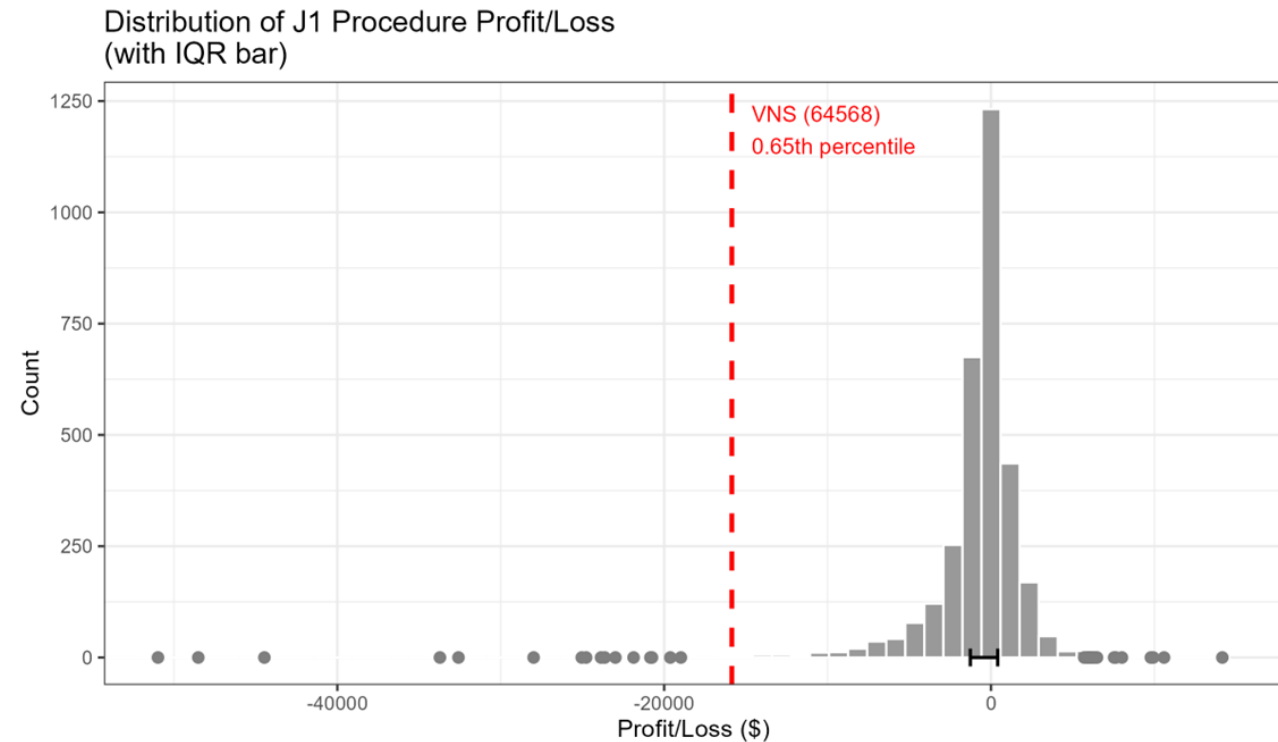
LivaNova Requests the Panel to Support CMS Resolving the Inconsistent Treatment of HCPCS 64568

Create a new Level 6 Neurostimulator and Related Services APC or Treat 64568 Consistently and Move It To New Technology APC 1580 for CY 2026

- Hospital losses for 64568 are a statistical outlier to the acceptable use of CMS practice of procedures may be underpaid / overpaid in a prospective system.
- The distribution of costs in APC 5465, including 0266T and 33276 from APC 1580, are just as “*meaningful*” as the distribution CMS cited in proposing a Level 7 musculoskeletal APC, and should not be viewed as “*appropriate*” when not proposing a Level 6 neurostimulator APC.
- CMS retaining 0266T and 33276 in New Technology APC 1580 but not treating 64568 similarly is an inconsistent practice of managing clinical and new technology APCs.

64568 is a loss outlier for hospitals requiring action by CMS to support patient access to care

- Averaging out across procedures works the majority of the time.
- However, at the tails of a P&L distribution CMS should take action.
- 64568 falls near the extreme lower tail of a P&L review —around the 0.65th percentile - meaning 64568 is a greater loss to hospitals than 99.35% of all J1 procedures in the OPPS.
- This deserves action by CMS.



CY	Payment Rate	Geometric Mean Cost
2024	\$29,617.07	\$45,175.12
2025	\$30,197.67	\$44,127.27
2026p	\$31,751.65	\$47,613.39

The GMC distribution for APC 5465 codes is 'meaningful' and should not be viewed as 'appropriate'.

- In proposed rule CMS stated this about APC 5465: “We believe that the current 5 level APC structure for the Neurostimulator and Related Procedures series provides for an appropriate distribution of clinical and cost similarity at the different APC levels.”
- The distribution in costs between APC 5465 majority procedures of \$32k-\$35k to \$42k-\$47k for Level 6 codes 64568, 0266T and 33276 are meaningful.
- Yet, in its discussion about proposing the creation of a Level 7 or APC 5117 for Musculoskeletal Procedures, CMS stated: “we note that APC 5116 (Level 6 Musculoskeletal Procedures) has a bimodal distribution in geomean costs for significant codes, with clusters from approximately \$17,000 to \$18,000 and approximately \$27,000 to \$28,000. This meaningful distinction between service costs within the APC suggests the creation of an additional level could be appropriate.”
- Why is one APC’s distribution of ~\$11k meaningful while another’s is appropriate?

In the absence of a Level 6 APC, CMS is treating 64568 disparately by not including it in New Tech APC 1580

In not proposing a Level 6 APC, and retaining 0266T and 33276 in APC 1580, CMS is disparately treating 64568.

- In 2023 and 2024 rulemaking CMS stated 33276's GMCs supported its assignment to New Technology APCs 1581 and then 1580.
- Again, in 2024 rulemaking CMS followed this rationale assigning 0266T to APC 1580 stating its GMC of \$47,300 was found to be “substantially higher than the payment rate of APC 5465”.
- These were appropriate decisions when made, yet to retain them in APC 1580 for years 4 and 3, respectively, despite sufficient single claims to demonstrate GMCs, treats 64568 disparately.
- In 2026 rulemaking, single frequency claims for 64568 are 289 (GMC \$47,613); single frequency claims for 0266T are 287 (GMC \$42,261); and total claims for 33276 are 145 (GMC \$45,273)
- 64568 has claims like 0266T and 33276, a higher GMC, but is treated differently in APC assignment.

In closing: LivaNova Requests the Panel to Support CMS Resolving the Inconsistent Treatment of HCPCS 64568

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