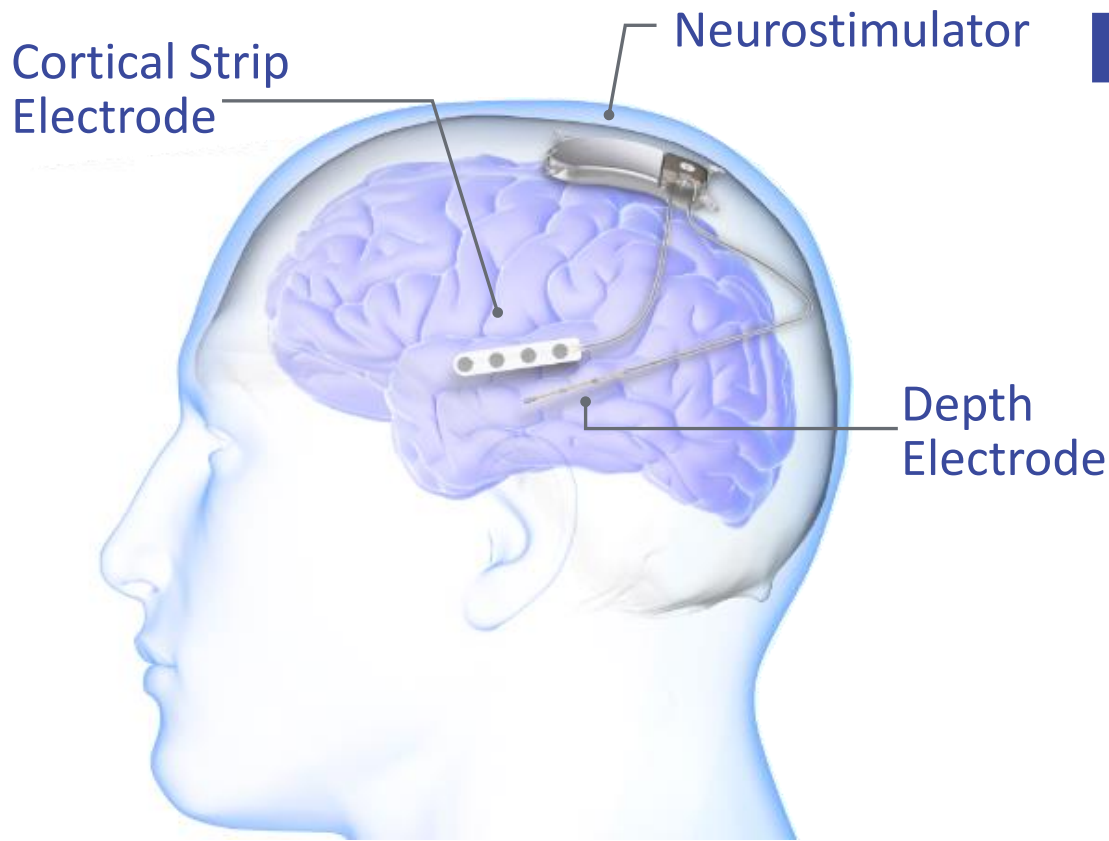


Request for APC Reassignment of CPT Code 61891

August 25, 2025

Overview of the RNS System – Skull-Mounted Cranial Neurostimulator

The Therapy

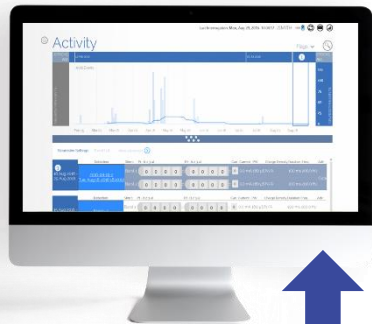


The Data

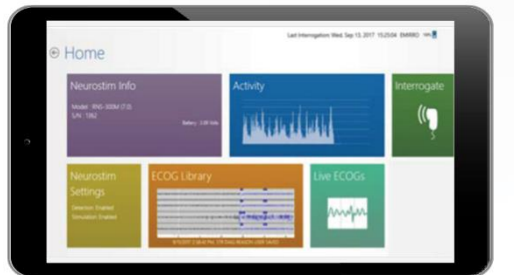
Patient Remote Monitor



Patient Data Management System (PDMS)



Physician Tablet



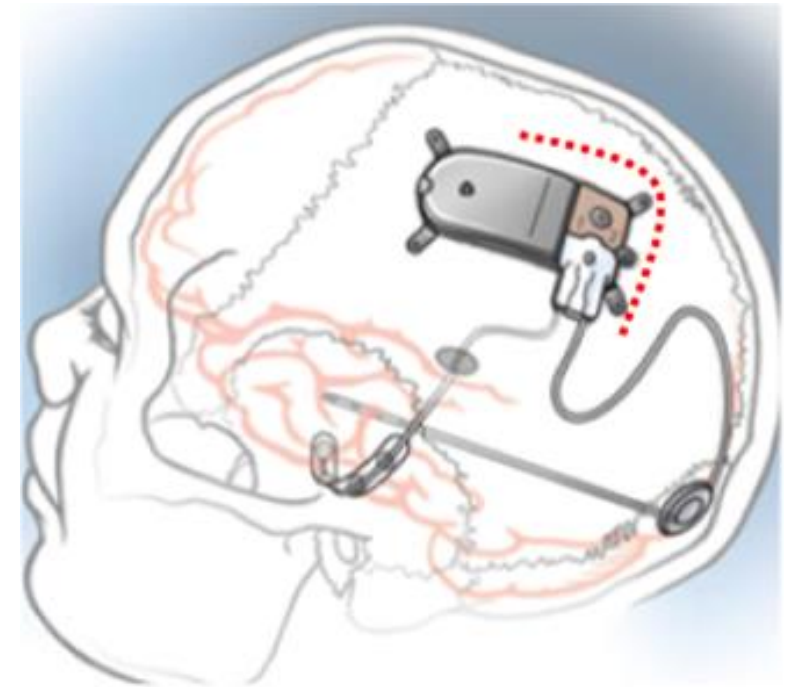
for treatment of adults with refractory focal epilepsy



Replacement Procedure - Skull-Mounted Cranial Neurostimulator

61891 – Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)

- Generator replacements are predominantly performed in the hospital outpatient setting given the clinical characteristics of the procedure
- New CPT codes became effective January 1, 2024 to differentiate the procedures associated with skull-mounted neurostimulators and neurostimulators implanted in the chest (e.g, CPT code 61885, 61886)
- CMS initially assigned 61891 to APC 5464 as the code includes the replacement or revision of a skull-mounted cranial neurostimulator
- This was an unintended consequence of the CPT process which is focused on physician work, rather than hospital payment



Revision Procedure - Skull-Mounted Cranial Neurostimulator

- Skull mounted neurostimulator revisions are extremely rare given the neurostimulator is placed in the skull
- NeuroPace has tracked every commercial procedure related to the RNS System since FDA approval in 2013
 - Only 12 revision procedures (**0.6%**) have been performed of all replacement and revision procedures combined
- No neurostimulator revision procedures performed in 2024, indicating that all the Medicare claims associated with CPT code 61891 are replacement procedures

NeuroPace Requests CMS Move CPT Code 61891 into APC 5465 for CY2026

- The geometric mean cost (GMC) of 61891 is \$32,487, which more appropriately aligns with APC 5465
 - For CY 2026, CMS is proposing to reclassify CPT code 61885 to APC 5465 based on the procedure GMC (\$31,513), which compares to the GMC of CPT code 61891
- All nine claims for 61891 reflect neurostimulator replacements as no revision procedures were performed in 2024
- Procedure volume for 61891 expected to remain low given the longevity of the neurostimulator battery (~11 years) and the percentage of Medicare patients treated with RNS therapy

CY 2026 Proposed APC 5464

HCPs	Single Claims	Geometric Mean Cost
61891	9	\$32,487
0817T	74	\$22,033
6366D	27	\$21,647
0816T	50	\$21,324
64590	10223	\$20,518
63655	339	\$17,605
64580	2	\$9,541

CY 2026 Proposed APC 5465

HCPs	Single Claims	Geometric Mean Cost
33287	32	\$36,257
61885	2,839	\$31,513
61886	3,238	\$31,240
63685	9,884	\$31,227
64568	289	\$47,613
64582	5,488	\$34,472
0268T	16	\$37,006
0674T	2	\$37,169

APC 5465 Provides More Appropriate Payment for 61891 Compared to Current APC 5464

- The current APC 5464 assignment creates a significant loss to hospitals
- Assignment to APC 5465 for CPT code 61891 is warranted based on hospital reported claims, and is consistent with CMS' proposal to reclassify CPT code 61885 to APC 5465

Proposed CY 2026 – APC 5464				Proposed CY 2026 – APC 5465		
CPT Code	Geometric Mean Cost	Payment	Difference	Geometric Mean Cost	Payment	Difference
61891	\$32,487	\$20,127	(\$12,360)	\$32,487	\$31,752	(\$735)
61885	\$31,513	\$20,127	(\$11,386)	\$31,513	\$31,752	(\$239)

Summary of Request

- We request that the Panel recommend that CMS reassign CPT code 61891 from APC 5464 to APC 5465 for CY 2026
- Reassignment to APC 5465 represents a better alignment of hospital costs and payment for replacement procedures for skull-mounted cranial neurostimulators

Thank You

