



# ASSIGNMENT OF CPT 0766T & 0767T TO OPPS APC 5431 or 5724 FOR 2025

## **Presented by:**

Marshall Bedder, MD, Consultant Chief Medical Officer, Neuralace Medical

Lauren Buckley, Group President, Health & Reimbursement Policy, Jeffrey J. Kimbell & Associates

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# Issue

- **Two Category III CPT Codes - 0766T and 0767T – took effect in 2023 to describe treatment with Axon Therapy**
- **0766T is assigned to APC 5721, Level 1 Diagnostic Tests and Related Services (proposed rate of \$155); 0767T has a status indicator of “N”, posing significant access challenges in Medicare for this non-invasive, non-opioid pain treatment**
  - Current APC assignment does not categorize 0766T or 0767T with other procedures that are comparable clinically or from a resource use perspective. Axon Therapy is not a diagnostic test, it is a therapeutic nerve procedure
- **Neuralace requests that the Panel recommend the following:**
  - Assign 0766T & 0767T to 5431, Level 1 Nerve Procedures, *recognizing that Axon Therapy is a therapeutic nerve procedure*, or
  - 5724, Level 4 Diagnostic Tests and Related Services
  - Change the “Q1” status indicator for 0766T and the “N” status indicator for 0767T to “S”

# Axon Therapy Overview

- FDA-cleared to stimulate peripheral nerves for relief of chronic intractable pain, post-traumatic pain, post-surgical pain and/or relief of chronic painful diabetic peripheral neuropathy in the lower extremities (for patients 18 and older)
- First and only 100% non-invasive electroceutical platform cleared by FDA for the treatment of painful diabetic neuropathy
- Using magnetic pulses, engages sensory, pain, and motor fibers mechanistically to recondition the Central Nervous System<sup>1</sup> by eliminating noxious pain signals to the brain, reducing chronic neuropathic pain for respondent patients by up to 87%
- After only one treatment, respondent patients report a 54% decrease in pain on average<sup>2</sup>, and a 72% average decrease after three treatments.<sup>3</sup> Non-responders identified after 1-2 treatments<sup>4</sup>
- Represents breakthrough for chronic neuropathic pain management that can minimize dependence on opioids and other medications with potentially adverse side effects by an average of 51%<sup>4</sup>
- General treatment protocol is 5-6 treatments in first month and then once per month thereafter



Picture of Axon Therapy machine

1. Deer T et al. Peripherally Induced Reconditioning of the Central Nervous System: A Proposed Mechanistic Theory for Sustained Relief of Chronic Pain with Percutaneous Peripheral Nerve Stimulation, J Pain Res. 2021 Mar 12:14:721-736.

2. VA Augusta Clinical Equipment Evaluation (CEC).

3. In Respondent Patients, VA Augusta Clinical Equipment Evaluation (CEC).

4. Bedder M, Parker L. Magnetic Peripheral Nerve Stimulation (mPNS) for Chronic Pain. J Pain Res. 2023;16:2365-2373.

# CPT Code Descriptions

- **0766T:** Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; *first nerve*
- **0767T:** Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; *each additional nerve* (List separately in addition to code for primary procedure)

# Procedure Description

Using a proprietary electromagnetic stimulator, the provider delivers pain management treatment utilizing magnetic pulse technology. Indicated for chronic, recurring nerve pain such as that caused by amputation, localized burn, various forms of injury, painful diabetic neuropathy, or postoperative pain following invasive procedures, the system provides brief, focused pulses that noninvasively stimulate targeted peripheral nerves. The system consists of a magnetic stimulator, a stimulation coil, a liquid cooling unit, and a cart. The handheld treatment coil is placed on the skin over appropriately selected nerve[s], and low-frequency waveforms are delivered transcutaneously.

Report [0766T](#) for the first nerve treated and [0767T](#) for each additional nerve.

These codes include identification and mapping of the injured nerve and treatment location, as well as noninvasive nerve conduction localization when performed.

# 0766T and 0767T are *Not* Comparable to Procedures in APC 5721

## Not Clinically Comparable

- APC 5721 contains miscellaneous services that are primarily *diagnostic*, such as assessment of tinnitus (92625), auditory function (92620), and spirometry (94011)
- 0766T and 0767T describe a *therapeutic* mPNS procedure that is not comparable clinically to these diagnostic procedures and assessments

## Not Comparable with Respect to Resource Use

- Neuralace estimates the cost per treatment to an outpatient facility to provide Axon Therapy treatment is \$1,500
- The total geometric mean cost of APC 5721 is \$160, with a proposed reimbursement rate of **\$155**
- Medicare beneficiary access to this non-invasive, non-opioid pain therapy will be significantly restricted if 0766T remains assigned to APC 5721 based on this low reimbursement rate
- Access will also be restricted if 0767T retains an “N” status indicator and is not assigned to a clinical APC

# Comparison to Neurostimulator Procedure in APC 5721

Axon Therapy is ***not comparable*** clinically or with respect to resource use to 0783T, a neurostimulation therapy contained in Level 1 APC 5721. Axon Therapy is a more powerful and more technologically complex resource-driven therapy

	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment (0783T)	Axon Therapy (0766T & 0767T)
Indication	Multiple indications, such as opioid withdrawal symptoms, epilepsy, refractory depression, chronic obesity, and chronic pain	Relief of chronic intractable pain, post-traumatic pain, post-surgical pain and/or relief of chronic painful diabetic peripheral neuropathy in the lower extremities in adults
Stimulation Target	Cranial nerves, typically vagus and/or trigeminal	Peripheral nerves
Stimulation Type	Electrical	Electromagnetic
Stimulation Device	Earpiece with electrodes; connects to battery-operated external pulse generator with cable	Hardware consisting of 1.6 Tesla magnetic stimulator, proprietary software, a stimulation coil, a liquid cool unit, and a cart
Method	Earpiece placed on or around patient’s ear	Identification and marking of injured nerve and treatment location, and noninvasive nerve conduction localization when performed; handheld coil is placed over injured nerve areas to deliver waveforms

# Recommendation & Rationale

- **Recommended APC: 5431, Level 1 Nerve Procedure**
  - Most appropriate clinically, as it contains *therapeutic nerve treatments*
  - Comparable from resource use perspective, with a geometric mean cost of \$2,012 and a proposed reimbursement rate of \$1,946
- **Alternative APC: 5724, Level 4 Diagnostic Tests and Related Services**
  - Axon Therapy is most similar clinically to 0720T, for percutaneous electrical nerve field stimulation, cranial nerves, without implantation. 0720T is assigned to APC 5724. Both procedures involve non-invasive peripheral nerve stimulation as a therapeutic treatment for pain and use a consumable, however Axon Therapy is a more complex technology. The procedures are not diagnostic in nature and do not provide diagnostic information
  - Most comparable procedure costs within APC family, with total geometric mean cost of \$1,046 and proposed reimbursement rate of \$1,012
- The status indicators for codes 0766T and 0767T should be revised to “S,” to ensure separate payment status for these procedures, as well as payment for treatment of an additional nerve beyond the first nerve in the patient encounter, especially now that the therapy has been recently indicated for painful diabetic neuropathy, which is typically bilateral

*Reassignment is critical for facilitating beneficiary access to this non-invasive, opioid-sparing pain therapy*



# Thank You

- Neuralace appreciates the opportunity to present to the HOP Panel
- Neuralace requests that the Panel recommend:
  - Assignment of codes 0766T and 0767T to:
    - Recommended: APC 5431, Level 1 Nerve Procedures, or
    - Alternative: APC 5724, Level 4 Diagnostic Tests and Related Services
  - Revision of status indicators for both codes to “S”