

# 2010 HOSPITAL INPATIENT CODING AND REIMBURSEMENT REFERENCE

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## SPINAL CORD STIMULATION (UB-04, SITE OF SERVICE 21) EFFECTIVE 10/01/09–09/30/10

### Implantation of Lead(s)

Surgical Code	Description	
03.93	Implantation or replacement of spinal neurostimulator lead(s)	
MS-DRG <sup>a</sup>	Description	2010 Medicare Base Payment Rates
030	Spinal procedures w/o CC/MCC <sup>b</sup>	\$ 9,056
029	Spinal procedures w CC or spinal neurostimulators <sup>b</sup>	\$ 15,698
028	Spinal procedures w MCC <sup>b</sup>	\$ 28,883

### Implantation of Lead(s) and IPG

Surgical Code	Description	
03.93	Implantation or replacement of spinal neurostimulator lead(s)	
(With one of the following)		
86.94	Insertion or replacement of single-array nonrechargeable neurostimulator	
86.95	Insertion or replacement of dual-array nonrechargeable neurostimulator	
86.96	Insertion or replacement of other neurostimulator	
86.97	Insertion or replacement of single-array rechargeable neurostimulator	
86.98	Insertion or replacement of dual-array rechargeable neurostimulator	
MS-DRG <sup>a</sup>	Description	2010 Medicare Base Payment Rates
029	Spinal procedures w CC or spinal neurostimulators <sup>b</sup>	\$ 15,698
028	Spinal procedures w MCC <sup>b</sup>	\$ 28,883

<sup>a</sup> Most common MS-DRGs for SCS procedures

<sup>b</sup> CC = complications or comorbid conditions MCC = major complications or comorbid conditions

There are certain diagnoses that fall into the CC list or MCC list, which can be found in CMS-1406F on the CMS website: <http://www.cms.hhs.gov/AcuteInpatientPPS/10FR>.

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## SPINAL CORD STIMULATION (UB-04, SITE OF SERVICE 21) EFFECTIVE 10/01/09–09/30/10

### Implantation of IPG

Surgical Code	Description	
<b>(Any of the following)</b>		
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86.95	Insertion or replacement of dual-array nonrechargeable neurostimulator	
86.96	Insertion or replacement of other neurostimulator	
86.97	Insertion or replacement of single-array rechargeable neurostimulator	
86.98	Insertion or replacement of dual-array rechargeable neurostimulator	
MS-DRG <sup>a</sup>	Description	2010 Medicare Base Payment Rates
042	Periph/cranial nerve & other nerv syst proc w/o CC/MCC <sup>b</sup>	\$ 9,299
041	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim <sup>b</sup>	\$ 12,013
040	Periph/cranial nerve & other nerv syst proc w MCC <sup>b</sup>	\$ 22,341

## PERIPHERAL NERVE STIMULATION (UB-04, SITE OF SERVICE 21) EFFECTIVE 10/01/09–09/30/10

### Implantation of Lead(s)

Surgical Code	Description	
04.92	Implantation or replacement of peripheral neurostimulator lead(s)	
MS-DRG <sup>a</sup>	Description	2010 Medicare Base Payment Rates
042	Periph/cranial nerve & other nerv syst proc w/o CC/MCC <sup>b</sup>	\$ 9,299
041	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim <sup>b</sup>	\$ 12,013
040	Periph/cranial nerve & other nerv syst proc w MCC <sup>b</sup>	\$ 22,341

<sup>a</sup> Most common MS-DRGs for SCS procedures

<sup>b</sup> CC = complications or comorbid conditions MCC = major complications or comorbid conditions  
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## PERIPHERAL NERVE STIMULATION (UB-04, SITE OF SERVICE 21) EFFECTIVE 10/01/09–09/30/10

### Implantation of Lead(s) and IPG

Surgical Code	Description	
04.92	Implantation or replacement of peripheral neurostimulator lead(s)	
<b>(With one of the following)</b>		
86.94	Insertion or replacement of single-array nonrechargeable neurostimulator	
86.95	Insertion or replacement of dual-array nonrechargeable neurostimulator	
86.96	Insertion or replacement of other neurostimulator	
86.97	Insertion or replacement of single-array rechargeable neurostimulator	
86.98	Insertion or replacement of dual-array rechargeable neurostimulator	
MS-DRG <sup>a</sup>	Description	2010 Medicare Base Payment Rates
041	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim <sup>b</sup>	\$ 12,013
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St. Jude Medical is focused on reducing risk by continuously finding ways to put more control into the hands of those who save and enhance lives.

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#### References

1. US Dept. of Health and Human Services. 42 CFR Parts 412, 413, 415, 485, and 489. Available at: <http://www.cms.hhs.gov/AcuteInpatientPPS/10FR>. Accessed Aug. 24, 2009.

ATRIAL FIBRILLATION    CARDIAC RHYTHM MANAGEMENT    CARDIOVASCULAR    NEUROMODULATION

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**Indications for Use:** Chronic, intractable pain of the trunk and limbs. **Contraindications:** Demand-type cardiac pacemakers, patients who are unable to operate the system or who fail to receive effective pain relief during trial stimulation. **Warnings/Precautions:** Diathermy therapy, cardioverter defibrillators, magnetic resonance imaging (MRI), explosive or flammable gases, theft detectors and metal screening devices, lead movement, operation of machinery and equipment, postural changes, pediatric use, pregnancy, and case damage. Patients who are poor surgical risks, with multiple illnesses, or with active general infections should not be implanted. **Adverse Events:** Painful stimulation, loss of pain relief, surgical risks (e.g., paralysis). Clinician's manual must be reviewed prior to use for detailed disclosure.  
**Caution:** U.S. federal law restricts this device to sale and use by or on the order of a physician.

St. Jude Medical Renew<sup>™</sup> percutaneous leads model numbers 3143, 3146, 3153, 3156, 3183, 3186, 3066, 3161, 3163, 3166, 3169 extensions model numbers 3382, 3383, 3341, 3342, 3343, and receiver model number 3408, transmitter model number 3508, and antenna model numbers 1220, 1230 are also indicated to stimulate electrically peripheral nerves to relieve severe intractable pain.

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