

# 2009 PHYSICIAN CODING AND REIMBURSEMENT REFERENCE<sup>1</sup>

**SPINAL CORD STIMULATION (FORM CMS-1500)** Effective 1/01/09 - 12/31/09

CODE/ MODIFIER	CODING COMMENTS	2009 MEDICARE REIMBURSEMENT	
		NON-FACILITY* SITE OF SERVICE 11	FACILITY** SITE OF SERVICE 21, 22, 24
<b>▪ Trial SCS Procedure<sup>a</sup></b>			
63650	Implantation of neurostimulator electrode arrays, epidural	check with local carrier	\$ 379.06 <sup>b</sup>
63650	Implantation of neurostimulator electrode arrays, epidural	check with local carrier	\$ 379.06 <sup>b</sup>
95972	Complex programming, 1st hour	\$ 100.99	\$ 76.10
95973	Each additional 30 min (use in conjunction with 95972)	\$ 55.18	\$ 45.08
<b>▪ Trial SCS Equipment<sup>c</sup></b>			
L8680	Implantable neurostimulator electrode, each	\$ 418.00	n/a
L8699	Prosthetic implant, not otherwise specified	usual and customary	n/a
<b>▪ Permanent SCS Procedure<sup>a</sup></b>			
63655 -58	Laminectomy implant of neurostimulator electrodes, plate/paddle, epidural	check with local carrier	\$ 773.63 <sup>b</sup>
63685 -58	Insertion or replacement of spinal IPG or receiver	check with local carrier	\$ 370.40 <sup>b</sup>
63650 -58	Implantation of neurostimulator electrode arrays, epidural	check with local carrier	\$ 379.06 <sup>b</sup>
63650 -58	Implantation of neurostimulator electrode arrays, epidural	check with local carrier	\$ 379.06 <sup>b</sup>
95972	Complex programming, 1st hour	\$ 100.99	\$ 76.10
95973	Each additional 30 min (use in conjunction with 95972)	\$ 55.18	\$ 45.08
<b>▪ Permanent SCS Equipment<sup>c</sup></b>			
L8680	Implantable neurostimulator electrode, each	\$ 418.00	n/a
L8681	Patient programmer (external) for use with IPG	\$ 1,030.00	n/a
L8682	Implantable neurostimulator radiofrequency (RF) receiver	\$ 5,431.00	n/a
L8683	RF transmitter (external) for use with IPG	\$ 4,780.00	n/a
L8685	Implantable IPG, single array rechargeable	\$ 11,912.00	n/a
L8686	Implantable IPG, single array non-rechargeable	\$ 7,601.00	n/a
L8687	Implantable IPG, dual array rechargeable	\$ 15,502.00	n/a
L8688	Implantable IPG, dual array non-rechargeable	\$ 9,892.00	n/a
L8689	External recharging system for use with IPG	\$ 1,557.00	n/a
<b>▪ Revision SCS Procedure<sup>a</sup></b>			
63660	Revision, removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s) (Do not report in conjunction with 63650)	check with local carrier	\$ 402.86 <sup>b</sup>
63650	Implantation of neurostimulator electrode arrays, epidural	check with local carrier	\$ 379.06 <sup>b</sup>
63688	Revision, removal of spinal IPG or receiver (Do not report in conjunction with 63685)	check with local carrier	\$ 331.45 <sup>b</sup>
95972	Complex programming, 1st hour	\$ 100.99	\$ 76.10
95973	Each additional 30 min (use in conjunction with 95972)	\$ 55.18	\$ 45.08

\* Non-Facility—For procedures performed in the physician's office, a "check with local carrier" in the "Non-Facility" column means that CMS has not developed a Practice Expense RVU in the non-facility setting for the service because it is typically performed in the facility setting. If the Medicare contractor determines that this service can be performed in the non-facility setting, the service will be paid at the facility rate.

\*\* Facility—For procedures performed in a hospital or ASC setting.

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## PERIPHERAL NERVE STIMULATION (FORM CMS-1500) Effective 1/01/09 - 12/31/09

CODE/ MODIFIER	CODING COMMENTS	2009 MEDICARE REIMBURSEMENT	
		NON-FACILITY* SITE OF SERVICE 11	FACILITY** SITE OF SERVICE 21, 22, 24
<b>▪ Trial PNS Procedure<sup>a</sup></b>			
64555	Percutaneous implantation of neurostimulator electrodes, peripheral nerve	\$ 198.01 <sup>b</sup>	\$ 144.63 <sup>b</sup>
64555	Percutaneous implantation of neurostimulator electrodes, peripheral nerve	\$ 198.01 <sup>b</sup>	\$ 144.63 <sup>b</sup>
95972	Complex programming, 1st hour	\$ 100.99	\$ 76.10
95973	Each additional 30 min (use in conjunction with 95972)	\$ 55.18	\$ 45.08
<b>▪ Trial PNS Equipment<sup>c</sup></b>			
L8680	Implantable neurostimulator electrode, each	\$ 418.00	n/a
L8699	Prosthetic implant, not otherwise specified	usual and customary	n/a
<b>▪ Permanent PNS Procedure<sup>a</sup></b>			
64555 -58	Percutaneous implantation of neurostimulator electrodes, peripheral nerve	\$ 198.01 <sup>b</sup>	\$ 144.63 <sup>b</sup>
64590 -58	Insertion or replacement of peripheral IPG or receiver	\$ 290.34 <sup>b</sup>	\$ 167.35 <sup>b</sup>
64575 -58	Incision for implantation of neurostimulator electrodes, peripheral nerve	n/a	\$ 265.45 <sup>b</sup>
95972	Complex programming, 1st hour	\$ 100.99	\$ 76.10
95973	Each additional 30 min (use in conjunction with 95972)	\$ 55.18	\$ 45.08
<b>▪ Permanent PNS Equipment<sup>c</sup></b>			
L8680	Implantable neurostimulator electrode, each	\$ 418.00	n/a
L8681	Patient programmer (external) for use with IPG	\$ 1,030.00	n/a
L8682	Implantable neurostimulator radiofrequency (RF) receiver	\$ 5,431.00	n/a
L8683	Radiofrequency transmitter (external) for use with RF receiver	\$ 4,780.00	n/a
L8685	Implantable IPG, single array	\$ 11,912.00	n/a
L8686	Implantable IPG, single array non-rechargeable	\$ 7,601.00	n/a
L8687	Implantable IPG, dual array	\$ 15,502.00	n/a
L8688	Implantable IPG, dual array non-rechargeable	\$ 9,892.00	n/a
L8689	External recharging system for use with IPG	\$ 1,557.00	n/a
<b>▪ Revision PNS Procedure<sup>a</sup></b>			
64555	Percutaneous implantation of neurostimulator electrodes, peripheral nerve	\$ 198.01 <sup>b</sup>	\$ 144.63 <sup>b</sup>
64585	Revision, removal of peripheral neurostimulator electrodes	\$ 312.34 <sup>b</sup>	\$ 150.04 <sup>b</sup>
64555	Percutaneous implantation of neurostimulator electrodes, peripheral nerve	\$ 198.01 <sup>b</sup>	\$ 144.63 <sup>b</sup>
64575	Incision for implantation of neurostimulator electrodes, peripheral nerve	n/a	\$ 265.45 <sup>b</sup>
64595	Revision, removal of peripheral IPG or receiver (Do not report in conjunction with 64590)	\$ 251.02 <sup>b</sup>	\$ 126.56 <sup>b</sup>
95972	Complex programming, 1st hour	\$ 100.99	\$ 76.10
95973	Each additional 30 min (use in conjunction with 95972)	\$ 55.18	\$ 45.08

\* Non-Facility—For procedures performed in the physician's office, a "check with local carrier" in the "Non-Facility" column means that CMS has not developed a Practice Expense RVU in the non-facility setting for the service because it is typically performed in the facility setting. If the Medicare contractor determines that this service can be performed in the non-facility setting, the service will be paid at the facility rate.

\*\* Facility—For procedures performed in a hospital or ASC setting.

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## SCS/PNS CPT CODE

### CODE DESCRIPTORS

63650	Percutaneous implantation of neurostimulator electrode arrays, epidural
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63660	Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s)
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve
64575	Incision for implantation of neurostimulator electrodes; peripheral nerve
64585	Revision or removal of peripheral neurostimulator electrodes
64590	Insertion or replacement of peripheral, or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	Revision or removal of peripheral, or gastric neurostimulator pulse generator or receiver

## PROGRAMMING CPT CODE

95972	Electronic analysis of implanted neurostimulator pulse generator system; simple or complex brain, complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, 1st hour
95973	Electronic analysis of implanted neurostimulator pulse generator system; simple or complex brain, complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (use in conjunction with 95972)

## HCPCS CODE

L8680	Implantable neurostimulator electrode, each (includes Lamitrode®)
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
L8682	Implantable neurostimulator radiofrequency receiver
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
L8685	Implantable neurostimulator pulse generator, single array rechargeable, includes extension
L8686	Implantable neurostimulator pulse generator, single array non-rechargeable, includes extension
L8687	Implantable neurostimulator pulse generator, dual array rechargeable, includes extension
L8688	Implantable neurostimulator pulse generator, dual array non-rechargeable, includes extension
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only
L8699	Prosthetic implant, not otherwise specified

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## MODIFIER # MODIFIER DESCRIPTORS

- 22 Unusual procedural services: When the service(s) provided is greater than that which is usually required for the listed procedure, it may be identified by adding modifier -22 to the usual procedure number. A report may also be appropriate.
- 58 Staged or related procedure or service by the same physician during the postoperative period: The physician may need to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier -58 to the staged or related procedure, or the separate five digit modifier 09958 may be used. Note: This modifier is not used to report the treatment of a problem that requires a return to the operating room. See modifier -78.
- 62 Two surgeons: When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier -62 to the procedure code and any associated add-on code for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedures (including the add-on procedure) are performed during the same surgical session, separate codes may also be reported with modifier -62 added.
- 76 Repeat procedure by same physician: The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding modifier -76 to the repeated procedure/service.
- 78 Return to the operating room for a related procedure during the postoperative period: The physician may need to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding modifier -78 to the related procedure.
- 80 Assistant surgeon: Surgical assistant services may be identified by adding modifier -80 to the usual procedure number(s).

<sup>a</sup>Medicare 2009 base rates without geographical adjustments.

<sup>b</sup>First procedure listed reimburses at 100%-each subsequent procedure may be subject to multiple procedure discount.

<sup>c</sup>Reimbursement rates are averages of the regional state fees. For services approved for the non-facility setting, equipment is billed to the local Part B carrier.

<sup>1</sup>This document is for general information purposes only and is not intended as, and does not constitute, reimbursement or legal advice. Furthermore, it is not intended to increase or maximize payment by any payer. Nothing in this document should be construed as a guarantee by St. Jude Medical regarding levels of reimbursement, payment or charges, or that reimbursement will be received. The ultimate responsibility for obtaining reimbursement remains with the physician or provider. This includes the responsibility for the accuracy and veracity of all claims submitted to third-party payers. Also note that laws, regulations, and coverage policies are complex and are updated frequently, and therefore, physicians and providers should check with their local carriers or intermediaries often and should consult with counsel or a reimbursement specialist for any reimbursement or billing questions.

## REFERENCES

American Medical Association. CPT 2009: Standard Edition. Chicago, IL: American Medical Association; 2008.

American Medical Association. HCPCS 2009: Medicare's National Level II Codes. Chicago, IL: American Medical Association; 2008.

Centers for Medicare & Medicaid Services website. Available at: <http://www.cms.hhs.gov/home/medicare.asp>. Accessed Dec. 2, 2008.

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**Indications for Use:** Chronic, intractable pain of the trunk and limbs.

St. Jude Medical Renew 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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0649-01 Rev. 0109