

# 2009 HOSPITAL OUTPATIENT CODING AND REIMBURSEMENT REFERENCE<sup>1</sup>

## SPINAL CORD STIMULATION (UB-04) (SITE OF SERVICE 22) Effective 1/01/09 - 12/31/09

CODE	CODING COMMENTS	STATUS INDICATOR*	APC	2009 MEDICARE REIMBURSEMENT**
<b>▪ Trial SCS Procedure</b>				
63650	Implantation of neurostimulator electrode arrays, epidural	S	0040	\$ 4,206.45
63650	Implantation of neurostimulator electrode arrays, epidural	S	0040	\$ 4,206.45
95972	Complex programming, 1st hour	S	0692	\$ 109.24
95973	Each additional 30 min (use in conjunction with 95972)	S	0692	\$ 109.24
<b>▪ Permanent SCS Procedure</b>				
63685	Insertion or replacement of spinal IPG or receiver	S	0222	\$ 15,566.65
63655	Laminectomy implant of neurostimulator electrodes, plate/paddle, epidural	S	0061	\$ 5,476.61
63650	Implantation of neurostimulator electrode arrays, epidural	S	0040	\$ 4,206.45
63650	Implantation of neurostimulator electrode arrays, epidural	S	0040	\$ 4,206.45
95972	Complex programming, 1st hour	S	0692	\$ 109.24
95973	Each additional 30 min (use in conjunction with 95972)	S	0692	\$ 109.24
<b>▪ Revision SCS Procedure</b>				
63660	Revision, removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s) (Do not report in conjunction with 63650)	T	0687	\$ 1,297.25
63688	Revision, removal of spinal IPG or receiver (Do not report in conjunction with 63685)	T	0688	\$ 1,951.81
95972	Complex programming, 1st hour	S	0692	\$ 109.24
95973	Each additional 30 min (use in conjunction with 95972)	S	0692	\$ 109.24

## PERIPHERAL NERVE STIMULATION (UB-04) (SITE OF SERVICE 22) Effective 1/01/09 - 12/31/09

CODE	CODING COMMENTS	STATUS INDICATOR*	APC	2009 MEDICARE REIMBURSEMENT**
<b>▪ Trial PNS Procedure</b>				
64575	Incision for implantation of neurostimulator electrodes, peripheral nerve	S	0061	\$ 5,476.61
64555	Percutaneous implantation of neurostimulator electrodes, peripheral nerve	S	0040	\$ 4,206.45
95972	Complex programming, 1st hour	S	0692	\$ 109.24
95973	Each additional 30 min (use in conjunction with 95972)	S	0692	\$ 109.24
<b>▪ Permanent PNS Procedure</b>				
64590	Insertion or replacement of peripheral IPG or receiver	S	0039	\$ 12,545.18
64575	Incision for implantation of neurostimulator electrodes, peripheral nerve	S	0061	\$ 5,476.61
64555	Percutaneous implantation of neurostimulator electrodes, peripheral nerve	S	0040	\$ 4,206.45
95972	Complex programming, 1st hour	S	0692	\$ 109.24
95973	Each additional 30 min (use in conjunction with 95972)	S	0692	\$ 109.24
<b>▪ Revision PNS Procedure</b>				
64585	Revision, removal of peripheral neurostimulator electrodes	T	0687	\$ 1,297.25
64595	Revision, removal of peripheral IPG or receiver (Do not report in conjunction with 63650)	T	0688	\$ 1,951.81
95972	Complex programming, 1st hour	S	0692	\$ 109.24
95973	Each additional 30 min (use in conjunction with 95972)	S	0692	\$ 109.24

\* Status indicator S-significant procedure; not subject to multiple procedure discount. Status indicator T-additional procedures performed on the same day are subject to multiple procedure discount. Payments for those services identified with the letter "T" are surgical procedures that are discounted when multiple procedures are performed in the same operative session. Full Medicare payment is made for the primary procedure. All other "T" procedures performed during the same operative session will be paid at 50% of the Medicare allowed amount.

\*\* Medicare 2009 base rates without geographical adjustments.



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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)

### ▪ Required C Codes for SCS/PNS Implants—Billed Under Revenue Code<sup>a</sup> 278

C1767	Neurostimulator, non-rechargeable
C1778	Neurostimulator lead (use for permanent procedure)
C1787	Patient programmer, neurostimulator
C1820	Generator neurostimulator with rechargeable battery
C1883	Adapter or extension
C1897	Lead neurostimulator test kit, pacing lead (use for trial procedure)

<sup>a</sup> Revenue codes identify specific accommodations (e.g., private room, medical/surgical unit) or ancillary charges organized by cost or revenue center within healthcare facilities (e.g., hospitals), and are reported on the UB-04 billing form. These codes are not used by doctors or other practitioners. Revenue codes may vary by payer and type of claim.

<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

UB-04 Editor [computer program]. Salt Lake City, Utah: Ingenix; 2006.  
 American Medical Association. ICD-9-CM 2007: Physician. Vols. 1 & 2. 9th rev. Chicago, IL: Ingenix; 2007.  
 US Dept. of Health and Human Services. *CMS-1404-FC*. Available at: <http://www.cms.hhs.gov/HospitalOutpatientPPS/Downloads/CMS1404FC.pdf>. 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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0652-01 Rev. 0109