

# 2010 AMBULATORY SURGERY CENTER CODING AND REIMBURSEMENT REFERENCE

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## SPINAL CORD STIMULATION (FORM CMS-1500, SITE OF SERVICE 24) EFFECTIVE 1/01/10-12/31/10

Code	Coding Comments	Subject to Multiple Procedure Discounts <sup>a</sup>	2010 Medicare Reimbursement <sup>b</sup>
<b>Trial SCS Procedure</b>			
63650	Implantation of neurostimulator electrode arrays, epidural	no	\$ 3,495.96
63650	Implantation of neurostimulator electrode arrays, epidural	no	\$ 3,495.96
95972	Complex programming, 1st hour	n/a	n/a
95973	Each additional 30 min (use in conjunction with 95972)	n/a	n/a
<b>Permanent SCS Procedure</b>			
63685	Insertion or replacement of spinal IPG or receiver	no	\$ 12,877.21
63655	Laminectomy implant of neurostimulator electrodes, plate/paddle, epidural	no	\$ 4,969.87
63650	Implantation of neurostimulator electrode arrays, epidural	no	\$ 3,495.96
63650	Implantation of neurostimulator electrode arrays, epidural	no	\$ 3,495.96
95972	Complex programming, 1st hour	n/a	n/a
95973	Each additional 30 min (use in conjunction with 95972)	n/a	n/a
<b>Revision SCS Procedure</b>			
63661 <sup>c</sup>	Removal of spinal neurostimulator electrode percutaneous array(s)	yes	\$ 786.70
63662 <sup>c</sup>	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy	yes	\$ 786.70
63663 <sup>c</sup>	Revision, including replacement, of spinal neurostimulator electrode percutaneous array(s) (Do not report in conjunction with 63661 or 63662 for the same spinal level)	yes	\$ 786.70
63664 <sup>c</sup>	Revision, including replacement, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy (Do not report in conjunction with 63661 or 63662 for the same spinal level)	yes	\$ 786.70
63650	Implantation of neurostimulator electrode arrays, epidural	no	\$ 3,495.96
63688	Revision, removal of spinal IPG or receiver (Do not report in conjunction with 63685)	no	\$ 940.84
95972	Complex programming, 1st hour	n/a	n/a
95973	Each additional 30 min (use in conjunction with 95972)	n/a	n/a

<sup>a</sup> Procedures listed with a "yes" are reimbursed at 100% for the first procedure listed; each subsequent procedure may be subject to the multiple procedure discount.

<sup>b</sup> Medicare 2010 base rates without geographical adjustments.

<sup>c</sup> Please review the full description of this new code, which is provided in the Complete CPT Code Descriptors section.

# 2010 AMBULATORY SURGERY CENTER CODING AND REIMBURSEMENT REFERENCE

## PERIPHERAL NERVE STIMULATION (FORM CMS-1500, SITE OF SERVICE 24) EFFECTIVE 1/01/10-12/31/10

Code	Coding Comments	Subject to Multiple Procedure Discounts <sup>a</sup>	2010 Medicare Reimbursement <sup>b</sup>
<b>Trial PNS Procedure</b>			
64555	Percutaneous implantation of neurostimulator electrodes, peripheral nerve	no	\$ 3,668.05
64555	Percutaneous implantation of neurostimulator electrodes, peripheral nerve	no	\$ 3,668.05
95972	Complex programming, 1st hour	n/a	n/a
95973	Each additional 30 min (use in conjunction with 95972)	n/a	n/a
<b>Permanent PNS Procedure</b>			
64590	Insertion or replacement of peripheral IPG or receiver	no	\$ 12,877.21
64575	Incision for implantation of neurostimulator electrodes, peripheral nerve	no	\$ 4,733.86
64575	Incision for implantation of neurostimulator electrodes, peripheral nerve	no	\$ 4,733.86
95972	Complex programming, 1st hour	n/a	n/a
95973	Each additional 30 min (use in conjunction with 95972)	n/a	n/a
<b>Revision PNS Procedure</b>			
64585	Revision, removal of peripheral neurostimulator electrodes	yes	\$ 669.67
64575	Incision for implantation of neurostimulator electrodes, peripheral nerve	no	\$ 4,733.86
64595	Revision, removal of peripheral IPG or receiver (Do not report in conjunction with 63650)	yes	\$ 940.84
95972	Complex programming, 1st hour	n/a	n/a
95973	Each additional 30 min (use in conjunction with 95972)	n/a	n/a

<sup>a</sup> Procedures listed with a "yes" are reimbursed at 100% for the first procedure listed; each subsequent procedure may be subject to the multiple procedure discount.

<sup>b</sup> Medicare 2010 base rates without geographical adjustments.

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## COMPLETE CPT CODE DESCRIPTORS

SCS/PNS CPT Code	Code Descriptors
63650	Percutaneous implantation of neurostimulator electrode arrays, epidural
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
63663	Revision, including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed (Do not report 63663 in conjunction with 63661, 63662 for the same spinal level)
63664	Revision, including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed (Do not report 63664 in conjunction with 63661, 63662 for the same spinal level)
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	Code Descriptors
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)

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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. CMS Manual System Pub-100-04 Medicare Claims Processing Transmittal 1325 Form CMS-1500.
2. American Medical Association. *CPT 2010: Professional Edition*. Chicago, Ill: American Medical Association; 2009.
3. US Dept. of Health and Human Services. *42 CFR Parts 410, 416, and 419. Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates; Changes to the Ambulatory Surgical Center Payment System and CY 2010 Payment Rates; Final Rule*. Washington, DC: Nov. 20, 2009.

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