

2010 HOSPITAL OUTPATIENT CODING AND REIMBURSEMENT REFERENCE

St. Jude Medical provides this reference for information purposes only. This reference does not serve as reimbursement or legal advice, nor is it intended to increase payment by any payer. Nothing in this reference guarantees that the levels of reimbursement, payment, or charges are accurate or that reimbursement will be received. The physician or provider is responsible for obtaining reimbursement and for verifying the accuracy and veracity of all claims submitted to third-party payers. Laws, regulations, and coverage policies are complex and updated frequently, and therefore physicians and providers should consult their local carriers, administrative contractors, or a reimbursement specialist with reimbursement or billing questions.

SPINAL CORD STIMULATION (UB-04, SITE OF SERVICE 22) EFFECTIVE 1/01/10–12/31/10

Code	Coding Comments	Status Indicator ^a	APC	2010 Medicare Reimbursement ^b
Trial SCS Procedure				
63650	Implantation of neurostimulator electrode arrays, epidural	S	0040	\$ 4,429.21
63650	Implantation of neurostimulator electrode arrays, epidural	S	0040	\$ 4,429.21
95972	Complex programming, 1st hour	S	0692	\$ 107.85
95973	Each additional 30 min (use in conjunction with 95972)	S	0692	\$ 107.85
Permanent SCS Procedure				
63685	Insertion or replacement of spinal IPG or receiver	S	0039	\$ 13,892.45
63655	Laminectomy implant of neurostimulator electrodes, plate/paddle, epidural	S	0061	\$ 5,831.77
63650	Implantation of neurostimulator electrode arrays, epidural	S	0040	\$ 4,429.21
63650	Implantation of neurostimulator electrode arrays, epidural	S	0040	\$ 4,429.21
95972	Complex programming, 1st hour	S	0692	\$ 107.85
95973	Each additional 30 min (use in conjunction with 95972)	S	0692	\$ 107.85
Revision SCS Procedure				
63661 ^c	Removal of spinal neurostimulator electrode percutaneous array(s)	T	0687	\$ 1,323.73
63662 ^c	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy	T	0687	\$ 1,323.73
63663 ^c	Revision, including replacement, of spinal neurostimulator electrode percutaneous array(s) (Do not report in conjunction with 63661 or 63662 for the same spinal level)	T	0687	\$ 1,323.73
63664 ^c	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)	T	0687	\$ 1,323.73
63688	Revision, removal of spinal IPG or receiver (Do not report in conjunction with 63685)	T	0688	\$ 1,932.10
95972	Complex programming, 1st hour	S	0692	\$ 107.85
95973	Each additional 30 min (use in conjunction with 95972)	S	0692	\$ 107.85

^a 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.

^b Medicare 2010 base rates without geographical adjustments.

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

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PERIPHERAL NERVE STIMULATION (UB-04, SITE OF SERVICE 22) EFFECTIVE 1/01/10–12/31/10

Code	Coding Comments	Status Indicator ^a	APC	2010 Medicare Reimbursement ^b
Trial PNS Procedure				
64555	Percutaneous implantation of neurostimulator electrodes, peripheral nerve	S	0040	\$ 4,429.21
64555	Percutaneous implantation of neurostimulator electrodes, peripheral nerve	S	0040	\$ 4,429.21
95972	Complex programming, 1st hour	S	0692	\$ 107.85
95973	Each additional 30 min (use in conjunction with 95972)	S	0692	\$ 107.85
Permanent PNS Procedure				
64590	Insertion or replacement of peripheral IPG or receiver	S	0039	\$ 13,892.45
64575	Incision for implantation of neurostimulator electrodes, peripheral nerve	S	0061	\$ 5,831.77
64575	Incision for implantation of neurostimulator electrodes, peripheral nerve	S	0061	\$ 5,831.77
95972	Complex programming, 1st hour	S	0692	\$ 107.85
95973	Each additional 30 min (use in conjunction with 95972)	S	0692	\$ 107.85
Revision PNS Procedure				
64585	Revision, removal of peripheral neurostimulator electrodes	T	0687	\$ 1,323.73
64595	Revision, removal of peripheral IPG or receiver (Do not report in conjunction with 63650)	T	0688	\$ 1,932.10
95972	Complex programming, 1st hour	S	0692	\$ 107.85
95973	Each additional 30 min (use in conjunction with 95972)	S	0692	\$ 107.85

^a 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.

^b 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)

Required C Codes for SCS/PNS Implants—Billed Under Revenue Code^d 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)

^d 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.

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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.

References

1. UB-04 Editor [computer program]. Salt Lake City, Utah: Ingenix; 2009.
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.

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™ 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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