

2010 HOSPITAL INPATIENT CODING AND REIMBURSEMENT REFERENCE¹

SPINAL CORD STIMULATION (UB-04, SITE OF SERVICE 21) Effective 10/01/09–9/30/10

Implantation of Lead(s)

SURGICAL CODE	DESCRIPTION		
03.93	Implantation or replacement of spinal neurostimulator lead(s)		
MS-DRG*	DESCRIPTION		2010 MEDICARE BASE PAYMENT RATES
030	Spinal procedures w/o CC/MCC**	\$	9,056
029	Spinal procedures w CC or spinal neurostimulators**	\$	15,698
028	Spinal procedures w MCC**	\$	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*	DESCRIPTION		2010 MEDICARE BASE PAYMENT RATES
029	Spinal procedures w CC or spinal neurostimulators**	\$	15,698
028	Spinal procedures w MCC**	\$	28,883

Implantation of IPG

SURGICAL CODE	DESCRIPTION		
(Any 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*	DESCRIPTION		2010 MEDICARE BASE PAYMENT RATES
042	Periph/cranial nerve & other nerv syst proc w/o CC/MCC**	\$	9,299
041	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim**	\$	12,013
040	Periph/cranial nerve & other nerv syst proc w MCC**	\$	22,341

PERIPHERAL NERVE STIMULATION (UB-04, SITE OF SERVICE 21) Effective 10/01/09–9/30/10

Implantation of Lead(s)

SURGICAL CODE	DESCRIPTION		
04.92	Implantation or replacement of peripheral neurostimulator lead(s)		
MS-DRG*	DESCRIPTION		2010 MEDICARE BASE PAYMENT RATES
042	Periph/cranial nerve & other nerv syst proc w/o CC/MCC**	\$	9,299
041	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim**	\$	12,013
040	Periph/cranial nerve & other nerv syst proc w MCC**	\$	22,341

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* Most common MS-DRGs for SCS procedures.

** 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>.

2010 HOSPITAL INPATIENT CODING AND REIMBURSEMENT REFERENCE¹

PERIPHERAL NERVE STIMULATION (UB-04, SITE OF SERVICE 21) Effective 10/01/09–9/30/10

Implantation of Lead(s) and IPG

SURGICAL CODE	DESCRIPTION	
04.92	Implantation or replacement of peripheral 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*	DESCRIPTION	2010 MEDICARE BASE PAYMENT RATES
041	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim**	\$ 12,013
040	Periph/cranial nerve & other nerv syst proc w MCC**	\$ 22,341

Implantation of IPG

SURGICAL CODE	DESCRIPTION	
(Any 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*	DESCRIPTION	2010 MEDICARE BASE PAYMENT RATES
042	Periph/cranial nerve & other nerv syst proc w/o CC/MCC**	\$ 9,299
041	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim**	\$ 12,013
040	Periph/cranial nerve & other nerv syst proc w MCC**	\$ 22,341

* Most common MS-DRGs for SCS procedures

** 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/AcutelnpatientPPS/10FR>.

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REFERENCES

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

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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, 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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