

2010 Inpatient Hospital Coding and Payment Quick Reference for Spinal Cord Stimulation

GuidePoint

Simplifying Reimbursement

Neuromodulation

Reimbursement Coding and Medicare Payment Guide: This information pertains to the Centers for Medicare and Medicaid Services' (CMS) 2010 coding and national payment rates for spinal cord stimulator (SCS) procedures in the inpatient hospital. The inpatient prospective payment system (IPPS) utilizes the medical severity diagnosis related groups (MS-DRGs) to classify reimbursement based on the patient's principal and associated complications and comorbidities.

| ICD-9-CM Procedure Code ¹ | Description |
|--------------------------------------|---|
| 03.93 ² | Implantation or replacement of spinal neurostimulator lead(s) |
| 86.98 | Insertion or replacement of dual array rechargeable neurostimulator pulse generator |

| MDC ³ | MS-DRG ⁴ | Description | MS-DRG Base Payment ⁵ |
|------------------|---------------------|---|----------------------------------|
| 1 | 028 | Spinal procedures with major complications and comorbidities | \$ 28,883 |
| 1 | 029 | Spinal procedures with complications and comorbidities or Neurostimulator | \$ 15,698 |
| 1 | 030 | Spinal procedures without complications and comorbidities (CC)/ without major CC | \$ 9,056 |
| 1 | 040 | Peripheral and cranial nerve and other nervous system procedures with major complications and comorbidities | \$ 22,341 |
| 1 | 041 | Peripheral and cranial nerve and other nervous system procedures with complications and comorbidities or Neurostimulator | \$ 12,013 |
| 1 | 042 | Peripheral and cranial nerve and other nervous system procedures without complications and comorbidities (CC)/ without major CC | \$ 9,299 |
| 8 | 490 ⁶ | Back and neck procedures except spinal fusion with complications and comorbidities or Neurostimulator | \$ 10,017 |
| 8 | 491 | Back and neck procedures except spinal fusion without complications and comorbidities (CC)/ without major CC | \$ 5,383 |
| NA | 983 | Extensive O.R. procedure unrelated to principal diagnosis without complications and comorbidities (CC)/ without major CC | \$ 10,217 |

| Device Code ⁷ | Description |
|--------------------------|---|
| Revenue code 278 | Medical/ surgical supplies - other implants |

¹ Hospital ICD-9-CM 2010, Volumes 1,2,& 3. Ingenix, Salt Lake City, Utah

² If a dual array rechargeable neurostimulator is implanted or replaced during the same procedure, also report ICD-9 procedure code 86.98

³ Major Diagnostic Category

⁴ Medicare Severity-Diagnosis Related Groups

⁵ Medicare national average base MS-DRG payment amounts (for urban areas) as of October 1, 2009. Academic teaching and disproportionate share hospitals may qualify for additional payment amounts in addition to the base MS-DRG.

⁶ MS-DRG 490 is appropriate when SCS full system implant (ICD-9-CM 03.93 + 86.98) is performed and depending on principal diagnosis

⁷ Medicare Claims Processing Manual, Chapter 4. CMS, Baltimore, MD.

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Diagnosis codes are used by both the physicians and hospitals to document the indication for a procedure. The following is a sample list of diagnosis codes that support chronic neuropathic pain conditions. This list is not exclusive and it is recommended that you contact your payer to verify that the diagnosis code supports medical necessity.

| ICD-9-CM Diagnosis Code | Description |
|----------------------------|--|
| 337.2 | Reflex sympathetic dystrophy |
| 337.20 | Reflex sympathetic dystrophy, unspecified |
| 337.21 | Reflex sympathetic dystrophy of the upper limb |
| 337.22 | Reflex sympathetic dystrophy of the lower limb |
| 337.29 | Reflex sympathetic dystrophy of other specified site |
| 338.2 | Chronic pain |
| 338.21 | Chronic pain due to trauma |
| 338.22 | Chronic post-thoracotomy pain |
| 338.28 | Other chronic postoperative pain |
| 338.4 | Chronic pain syndrome |
| 353.6 | Phantom limb pain (syndrome) |
| 354.4 | Causalgia of upper limb |
| 354.5 | Mononeuritis multiplex |
| 354.9 | Mononeuritis of upper limb, unspecified |
| 355.71 | Causalgia of lower limb |
| 355.8 | Mononeuritis of lower limb, unspecified |
| 722.82 | Postlaminectomy syndrome, thoracic region |
| 722.83 | Postlaminectomy syndrome, lumbar region |
| 723.4 | Brachial neuritis or radiculitis NOS |
| 724.02 | Spinal stenosis, lumbar region |
| 724.2 | Lumbago |
| 724.3 | Sciatica |
| 724.4 | Thoracic of lumbosacral neuritis or radiculitis, unspecified |
| 729.2 | Neuralgia, neuritis, and radiculitis, unspecified |
| 729.5 | Pain in limb |
| 953.1 | Dorsal nerve root injury |
| 953.2 | Lumbar nerve root injury |

Pain Management Reimbursement Hotline

Phone: (866) 287-0778 Monday – Friday
5:00 a.m. to 5:00 p.m. Pacific Time
Fax: (877) 835-2520

www.controlyourpain.com/reimbursement

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Information included herein is current as of January 8, 2010, but is subject to change without notice.