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ICD-10 Crosswalk | Procedure Codes for Spinal Cord Stimulation

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Chronic Pain Disorders

ICD-9-CM[1]	Description	ICD-10-CM[2]	Description
338.0	Central pain syndrome	G89.0	Central pain syndrome
338.29	Other chronic pain	G89.29	Other chronic pain
338.4	Chronic pain syndrome	G89.4	Chronic pain syndrome

Attention to Device

ICD-9-CM[1]	Description	ICD-10-CM[2]	Description
V53.02[2]	Fitting and adjustment of neuropacemaker (brain, peripheral nerve, spinal cord)	Z45.42	Encounter for adjustment and management of neuropacemaker (brain)(peripheral nerve)(spinal cord)

Reflex Sympathetic Dystrophy and Causalgia (Complex Regional Pain Syndrome I and II)

ICD-9-CM[1]	Description	ICD-10-CM[2]	Description
337.21	Reflex sympathetic dystrophy of the upper limb (CRPS type I of upper limb)	G90.511	Complex regional pain syndrome I of right upper limb
		G90.512	Complex regional pain syndrome I of left upper limb
		G90.513	Complex regional pain syndrome I of upper limb, bilateral
		G90.519	Complex regional pain syndrome I of upper limb, unspecified
337.22	Reflex sympathetic dystrophy of the lower limb (CRPS type I of lower limb)	G90.521	Complex regional pain syndrome I of right lower limb
		G90.522	Complex regional pain syndrome I of left lower limb
		G90.523	Complex regional pain syndrome I of lower limb, bilateral
		G90.529	Complex regional pain syndrome I of lower limb, unspecified
354.4	Causalgia of upper limb (CRPS type II of upper limb)	G56.40	Causalgia of upper limb, unspecified
		G56.41	Causalgia of right upper limb
		G56.42	Causalgia of left upper limb
		G56.43	Causalgia of bilateral upper limbs
354.4	Causalgia of upper limb (CRPS type II of upper limb)	G57.70	Causalgia of lower limb, unspecified
		G57.71	Causalgia of right lower limb
		G57.72	Causalgia of left lower limb
		G57.73	Causalgia of bilateral lower limbs

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Underlying Causes of Chronic Pain

ICD-9-CM[1]	Description	ICD-10-CM[2]	Description
322.2	Arachnoiditis, chronic	G03.1	Chronic meningitis
322.9	Arachnoiditis, other and unspecified	G03.9	Meningitis, unspecified
349.2	Epidural fibrosis	G96.12	Meningeal adhesions, spinal, cerebral
354.9	Peripheral neuropathy of the upper limb	G56.90	Unspecified mononeuropathies of unspecified upper limb
		G56.91	Unspecified mononeuropathies of right upper limb
		G56.92	Unspecified mononeuropathies of left upper limb
		G56.93	Unspecified mononeuropathies of bilateral upper limbs
355.8	Peripheral neuropathy of the lower limb	G57.90	Unspecified mononeuropathies of unspecified lower limb
		G57.91	Unspecified mononeuropathies of right lower limb
		G57.92	Unspecified mononeuropathies of left lower limb
		G57.93	Unspecified mononeuropathies of bilateral lower limbs
722.10	Radiculitis due to herniated disc, lumbar	M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
		M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral
722.52	Radiculitis due to degenerative disc disease, lumbar	M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
		M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral
722.83	Postlaminectomy syndrome, lumbar region (failed back syndrome)	M96.1	Postlaminectomy syndrome, not elsewhere classified
723.4	Radicular syndrome of upper limbs (not due to disc herniation or degeneration)	M54.12	Radiculopathy, cervical region
		M54.13	Radiculopathy, cervicothoracic region
		M54.14	Radiculopathy, thoracic region
724.4	Radicular syndrome of lower limbs (not due to disc herniation or degeneration)	M54.15	Radiculopathy, thoracolumbar region
		M54.16	Radiculopathy, lumbar region

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Lead Procedures[4]

ICD-9-CM[1]	Description	ICD-10-PCS[3]	Description
03.93	Implantation or replacement of spinal neurostimulator lead(s)	00HU0MZ[5]	Insertion of Neurostimulator Lead into Spinal Canal, Open Approach
		00HU3MZ[5]	Insertion of Neurostimulator Lead into Spinal Canal, Percutaneous Approach
		00HV0MZ[5]	Insertion of Neurostimulator Lead into Spinal Cord, Open Approach
		00HV3MZ[5]	Insertion of Neurostimulator Lead into Spinal Cord, Percutaneous Approach
03.94	Removal of spinal neurostimulator lead(s)	00PV0MZ[5,6]	Removal of Neurostimulator Lead from Spinal Cord, Open Approach
		00PV3MZ[5,6]	Removal of Neurostimulator Lead from Spinal Cord, Percutaneous Approach
		00PU0MZ[5,6]	Removal of Neurostimulator Lead from Spinal Canal, Open Approach
		00PU3MZ[5,6]	Removal of Neurostimulator Lead from Spinal Canal, Percutaneous Approach
03.99[7]	Other operation on spinal cord and spinal canal structures	00WV0MZ[5]	Revision of Neurostimulator Lead into Spinal Canal, Open Approach
		00WU0MZ[5]	Revision of Neurostimulator Lead into Spinal Canal, Percutaneous Approach
		00WV3MZ[5]	Revision of Neurostimulator Lead into Spinal Cord, Open Approach
		00WU3MZ[5]	Revision of Neurostimulator Lead into Spinal Cord, Percutaneous Approach

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Generator Procedures

ICD-9-CM[1]	Description	ICD-10-PCS[3]	Description
86.94	Insertion or replacement of single array neurostimulator pulse generator, not specified as rechargeable	0JH70BZ	Insertion of Single Array Generator into Back Subcutaneous Tissue and Fascia, Open Approach
		0JH80BZ	Insertion of Single Array Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
86.95[8]	Insertion or replacement of multiple array neurostimulator pulse generator, not specified as rechargeable	0JH70DZ	Insertion of Multiple Array Generator into Back Subcutaneous Tissue and Fascia, Open Approach[8]
		0JH80DZ	Insertion of Multiple Array Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach[8]
86.97	Insertion or replacement of single array rechargeable neurostimulator pulse generator	0JH80CZ	Insertion of Single Array Rechargeable Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach
		0JH70CZ	Insertion of Single Array Rechargeable Stimulator Generator into Back Subcutaneous Tissue and Fascia, Open Approach
86.98[3]	Insertion or replacement of multiple array (two or more) rechargeable neurostimulator pulse generator	0JH70EZ	Insertion of Multiple Array Rechargeable Stimulator Generator into Back Subcutaneous Tissue and Fascia, Open Approach[8]
		0JH80EZ	Insertion of Multiple Array Rechargeable Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach[8]
86.05	Incision with removal of foreign body or device from skin and subcutaneous tissue	0JPT0MZ	Removal of Stimulator Generator in Trunk Subcutaneous Tissue and Fascia, Open Approach
		0JPT3MZ	Removal of Stimulator Generator in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
86.09	Other incision of skin and subcutaneous tissue	0JWT0MZ	Revision of Stimulator Generator in Trunk Subcutaneous Tissue and Fascia, Open Approach
		0JWT3MZ	Revision of Stimulator Generator in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach
		0JWTXMZ[10]	Revision of Stimulator Generator in Trunk Subcutaneous Tissue and Fascia, External Approach

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1 Centers for Disease Control and Prevention, National Center for Health Statistics. ICD-9-CM Diagnosis and Procedure Codes: Abbreviated and Full Code Titles. https://www.cms.gov/Medicare/Coding/ ICD9ProviderDiagnosticCodes/codes.html. Updated 1 October 2014. Accessed 10 January 2016.
2 Centers for Disease Control and Prevention, National Center for Health Statistics. 2016 ICD-10-CM and GEMs. https://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html. Updated 8 October 2015. Accessed 10 January 2015.
3 Centers for Disease Control and Prevention, National Center for Health Statistics. 2016 ICD-10 PCS and GEMs. https://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-PCS-and-GEMs.html. Updated 8 October 2015. Accessed 10 January 2015.
4 Coding guidelines for device replacement differ from ICD-9-CM to ICD-10-PCS. In ICD-9-CM, only the code for inserting the new device is assigned, and the code for removing the old device is not. In ICD-10- PCS, however, both the codes for inserting the new device and removing the old device are assigned to identify a device replacement.
5 ICD-10 guidelines have not yet addressed which body part, U-Spinal Canal or V-Spinal Cord, better describes the location of spinal leads. Therefore, both options are displayed.
6 Only ICD-10-PCS codes for surgical approaches are displayed. Additional codes 00PVXMZ and 00PUXMZ are available for the removal of lead(s) by pull.
7 For lead revision, the ICD-9-CM and ICD-10-PCS codes should be reserved for surgical revision of leads within the spinal canal (eg, repositioning). For revision of the subcutaneous portion of the lead or revision of a subcutaneous extension, see footnote 9.
8 Codes defined as “multiple array” include dual array neurostimulator pulse generators, a type of multiple array generator in which two leads are connected to one generator.
9 In ICD-9-CM, code 86.09 can be assigned for various subcutaneous procedures such as opening the pocket for generator revision, relocating the device pocket while reinserting the same generator, or reconnecting or revising the subcutaneous portion of a lead or an extension. Similarly, the ICD-10-PCS codes can be assigned for opening the pocket for generator revision, as well as revising or relocating the pocket while reinserting the same generator. However, there are no ICD-10-PCS codes specifically defined for revising the subcutaneous portion of a lead or an extension. Because these services usually involve removing and reinserting the same generator as well, they can be represented by the ICD-10-PCS generator revision codes.
10 ICD-10-PCS code 0JWTXMZ (external approach) can be assigned for external manipulation without opening the pocket (eg, to correct a flipped generator).

Footnotes:
11 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 2014 base rates without geographical adjustments. CPT Copyright 2013 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to government use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
12 42 CFR Parts 405, 410, 412, 419, 475, 476, 486, and 495 [CMS-1601-FC] 3 S: Procedure or Service, Not Discounted When Multiple
13 4J1: Paid under OPPS; all covered Part B services on the claim are packaged with the primary “J1” service for the claim, except services with OPPS SI=F,G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.
14 Q2: T-packaged codes. Paid under OPPS when services are separately payable. Packaged APC payment if billed on the same date of service as HCPCS code assigned status indicator “T” Significant procedure, multiple surgical reduction applies.
15 2014 Medicare National Average payment rates, unadjusted for wage. “Allowed Amount” is the amount Medicare determines to be the maximum allowance for any Medicare covered procedure. Actual payment will vary based on the maximum allowance less any applicable deductibles, co-insurance etc.
16 Medicare device edits link: http://www.cms.gov/HospitalOutpatientPPS/02_device_procedure.asp. Please verify with local payers for specific device coding requirements. 8 C-codes are required for billing Medicare outpatient procedures with the applicable CPT codes, but are not separately payable by Medicare.
17 9 HCPCS II codes (L-codes) may be used by hospitals for billing outpatient services to non-Medicare payers. 10 Reported in circumstances where lead(s) is replaced.
18 CPT Changes 2012-An Insider’s View (pg. 251 on programming).
19 Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7.
20 List of local Medicare contractors is not an exhaustive list. LCD Link: http://www.cms.gov/mcd/indexes.asp?clickon=index (Search: Spinal Cord Stimulators).

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