

Our specialists are dedicated to supporting your team with all aspects of pre-authorization processes, case management, and reimbursement matters. We understand that patients come first, that's why we ensure current coding and procedure resources are readily available to support your efforts in providing access to therapy.

We have taken this opportunity to provide you with a Pre-Authorization packet containing required paperwork for each case as well as sample letters of medical necessity and candidate clearance. The intent of this guide is to ease you through preparation of the patient's case. However, should you have preliminary questions, our team is available from 7am to 6pm CST to assist. Enclosed:

- **List of required paperwork by payor for authorizations attached to case information form**
- **Certificate of medical necessity**
- **Patient Questionnaire and Release (HIPAA) or copy used by physician's office**
- **Medicare medical policy guidelines including ICD-10 Crosswalk**
- **Sample: Letter of Medical Necessity**
- **Sample: Psychiatric Clearance for SCS**

Welcome to Nuvectra! We look forward to improving your solutions for patient needs.

Nuvectra™ Connect
Pre-Authorization Specialists

Nulectra™ Pre-Authorization Packet | Cover Sheet

Please send the documentation listed below with the case information form.

Medicare

- Case information form
- Copy of Medicare and any supplementary policy cards
- Signed patient release of records
- Medicare-approved diagnosis (as listed in policy)
- Current psychological evaluation report
- Onset date of pain or treatment of pain

Workers' Compensation

- Case information form
- Signed patient release of records
- Workers' compensation contact information (Adjustor Name, Number, Claims Address)
- Claim Information
 - Date of injury
 - Employer and claim number
 - State where injury occurred
- Clinical information (past 6 months)
 - Documentation related to the compensable injury
 - Letter of medical necessity
 - History and Physical
 - Previous treatment notes
 - Diagnostic test reports
 - Physical Therapy notes

Private Insurance

- Case information form
- Signed patient release of records
- Copy of insurance card(s) with phone numbers and claim address
- Current psychological evaluation
- Clinical information (past 6 months)
 - Letter of medical necessity
 - Current office visit notes
 - History and physical
 - Previous treatment notes
 - Diagnostic test reports
 - Physical Therapy notes

Self/Private Pay

- Case information form
- Signed patient release of records
- Contact number for payer

Please contact Nuvectora™ Connect for support with your Pre-Authorization process.



Nuvectora™ Pre-Authorization Packet | Case Information Form

Please complete and send this form to the Pre-Authorization Specialists with Nuvectora Connect via fax (972-695-4031) or email preauth@nuvectramed.com

PATIENT INFORMATION				
Patient:	Date of birth:	Phone number:		
Street address:	City:	State:	Zip:	
PHYSICIAN INFORMATION				
Physician name:		Group name:		
Phone number:		Fax number:		
Tax ID number:	UPIN number:	MCA provider number:		
Physician NPI:	Physician PTAN:	Group NPI:	Group PTAN:	
PROCEDURE INFORMATION				
Procedure planned:	SCS Trial	SCS Perm	SCS Revision	SCS Replacement
Onset date of pain:				
Procedure date:				
FACILITY INFORMATION				
Facility name:		Facility type:		
Phone number:		Fax number:		
Street address:	City:	State:	Zip:	
Tax ID number:	Facility NPI:	Facility PTAN:		
PRIMARY COVERAGE				
Payor:		Payor type:		
Phone number:		Fax number:		
Street address:	City:	State:	Zip:	
Insured:	DOB:	Policy number:	Group number:	
<i>Worker's Compensation Only</i>	Employer:	Date of injury:		
Adjustor's name:		Phone number:		
SECONDARY COVERAGE				
Payor:		Payor type:		
Phone number:		Fax number:		
Street address:	City:	State:	Zip:	
Insured:	DOB:	Policy number:	Group number:	
<i>Worker's Compensation Only</i>	Employer:	Date of injury:		
Adjustor's name:		Phone number:		
TM Assigned:	Office Contact:	Phone:		

Nuvectora™ Pre-Authorization Packet | Medical Necessity Certificate

Certificate Document 1 of 3

Valued Physician,

Please find attached a template for the certificate of medical necessity. This template includes commonly used CPT (procedure) and HCPCS (equipment) codes for spinal cord stimulation. Payors often request this information be provided for a pre-authorization request or claim submission. Most payors will accept this form.

The form also includes a list of commonly used ICD-10 diagnosis codes for spinal cord stimulation. This is meant to be a generalized guide for codes indicating neuropathic pain. Medicare and many insurance companies generally accept these codes. However, please keep in mind that ICD-10 codes are updated annually, so this list is only valid for the year 2016.

This reference is provided for information purposes only. It does not serve as reimbursement or legal advice, nor is it intended to increase payment by any payor. 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 payors. 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.

This document is intended to provide reimbursement assistance only where products have been used according to their FDA approved or cleared indications. Where reimbursement is being requested in conjunction with use of a product that is inconsistent with, or not expressly granted in, the FDA approved labeling (which may be found in the clinician's manual, user's guide, or directions for use), please consult your billing personnel or the payor for instructions on the proper handling of this type of claim. Some payors may restrict such claims or services. Contact your Medicare contractor or other payor for any questions regarding coverage, coding, and payment.

Please feel free to contact Nuvectora™ Connect Pre-Authorization Specialists with any questions you may have regarding the attached template.

Thank you,

Nuvectora™ Connect Pre-Authorization Team

Nuvectra™ Pre-Authorization Packet | Medical Necessity Certificate

Certificate Document 2 of 3

Patient Name: _____ Date of birth: _____ Facility: _____

PROCEDURE PLANNED			
Trial of spinal cord stimulation		Neurostimulation IPG replacement	
Neurostimulation implant		Neurostimulation lead revision	
Neurostimulation lead replacement		Neurostimulation IPG revision	
PRESCRIPTION: ORDER FOR NUVECRA NEUROSTIMULATION EQUIPMENT			
Trial lead(s)		Rechargeable implantable pulse generator (patient programmer, charger)	
Trial stimulator		Neurostimulation implant – laminectomy lead(s)	
Neurostimulation implant – percutaneous lead(s)		Extension(s)	
PRIMARY DIAGNOSIS CODES: PLEASE CHECK A PRIMARY (BOLD) & ALL SECONDARY DIAGNOSIS CODES THAT APPLY			
G89.21	Chronic pain due to trauma	G89.4	Chronic pain syndrome
G89.28	Other chronic postoperative pain		
SECONDARY DIAGNOSIS CODES			
G03.9	Meningitis unspecified		
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
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
G90.59	Complex regional pain syndrome I of other specified site	G57.80	Other specified mononeuropathies of unspecified lowerlimb
G54.0	Brachial plexus disorders	G57.90	Unspecified mononeuropathy of unspecified lower limb
G54.1	Lumbosacral plexus disorders	I70.229	Atherosclerosis of native arteries of the extremities with rest with pain, unspecified extremity
G54.6	Phantom limb syndrome, with pain	M96.1	Postlaminectomy syndrome, not elsewhere classified
G54.8	Other nerve root and plexus disorders	M54.12	Radiculopathy, cervical region
G56.40	Causalgia of unspecified upper limb	M54.13	Radiculopathy, cervicothoracic region
G56.8	Other specified mononeuropathies of unspecified upper limb	M54.3	Sciatica, unspecified side
G56.90	Unspecified mononeuropathy of unspecified upper limb	M54.14	Radiculopathy, thoracic region
G57.70	Causalgia of unspecified lower limb	M54.15	Radiculopathy, thoracolumbar region
B02.22	Postherpetic trigeminal neuralgia	M54.16	Radiculopathy, lumbar region
B02.29	Other Postherpetic nervous system involvement	M54.17	Radiculopathy, lumbosacral region
S14.101A-S14.104A	Unspecified injury at C1-C4 level of cervical spinal cord, initial encounter	S14.111A-S14.114A	Complete lesion at C1-C4 level of cervical spinal cord, initial encounter
S14.131A-S14.134A	Anterior cord syndrome at C1-C4 level of cervical spinal cord, initial encounter	S14.121A-S14.124A	Central cord syndrome at C1-C4 level of cervical spinal cord, initial encounter
S14.151A-S14.154A	Other incomplete lesion at C1-C4 level of cervical spinal cord, initial encounter	S14.105A-S14.108A	Unspecified injury at C5-C8 level of cervical spinal cord, initial encounter



Nuvectora™ Pre-Authorization Packet | Medical Necessity Certificate

Certificate Document 3 of 3

Patient Name: _____ Date of birth: _____ Facility: _____

S14.115A-S14.118A	Complete lesion at C5-C8 level of cervical spinal cord, initial encounter	S14.135A-S14.138A	Anterior cord syndrome at C5-C8 level of cervical spinal cord, initial encounter
S14.125A-S14.128A	Central cord syndrome at C5-C8 level of cervical spinal cord, initial encounter	S14.155A-S14.158A	Other incomplete lesion at C5-C8 level of cervical spinal cord, initial encounter
S24.101A-S24.102A	Unspecified injury at T1 level of thoracic spinal cord, initial encounter. Unspecified injury at T2-T6 level of thoracic spinal cord, initial encounter.	S24.111A-S24.112A	Complete lesion at T1 level of thoracic spinal cord, initial encounter. Complete lesion at T12-T6 level of thoracic spinal cord, initial encounter.
S24.131A-S24.141A	Anterior cord syndrome at T1 level of thoracic spinal cord, initial encounter. Anterior cord syndrome at T2-T6 level of thoracic spinal cord, initial encounter.	S24.151A-S24.152A	Other incomplete lesion at T1 level of thoracic spinal cord, initial encounter. Other incomplete lesion at T2-T6 level of thoracic spinal cord, initial encounter.
S24.103A-S24.104A	Unspecified injury at T7-T10 level of thoracic spinal cord, initial encounter. Unspecified injury at T11-T12 level of thoracic spinal cord, initial encounter.	S24.113A-S24.114A	Complete lesion at T7-T10 level of thoracic spinal cord, initial encounter. Complete lesion at T11-T12 level of thoracic spinal cord, initial encounter.
S24.133A-S24.134A	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, initial encounter. Anterior cord syndrome at T11-T12 level of thoracic spinal cord, initial encounter.	S24.153A-S24.154A	Other incomplete lesion at T7-T10 level of thoracic spinal cord, initial encounter. Other incomplete lesion at T11-T12 level of thoracic spinal cord, initial encounter.
S34.109A	Unspecified injury to unspecified level of lumbar spinal cord, initial encounter	S34.3XXA	Injury of cauda equine, initial encounter
S34.139A	Unspecified injury to sacral spinal cord, initial encounter	S14.109A	Unspecified injury at unspecified level or cervical spinal cord, initial encounter
S24.109A	Unspecified injury at unspecified level or thoracic spinal cord, initial encounter	S34.109A	Unspecified injury at unspecified level or lumbar spinal cord, initial encounter
S14.2XXA	Injury of nerve root of cervical spine, initial encounter	S24.2XXA	Injury of nerve root of thoracic spine, initial encounter
S34.21XA	Injury of nerve root of lumbar spine, initial encounter	S34.22XA	Injury of nerve root of sacral spine, initial encounter
S14.3XXA	Injury of brachial plexus, initial encounter	S34.4XXA	Injury of lumbosacral plexus, initial encounter

MEDICAL NECESSITY – CERTIFICATION THAT THIS PATIENT MEETS THE FOLLOWING CRITERIA

- Psychological evaluation if required by payor
- Improvement in function is documented in the medical record
- Implantation of the stimulation is a last resort for this patient with chronic intractable pain
- Patient has undergone careful screening evaluation and diagnosis by a multidisciplinary team prior to implantation
- Demonstration of 50% greater pain relief with temporary implanted electrode(s) precedes permanent implantation
- The facilities, equipment, and professional and support personnel required for the proper diagnosis, treatment, training, and follow-up care of the patient are informed/available
- Other treatment modalities (e.g., medication, prior surgery, and physical therapy) have been tried and did not prove to be satisfactory or have been judged unsuitable/contraindicated for this patient

Print physician's name: _____

Physician signature: _____

Date: _____

HIPAA Privacy Authorization Form

****Authorization for Use or Disclosure of Protected Health Information**

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)**

****1. Authorization****

I authorize _____ (healthcare provider) to use and disclose the protected health information described below to
 NUVECTRA CORPORATION
(individual/entity seeking the information).

****2. Effective Period****

This authorization for release of information covers the period of healthcare from:

a. _____ to _____.

****OR****

b. all past, present, and future periods.

****3. Extent of Authorization****

a. I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

****OR****

b. Other (please specify): _____

4. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires.

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

7. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of patient or personal representative

Printed name of patient or personal representative and his or her relationship to patient

Date

Nuvectra™ Pre-Authorization Packet | Medicare Primary Pain Codes

ICD-10 Codes
<p>G89.0 Pain, not elsewhere classified Code also related psychological factors associated with pain (F45.42) <i>Excludes: generalized pain NOS (R52), pain disorders exclusively related to psychological factors (F45.42), pain NOS (R52), atypical face pain (G50.1), headache syndromes (G44.-)</i> <i>localized pain, unspecified type- code to pain by site, such as:</i> <i>abdomen pain (R10.-), back pain (M54.9), breast pain (N64.4), chest pain (R07.1-R07.9), ear pain (H92.0), eye pain (H57.1), headache (R51), joint pain (M25.5-), limb pain (M79.6-), lumbar region pain (M54.4), painful urination (R30.9), pelvic and perineal pain (R10.2), renal colic (N23), shoulder pain (M25.51-), spine pain (M54.-), throat pain (R07.0), tongue pain (K14.6), tooth pain (K08.8), migraines (G43.-), myalgia (M79.1), pain from prosthetic devices, implants, and grafts (T82.84, T83.83, T84.84, T85.84), phantom limb syndrome with pain (G54.6), vulvar vestibulitis (N94.810), vulvodynia (N94.81-)</i></p>
<p>G89.0 Central pain syndrome Déjérine-Roussy syndrome myelopathic pain syndrome thalamic pain syndrome (hyperesthetic)</p>
<p>G89.1 Acute pain</p>
<p>G89.11 Acute pain due to trauma</p>
<p>G89.12 Acute post-thoracotomy pain Post-thoracotomy pain NOS</p>
<p>G89.18 Other acute postoperative pain Postoperative pain NOS</p>
<p>R52 Other acute pain <i>Excludes: neoplasm related acute pain (G89.3)</i></p>
<p>G89.2 Chronic pain <i>Excludes: Causalgia, lower limb (G57.7-)</i> <i>causalgia, upper limb (G56.4-)</i> <i>central pain syndrome (G89.0)</i> <i>chronic pain syndrome (G89.4)</i> <i>complex regional pain syndrome II, lower limb (G57.7-)</i> <i>complex regional pain syndrome II, upper limb (G56.4-)</i> <i>neoplasm related chronic pain (G89.3)</i> <i>reflex sympathetic dystrophy (G90.5-)</i></p>
<p>G89.21 Chronic pain due to trauma</p>
<p>G89.22 Chronic post-thoracotomy pain</p>
<p>G89.28 Other chronic postoperative pain</p>
<p>G89.29 Other chronic pain</p>
<p>G89.3 Neoplasm related pain (acute) (chronic) cancer associated pain pain due to malignancy (primary) (secondary) tumor associated pain</p>
<p>G89.4 Chronic pain syndrome Chronic pain associated with significant psychosocial dysfunction</p>



This reference is provided for information purposes only. It does not serve as reimbursement or legal advice, nor is it intended to increase payment by any payor. 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 payors. 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.

This document is intended to provide reimbursement assistance only where products have been used according to their FDA approved or cleared indications. Where reimbursement is being requested in conjunction with use of a product that is inconsistent with, or not expressly granted in, the FDA approved labeling (which may be found in the clinician's manual, user's guide, or directions for use), please consult your billing personnel or the payor for instructions on the proper handling of this type of claim. Some payors may restrict such claims or services. Contact your Medicare contractor or other payor for any questions regarding coverage, coding, and payment.

Nuvectora™ Pre-Authorization Packet | Letter of Medical Necessity

To whom it may concern,

Please consider this letter as an authorization request for (insert name) to undergo a trial spinal cord stimulation. A trial of spinal cord stimulation is medically necessary to treat this patient with a diagnosis of (insert diagnosis).

(insert name) has undergone careful screening, evaluation, and diagnosis by a multi-disciplinary team prior to this request. He/she has tried other more conservative methods of pain management, including physical therapy, medication trials, interventional procedures such as injections and nerve blocks, behavioral modification, etc. None of these treatment modalities has provided effective, long-term relief of this patient's chronic intractable pain. In addition, this patient is not a surgical candidate.

Spinal cord stimulation therapy uses an implanted, programmable neurostimulator and stimulation leads that deliver small electrical pulses to the spinal cord. This stimulation interrupts or masks the pain signals to the brain. The neurostimulator is implanted beneath the skin and the leads are inserted into the spinal column. Neurostimulation therapies also exist for a number of other conditions, including urinary incontinence, epilepsy, and Parkinson's disease. The difference between the therapies lies in the location of the stimulation lead placement in the body. The objective of SCS therapy is to reduce a patient's pain to a manageable level so that the patient can return to a more normal lifestyle and resume his/her daily activities.

Patients who are candidates for SCS undergo a trial prior to long-term implantation. The trial allows the physician and patient to determine if SCS provides sufficient pain relief to warrant a long-term placement (the standard of care is 50% or greater reduction in pain). During the trial, the patient uses a trial stimulator that is worn outside of the body and is attached to leads by a trial cable. The patient wears the trial stimulator while engaging in normal activities for about a week. During this time, the patient keeps a diary on the effects of the trial on daily life: sleep, activity levels, range of motion, personality, mood swings, and use of pain medication.

The clinical information about spinal cord stimulation demonstrates that insurance coverage is both appropriate and necessary. Successful SCS could mean that (insert name)'s pain would be reduced, and it would possibly allow him/her to be able to resume a more active lifestyle.

Give the treatment methods available, SCS is the most effective choice for treating (insert name)'s pain. Research, clinical studies, and patient outcomes support this recommendation. Therefore, I am requesting your consideration in allowing (insert name) to undergo a trial of spinal cord stimulation to see if it is successful in relieving his/her pain.

Sincerely,

**Nuvectora™ Pre-Authorization Packet | Sample Psychiatric Clearance
for SCS**

To whom it may concern,

I have performed a psychological evaluation on _____. I feel he/she is an appropriate candidate for a trial and/or permanent implant of a spinal cord stimulation system. He/she has no drug addiction or underlying psychological conditions which would adversely affect the outcome of this procedure. In addition, relief from his/her chronic pain may prove therapeutic in relieving some of his/her depressive symptoms.

If you have additional questions, please contact me at _____.

Sincerely,

ICD-10 Crosswalk | Procedure Codes for Spinal Cord Stimulation

Nuvectra provides this information for your convenience only. This guide is not meant to serve as legal or reimbursement advice. Contact your Medicare contractor or payers for interpretation of coverage, coding, and payment policies. Guidelines for use of ICD-10 codes are still evolving and may be updated, expanded, or further specified over time.

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

ICD-10 Crosswalk | Procedure Codes for Spinal Cord Stimulation

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

ICD-10 Crosswalk | Procedure Codes for Spinal Cord Stimulation

Lead Procedures⁴

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

ICD-10 Crosswalk | Procedure Codes for Spinal Cord Stimulation

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

ICD-10 Crosswalk | Procedure Codes for Spinal Cord Stimulation

- 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 00PVXZ and 00PUXZ 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 0JW TXMZ (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).

Nuvectra 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 payor. 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 payors. Laws, regulations and coverage policies are complex and updated frequently, and therefore physicians and providers should consult their local Medicare Administrative Contractors (MACs), payers or a reimbursement specialist with reimbursement or billing questions.

This document is intended to provide reimbursement assistance only where products have been used according to their FDA-approved or cleared indications. Where reimbursement is being requested in conjunction with use of a product that is inconsistent with, or not expressly granted in, the FDA-approved labeling (which may be found in the clinician's manual, user's guide or directions for use), please consult your billing personnel or the payor for instructions on the proper handling of this type of claim. Some payors may restrict such claims or services. Contact your MAC or other payor for any questions regarding coverage, coding and payment.

© 2016 Nuvectra or its affiliates. All rights reserved.