



FY 2024 Quick Reference Guide – Neuromodulation

Inpatient Hospital Coding and Payment Guide for Spinal Cord Stimulation October 2023-September 2024

Coding and Payment Guide for Medicare Reimbursement: The information below represents FY2024 Medicare coding and base payment rates for Spinal Cord Stimulator (SCS) procedures performed in the inpatient hospital setting. The inpatient system uses Medical Severity Diagnosis Related Groups (MS-DRGs) to align resources associated with the patient’s diagnosis. The most common MS-DRGs for SCS procedures are outlined below. This does not represent an exhaustive list of SCS procedures.

ICD-10 Procedure Codes associated with SCS

		ICD-10-PCS ¹	ICD-10-PCS Description
Leads	Paddle	00HU0MZ	Insertion of Neurostimulator Lead into Spinal Canal, Open Approach
	Percutaneous	00HU3MZ	Insertion of Neurostimulator Lead into Spinal Canal, Percutaneous Approach
IPG	Non-Rechargeable	0JH70DZ	Insertion of Multiple Array Stimulator Generator into Back Subcutaneous Tissue and Fascia, Open Approach
	Rechargeable	0JH70EZ	Insertion of Multiple Array Rechargeable Stimulator Generator into Back Subcutaneous Tissue and Fascia, Open Approach

MS-DRGs associated with SCS²

Implantation of SCS System – Lead(s) and Multi-Array Pulse Generator

MS-DRG	Description	Base Payment ³
029	Spinal Procedures with CC or Spinal Neurostimulator	\$24,003
518	Back and Neck Procedures Except Spinal Fusion with MCC or Disc Device/Neurostimulator	\$25,568

Implantation of SCS Lead(s)

MS-DRG	Description	Base Payment
028	Spinal Procedures with MCC	\$42,192
029	Spinal Procedures with CC or Spinal Neurostimulator	\$24,003
030	Spinal Procedures without CC/MCC	\$16,237

Implantation of Multi-Array Pulse Generator

MS-DRG	Description	Base Payment
40	Peripheral/Cranial Nerve and Other Nervous System Procedures with MCC	\$26,960
41	Peripheral/Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator	\$15,618
42	Peripheral/Cranial Nerve and Other Nervous System Procedures without CC/MCC	\$12,181

See important notes on the uses and limitations of this information on page 2.

Medicare National Coverage Determination⁴

In the case of spinal cord stimulation, Medicare has a longstanding National Coverage Determination (NCD) for electrical nerve stimulators (160.7) that includes specific criteria for coverage, which are as follows:

- The implantation of the stimulator is used only as a late resort (if not a last resort) for patients with chronic intractable pain
- With respect to item a, other treatment modalities (pharmacological, surgical, physical, or psychological therapies) have been tried and did not prove satisfactory, or are judged to be unsuitable or contraindicated for the given patient
- Patients have undergone careful screening, evaluation, and diagnosis by a multidisciplinary team prior to implantation. (Such screening must include psychological, as well as physical evaluation)
- All the facilities, equipment, and professional and support personnel required for the proper diagnosis, treatment training, and follow up of the patient (including that required to satisfy item c) must be available; and
- Demonstration of pain relief with a temporarily implanted electrode precedes permanent implantation.

Medicare Local Coverage Determination⁵

Medicare has a long-standing NCD (160.7) for Electrical Nerve Stimulators (e.g., SCS). In addition to the NCD criteria, some Medicare contractors may require additional SCS coverage criteria through local coverage determinations (LCD). Please check with your local contractor. In the absence of an LCD, Medicare contractors will follow the NCD.

Palmetto GBA (AL, GA, TN, SC, VA, WV, NC)	http://www.palmettogba.com/medicare	LCD #L37632 LCA #A56876
Noridian JE (CA, NV, HI)	https://med.noridianmedicare.com/web/jeb/policies	LCD #L35136 LCA #A57791
Noridian JF (AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY)	https://med.noridianmedicare.com/web/jfb/policies	LCD #L36204 LCA #A57792

Indications for Use. The Boston Scientific Spinal Cord Stimulator Systems are indicated as an aid in the management of chronic intractable pain of the trunk and/or limbs including unilateral or bilateral pain associated with the following: failed back surgery syndrome, Complex Regional Pain Syndrome (CRPS) Types I and II, Diabetic Peripheral Neuropathy of the lower extremities, intractable low back pain and leg pain. Associated conditions and etiologies may be: radicular pain syndrome, radiculopathies resulting in pain secondary to failed back syndrome or herniated disc, epidural fibrosis, degenerative disc disease (herniated disc pain refractory to conservative and surgical interventions), arachnoiditis, multiple back surgeries. Contraindications, warnings, precautions, side effects. The SCS Systems are contraindicated for patients who: are unable to operate the SCS System, have failed trial stimulation by failing to receive effective pain relief, are poor surgical candidates, or are pregnant. Warning: Stimulation modes. Only paresthesia-based stimulation mode has been evaluated for effectiveness in the diabetic peripheral neuropathy (DPN) population. Refer to the Instructions for Use provided with the SCS System or Pain.com for potential adverse effects, warnings, and precautions prior to using this product.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician

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The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

Information included herein is correct as of October 2023 but is subject to change without notice.

1. 2024 CMS ICD-10-PCS Code Set Reference.
2. Most common MS-DRGs for SCS procedures based on Medicare claims data. Boston Scientific does not promote the use of its products outside FDA approved label.
3. Medicare National average base MS-DRG payment amounts (for urban areas) as of October 1, 2023 based on most common diagnoses for SCS. Academic teaching and disproportionate share hospitals may qualify for additional payment amounts in addition to the base MS-DRG.
4. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7, Benefit Category: Prosthetic Devices.
5. The list of Local Medicare contractors above is not an exhaustive list. To identify contractors and their websites in your state refer to: <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs>

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