



Common ICD-10 CM Diagnosis Coding Reference for Spinal Cord Stimulation

Common ICD-10-CM diagnosis codes most closely associated with SCS procedures are provided for information only. Physicians and facility staff must ensure primary and secondary diagnosis codes most accurately reflect individual patient characteristics, and not be used solely for purposes of reimbursement. The following are Common ICD-10 CM Diagnosis Codes related to Spinal Cord Stimulation (SCS):

Complex Regional Pain Syndrome I and II

| | - |
|---|--|
| ICD-10 CM Diagnosis Codes ¹ | Descriptions |
| G90.50 | Complex regional pain syndrome I, unspecified |
| 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 unspecified upper 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 unspecified lower limb |
| G90.59 | Complex regional pain syndrome I of other specified site |
| G56.40 | Causalgia of unspecified upper limb |
| G56.41 | Causalgia of right upper limb |
| G56.42 | Causalgia of left upper limb |
| G56.43 | Causalgia of bilateral upper limbs |
| G57.70 | Causalgia of unspecified lower limb |
| G57.71 | Causalgia of right lower limb |
| G57.72 | Causalgia of left lower limb |
| G57.73 | Causalgia of bilateral lower limbs |

Mononeuropathy

| ICD-10 CM Diagnosis Codes¹ | Descriptions |
|-------------------------------|--|
| G57.91 | Unspecified mononeuropathy of right lower limb |
| G57.92 | Unspecified mononeuropathy of left lower limb |
| G58.8 | Other specified mononeuropathies |
| G58.9 | Mononeuropathy, unspecified |

Diabetic Peripheral Neuropathy

| ICD-10 CM | Descriptions |
|------------------------------|---|
| Diagnosis Codes ¹ | |
| E08.40 | Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified |
| E08.41 | Diabetes mellitus due to underlying condition with diabetic mononeuropathy |
| E08.42 | Diabetes mellitus due to underlying condition with diabetic polyneuropathy |
| E08.43 | Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy |
| E08.49 | Diabetes mellitus due to underlying condition with other diabetic neurological complication |
| E09.40 | Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified |
| E09.41 | Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy |
| E09.42 | Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy |
| E09.43 | Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy |
| E09.49 | Drug or chemical induced diabetes mellitus with other diabetic neurological complication |
| E10.40 | Type 1 diabetes mellitus with diabetic neuropathy, unspecified |
| E10.41 | Type 1 diabetes mellitus with diabetic mononeuropathy |
| E10.42 | Type 1 diabetes mellitus with diabetic polyneuropathy |
| E10.43 | Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy |
| E10.49 | Type 1 diabetes mellitus with other diabetic neurological complication |
| E11.40 | Type 2 diabetes mellitus with diabetic neuropathy, unspecified |
| E11.41 | Type 2 diabetes mellitus with diabetic mononeuropathy |
| E11.42 | Type 2 diabetes mellitus with diabetic polyneuropathy |
| E11.43 | Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy |
| E11.49 | Type 2 diabetes mellitus with other diabetic neurological complication |
| E13.40 | Other specified diabetes mellitus with diabetic neuropathy, unspecified |
| E13.41 | Other specified diabetes mellitus with diabetic mononeuropathy |
| E13.42 | Other specified diabetes mellitus with diabetic polyneuropathy |
| E13.43 | Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy |
| E13.49 | Other specified diabetes mellitus with other diabetic neurological complication |

Disc Disorder

| ICD-10 CM Diagnosis Codes ¹ | Descriptions |
|---|--|
| M54.04 | Intervertebral disc disorder with myelopathy, thoracic |
| M51.05 | Intervertebral disc disorder with myelopathy, thoracolumbar |
| M51.06 | Intervertebral disc disorder with myelopathy, lumbar |
| M51.15 | Intervertebral disc disorders with radiculopathy, thoracolumbar region |
| M51.16 | Intervertebral disc disorders with radiculopathy, lumbar region |
| M51.17 | Intervertebral disc disorders with radiculopathy, lumbosacral region |
| M51.25 | Other intervertebral disc displacement, thoracolumbar region |
| M51.26 | Other intervertebral disc displacement, lumbar region |
| M51.27 | Other intervertebral disc displacement, lumbosacral region |
| M51.35 | Other intervertebral disc degeneration, thoracolumbar region |
| M51.36 | Other intervertebral disc degeneration, lumbar region |
| M51.37 | Other intervertebral disc degeneration, lumbosacral region |

Sciatica and Radiculopathy

| ICD-10 CM Diagnosis Codes¹ | Descriptions |
|-------------------------------|-------------------------------------|
| M54.30 | Sciatica, unspecified side |
| M54.31 | Sciatica, right side |
| M54.32 | Sciatica, left side |
| M54.14 | Radiculopathy, thoracic region |
| M54.15 | Radiculopathy, thoracolumbar region |
| M54.16 | Radiculopathy, lumbar region |
| M54.17 | Radiculopathy, lumbosacral region |
| M54.10 | Radiculopathy, unspecified site |

Stenosis

| ICD-10 CM Diagnosis Codes ¹ | Descriptions |
|---|--|
| M48.00 | Spinal stenosis, site unspecified |
| M48.04 | Spinal stenosis, thoracic region |
| M48.05 | Spinal stenosis, thoracolumbar region |
| M48.061 | Spinal stenosis, lumbar region without neurogenic claudication |
| M48.062 | Spinal stenosis, lumbar region with neurogenic claudication |
| M48.07 | Spinal stenosis, lumbosacral region |

Spondylolisthesis and Spondylosis

| ICD-10 CM Diagnosis Codes ¹ | Descriptions |
|---|---|
| M43.00 | Spondylolysis, site unspecified |
| M43.04 | Spondylolysis, thoracic region |
| M43.05 | Spondylolysis, thoracolumbar region |
| M43.06 | Spondylolysis, lumbar region |
| M43.07 | Spondylolysis, lumbosacral region |
| M43.08 | Spondylolysis, sacral and sacrococcygeal region |
| M43.09 | Spondylolysis, multiple sites in spine |
| M43.10 | Spondylolisthesis, site unspecified |
| M43.14 | Spondylolisthesis, thoracic region |
| M43.15 | Spondylolisthesis, thoracolumbar region |
| M43.16 | Spondylolisthesis, lumbar region |
| M43.17 | Spondylolisthesis, lumbosacral region |
| M46.18 | Spondylolisthesis, sacral and sacrococcygeal region |
| M43.19 | Spondylolisthesis, multiple sites |
| M47.14 | Other spondylosis with myelopathy, thoracic region |
| M47.15 | Other spondylosis with myelopathy, thoracolumbar region |
| M47.16 | Other spondylosis with myelopathy, lumbar region |

Pain

| ICD-10 CM Diagnosis Codes ¹ | Descriptions |
|---|-------------------------------------|
| G89.21 | Chronic pain due to trauma |
| G89.29 | Other chronic pain |
| G89.4 | Chronic pain syndrome |
| M54.6 | Pain in thoracic spine |
| M54.5 | Low back pain |
| M54.50 | Low back pain, unspecified |
| M54.59 | Other low back pain |
| M79.2 | Neuralgia and neuritis, unspecified |
| M79.604 | Pain in right leg |
| M79.605 | Pain in left leg |
| M79.606 | Pain in leg, unspecified |
| M79.609 | Pain in unspecified limb |
| M79.651 | Pain in right thigh |
| M79.652 | Pain in left thigh |
| M79.659 | Pain in unspecified thigh |
| M79.661 | Pain in right lower leg |
| M79.662 | Pain in left lower leg |
| M79.669 | Pain in unspecified lower leg |
| M79.671 | Pain in right foot |
| M79.672 | Pain in left foot |
| M79.673 | Pain in unspecified foot |
| M79.674 | Pain in right toe(s) |
| M79.675 | Pain in left toe(s) |
| M79.676 | Pain in unspecified toe(s) |

Failed Back

| ICD-10 CM Diagnosis Codes¹ | Descriptions |
|-------------------------------|-------------------------------|
| M96.1 | Postlaminectomy syndrome, NEC |

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, 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. The Boston Scientific Spectra WaveWriter™, WaveWriter Alpha™ and WaveWriter Alpha™ Prime SCS Systems are also indicated as an aid in the management of chronic intractable unilateral or bilateral low back and leg pain without prior back surgery. 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.

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.

Warning: Stimulation modes. Only paresthesia-based stimulation mode has been evaluated for effectiveness in the diabetic peripheral neuropathy (DPN) population.

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

Disclaimer: Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA- approved label. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. All trademarks are the property of their respective owners. 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 current as of November 2023 but is subject to change without notice. Rates for services are effective January 1, 2024.

1. ICD-10-CM Expert for Physicians: The Complete Official Code Set. Optum360, 2024.



Neuromodulation 25155 Rye Canyon Loop Valencia, CA 91355 www.bostonscientific.com ©2024 Boston Scientific Corporation or its affiliates. All rights reserved. NM-1807409-AA