



Common ICD-10 CM Diagnosis Coding Reference for Peripheral Nerve Stimulation

Common ICD-10-CM diagnosis codes most closely associated with PNS 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.

A chronic diagnosis is typically required as a primary diagnosis, and the underlying causes should be secondary, tertiary, etc. diagnoses.

The following are Common ICD-10 CM Diagnosis Codes related to Peripheral Nerve Stimulation (PNS):

Mononeuropathy

ICD-10 CM DIAGNOSIS CODES	DESCRIPTIONS
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 LIMB
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 LIMB
G57.80	OTHER SPECIFIED MONONEUROPATHIES OF UNSPECIFIED LOWER LIMB
G57.81	OTHER SPECIFIED MONONEUROPATHIES OF RIGHT LOWER LIMB
G57.82	OTHER SPECIFIED MONONEUROPATHIES OF LEFT LOWER LIMB
G57.83	OTHER SPECIFIED MONONEUROPATHIES OF BILATERAL LOWER LIMB
G57.90	UNSPECIFIED MONONEUROPATHY OF UNSPECIFIED LOWER LIMB
G57.91	UNSPECIFIED MONONEUROPATHY OF RIGHT LOWER LIMB
G57.92	UNSPECIFIED MONONEUROPATHY OF LEFT LOWER LIMB
G57.93	UNSPECIFIED MONONEUROPATHY OF BILATERAL LOWER LIMB
G58.8	OTHER SPECIFIED MONONEUROPATHIES
G58.9	MONONEUROPATHY, UNSPECIFIED
G59	MONONEUROPATHY IN DISEASE CLASSIFIED ELSEWHERE

Complex Regional Pain Syndrome I and II

ICD-10 CM DIAGNOSIS CODES	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

Nerve Root and Plexus Disorders

ICD-10 CM DIAGNOSIS CODES	DESCRIPTIONS
G54.1	LUMBOSACRAL PLEXUS DISORDERS, NOT ELSEWHERE CLASSIFIED
G54.2	CERVICAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED
G54.3	THORACIC ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED
G54.4	LUMBOSACRAL ROOT DISORDERS, NOT ELSEWHERE CLASSIFIED
G54.8	OTHER NERVE ROOT AND PLEXUS DISORDERS
G54.9	NERVE ROOT AND PLEXUS DISORDER, UNSPECIFIED
G55	NERVE ROOT AND PLEXUS COMPRESSIONS IN DISEASES CLASSIFIED ELSEWHERE

Osteoarthritis

ICD-10 CM DIAGNOSIS CODES	DESCRIPTIONS
M17.10	UNILATERAL PRIMARY OSTEOARTHRITIS, UNSPECIFIED KNEE
M17.11	UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE
M17.12	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE

Stenosis

ICD-10 CM DIAGNOSIS CODES	DESCRIPTIONS
M48.00	SPINAL STENOSIS, SITE UNSPECIFIED
M48.02	SPINAL STENOSIS, CERVICAL REGION
M48.04	SPINAL STENOSIS, THORACIC REGION
M48.062	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC CLAUDICATION
M48.07	SPINAL STENOSIS, LUMBOSACRAL REGION

Migraine*

ICD-10 CM DIAGNOSIS CODES	DESCRIPTIONS
G43.011	MIGRAINE WITHOUT AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43.019	MIGRAINE WITHOUT AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.111	MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43.A1	CYCLICAL VOMITING, IN MIGRAINE, INTRACTABLE
G43.B1	OPHTHALMOPLLEGIC MIGRAINE, INTRACTABLE
G43.C1	PERIODIC HEADACHE SYNDROMES IN CHILD OR ADULT, INTRACTABLE
G43.D1	ABDOMINAL MIGRAINE, INTRACTABLE
G43.811	OTHER MIGRAINE, INTRACTABLE, WITH STATUS MIGRAINOSUSE
G43.819	OTHER MIGRAINE, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G43.E11	CHRONIC MIGRAINE WITH AURA, INTRACTABLE, WITH STATUS MIGRAINOSUS
G43.E19	CHRONIC MIGRAINE WITH AURA, INTRACTABLE, WITHOUT STATUS MIGRAINOSUS
G44.021	CHRONIC CLUSTER HEADACHE, INTRACTABLE
G44.029	CHRONIC CLUSTER HEADACHE, NOT INTRACTABLE
G44.321	CHRONIC POST-TRAUMATIC HEADACHE, INTRACTABLE
G44.329	CHRONIC POST-TRAUMATIC HEADACHE, NOT INTRACTABLE
G44.59	OTHER COMPLICATED HEADACHE SYNDROME
G44.86	CERVICOGENIC HEADACHE

*The Nalu™ Neurostimulation System is not indicated for migraines.



View Boston Scientific Nalu Neurostimulation System Indications, Safety, and Warnings.

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 that are rendered. 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.

**Boston
Scientific**
Advancing science for life™

25155 Rye Canyon Loop
Valencia, CA 91355 USA

Copyright © 2026
by Boston Scientific
Corporation or its affiliates.
All rights reserved.

NM-2575710-AA