# Quick Reference Guide on Precision™ Spinal Cord Stimulation (SCS) System Procedure Documentation

## Procedure Documentation Guide for SCS

### Trial Procedure

<table>
<thead>
<tr>
<th>CPT Codes(^{1,2,3})</th>
<th>63650, L8680 (if performed in POS 11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Device Documentation(^4)</td>
<td>1 or 2 leads (electrode array)</td>
</tr>
<tr>
<td></td>
<td>8 or 16 electrodes (contacts)</td>
</tr>
</tbody>
</table>

### Permanent Procedure: Percutaneous Lead(s)

<table>
<thead>
<tr>
<th>CPT Codes(^{1,2,3})</th>
<th>63650, 63685</th>
</tr>
</thead>
<tbody>
<tr>
<td>Device Documentation(^4)</td>
<td>1 or 2 leads (electrode array)</td>
</tr>
<tr>
<td></td>
<td>8 or 16 electrodes (contacts)</td>
</tr>
</tbody>
</table>

- Dual array rechargeable implantable pulse generator

### Permanent Procedure: Paddle Lead

<table>
<thead>
<tr>
<th>CPT Codes(^{1,2,3})</th>
<th>63655, 63685</th>
</tr>
</thead>
<tbody>
<tr>
<td>Device Documentation(^4)</td>
<td>1 lead (electrode array)</td>
</tr>
<tr>
<td></td>
<td>16 electrodes (contacts)</td>
</tr>
</tbody>
</table>

- Dual array rechargeable implantable pulse generator

### Programming*

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>95971 (simple), 95972 (complex, first hour), 95973 (complex, each additional 30 minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Device Documentation(^5)</td>
<td>Simple: Three or fewer changes in programming parameters</td>
</tr>
<tr>
<td></td>
<td>Complex: Greater than three changes in programming parameters</td>
</tr>
<tr>
<td></td>
<td>Document Time: Programming is time based, use modifier 52 for programming time less than 31 minutes with 95972</td>
</tr>
</tbody>
</table>

*A physician should not bill if the service is performed entirely by, under the direction of, a manufacturer representative without payer consent. If the service is performed in part by the physician or the physician-supervised personnel (in accordance with the Medicare incident to requirements) and in part by a manufacturer representative, the physician should contact the payer and/or a reimbursement consultant before billing the services.

### 2012 Programming Parameters

- Rate
- Pulse Amplitude
- Pulse Duration
- Pulse Frequency
- Cycling
- Stimulation train duration
- Train spacing
- Number of programs
- Number of channels
- Alternating electrode polarities
- Dose time
- Eight or more electrode contacts

See back page for important information about the uses and limitations of this document.
Please ensure to document:

- Primary diagnosis and all other applicable complications and co-morbidities (Note: Refer to published payer medical policy)
- Whether patient satisfies conditions for insurance coverage (Note: Refer to published payer medical policy)
- Treatments to date and effectiveness in addressing the patient’s needs with supporting clinical information (i.e., History & Physical)
- Pharmacological information (Current and past medications, duration, and dosage)
- Patient’s psychological suitability for the recommended treatment and whether the patient has a history of drug abuse
- Treatment plan (Workers’ Comp payers may require this document in advance)
- Spinal cord stimulator trial results (including percentage of pain relief or rating on a pain scale)
- Differentiate simple vs. complex programming by documenting time and number of changes in patient-specific program parameters

Medicare Coverage Determinations (NCD)

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:

a) The implantation of the stimulator is used only as a late resort (if not a last resort) for patients with chronic intractable pain.

b) 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.

c) 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).

d) 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).

e) Demonstration of pain relief with a temporarily implanted electrode precedes permanent implantation.

In addition to NCD criteria, some Medicare contractors may require additional SCS coverage criteria called Local Coverage Determinations (LCD). Please check with your local contractor. In absence of an LCD, Medicare contractors will follow the NCD.

Cigna Government Services (ID)  
www.cgsmedicare.com

Pinnacle Business Solutions, Inc. (LA, AR, MI)  
www.pinnaclemedicare.com

Palmetto GBA (NC, SC, VA, WV)  
www.palmettogba.com

Trailblazer Health Enterprises, LLC. (CO, TX, OK, NM)  
www.trailblazerhealth.com

---

Boston Scientific Corporation  
Neuromodulation  
25155 Rye Canyon Loop  
Valencia, CA 91355  
www.bostonscientific.com

Pain Management Reimbursement Call Center  
Phone: (866) 287-0778 Monday-Friday  
6:00 am to 5:00 pm Pacific Time  
Fax: (877) 835-2520  
www.controlyourpain.com/reimbursement

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.