

## Coding for Sacral Neuromodulation

Sacral Neuromodulation (SNS) is a widely used technique in Female Pelvic Medicine and Reconstructive Surgery (FPMRS), with several FDA-approved indications. Unlike more traditional FPMRS procedures, SNS is not a single-event procedure but is typically done as a staged procedure. Additionally, future interventions, including programming, monitoring and revision surgery is often indicated. Because of this, practitioners who utilize this therapy frequently have concerns about the proper coding for each portion of the therapy both for the purposes of complete and accurate documentation and to obtain appropriate coding. The purpose of this document is to provide an overview as well as a detailed understanding of the components of SNS coding to assist in accurate and reproducible coding for the therapy. Currently there is a single SNS device available on the market in the US, the InterStim® system, which is manufactured and marketed by Medtronic, Inc.

### ICD-10-CM Diagnosis Codes

From the perspective of FPMRS, there are two FDA-approved indications for the use of SNS: urinary control and bowel control. These general indications each include a variety of different diagnoses and therefore a variety of ICD-10-CM codes to describe them.

### Codes for Urinary Control Symptoms

SNS is used for conditions which are manifest by symptoms of urinary urgency, urinary frequency, and urinary retention. Appropriate ICD-10-CM codes for these conditions are as follows:

N39.41	urge incontinence
R35.0	urinary frequency
R33.9	retention of urine, unspecified
R33.0	drug induced urinary retention
R39.14	incomplete bladder emptying
R33.8	other unspecified urinary retention

When coding a diagnosis for urinary control indications, the practitioner should select one of the approved codes as the primary diagnosis, with codes to specify known exact mechanisms or etiologies as secondary codes (see “Billing Tips”). Use of SNS also requires documentation of prior therapeutic failures, depending on the indication (see “Documentation”). Providers need to be familiar with policies of each of the insurance carriers, including Medicare, with regards to these requirements. Despite this, denials for these services are still common amongst commercial insurers, and providers should be prepared to appeal these decisions based upon detailed and appropriate documentation of indications for these services.

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### Codes for Bowel Control Symptoms

The approved SNS indication for bowel control is for chronic fecal incontinence. The primary diagnosis code used is:

R15.9 Full incontinence of feces

Similarly to urinary indications, if a secondary diagnosis is appropriate, it may be coded as a secondary diagnosis. (see “Billing Tips”)

### Other Diagnosis Codes

New in ICD 10 is a code for the monitoring and adjustment of the sacral neuromodulation. In the past, ICD 9 allowed a provider to use the underlying disease or symptom as a diagnosis (e.g. urgency incontinence). The greater specificity of ICD 10 requires the use of the appropriate Z code to bill for these encounters.

Z45.42 Fitting and adjustment of neuropacemaker (brain/peripheral nerve/spinal cord)

For example, a patient who comes in for routine monitoring and testing of her SNS device can be correctly coded as Z45.42 (Fitting and adjustment of neuropacemaker (brain) (peripheral nerve) (spinal cord)). See “Billing Tips” for further examples.

The 2017 version of ICD-10-CM provides both greater clarity and specificity on how complications of sacral neuromodulation should be coded. ICD-10-CM classifies SNS as “implanted electronic stimulator of the peripheral nervous system” under category T85. Various codes within T85 are most specific for certain SNS complications.

Note that codes within the T category denote injuries and other external consequences, and these codes always require the addition of the appropriate 7<sup>th</sup> character to designate the type of episode of care. (The use of 7<sup>th</sup> characters is addressed in a separate AUGS coding fact sheet.) In general, providers will use the 7<sup>th</sup> character “A” to designate an initial encounter, which includes all subsequent visits related to the active problem, or the 7<sup>th</sup> character “D” to designate subsequent care (e.g., after resolution of the complication).

### Examples:

T85.111X – Breakdown (mechanical) of implanted electronic neurostimulator of peripheral nerve, electrode (e.g., sacral lead)

T85.113X – Breakdown (mechanical) of implanted electronic neurostimulator, generator (this would include nonfunctioning stimulator or device with a drained battery)

T85.121X – Displacement (malposition) of implanted electronic neurostimulator of peripheral nerve electrode (sacral lead)

T85.123X – Displacement (malposition) of implanted electronic neurostimulator, generator

T85.191X – Other mechanical complication of implanted electronic neurostimulator of peripheral nerve electrode (lead) – this code includes protrusion of the lead

T85.193X – Other mechanical complication of implanted electronic neurostimulator, generator – includes protrusion of the generator

T85.732X – Infection/inflammatory reaction due to implanted electronic neurostimulator of periph nerve, electrode (lead)

T85.734X – Infection/inflammatory reaction due to implanted electronic neurostimulator, generator (e.g., generator pocket infection)

T85.890X – Other specified complication of nervous system implants (this code includes erosion or breakdown of subcutaneous device pocket)

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**CPT codes and RVU table from 2018 National Physician Fee Schedule**

CPT code	Description	Total RVU (Work)	Total RVU (Facility)
64561	Percutaneous Implant Neuroelectrode	23.69	8.76
64581	Incision for Implant Neuroelectrode	NA	19.18
64585	Revise/remove neuroelectrode	7.00	4.13
64590	Insertion or replacement peripheral neurostimulator	7.62	4.65
64595	Revise/remove peripheral neurostimulator	7.03	3.65
76000	Fluoroscopic examination	1.35	NA
76000-TC	Fluoroscopic examination (technical component only)	1.10	NA
76000-26	Fluoroscopic examination (professional component only)	0.25	0.25
95970	Electronic Analysis of neurostimulator without programming	1.97	0.69
95971	Analyze neurostimulator simple programming (less than 3 parameters changed)	1.45	1.17
95972	Analyze neurostimulator complex programming (> 3 parameters changed)	1.67	1.19

**Procedure Codes**

There are a variety of combinations of procedures for testing and placement of an SNS device, and thus a variety of CPT procedural codes, which can be combined to describe the specific procedures which were performed to place, remove, or maintain an SNS device. These procedures are either:

**In-office tests** Medtronic currently designates as “Basic Tests” and which were formerly designated as “Peripheral Nerve Evaluations”. These are office-based procedures to evaluate the status of the device or to reprogram it.

**Operating Room (OR) based procedures** for the placement of the device. The OR based procedures include complete “full-system” implants (which we will designate as “FSI”), in which the entire SNS device is implanted in a single session (typically AFTER successful completion of a “Basic Test”), as well as staged procedures in which the leads are placed, and attached to an external stimulator (currently called an “Advanced Test”, formerly “Stage I”), and usually followed by either permanent implantation of the SNS Device (Implantable Patient Generator, or IPG) (which were formerly known as “Stage II”) or removal of the previously placed leads if the testing proves unsuccessful. There are also codes for removal of the device which also cover its revision.

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### **Office-Based Procedural Codes: Further detail**

The office-based codes are divided into codes related to the basic testing of the SNS device and codes for evaluation and programming/reprogramming of an already placed SNS device.

**Basic Test (“Peripheral Nerve Evaluation”): CPT code 64561 (Percutaneous implantation of neurostimulator electrode array, including image guidance, if performed), Global period 10 days.**

For some patients the preferred means to determine the efficacy of SNS is by doing an office-based external stimulation test. This test (the “Basic Test”, which was formerly referred to as a “Peripheral Nerve Evaluation”) involves the placement of temporary test electrodes into the sacral foramen and stimulation of those electrodes over a several days period. It is typically done bilaterally, meaning separate electrodes are placed on both left and right sides, and are alternately stimulated over the course of the test period (typically 4-5 days). The electrodes can be placed under fluoroscopic control (if that is available in the office setting) or blindly. The CPT code for this procedure is **64561** (“Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement), including image guidance if performed”). Since the procedure is done separately on each side, it is appropriate to code this twice (if both sides are tested), record two units, and to apply the -50 modifier (bilateral procedure) to one of the two codes. No separate code may be added for fluoroscopic imaging, as this is included in the **64561**-base code. The removal of these electrodes is not separately coded (although it technically might fall under the code for revision or removal of peripheral neurostimulator electrode array code 64585) as it is typically done within the 10-day global period.

**Device Evaluation: CPT Code 95970 (device evaluation)**

**Device Programming: CPT codes 95971 (simple programming) and 95972 (complex programming)**

The other office-based codes for SNS are for evaluation of the device and programming of the generator. These procedures involve remotely accessing the device via either the patient’s controller/programmer (which is suitable for only simple programming) or via the clinician programmer (which can evaluate the device, as well as reprogram all parameters). Evaluation of the device includes evaluation of its status (ON or OFF), as well as the amplitude, pulse duration (or “pulse width”) (in milliseconds (mS)) and frequency (in Hertz (Hz)) of the pulses, as well as the status of any cycling functions (the SNS device can cycle the stimulation between active stimulation and passive “rest” cycles. By default, this function is disabled, and the default cyclic setting is 16 seconds of stimulation, followed by 8 seconds of rest, and repeated), the impedance of the electrode combinations, as well as an estimate of the battery life of the device and duration of stimulation previously delivered. This can be done with the clinician programmer only, and is indicated with the CPT code 95970 (Electronic analysis of implanted neurostimulator pulse generator system). It is good practice to document all the parameters which are accessed for such a procedure. Programming of the device is divided into “**simple programming, in which three or fewer parameters are changed**,” and “**complex programming in which four or more parameters are changed**.” Simple programming is indicated by CPT code 95971 (Electronic analysis of implanted neurostimulator pulse generator system; simple spinal cord or peripheral neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming).

Complex programming is indicated by CPT code 95972 (Electronic analysis of implanted neurostimulator pulse generator system; complex spinal cord or peripheral neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour) (see “Billing Tips”).

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### **Surgical (OR-based) Procedural Codes: Further detail**

SNS procedures which are performed in the Operating Room (either in a hospital or Ambulatory Surgical Center setting) relate directly to the placement of the SNS system or its removal/replacement.

#### **Advanced Test (“Stage I”): CPT codes 64581 and 76000-26, Global period 90 days**

During the Advanced Test, the permanent tined-electrodes are placed percutaneously into the sacral foramen via surgical incision, generally under fluoroscopic guidance. A test connector is also placed under the skin to allow the permanent leads to be connected to a temporary external generator for periods up to two weeks. This may be done in the setting of a failed Basic Test, or may be done primarily (most commonly for diagnoses such as urinary retention which require a longer period of stimulation to observe changes in symptoms). Interestingly, unlike the code for the Basic test, the CPT code for placement of the permanent leads **does not** include imaging guidance, so it can be separately coded. The code for placement of the permanent electrodes by incision is CPT Code 64581 (Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) and CPT 76000-26 (Fluoroscopy, up to one hour-professional component) for the imaging. Since surgical incision is a required component of this procedure, it is good documentation practice to record the surgical incision made. The global period for this procedure is 90 days.

#### **Generator Implantation (or Replacement) (“Stage II”): CPT codes 64590 and 95972, Global period 10 days**

If the Advanced Test is successful, the second portion of the implantation can be done at a separate time (generally about 2 weeks after the Advanced Test), and consists of removal of the external test generator and its associated connectors, and creation of a subcutaneous pocket to contain the Implantable Patient Generator (“IPG”), the component which is typically thought of as the device itself. The CPT code for this placement is 64590 (Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling). It is noteworthy that this is **also** the code which is used for replacement of the IPG when the battery has expired. The global period for this procedure is 10 days. Since the device must be programmed to function, the code for complex programming (95972) is also appropriate (since all parameters must be programmed initially, and generally four separate programs are set up). In some instances, the device manufacturer’s representative will program the IPG, **in this case it is not appropriate to code for programming** (see “Coding Pitfalls”). Providers should be aware that technically, the generator implantation (stage 2) typically occurs within the 90-day global period of the Stage 1 lead implantation (64581), and that it would be appropriate (although not all carriers require it) to add the –58 modifier to 64590, indicating that this is a staged procedure.

#### **Full System Implant: CPT codes 64581, 64590, 76000-26, and 95972, Global period 90 days**

If the entire system is implanted in one procedure (for example after a successful Basic Test) then all the above-mentioned codes can be grouped together to describe the procedure. Those codes are CPT 64581, 64590, 76000-26, and 95972 (if the practitioner programs the device). The global period for the combined procedure is governed by the longest global period for the components, and thus is 90 days.



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**Revision or Removal: CPT code 64585 (removal of lead) or 64595 (removal IPG), Global period 10 days**

When it is necessary to remove or revise the leads or the IPG, there are separate codes for these procedures. The code for removal or revision of the lead is CPT 64585, with a global period of 10 days, while the code for removal or revision of the IPG is CPT 64595, with a global period of 10 days. In practice however, these codes are not useful for “revision”. Current NCCI edits and bundling rules make removal and placement codes exclusive of one another (so, for example, 64581 cannot be coded with 64585). (See “billing tips”). Since revision can be thought of as removal of a pre-existing lead or IPG, followed by placement of a new lead or generator, most practitioners simply document the removal and the placement and code only for the placement (e.g., CPT 64581 and not 64585). In general, it is helpful to consider the phrase “revision” as meaning “removal and replacement”.

**Billing Tips**

- When coding a diagnosis for urinary control indications, the practitioner should select one of the approved codes as the primary diagnosis, with codes to specify known exact mechanisms or etiologies as secondary codes. For example, a patient with urgency incontinence who has been determined to have detrusor overactivity would appropriately have her diagnosis coded as (Primary) N39.41 (urge incontinence) and (Secondary) N32.81 (detrusor overactivity).
- Symptom and etiology codes can also be used for fecal incontinence. If a patient had fecal incontinence and a known rectal sphincter disruption, that might be coded as (Primary) R15.9, (Secondary) K62.81 (anal sphincter tear (healed) (old)).
- A routine maintenance code may also be associated with diagnosis codes. A patient who presents for maintenance may also have symptoms of the underlying illness for which she was treated (perhaps detrusor overactivity); this visit can be coded as (Primary) N39.41, (Secondary) N32.81, (Tertiary) Z45.42.
- For Basic Test 64561, since the procedure is done separately on each side, it is appropriate to code this twice (if both sides are tested), record two units, and to apply the -50 modifier (modifier for bilateral procedure) to one of the codes. No separate code may be added for fluoroscopic imaging, as this is included in the 64561 basecode.
- For Advanced Test 64581, unlike the code for the Basic test, the CPT code for placement of the permanent leads **does not** include imaging guidance, so it can be separately coded.
- For Device Evaluation and Programming/Complex 95972: If complex programming requires more than one hour of actual programming time, this may also be coded by use of CPT code 95973 which codes for each additional half-hour of programming time. Note that both programming codes **include** electronic analysis of the device. It is good documentation practice to document a complete device analysis (as described above under procedural codes), as well as all changes to all parameters which are changed, and the total time required for the accomplishment of those programming tasks when these codes are used.
- For Revision 64581 or Removal 64585/64595, current NCCI edits and bundling rules make removal and placement codes exclusive of one another. Since revision can be thought of as removal of a pre-existing lead or IPG, followed by placement of a new lead or generator, most practitioners simply document the removal and the placement and code only for the placement (e.g., CPT 64581 and not 64585).
- Replacement of a non-functioning IPG with a new IPG should be coded using 64590, not 64595. Removal of the old IPG cannot be coded separately.

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## Documentation

- SNS is considered a third-line therapy for treatment of urgency urinary incontinence and urinary frequency (N39.41 and R35.0 respectively), after behavioral modifications, physical therapy, and anti-cholinergic or beta agonist medications, and appropriate documentation of prior therapeutic failures of these methods will generally be required.
- SNS is considered a first line therapy for urinary retention (R33.9, etc.), and therefore may often be offered as an alternative treatment to intermittent self-catheterization without additional documentation.
- SNS is also considered appropriate therapy for fecal incontinence, based upon the medical policy of the insurer.

## Coding Pitfalls

- For Basic Test 64561, no separate code may be added for fluoroscopic imaging, as this is included in the 64561-base code. In the typical case, lead removal is included in the global period and is not usually coded separately.
- For Complex Programming 95972, in some instances, the device manufacturer's representative will program the IPG, **in this case it is not appropriate for the provider to code for programming.**
- While fluoroscopy (76000) can be separately coded for with 64581, it is frequently not paid for by most third-party payors (possibly because they are separately paying radiology for this)

## Billing Examples

### 1) In-office Basic test:

A patient with urinary frequency who has failed two separate anti-cholinergic medications undergoes placement of bilateral test leads, and temporary external stimulation for 4 days, followed by removal of the test leads.

**ICD-10 Codes N39.41**

**CPT Codes: 64561-50  
64561-50**

**The -50 modifier is used to denote a bilateral procedure**

**Global Period: 10 days**

### 2) Full System Implant:

The same patient from the previous example returns for follow-up and it is determined that her test was successful. She then undergoes a complete implantation of the SNS device in the local ambulatory surgical center.

**ICD-10 Codes: N39.41**

**CPT Codes: 64581  
64590 - 51  
95972 (if programmed by practitioner)  
76000-26**

**The -26 modifier is used as the surgeon can only bill for the physician component portion of the test**

**Global Period: 90 days**

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**3) Advanced Test:**

A patient with urinary retention undergoes an advanced test ("Stage I").

**ICD-10 Codes: R39.14**

**CPT Codes: 64581**

**76000-26**

**Global period: 90 days**

**4) IPG Implant**

The same patient in Example 3 returns after two weeks with a successful advanced test and undergoes IPG implantation.

**ICD-10 Codes: R39.14**

**CPT Codes: 64590 -58**

**95972 (if device programmed by practitioner)**

**A -58 modifier should be added to the procedure since it constitutes a staged or anticipated return to the OR**

**5) New Patient with Previously implanted SNS device**

A new patient comes to see you in your office complaining of fecal incontinence. She has previously had an SNS device implanted, but is no longer having the same treatment effect that she had when it was first implanted. You access the device, determine that it has normal battery life and normal impedances. You reprogram the device with 4 new program settings using multiple different electrodes. Total programming time is 15 minutes.

**ICD- 10 Codes: R15.9**

**Z45.42**

**CPT Codes: Appropriate E&M code for Visit, with a -25 modifier to allow billing for reprogramming during the same encounter - 95972**

**There is no global period for this procedure.**

**6) New Patient with Fractured Lead**

A new patient comes to see you who has previously had an SNS device implanted for urinary retention. Her device worked well until her recent move during which time she did a lot of lifting and bending. Since her move she has had recurrence of her symptoms, and demonstrates an elevated post-void residual in your office today. You access her SNS device and discover that her device has a normal battery life expectancy. Impedances for electrode combinations with the case, electrodes 2, and 3 are all normal, but all impedances involving electrodes 0 and 1 are > 4000 K ohms. You diagnose a fractured lead at the electrode 1-2 interval.

**ICD- 10 Codes: R39.14**

**T85.111**

**A Z45.42**

**CPT Codes: Appropriate E&M code for visit with a -25 modifier to allow billing for analysis of the device without programming: 95970**

**There is no global period for this procedure.**

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**7) Patient with Fractured Lead Has Lead and Generator replaced**

The same patient from Example 6 comes to the operating room for removal of her defective lead, and replacement of the lead and IPG.

**ICD-10 Codes: R39.14**

**T85.111A**

**CPT Codes: 64581**

**64590 -51**

**95972 (if new IPG programmed by  
practitioner) 76000-26**

**Global period: 90 days**

**Note that the removal of the electrode and prior IPG are not separately coded, as explained within the text.**

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