

Eli's Rehab Report

You Be the Coder: Sacral Nerve Stimulation

Test your coding knowledge. Determine how you would code this situation before looking at the box below for the answer.

Question: I understand that Medicare now pays for sacral nerve stimulation. We often see patients in our rehab facility who could benefit from this treatment. Which diagnosis codes should be used to bill for this?

West Virginia Subscriber

| Answer: CMS Program Memorandum AB-01-143 (issued October 2001) states that stimulation is covered for treating urinary urge incontinence, urgency-frequency sy urinary retention. Most carriers will cover the stimulation for 595.1 (Chronic intersti 596.55 (Detrusor sphincter dyssynergia), 788.21 (Incomplete bladder emptying), 78 incontinence), 788.33 (Mixed incontinence), 788.34 (Incontinence without sensory a and 788.41 (Urinary frequency). Of course, each carrier has its own guidelines for c be sure to check your state's Medicare review policy before billing for this. | ndrome and tial cystitis), 88.31 (Urge awareness) |
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| There are two parts to the treatment: a temporary sacral nerve stimulation to see in stimulator would work (often performed in the rehab facility), and a permanent imp patients who tested well in the temporary stimulation. Medicare covers both the test permanent implant: We'll assume that you're only asking about the test, since a ure rather than a rehab physician would perform the permanent implantation. | lantation for st and the |
| Medicare only covers the test when performed in a hospital outpatient department, access hospital, a comprehensive outpatient rehab facility or a rural health clinic. T not payable if conducted in a physician's office. | |
| Coverage limitations for diagnoses of urge incontinence, urge frequency and retent | ion include: |
| 1. The patient must be nonresponsive to conventional therapy (documented behavi therapy, medication or surgery to treat the incontinence). | ioral |
| 2. The patient must be an appropriate candidate for surgical implantation with ane | sthesia. |
| 3. Any patient who has stress incontinence, urinary obstruction or specific neurolog (such as diabetes with peripheral nerve involvement) is excluded from this treatme | |
| 4. The patient must first have a successful test stimulation. Before permanent impla or she must demonstrate a 50 percent or greater improvement through test stimula Improvement must be substantiated through voiding diaries that the patient record | ation. |
| 5. The patient must be able to record voiding diary data to support evaluation of the procedure. | e implant |
| CPT 2002 introduced two new codes to cover the procedures: 64561 (Percutaneous implantation of neurostimulator electrodes; sacral nerve [transforaminal placement test and 64581 (Incision for implantation of neurostimulator electrodes; sacral nerv [transforaminal placement]) for the incision for the permanent implantation. |]) for the |
| The Food and Drug Administration requires physicians to attend a special workshop of the InterStim continence control device, so look into this if any of your rehab phy planning to work with these patients. | |

