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The Customer Care Support Program is available to answer any of your coding and billing inquiries at 855-356-9666.

ICD-10-CM Diagnosis Code Options

Effective October 1, 2015, ICD-10-CM codes are to be used to document the patient's condition. Just like with the ICD-9-CM diagnosis coding, it is the physician's responsibility to select and report the appropriate diagnosis codes that pertain to the patient's symptoms or conditions. Diagnosis codes are used by both physicians and facilities to document the indication for the procedure. Intrathecal drug delivery is directed at managing chronic, intractable pain. Pain can be coded and sequenced several ways depending on the documentation and the nature of the encounter. **Regardless of the place of service, ICD-10-CM diagnosis codes do not change.**

Codes from the "G89" series may be used as the principal diagnosis when the encounter is for pain control or pain management, rather than for management of the underlying conditions. Additional codes may then be assigned to give more detail about the nature and location of the pain and the underlying cause. It is the physician's responsibility to code the appropriate diagnosis code(s) based on the patient's condition and presenting symptoms.

When a specific pain disorder is not documented or the encounter is to manage the cause of the pain, the underlying condition is coded and sequenced as the principal diagnosis.

Disclaimer: It is always the provider's responsibility to determine medical necessity and submit appropriate codes, modifiers and charges for services rendered. Please contact your local carrier/payer for interpretation of coding, coverage and payment. Flowonix Medical does not promote the use of its products outside their FDA approved labeling.

The table below gives a breakdown of commonly billed ICD-10-CM¹ diagnosis codes used in all settings.

Category	Code	Code Description
Chronic Pain Disorders	G89.0	Central Pain Syndrome
	G89.29 ²	Other Chronic Pain
	G89.3	Neoplasm-related pain
	G89.4	Chronic Pain Syndrome
Reflex Sympathetic Dystrophy and Causalgia	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
	G57.70	Causalgia of unspecified lower limb
	G57.71	Causalgia of right lower limb
	G57.72	Causalgia of left lower limb
Underlying Causes of Chronic Non-Cancer Pain	B02.22	Postherpetic trigeminal neuralgia
	B02.23	Postherpetic polyneuropathy
	G03.1	Chronic meningitis
	G03.9	Meningitis, unspecified
	G54.6	Phantom limb syndrome with pain current traumatic nerve root and
	G54.7	Phantom limb syndrome without pain
	G57.90	Unspecified mononeuropathy of unspecified lower limb
	G57.91	Unspecified mononeuropathy of right lower limb
	G57.92	Unspecified mononeuropathy of left lower limb
	M96.1	Postlaminectomy syndrome, not elsewhere classified
	M54.14	Radiculopathy, thoracic region
	M54.15	Radiculopathy, thoracolumbar region
	M54.16	Radiculopathy, lumbar region
	M54.17	Radiculopathy, lumbosacral region
	M80.08XA	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
	M80.88XA	Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture Pathological fracture, other site, initial encounter for fracture

ICD-10-CM¹ diagnosis codes used in all settings (continued).

Category	Code	Code Description
Underlying Causes of Cancer Pain	C15.3	Malignant neoplasm of upper third of esophagus
	C15.4	Malignant neoplasm of middle third of esophagus
	C15.5	Malignant neoplasm of lower third of esophagus
	C15.3	Malignant neoplasm of upper third of esophagus
	C15.4	Malignant neoplasm of middle third of esophagus
	C15.5	Malignant neoplasm of lower third of esophagus
	C15.8	Malignant neoplasm of overlapping sites of esophagus
	C15.9	Malignant neoplasm of esophagus, unspecified
	C16.0	Malignant neoplasm of cardia
	C16.4	Malignant neoplasm of pylorus
	C16.3	Malignant neoplasm of pyloric antrum
	C16.1	Malignant neoplasm of fundus of stomach
	C16.2	Malignant neoplasm of body of stomach
	C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
	C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
	C16.8	Malignant neoplasm of overlapping sites of stomach
	C16.9	Malignant neoplasm of stomach, unspecified
	C18.3	Malignant neoplasm of hepatic flexure
	C18.4	Malignant neoplasm of transverse colon
	C18.6	Malignant neoplasm of descending colon
	C18.7	Malignant neoplasm of sigmoid colon
	C18.0	Malignant neoplasm of cecum
	C18.1	Malignant neoplasm of appendix
	C18.2	Malignant neoplasm of ascending colon
	C18.5	Malignant neoplasm of splenic flexure
	C18.8	Malignant neoplasm of overlapping sites of colon
	C18.9	Malignant neoplasm of colon, unspecified
	C19	Malignant neoplasm of rectosigmoid junction
	C20	Malignant neoplasm of rectum
	C21.1	Malignant neoplasm of anal canal
	C21.0	Malignant neoplasm of anus, unspecified
	C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal	
C78.5	Secondary malignant neoplasm of large intestine and rectum	

ICD-10-CM¹ diagnosis codes used in all settings (continued).

Category	Code	Code Description
Underlying Causes of Cancer Pain	C22.0	Liver cell carcinoma
	C22.2	Hepatoblastoma
	C22.3	Angiosarcoma of liver
	C22.4	Other sarcomas of liver
	C22.7	Other specified carcinomas of liver
	C22.8	Malignant neoplasm of liver, primary, unspecified as to type
	C22.9	Malignant neoplasm of liver, not specified as primary or secondary
	C78.5	Secondary malignant neoplasm of large intestine and rectum
	C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
	C25.0	Malignant neoplasm of head of pancreas
	C25.1	Malignant neoplasm of body of pancreas
	C25.2	Malignant neoplasm of tail of pancreas
	C25.3	Malignant neoplasm of pancreatic duct
	C25.4	Malignant neoplasm of endocrine pancreas
	C25.7	Malignant neoplasm of other parts of pancreas
	C25.8	Malignant neoplasm of overlapping sites of pancreas
	C25.9	Malignant neoplasm of pancreas, unspecified
	C33	Malignant neoplasm of trachea
	C34.00	Malignant neoplasm of unspecified main bronchus
	C34.01	Malignant neoplasm of right main bronchus
	C34.02	Malignant neoplasm of left main bronchus
	C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
	C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
	C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
	C34.2	Malignant neoplasm of middle lobe, bronchus or lung
	C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
	C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
	C34.32	Malignant neoplasm of lower lobe, left bronchus or lung

ICD-10-CM¹ diagnosis codes used in all settings (continued).

Category	Code	Code Description
Underlying Causes of Cancer Pain	C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
	C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
	C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
	C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
	C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
	C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
	C78.00	Secondary malignant neoplasm of unspecified lung
	C78.01	Secondary malignant neoplasm of right lung
	C78.02	Secondary malignant neoplasm of left lung
	C41.0	Malignant neoplasm of bones of skull and face
	C41.1	Malignant neoplasm of mandible
	C41.2	Malignant neoplasm of vertebral column
	C41.3	Malignant neoplasm of ribs, sternum and clavicle
	C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
	C40.01	Malignant neoplasm of scapula and long bones of right upper limb
	C40.02	Malignant neoplasm of scapula and long bones of left upper limb

ICD-10-CM¹ diagnosis codes used in all settings (continued).

Category	Code	Code Description
Underlying Causes of Cancer Pain	C40.11	Malignant neoplasm of short bones of right upper limb
	C40.12	Malignant neoplasm of short bones of left upper limb
	C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
	C40.20	Malignant neoplasm of long bones of unspecified lower limb
	C40.21	Malignant neoplasm of long bones of right lower limb
	C40.22	Malignant neoplasm of long bones of left lower limb
	C40.30	Malignant neoplasm of short bones of unspecified lower limb
	C40.31	Malignant neoplasm of short bones of right lower limb
	C40.32	Malignant neoplasm of short bones of left lower limb
	C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
	C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
	C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
	C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
	C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
	C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
	C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
	C79.51	Secondary malignant neoplasm of bone
	C50.011	Malignant neoplasm of nipple and areola, right female breast
	C50.012	Malignant neoplasm of nipple and areola, left female breast
	C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
	C50.111	Malignant neoplasm of central portion of right female breast
	C50.112	Malignant neoplasm of central portion of left female breast
	C50.119	Malignant neoplasm of central portion of unspecified female breast
	C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
	C50.212	Malignant neoplasm of upper-inner quadrant of left female breast

ICD-10-CM¹ diagnosis codes used in all settings (continued).

Category	Code	Code Description
Underlying Causes of Cancer Pain	C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
	C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
	C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
	C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
	C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
	C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
	C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
	C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
	C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
	C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
	C50.611	Malignant neoplasm of axillary tail of right female breast
	C50.612	Malignant neoplasm of axillary tail of left female breast
	C50.619	Malignant neoplasm of axillary tail of unspecified female breast
	C50.811	Malignant neoplasm of overlapping sites of right female breast
	C50.812	Malignant neoplasm of overlapping sites of left female breast
	C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
	C50.911	Malignant neoplasm of unspecified site of right female breast
	C50.912	Malignant neoplasm of unspecified site of left female breast
	C50.919	Malignant neoplasm of unspecified site of unspecified female breast
	C53.0	Malignant neoplasm of endocervix
	C53.1	Malignant neoplasm of exocervix
	C53.8	Malignant neoplasm of overlapping sites of cervix uteri
	C53.9	Malignant neoplasm of cervix uteri, unspecified

ICD-10-CM¹ diagnosis codes used in all settings (continued).

Category	Code	Code Description
Underlying Causes of Cancer Pain	C54.1	Malignant neoplasm of endometrium
	C54.2	Malignant neoplasm of myometrium
	C54.3	Malignant neoplasm of fundus uteri
	C54.9	Malignant neoplasm of corpus uteri, unspecified
	C54.0	Malignant neoplasm of isthmus uteri
	C54.8	Malignant neoplasm of overlapping sites of corpus uteri
	C56.1	Malignant neoplasm of right ovary
	C56.2	Malignant neoplasm of left ovary
	C56.9	Malignant neoplasm of unspecified ovary
	C79.60	Secondary malignant neoplasm of unspecified ovary
	C79.61	Secondary malignant neoplasm of right ovary
	C79.62	Secondary malignant neoplasm of left ovary
	C61	Malignant neoplasm of prostate
	C62.00	Malignant neoplasm of unspecified undescended testis
	C62.01	Malignant neoplasm of undescended right testis
	C62.02	Malignant neoplasm of undescended left testis
	C62.10	Malignant neoplasm of unspecified descended testis
	C62.12	Malignant neoplasm of descended left testis
	C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
	C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
	C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
	C67.0	Malignant neoplasm of trigone of bladder
	C67.1	Malignant neoplasm of dome of bladder
	C67.2	Malignant neoplasm of lateral wall of bladder
	C67.3	Malignant neoplasm of anterior wall of bladder
	C67.4	Malignant neoplasm of posterior wall of bladder
	C67.5	Malignant neoplasm of bladder neck
	C67.6	Malignant neoplasm of ureteric orifice
	C67.7	Malignant neoplasm of urachus
	C67.8	Malignant neoplasm of overlapping sites of bladder
	C67.9	Malignant neoplasm of bladder, unspecified
	C64.1	Malignant neoplasm of right kidney, except renal pelvis
	C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	

ICD-10-CM¹ diagnosis codes used in all settings (continued).

Category	Code	Code Description
Underlying Causes of Cancer Pain	C65.1	Malignant neoplasm of right renal pelvis
	C65.2	Malignant neoplasm of left renal pelvis
	C65.9	Malignant neoplasm of unspecified renal pelvis
	C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
	C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
	C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
	C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
	C71.1	Malignant neoplasm of frontal lobe
	C71.2	Malignant neoplasm of temporal lobe
	C71.3	Malignant neoplasm of parietal lobe
	C71.4	Malignant neoplasm of occipital lobe
	C71.5	Malignant neoplasm of cerebral ventricle
	C71.6	Malignant neoplasm of cerebellum
	C71.7	Malignant neoplasm of brain stem
	C71.8	Malignant neoplasm of overlapping sites of brain
	C71.9	Malignant neoplasm of brain, unspecified
	C72.20	Malignant neoplasm of unspecified olfactory nerve
	C72.21	Malignant neoplasm of right olfactory nerve
	C72.22	Malignant neoplasm of left olfactory nerve
	C72.30	Malignant neoplasm of unspecified optic nerve
	C72.31	Malignant neoplasm of right optic nerve
	C72.32	Malignant neoplasm of left optic nerve
	C72.40	Malignant neoplasm of unspecified acoustic nerve
	C72.41	Malignant neoplasm of right acoustic nerve
	C72.42	Malignant neoplasm of left acoustic nerve
	C72.50	Malignant neoplasm of unspecified cranial nerve
	C72.59	Malignant neoplasm of other cranial nerves
	C70.0	Malignant neoplasm of cerebral meninges
	C70.9	Malignant neoplasm of meninges, unspecified
	C70.1	Malignant neoplasm of spinal meninges
	C72.9	Malignant neoplasm of central nervous system, unspecified
	C72.9	Malignant neoplasm of central nervous system, unspecified
	M84.58XA	Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture

ICD-10-CM¹ diagnosis codes used in all settings (continued).

Category	Code	Code Description
Attention to Device	Z45.49	Encounter for adjustment and management of other implanted nervous system device

¹Centers for Disease Control and Prevention. National Center for Health Statistics. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). <http://www.cdc.gov/nchs/icd/icd10cm.htm> updated October 1, 2015.

²Pain must be specifically documented as “chronic” to use code G89.29. Similarly the diagnostic term “chronic pain syndrome” must be specifically documented to use code G89.4. If these terms are not documented, then other symptom codes for pain may be assigned instead. However, they cannot be sequenced as a principal diagnosis. Rather, the underlying condition would ordinarily be used as the principal diagnosis in this circumstance.

HCPCS II Device and Drug Codes

Commonly billed HCPCS II Device and Drug Codes used in all settings. However, in the outpatient hospital setting these codes are used in conjunction with Device C codes when billing Medicare.

Device/Drug	Code	Code Description
Programmable Pump and Catheter	E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)
Programmable Pump Only (Replacement)	E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
Intraspinal Implantable Catheter Only	E0785	Implantable intraspinal catheter used with implantable infusion pump, replacement
Infumorph™ (preservative-free morphine sulfate sterile solution)	J2274	Injection, morphine sulfate, perservative-free for epidural or intrathecal use, 10 mg
Anesthetic Drug Administered Through IV	J7799	NOC drugs, other than inhalation drugs, administered through DME
Refill Kit	A4220	Refill Kit for implantable infusion pump

Ambulatory Surgery Centers

All ASC's utilize ICD-10-CM diagnosis codes, CPT procedural codes, and HCPCS II Device and Drug Codes.

Unlike the outpatient hospital setting C-Codes **do not** need to be associated with CPT codes when billing Medicare. It is important to remember that Medicare has special rules and a separate payment system in ASCs regarding reimbursement for devices and drugs.

- Under Medicare's ASC payment system, ASCs usually should not assign or report HCPCS II codes for devices and drugs on claims sent to Medicare
- Of the devices and drugs, only Prialt is not "packaged". For this reason, Prialt should be coded separately but none of the other drugs and devices should. **At this time, the Prometra pump is not labeled for the use of any drug except Infumorph®.**

ASCs should report all charges incurred. Charges should be billed as separate line items. For example, the ASC should report its charge for the implantable infusion pump and separate line for catheter.

ASC Coding and Payment

CPT® Procedure Codes

Medicare payment for procedures performed in an ambulatory surgery center is based on Medicare's ambulatory patient classification methodology for hospital outpatient payment. Each CPT code designated as a covered procedure in an ASC is assigned the same relative weight, or a comparable weight, as under the hospital outpatient APC system. This is then converted to a flat payment amount using a conversion factor unique to ASCs. Multiple procedures can be paid for each claim. Certain ancillary services, such as imaging, are also covered when they are integral to covered surgical procedures, although they may not be separately payable. In general, there is no separate payment for devices; their payment is packaged into the payment for the procedure.

Also, when multiple procedures are coded and billed, payment is usually made at 100% of the rate for the first procedure and 50% of the rate for the second and all subsequent procedures.

ASC Payment Indicator

- A2 = ASC payment based on OPPS relative payment weight
- J8 = Device intensive procedure; paid at adjusted rate
- N1 = Packaged service/item; no separate payment made
- G2 = Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight

ASC Coding and Payment

CPT® Procedure Codes (continued)

Procedure	Code ⁵	Code Description ⁵	Payment Indicator ^{6,7,8}	Multiple Procedure Discount ⁹	2019 Medicare National Average ^{6,8,10}
Trial	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	G2	Y	\$308
	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT	G2	Y	\$308
	62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	G2	Y	\$394
	62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT	G2	Y	\$394

ASC Coding and Payment

CPT® Procedure Codes (continued)

Procedure	Code ⁵	Code Description ⁵	Payment Indicator ^{6,7,8}	Multiple Procedure Discount ⁹	2019 Medicare National Average ^{6,8,10}
Implantation or Revision, of Catheter ¹¹	62350	Implantation, revision, or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion/pump; without laminectomy	A2	Y	\$2,481
Implantation or Replacement of Pump ¹¹	62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	J8	Y	\$13,538
Removal of Catheter or Pump ¹¹	62355	Removal of previously implanted intrathecal or epidural catheter	A2	N	\$782
	62365	Removal of subcutaneous reservoir or pump previously implanted for intrathecal or epidural infusion	A2	N	\$1,921
Drug	J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	N1	N/A	N/A
Analysis/ Reprogramming ^{12,13}	62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation or reservoir status, alarm status, drug prescription status); without reprogramming or refill	P3	N	\$22
	62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation or reservoir status, alarm status, drug prescription status); with reprogramming	P3	N	\$30
	62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation or reservoir status, alarm status, drug prescription status); with reprogramming or refill	P3	N	\$94

ASC Coding and Payment

CPT® Procedure Codes (continued)

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⁴Centers for Medicare & Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment Systems...Final Rule. Federal Register 83 FR 58818 CMS: <https://www.federalregister.gov/documents/2018/11/21/2018-24243/medicare-program-changes-to-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center#h-9>.

⁵The Payment Indicator shows how a code is handled for payment purposes. A2 = surgical procedure, payment based on hospital outpatient rate adjusted for ASC; J8 = device-intensive procedure, payment amount adjusted to incorporate device cost; K2 = drugs paid separately when provided integral to a surgical procedure on ASC list, payment based on hospital outpatient rate; N1 = packaged service, no separate payment; P3 = office-based procedure, payment based on physician fee schedule. G2 = Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight.

⁶Medicare national average payment is determined by multiplying the relative weight by the ASC conversion factor.

⁷When multiple procedures are coded and billed, payment is usually made at 100% of the rate for the first procedures and 50% of the rate for the second and all subsequent procedures. These procedures are marked "Y." However, procedures marked "N" are not subject to this discounting and are paid at 100% of the rate regardless of whether they are submitted with other procedures.

⁸For Medicare billing, ASCs use a CMS-1500 form.

⁹For pump or catheter replacement, National Correct Coding Initiative (NCCI) edits do not allow removal of the existing device to be coded separately with implantation of the new device.

¹⁰Use the Analysis/Reprogramming codes only for follow-up services. NCCI edits do not allow these codes to be assigned at the time of pump implantation.

¹¹Code 62367 is used for pump interrogation only (e.g., determining the current programming, assessing the device's functions such as battery voltage and settings, and retrieving or downloading stored data for review). Code 62368 is used when the pump is both interrogated and reprogrammed. Code 62369 is used when the pump is interrogated, reprogrammed and refilled by facility ancillary staff, e.g. nurse.