

CHAPTER 13
 SECTION 9.1
 ADDENDUM 1, SECTION 12

TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES -
 NERVOUS SYSTEM

The number following the procedure code is the TRICARE payment group.

SKULL, MENINGES, AND BRAIN

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>PUNCTURE FOR INJECTION, DRAINAGE, OR ASPIRATION</u>		
61020	2	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026	2	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of drug or other substance for diagnosis or treatment
61050	2	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055	2	Cisternal or lateral cervical (C1-C2) puncture; with injection of drug or other substance for diagnosis or treatment (C1-C2)
61070	2	Puncture of shunt tubing or reservoir for aspiration or injection procedure
<u>TWIST DRILL, BURR HOLE(S) OR TREPHINE</u>		
61215	5	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
<u>STEREOTAXIS</u>		
61790	5	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61791	5	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (e.g., alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
<u>NEUROSTIMULATORS, INTRACRANIAL</u>		
61885	4	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61888	2	Revision or removal of cranial neurostimulator pulse generator or receiver
<u>CSF SHUNT</u>		
62194	2	Replacement or irrigation, subarachnoid/subdural catheter
62225	2	Replacement or irrigation, ventricular catheter
62230	4	Replacement or revision of CSF shunt, obstructed valve, or distal catheter in shunt system
62256	4	Removal of complete CSF shunt system; without replacement

SPINE AND SPINAL CORD

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
PUNCTURE FOR INJECTION, DRAINAGE, OR ASPIRATION		
62268	2	Percutaneous aspiration, spinal cord cyst or syrinx
62269	2	Biopsy of spinal cord, percutaneous needle
62270	1	Spinal puncture, lumbar, diagnostic
62272	2	Spinal puncture, therapeutic, for drainage of spinal fluid (by needle or catheter)
62273	2	Injection, lumbar epidural, of blood or clot patch
62274 ¹²	2	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; subarachnoid or subdural, single
62275 ^{2, 12}	2	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; epidural, cervical or thoracic, single
62276 ¹²	2	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; subarachnoid or subdural, differential
62277 ¹²	2	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; subarachnoid or subdural, continuous
62278 ¹²	1	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, single
62279 ¹²	2	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, continuous
62280	2	Injection/ infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance ; subarachnoid
62282	2	Injection/ infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance ; epidural, lumbar or caudal
62288 ¹²	2	Injection of substance other than anesthetic, contrast, or neurolytic solutions; subarachnoid (separate procedure)
62289 ¹²	1	Injection of substance other than anesthetic, contrast, or neurolytic solutions; lumbar or caudal epidural (separate procedure)
62294	5	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
62310 ¹³	2	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62311 ¹³	2	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62318 ¹³	2	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic

SPINE AND SPINAL CORD (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
62319 ¹³	2	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
<u>CATHETER IMPLANTATION</u>		
62350 ⁸	4	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term pain management via an external pump or implantable reservoir/infusion pump; without laminectomy
62351 ⁸	4	Implantation, revision or repositioning of intrathecal or epidural catheter, for implantable reservoir or implantable infusion pump; with laminectomy
<u>RESERVOIR/PUMP IMPLANTATION</u>		
62360 ⁸	4	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361 ⁸	4	Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump
62362 ⁸	4	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62365 ⁸	4	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62367 ⁸	4	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming
62368 ⁸	4	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
<u>STEREOTAXIS</u>		
63600	4	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63610	2	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
<u>NEUROSTIMULATORS, SPINAL</u>		
63650	4	Percutaneous implantation of neurostimulator electrodes; epidural
63660	2	Revision or removal of spinal neurostimulator electrodes
63685	4	Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	2	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
<u>SHUNT, SPINAL CSF</u>		
63744	5	Replacement, irrigation or revision of lumbar subarachnoid shunt
63746	4	Removal of entire lumbar subarachnoid shunt system without replacement
63750 ⁷	6	Insertion, subarachnoid catheter with reservoir and/or pump for intermittent or continuous infusion of drug, including laminectomy
63780 ⁷	4	Insertion or replacement, subarachnoid or epidural catheter, with reservoir and/or pump for drug infusion, without laminectomy

Except as provided below, all procedures are effective as of November 1, 1994

- 1 Code added for services performed on or after January 1, 1995
- 2 Code added for services performed on or after February 27, 1995
- 3 Code deleted for services performed on or after April 1, 1995
- 4 Code deleted for services performed on or after April 26, 1995
- 5 Payment group changed for services performed on or after February 27, 1995
- 6 Code added October 1995 effective for services performed on or after November 1, 1994
- 7 Code deleted for services performed on or after March 31, 1996
- 8 Code added for services performed on or after January 1, 1996
- 9 Code added for services performed on or after January 1, 1997
- 10 Code deleted for services performed on or after January 1, 1997
- 11 Code added for services performed on or after November 1, 1998
- 12 Code deleted for services performed on or after January 1, 2000
- 13 Code added for services performed on or after January 1, 2000