

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 (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61791	5	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, 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
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
<u>PUNCTURE FOR INJECTION, DRAINAGE, OR ASPIRATION</u>		
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	2	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; subarachnoid or subdural, single
62275 ²	2	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; epidural, cervical or thoracic, single
62276	2	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; subarachnoid or subdural, differential
62277	2	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; subarachnoid or subdural, continuous
62278	1	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, single
62279	2	Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, continuous
62280	2	Injection of neurolytic substance (eg, alcohol, phenol, iced saline solutions); subarachnoid
62282	2	Injection of neurolytic substance (eg, alcohol, phenol, iced saline solutions); epidural, lumbar or caudal
62288	2	Injection of substance other than anesthetic, contrast, or neurolytic solutions; subarachnoid (separate procedure)
62289	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
<u>CATHETER IMPLANTATION</u>		
62350 ⁸	4	Implantation, revision or repositioning of intrathecal or epidural catheter, for implantable reservoir or implantable 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

SPINE AND SPINAL CORD (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
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

