



Medtronic

InterStim[®] Therapy

FOR URINARY CONTROL AND BOWEL CONTROL

Sample Operative Reports

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Sample Operative Report—InterStim[®] Therapy Test Stimulation Procedure

Diagnoses:

- Urinary incontinence (for example: urge, urgency/frequency, retention, or incomplete bladder emptying).
- Fecal incontinence (Note: Fecal incontinence is a symptom code. It is assigned as the principal diagnosis when fecal incontinence is the late effect of prior trauma and also when the underlying cause is not known or not documented. If the underlying cause is known, then the cause is sequenced as the principal diagnosis and fecal incontinence is assigned as a secondary code.)

See InterStim Therapy Commonly Billed Codes for additional examples and coding.

Procedure: InterStim Percutaneous Sacral Nerve Stimulation Test with fluoroscopic guidance for needle placement. May repeat procedure on the opposite side of the sacral nerve.

Indications:

- Nature of disorder
- Prior measures taken without adequate relief
- Patient provided informed consent

Description of Procedure:

Patient was properly identified and placed in prone position. Pillows were placed under lower abdomen to flatten sacrum and under shins to allow the toes to dangle freely. A Ground Pad was placed on the bottom of the patient's foot and the long Test Stimulator Cable was connected to the Ground Pad and to the external Test Stimulator. Patient was prepped and draped in usual sterile fashion using prep solution. The C-arm was moved into AP position to provide fluoroscopic mapping of the sacral region which included marking out midline of the sacrum, SI joints, sciatic notches, medial foramenal borders, and sacral foramina. Local injection of _____ was administered and a foramen needle was placed at a 60 degree angle into the S3 foramen.

The C-arm was then put into a lateral position to check depth of the needle and to identify placement within the proper foramen. Proper S3 needle position was confirmed by patient sensation of stimulation, direct observation of the lifting of the perineum or “bellowing,” and observation of plantar flexion of the great toe utilizing the external Test Stimulator and the j-hook on the patient cable.

The foramen needle stylet was removed and a percutaneous lead was inserted to proper depth using 3.5” or 5.0” lead markers. Lead placement was tested and confirmed by connecting the patient cable j-hook to the top of the test lead and by fluoroscopic imaging. The needle was taken out over the lead. The above procedure was performed again on the opposite side and all appropriate responses were again verified.

The leads were connected to the short Test Stimulator cables and ground pads. Patient was cleaned off and the entire region was covered with tegaderm. Estimated blood loss was minimal.

Using the external Test Stimulator, the patient was programmed to optimum sensation via the lead and given instructions on utilizing the external Test Stimulator prior to discharge. A diary will be kept until return appointment to my office to discuss results of this test stimulation.

CPT®¹ Codes

- **64561**—Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)

Note: Modifier (-59 or -51 may apply if multiple leads are placed)

Device Codes:

- **C1897**—Lead, neurostimulator test kit (implantable), OR
- **A4290**—Sacral nerve stimulation test lead, each

Note: Programming cannot be coded with the test stimulation procedure because the programming codes are defined for implanted generators and the Trial Stimulator is external.

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Sample Operative Report—InterStim® Therapy Stage 1

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Diagnoses:

- Urinary incontinence (For example: urge, urgency/frequency, retention, incomplete bladder emptying).
- Fecal incontinence (Note: Fecal incontinence is a symptom code. It is assigned as the principal diagnosis when fecal incontinence is the late effect of prior trauma and also when the underlying cause is not known or not documented. If the underlying cause is known, then the cause is sequenced as the principal diagnosis and fecal incontinence is assigned as a secondary code.)

See InterStim Therapy Commonly Billed Codes for additional examples and coding.

Procedure: InterStim Nerve Stimulation Stage 1- Incision and implantation of tined quadripolar lead electrodes into Foramen S3 with fluoroscopic guidance for needle placement.

Indications:

- Nature of disorder
- Prior measures taken without adequate relief
- Patient provided informed consent

Description of Procedure:

Patient was properly identified and placed in prone position per OR protocol. _____ anesthesia was administered. Pillows were placed under lower abdomen to flatten sacrum and under shins to allow the toes to dangle freely. Patient was prepped and draped in usual sterile fashion using _____ prep solution. The C-arm was draped and moved into AP position to provide fluoroscopic mapping of the sacral region which included marking out midline of the sacrum, SI joints, sciatic notches, medial foramenal borders and sacral foramina. The C-arm was moved to lateral position to image the area from sacral promontory to the coccyx. Local injection of _____ was administered.

A _____ sized foramen needle was introduced approximately 2 cm above sciatic notch and 2 cm lateral to sacral midline, feeling for foramenal margins until the S3 foramen was identified and penetrated. The depth of the needle was confirmed and adjusted fluoroscopically. Proper needle position was confirmed by patient identification of location of sensation, direct observation of the lifting of the perineum or "bellowing," and observation of plantar flexion of the great toe utilizing the external Test Stimulator.

The foramen needle stylet was removed and a directional guide was placed and confirmed fluoroscopically. The foramen needle was removed. An incision was made peripherally to the directional guide through the fascial layer. The Lead Introducer sheath with dilator was placed over the directional guide and directed into the foramen ensuring the radiopaque marker of the Lead Introducer did not extend beyond the anterior edge of the sacrum. The dilator was unlocked and removed along with the directional guide. The Lead was then placed through the introducer sheath to the first white line. Position was checked fluoroscopically. The lead was then further introduced until 3 electrodes were visible below the sacrum. Each electrode was tested for location of patient sensation, visualization of "bellows," and plantar flexion

of the great toe. After satisfactory positioning was confirmed, the introducer sheath was retracted under continuous fluoro, deploying lead tines into the perisacral tissue.

Further incision was made into subcutaneous tissue posterior to the iliac crest and lateral to the sacrum. Blunt dissection was continued until the gluteal fascia was identified and hemostasis was achieved. A tunneling tool with straw was placed from the lead exit site subcutaneously to the incised pocket site. The tunneling tool was removed and the lead was fed through the straw and pulled out at the pocket site. The lead was cleansed of bodily fluids, dried and a protective boot was placed over the lead. The lead was inserted into the temporary percutaneous extension and the metal bands were aligned. The 4 setscrews were tightened with the hex wrench. The boot was pushed over the connection and _____ ties were sutured to the boot grooves on either side of the connection.

A tunnel was made subcutaneously and exited to a puncture site above the contra lateral buttock. The percutaneous extension was placed through the straw and exposed and connected to the twist lock gray cable.

The wounds were irrigated with antibiotic solution in water and closed with _____ subcuticular sutures and _____ skin sutures. Counts were correct. Steri strips and gauze 4x4s were placed over incisions. Tegaderm was placed to cover incisions. Gauze was placed under twist lock cable connector.

Estimated blood loss was _____ cc.

The patient was transferred to _____ in satisfactory condition. Using the external Test Stimulator, the patient was programmed to the electrode of optimum sensation, and given instructions on utilizing the external Test Stimulator prior to discharge. A diary will be kept until return appointment to my office to discuss results of this test stimulation.

CPT®¹ Codes

- **64581**—Incision for implantation of neurostimulator electrodes, sacral nerve (transforaminal placement)
- **76000-26**—Fluoroscopy, up to one hour

Device Codes

- **C1778**—Lead, neurostimulator (implantable)
- **C1894**—Introducer/sheath, other than guiding, other than intracardiac

Note: Programming cannot be coded when only the lead is implanted because, although leads can be tested, they cannot be programmed. Only generators can be programmed. Further, the programming codes are defined for implanted generators and the Test Stimulator used is external.

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Sample Operative Report—InterStim® Therapy Stage 2

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Diagnoses:

- Urinary incontinence (For example: urge, urgency/frequency, retention, incomplete bladder emptying).
- Fecal incontinence (Note: Fecal incontinence is a symptom code. It is assigned as the principal diagnosis when fecal incontinence is the late effect of prior trauma and also when the underlying cause is not known or not documented. If the underlying cause is known, then the cause is sequenced as the principal diagnosis and fecal incontinence is assigned as a secondary code.)

See InterStim Therapy Commonly Billed Codes for additional examples and coding.

Procedure: InterStim Stage 2—Incision and subcutaneous implantation of sacral nerve neurostimulator with electronic analysis and programming involving _(#)_ parameters (**Note:** See the end of the sample procedure report for a list of the eligible parameters that can be counted for coding purposes).

Indications:

- Nature of disorder
- Prior measures taken without adequate relief
- Patient provided informed consent

Description of Procedure:

Patient was properly identified and placed in prone position per OR protocol. _____ anesthesia was administered. Patient was prepped and draped in the usual sterile fashion using _____ for prep solution. Local injection of _____ was administered.

The previous buttock pocket incision was opened using blunt dissection and the lead/Percutaneous Extension connection was identified and elevated. The Percutaneous Extension was cut and removed from the field, ensuring sterility. The subcutaneous pocket anterior to the muscle surface was enlarged and hemostasis was established. The sutures holding the protective boot were cut and the protective boot was retracted. The set screws were exposed and loosened with a hex wrench. The boot was removed and discarded.

The lead was cleansed of body fluid and dried. The lead was inserted into the header of the [InterStim or InterStim II Neurostimulator] until the blue tip was visualized at the distal window. The single set screw was tightened.

The neurostimulator was placed into the subcutaneous pocket with the etched identification side placed upwards and the excessive lead wrapped counterclockwise around the neurostimulator. The programming head was placed over the implanted neurostimulator in a sterile cover to ensure adequate lead connection and that parameters were within normal limits. Impedances were confirmed to be within normal limits, greater than 50 and less than 4,000.

The wound was irrigated with antibiotic solution in water and closed with _____ subcuticular sutures and _____ skin sutures. Counts were correct. Steri strips and gauze 4x4s were placed over incision.

Estimated blood loss was _____ cc.

The patient was transferred to _____ in satisfactory condition. Using the clinician programmer, the generator was programmed for:

- rate (pulse frequency)*
- pulse amplitude
- pulse duration
- cycling
- stimulation train duration
- train spacing
- number of programs
- alternating electrode polarities

(Note: Identify each of the above parameters that were programmed for the particular case.)

The total time spent performing programming was _____ minutes. The patient was given instructions on utilizing the patient programmer prior to discharge. Final electrode selections were set to _____.

* The CPT Editorial Panel did not provide guidance as to the definition of each of these parameters. It is Medtronic's belief, however, that the terms "rate" and "pulse frequency" are synonymous; they both apparently mean the number of pulses over time. Therefore, it is our view that you should treat these terms as one parameter and, when documenting a session, should use the term you normally use to describe this parameter.

CPT®¹ Codes

- **64590**—Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
- **95971**— Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance, and patient compliance measurements); simple spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming
- **95972**—Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance, and patient compliance measurements); complex spinal cord, or peripheral (e.g., peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour
- **95973**— Complex spinal cord, or peripheral e.g., peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with interoperative or subsequent programming, each additional 30 minutes after first hour (list separately in addition to code for primary procedure)

Note: Simple programming involves one to three parameters and complex programming involves more than three parameters. See the end of the sample operative report for the list of eligible parameters that can be counted for coding purposes.

Device Codes

- **C1767**—Generator, neurostimulator (implantable) non-rechargeable
- **C1787**—Patient programmer, neurostimulator

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Sample Operative Report—InterStim® Therapy Full System Implant

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Diagnoses:

- Urinary incontinence (For example: urge, urgency/frequency, retention, incomplete bladder emptying).
- Fecal incontinence (Note: Fecal incontinence is a symptom code. It is assigned as the principal diagnosis when fecal incontinence is the late effect of prior trauma and also when the underlying cause is not known or not documented. If the underlying cause is known, then the cause is sequenced as the principal diagnosis and fecal incontinence is assigned as a secondary code.)

See InterStim Therapy Commonly Billed Codes for additional examples and coding.

Procedure: Complete InterStim system implantation with incision and implantation of tined quadripolar lead electrodes into Foramen S3 with Fluoroscopic guidance for needle placement, subcutaneous implantation of sacral nerve neurostimulator and electronic analysis and programming involving _(#)_ parameters (Note: See the end of the sample operative report for a list of the eligible parameters that can be counted for coding purposes).

Indications:

- Nature of disorder
- Prior measures taken without adequate relief
- Patient provided informed consent

Description of Procedure:

Patient was properly identified and placed in prone position per OR protocol. _____ anesthesia was administered. Pillows were placed under lower abdomen to flatten sacrum and under shins to allow the toes to dangle freely. Patient was prepped and draped in usual sterile fashion using _____ prep solution. The C-arm was draped and moved into AP position to provide fluoroscopic mapping of the sacral region which included marking out midline of the sacrum, SI joints, sciatic notches, medial foraminal borders and sacral foramina. The C-arm was moved to lateral position to image the area from sacral promontory to the coccyx. Local injection of _____ was administered.

A _____ sized Foramen Needle was introduced approximately 2 cm above sciatic notch and 2 cm lateral to sacral midline, feeling for foraminal margins until the S3 foramen was identified and penetrated. The depth of the Foramen Needle was confirmed and adjusted fluoroscopically. Proper needle position was confirmed by patient identification of location of sensation, direct observation of the lifting of the perineum or "bellowing," and observation of plantar flexion of the great toe utilizing the external Test Stimulator.

The Foramen Needle stylet was removed and a directional guide was placed and confirmed fluoroscopically. The Foramen Needle was removed. An incision was made peripherally to the directional guide through the fascial layer. The Lead Introducer sheath with dilator was placed over the directional guide and directed into the foramen to ensure the radiopaque marker of the Lead Introducer did not extend beyond the anterior edge of the sacrum. The dilator was unlocked and removed along with the directional guide. The lead was then placed through the introducer sheath to the first white line. Position was checked

fluoroscopically. The lead was then further introduced until 3 electrodes were visible below the sacrum. Each electrode was tested for location of patient sensation, visualization of “bellows,” and plantar flexion of the great toe. After satisfactory positioning was confirmed, the introducer sheath was retracted under continuous fluoroscopy, deploying lead tines into the perisacral tissue.

Further incision was made into subcutaneous tissue posterior to the iliac crest and lateral to the sacrum. Blunt dissection was continued until the gluteal fascia was identified and hemostasis was achieved allowing for a sufficient pocket for the neurostimulator. A Tunneling Tool with straw was placed from the lead exit site subcutaneously to the incised pocket site. The tunneling tool was removed and the lead was fed through the straw and pulled out at the pocket site. The lead was cleansed of bodily fluids and dried. The lead was inserted into the [InterStim or InterStim II Neurostimulator] and the metal bands were aligned with the blue lead tip clearly visible in the distal portion of the neurostimulator header. The single setscrew was tightened with the hex wrench.

The neurostimulator was placed into the subcutaneous pocket with the etched identification side placed upwards and the excessive lead wrapped counterclockwise around the neurostimulator. The programming head was placed over the implanted neurostimulator in a sterile cover to ensure adequate lead connection and that parameters were within normal limits. Impedances were confirmed to be within normal limits, greater than 50 and less than 4,000.

The wounds were irrigated with antibiotic solution in water and closed with _____ subcuticular sutures and _____ skin sutures. Counts were correct. Steri strips and gauze 4x4s were placed over incision.

Estimated blood loss was _____ cc.

The patient was transferred to _____ in satisfactory condition. Using the clinician programmer, the generator was programmed for:

- rate (pulse frequency)*
- pulse amplitude
- pulse duration
- cycling
- stimulation train duration
- train spacing
- number of programs
- alternating electrode polarities

(Note: Identify each of the above parameters that were programmed for the particular case.)

The total time spent performing programming was ____ minutes. The patient was given instructions on utilizing the patient programmer prior to discharge. Final electrode selections were set to _____.

* The CPT Editorial Panel did not provide guidance as to the definition of each of these parameters. It is Medtronic’s belief, however, that the terms “rate” and “pulse frequency” are synonymous; they both apparently mean the number of pulses over time. Therefore, it is our view that you should treat these terms as one parameter and, when documenting a session, should use the term you normally use to describe this parameter.

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- **76000-26**—Fluoroscopy, up to one hour
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- **95972**—Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance, and patient compliance measurements); complex, spinal cord, or peripheral (e.g., peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/ transmitter, with intraoperative or subsequent programming, first hour
- **95973**—Complex spinal cord, or peripheral (e.g., peripheral nerve, and sacral nerve, and neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with interoperative or subsequent programming, each additional 30 minutes after first hour (list separately in addition to code for primary procedure).

Note: Simple programming involves one to three parameters and complex programming involves more than three parameters. See the end of the sample operative report for a list of the eligible parameters that can be counted for coding purposes.

Device Codes:

- **C1778**—Lead, neurostimulator (implantable)
- **C1767**—Generator, neurostimulator (implantable) non-rechargeable
- **C1894**—Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser
- **C1787**—Patient programmer, neurostimulator

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