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# **Program Memorandum Intermediaries**

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Department of Health & Human  
Services (DHHS)  
CENTERS FOR MEDICARE &  
MEDICAID SERVICES

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Transmittal A-02-020

Date: MARCH 21, 2002

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**CHANGE REQUEST 2098**

**SUBJECT: Coverage and Billing of Sacral Nerve Stimulation**

This is a correction notice to Program Memorandum (PM) AB-01-166, CR 1936, dated November 15, 2001. In the original PM, the applicable bill types included 22X and 23X.

Effective upon receipt of this notice, those bill types are not appropriate for billing of the Sacral Nerve Stimulation benefit.

All other information and instructions stated in PM AB-01-166, CR 1936 remain in effect.

**The *effective date* for this PM is January 1, 2002.**

**The *implementation date* for this notice is March 21, 2002.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after March 15, 2003.**

**If you have any questions, contact the appropriate regional office. Providers and other interested parties should contact the appropriate carrier or intermediary.**