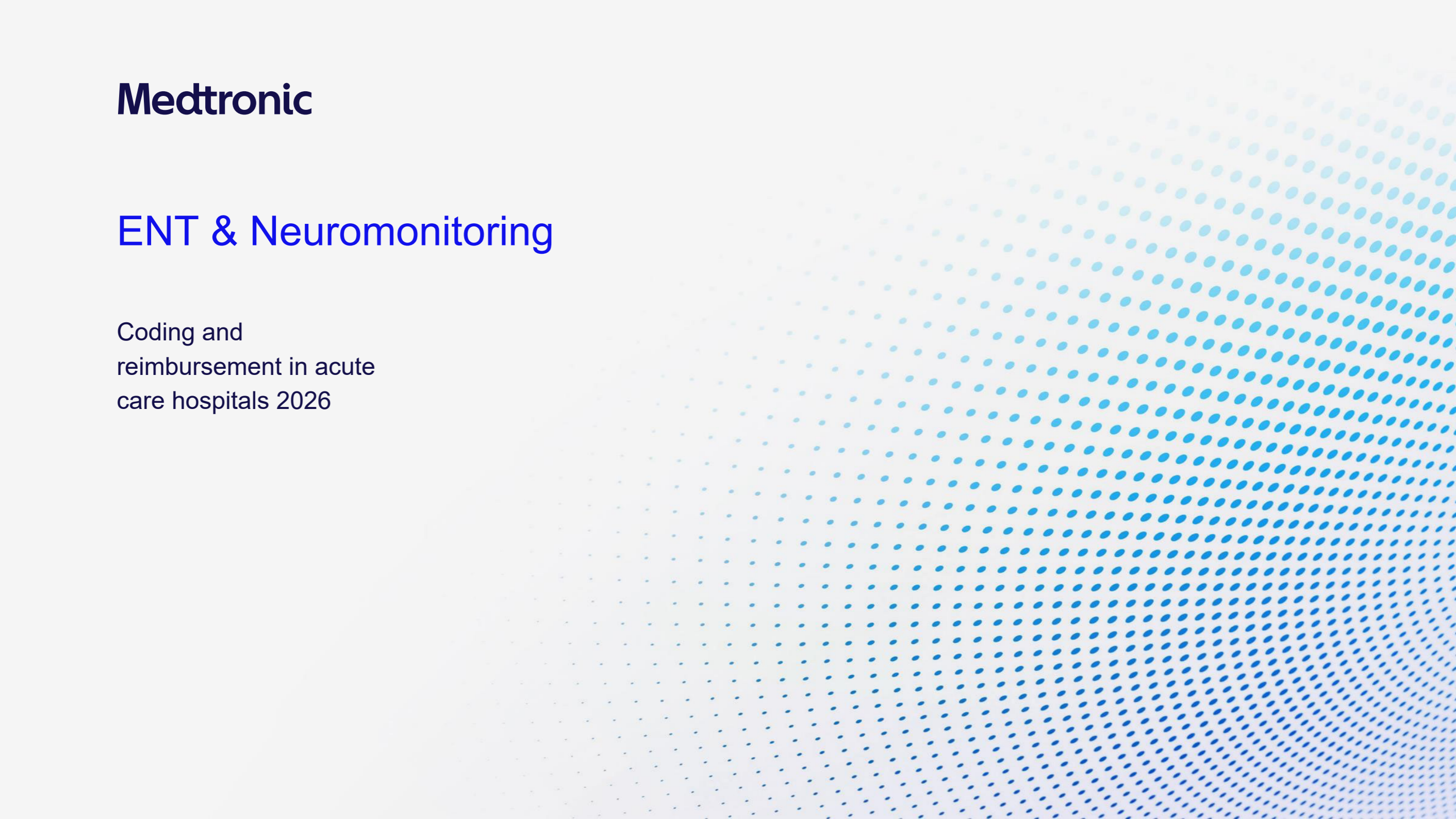


Medtronic

ENT & Neuromonitoring

Coding and
reimbursement in acute
care hospitals 2026



Foreword

Dear Reader,

We are very pleased to present you with this brochure a practical guide to the coding and billing of our procedures. Our goal is to provide you with efficient support in the documentation of services in your everyday clinical practice. An overview of other brochures and flyers on coding can be found at

<https://www.medtronic.com/ch-de/medizinische-fachpersonen/reimbursement/DRG-reimbursement-schweiz.html>

Best regards

Christiana Yakoub-Relius
Rgl. Reimbursement Econ Analyst DACH
Health Economics, Policy & Reimbursement

February 2026



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1. Our Reimbursement Services

What does reimbursement mean to us?

By reimbursement, we mean not only an adequate refinancing of our therapies, but also services or information that enable our customers to obtain such refinancing.

These services include, for example:



AOP, EBM,
GOÄ and DRG
notes



Billing and
Coding
Information



Information on
amendments
and further
development
applications



Information on
questions
from the MD
and the cost
bearers



Information on
the Strategy &
Service
Portfolio



Information on
the NUB
procedure incl.
§137h SGB V



Information on
health policy
developments

Our reimbursement service at a glance



Cost considerations, revenue considerations

We support you with revenue and cost analyses in the planning, adaptation and further development of your range of services. We develop these concepts in cooperation with medical professionals and hospital administrations. DRG coding aids, profitability considerations or process cost analyses are some examples.



Education and training

Our further education and training programs convey the basics of inpatient (DRG) and outpatient (EBM, GOÄ, AOP) billing, as well as the current status of coding and reimbursement. The focus is on the coding and refinancing of our therapies.

2. TARDOC / Outpatient Packages

As of 01.01.2026, the TARMED tariff structure was replaced by the TARDOC individual service tariff structure and by a tariff structure with outpatient flat rates. Under the leadership of the Organisation for Outpatient Physicians' Tariffs (OAAT AG), the social partners have drawn up an overall tariff system – consisting of TARDOC and the outpatient flat rates – and a corresponding collective agreement. All outpatient treatment is billed either via TARDOC or via a flat rate, mixed forms are not permitted. The assignment is made via rules/triggers in the common service catalog (LKAAT). Each service has tax points. The tax point value (price per point) is determined by the canton.

TARDOC comprises almost 1,400 tariff items and allows a more precise mapping, e.g. of the duration of consultations. Resource-intensive procedures (e.g. implantations of pacemakers or coronary angiography) are designed as outpatient flat rates. In some cases, the implants can be billed separately. Further information can be found, for example, on the website of the Federal Office of Public Health (<https://www.bag.admin.ch/de/nsb?id=101498>).

3. Figure in the SwissDRG system 2026

3.1 Laryngological procedures with power instruments

By using the Medtronic Integrated Control Console (IPC) and a Straightshot M5 handpiece, you can benefit from increased functionality and precision during laryngologic procedures.

The laryngological flat rates per case usually allow the Medtronic power instruments to be used economically. To this end, we recommend an individual comparison of your own costs, revenues and efficiency gains with examples from the literature (*for example: Fokken, The microdebrider, a step forward or an expensive gadget? Rhinology 50: 191-198, 2012*).



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Coding and reimbursement in acute care hospitals 2026

Diagnoses ICD-10-GM 2024

D14.-	Benign neoplasm of the middle ear and respiratory system
D14.1	Benign Neoplasm: Larynx Benign Neoplasm:
D14.2	Trachea Benign Neoplasm: Bronchus and
D14.3	Lungs
C32.-	Malignant neoplasm of the larynx
C32.3	Malignant neoplasm: laryngeal cartilage
J35.-	Chronic diseases of palatine tonsils and pharyngeal tonsils
J35.0	Chronic tonsillitis hyperplasia of
J35.2	the pharyngeal tonsil
J39.-	Other diseases of the upper respiratory tract <i>Excl.: Acute Respiratory Tract Infection (J22) Acute Upper Respiratory Tract Infection (J06.9) Inflammation of the Upper Respiratory Tract by Chemical Substances, Gases, Smoke and Vapors (J68.2)</i>
J39.80	Acquired stenosis of the trachea
Q31.-	Congenital malformations of the larynx <i>Excl.: Stridor congenitus (laryngis) o.e.c. (P28.8)</i>
Q31.5	eborene laryngeal malacia

CHOP 2026

28.6	Adenoidectomy without tonsillectomy <i>Excision of an adenoid residue</i>
28.3X.11	Total tonsillectomy with adenoidectomy [L]
28.2X.11	Total tonsillectomy without adenoidectomy [L]
32.01.99	Endoscopic excision or destruction of lesion or tissue on a bronchus, other [L]
31.52	Local excision of lesion or tissue on the trachea, endoscopic
31.69.41	Plastic reconstruction of the larynx
31.79.15	Other (plastic) reconstruction of the trachea in the case of tracheal stenosis
30.3X.10	Complete laryngectomy, without reconstruction
30.09.99	Other excision or destruction of lesion or tissue on the larynx, other
00.99.FROM	Laser coagulation

ENT & Neuromonitoring

Coding and reimbursement in acute care hospitals 2026

SwissDRG System 2026 (Version 15.0) in Acute Care Hospitals										
Home Swiss diagnose CHOP DRG Swiss DRG Text				Cost-Weight	MVD ¹⁾	UGVD		OGVD		Revenue from Baserate CHF 10'000.-
						1st day m. Tee ^{2/4)}	Cost-Weight/Day	Day 1 Remuneration ^{3/4)}	Cost-Weight/Day	
Adenotomy										
J35.2**	28.6	D13B	Hemostasis after tonsillectomy or adenectomy or tonsillectomy in the case of abscess, except in the case of malignant neoplasm, age < 16 years	0,580	2,3 1 0,186 4 0,117					CHF 5'800.00
J35.2	28.6	D13C	Tonsillectomy or adenectomy, except in the case of malignant neoplasm, age > 15 years	0,480	2,3 1 0,138 4 0,102					CHF 4'800.00
Tonsillectomy										
J35.0**	28.2X.11	D13B	Hemostasis after tonsillectomy or adenectomy or tonsillectomy in the case of abscess, except in the case of malignant neoplasm, age < 16 years	0,580	2,3 1 0,186 4 0,117					CHF 5'800.00
J35.0	28.2X.11	D13C	Tonsillectomy or adenectomy, except in the case of malignant neoplasm, age > 15 years	0,480	2,3 1 0,138 4 0,102					CHF 4'800.00
Laryngeal papillomatosis										
D14.1	30.09.99 00.99.FROM	D30C	Various procedures on the ear, nose, mouth and neck, age > 15 years	0,524	2,4 1 0,146 5 0,14					CHF 5'240.00
Laryngeal carcinoma										
C32.3	30.3X.10	D24B	Complex skin plasties and major procedures on the head and neck with combined surgery or extremely severe CC	2,041	6,4 1 0,537 15			0,184		CHF 20'410.00
Tracheal stenosis										
J39.80	31.79.15	D12B	Other procedures on the ear, nose, mouth and throat	0,716	2,5 1 0,192 5			0,21		CHF 7'160.00
Laryngomalacia										
Q31.5	31.69.41	D28Z	Monognathic osteotomy and complex procedures on the head and neck or other procedures on the head and neck in the case of malignant neoplasm	1,131	2,9 1 0,377 6			0,239		CHF 11'310.00

SwissDRG revenue for normal berths, calculated with a fictitious base rate for 2026 of CHF 10,000.

** Patient is younger than 16 years old

ENT & Neuromonitoring

Coding and reimbursement in acute care hospitals 2026

SwissDRG System 2026 (Version 15.0) in Acute Care Hospitals										
Home Swiss diagnose CHOP DRG Swiss DRG Text				Cost-Weight	MVD ¹⁾	UGVD		OGVD		Revenue from Baserate CHF 10'000.-
						1st day m. Tee ^{2/4)}	Cost-Weight/Day	Day 1 Remuneration ^{3/4)}	Cost-Weight/Day	
Laryngotracheal papillomatosis										
D14.2	31.52	E71C	Neoplasms of the respiratory organs	0,722	5,4 1 0,335			12	0,118	CHF 7'220.00
Bronchial papillomatosis										
D14.3	32.01.99	E71B	Neoplasms of the respiratory organs with extremely severe CC or rigid bronchoscopy or certain procedures or certain isolations from 7 days of treatment, age < 16 years, or certain procedures or complex constellations in BNB	1,135	6,5 1 0,535			16	0,132	CHF 11'350.00
Combined adenotomy with tonsillectomy										
J35.0**	28.3X.11	D13B	Hemostasis after tonsillectomy or adenectomy or tonsillectomy in the case of abscess, except in the case of malignant neoplasm, age < 16 years	0,580	2,3 1 0,186 4				0,117	CHF 5'800.00
J35.2**	28.3X.11	D13C	Tonsillectomy or adenectomy, except in the case of malignant neoplasm, age > 15 years	0,480	2,3 1 0,138 4				0,102	CHF 4'800.00

SwissDRG revenue for normal berths, calculated with a fictitious base rate for 2026 of CHF 10,000.

** Patient is younger than 16 years old

3.2 Neuromonitoring

3.2.1 Intraoperative neuromonitoring in thyroid interventions

Diagnoses ICD-10-GM 2024

C73.- Malignant neoplasm of the thyroid gland

E05.- Hyperthyroidism [thyrotoxicosis]

Incl.: Hyperthyroidism [thyrotoxic]: Eye disease† (H58.8) Heart disease† (I43.8*) Excl.: Chronic thyroiditis with transient hyperthyroidism (E06.2) Neonatal hyperthyroidism (P72.1)*

E05.2 Hyperthyroidism with toxic nodular goiter

CHOP 2026

06.34.11 Subtotal resection of the thyroid gland [L]

06.4X.10 Complete [total] thyroidectomy without parathyroidectomy

00.94.1 Intraoperative neurophysiological monitoring of specific nerves
INCL. electrophysiological monitoring; speech monitoring during waking procedures; use of stimulation electrodes on the cranial nerve, peripheral nerve or spinal; and measurement of evoked potentials; and electrocorticographs with cortical electrodes. Code. ibid.: Duration of intraoperative neurophysiological monitoring (00.94.3-)

00.94.1 Monitoring of the recurrent nerve in the context of another operation [L]

00.94.3 Intraoperative neurophysiological monitoring, according to duration
Note: According to the neuromonitoring protocol, the time interval from the first to the last signal is recorded.

00.94.30 Intraoperative neurophysiological monitoring, up to 4 hours



APS™ probes for continuous neuromonitoring (yellow 2mm, green 3mm)

ENT & Neuromonitoring

Coding and reimbursement in acute care hospitals 2026

SwissDRG System 2026 (Version 15.0) in Acute Care Hospitals											
Main diagnosis CHOP Monitoring Swiss DRG Swiss DRG Text					Cost-Weight	MVD ¹⁾	UGVD		OGVD		Revenue from Base rate CHF 10'000.-
							1st day m. Tee ²⁽⁴⁾	Cost-Weight/Day	Day 1 Remuneration ³⁽⁴⁾	Cost-Weight/Day	
Goiter multinodosa											
E05.2	06.34.11	00.94.10 00.94.30	K06C	Procedures on the thyroid gland, parathyroid gland and thyroid duct	0,846	2,1 1		0,184	4	0,185	CHF 8'460.00
Thyroid carcinoma											
C73	06.4X.10	00.94.10 00.94.30	K06B	Procedures on the thyroid gland, parathyroid gland and thyroid duct with complete thyroidectomy	1,055	2,3 1		0,222	4	0,202	CHF 10'550.00

SwissDRG revenue for normal berths, calculated with a fictitious base rate for 2026 of CHF 10,000.

** Patient is younger than 16 years old

ENT & Neuromonitoring

Coding and reimbursement in acute care hospitals 2026

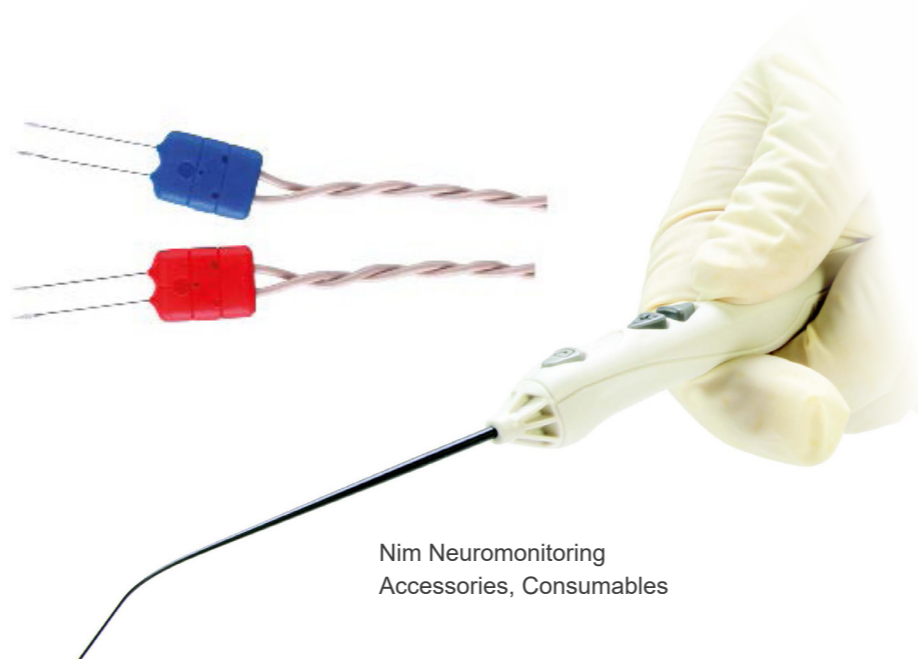
3.2.2 Intraoperative neuromonitoring during interventions on the parotid glandula and submandibular glandula

Diagnoses ICD-10-GM 2024

D11.-	Benign neoplasm of the large salivary glands <i>Excl.: Benign neoplasms of the small salivary glands classified according to their anatomical location Benign neoplasms of the small salivary glands o.e.a. (D10.3)</i>
D11.0	Benign neoplasm: Parotid benign neoplasm:
D11.7	Submandibular glandula
C07	Malignant neoplasm of the parotid artery
C08.-	Malignant neoplasm of other and unspecified large salivary glands
C08.0	Malignant neoplasm of the submandibular glandula

CHOP 2026

26.29.99	Other excision and destruction of a lesion of a salivary gland, other [L]
26.31.10	Partial parotidectomy without intraoperative facial monitoring [L]
26.31.11	Partial parotidectomy with intraoperative facial monitoring [L]
26.32.10	Complete parotidectomy with preservation of the facial nerve, without intraoperative facial monitoring [L]
26.32.11	Complete parotidectomy with preservation of the facial nerve, with intraoperative facial surgery [L]
26.32.20	Complete parotidectomy with resection and reconstruction of the facial nerve [L]
00.94.1	Intraoperative neurophysiological monitoring of specific nerves <i>INCL. electrophysiological monitoring; Speech monitoring during waking interventions, use of stimulation electrodes on the cranial nerve, peripheral nerve or spinal; and measurement of evoked potentials; and electrocorticographs with cortical electrodes. Code. ibid.: Duration of intraoperative neurophysiological monitoring (00.94.3-)</i>
00.94.10	Monitoring of the recurrent nerve in the context of another operation [L]
00.94.3	Intraoperative neurophysiological monitoring, according to duration <i>Note: According to the neuromonitoring protocol, the time interval from the first to the last signal is recorded.</i>
00.94.30	Intraoperative neurophysiological monitoring, up to 4 hours



Nim Neuromonitoring
Accessories, Consumables

ENT & Neuromonitoring

Coding and reimbursement in acute care hospitals 2026

Intraoperative neuromonitoring during parotid surgery

SwissDRG System 2026 (Version 15.0) in Acute Care Hospitals									
Main diagnosis	CHOP	Swiss DRG	Swiss DRG Text	Cost-Weight	MVD ¹⁾	UGVD OGVD		Revenue from Base rate CHF 10'000.-	
						1st day m. Discount _{2/4)}	1st day in addition Cost-Weight/ Day Charge _{3/4)} Day		
D11.0	26.29.99 00.99.A-	D06C	Complex procedures on the paranasal sinuses, mastoid, middle ear and other procedures on the salivary gland, age > 15 years	0,646	2,3	1	0,123 4	0,161	CHF 6'460.00
C07	26.29.99 00.99.A-	D06B	Complex procedures on the paranasal sinuse, mastoid, middle ear and other procedures on the salivary gland, age > 5 and < 16 years, or complex procedure on the mastoid or paranasal sinus or with a complex diagnosis, age > 15 years	0,725	2,3	1	0,163 4	0,193	CHF 7'250.00
D11.0	26.31.11	D05B	Complex procedures on the salivary glands except complex parotidectomy	0,909	2,4	1	0,241 4	0,12	CHF 9'090.00
C07	26.31.11	D05A	Complex parotidectomy	1,192	2,6	1	0,242 5	0,189	CHF 11'920.00
D11.0	26.32.11	D05A	Complex parotidectomy	1,192	2,6	1	0,242 5	0,189	CHF 11'920.00
C07	26.32.11	D05A	Complex parotidectomy	1,192	2,6	1	0,242 5	0,189	CHF 11'920.00

Intraoperative neuromonitoring for interventions on the mandibular salivary gland

SwissDRG System 2026 (Version 15.0) in Acute Care Hospitals									
Main diagnosis	CHOP	Swiss DRG	Swiss DRG Text	Cost-Weight	MVD ¹⁾	UGVD OGVD		Revenue from Base rate CHF 10'000.-	
						1st day m. Discount _{2/4)}	1st day in addition Cost-Weight/ Day Charge _{3/4)} Day		
C07	26.32.11	D05A	Complex parotidectomy	1,192	2,6	1	0,242 5	0,189	CHF 11'920.00
C08.0	26.32.30	D05A	Complex parotidectomy	1,192	2,6	1	0,242 5	0,189	CHF 11'920.00

SwissDRG revenue for normal berths, calculated with a fictitious base rate for 2026 of CHF 10,000.

3.3 PTeye™ Identification of Parathyroid Tissue

The PTeye™ system uses probe-based technology to assist physicians in verifying suspected parathyroid tissue during thyroid and parathyroid surgery.

The PTeye™ system uses near-infrared autofluorescence (NIR) to visually confirm suspected parathyroid tissue in vivo in real time.

(PTeye™ Product Brochure)

PTeye™
System



ENT & Neuromonitoring

Coding and reimbursement in acute care hospitals 2026

3.3.1 Intraoperative neuromonitoring during interventions on the parotid and submandibular glands

Diagnoses ICD-10-GM 2024

CHOP 2026

E04	Other non-toxic goiter <i>Excl.: iodine deficiency-related goiter (E00-E02) goiter congenita: diffuse (E03.0), parenchymatous (E03.0), n.e.d. (E03.0)</i>	06.4X.10	Complete [total] thyroidectomy without parathyroidectomy
E04.1	Non-toxic solitary thyroid nodule Non-toxic nodule of one nodular goiter, thyroid nodule (cystic) o.n.A., Goiter nodosa colloides (cystica) Nontoxic nodular goiter	06.2X.11	Unilateral hemithyroidectomy, without parathyroidectomy [L]
E04.2	Multinodular (cystic) goiter o.n.A., Cystic goiter o.n.A.	00.94.1	Intraoperative neurophysiological monitoring of specific nerves <i>INCL. electrophysiological monitoring; Speech monitoring during waking interventions, use of stimulation electrodes on the cranial nerve, peripheral nerve or spinal; and measurement of evoked potentials; and electrocorticographs with cortical electrodes. Code. ibid.: Duration of intraoperative neurophysiological monitoring (00.94.3-)</i>
E05	Hyperthyroidism [thyrotoxicosis] <i>Incl.: Hyperthyroidism [thyrotoxic]: Eye disease† (H58.8*), Heart disease† (I43.8*) Excl.: Chronic thyroiditis with transient hyperthyroidism (E06.2), Neonatal hyperthyroidism (P72.1)</i>	00.94.10	Monitoring of the recurrent nerve in the context of another operation [L]
E05.0	Hyperthyroidism with diffuse goiter Graves' disease [Graves' disease], Toxic diffuse goiter, Toxic goiter o.n.A.	00.94.3	Intraoperative neurophysiological monitoring, according to duration <i>Note: According to the neuromonitoring protocol, the time interval from the first to the last signal is recorded.</i>
E05.1	Hyperthyroidism with toxic solitary thyroid nodule	00.94.30	Intraoperative neurophysiological monitoring, up to 4 hours
E05.2	Hyperthyroidism with toxic single-nodular goiter		
E21	Hyperthyroidism with toxic multi-nodular goiter Toxic goiter nodosa o.n.A.		
E21.0	Hyperparathyroidism and other diseases of the parathyroid gland <i>Excl.: Osteomalacia: in adulthood (M83.-), in childhood and adolescence (E55.0)</i>		
E21.0	Primary hyperparathyroidism Hyperplasia of the parathyroid gland, osteodystrophia fibrosa cystica generalisata [von Recklinghausen's disease of the bone]		
C73	Malignant neoplasm of the thyroid gland		
C77	Secondary and unspecified malignant neoplasm of the lymph nodes <i>Excl.: Malignant neoplasm of the lymph nodes, designated as primary (C81-C86, C96.-)</i>		
C77.0	Lymph nodes of the head, face and neck Supraclavicular lymph nodes		
D34	Benign neoplasm of the thyroid gland		

ENT & Neuromonitoring

Coding and reimbursement in acute care hospitals 2026

Inpatient care

SwissDRG System 2026 (Version 15.0) in Acute Care Hospitals											
Main diagnosis CHOP Monitoring Swiss DRG Swiss DRG Text					Cost-Weight	MVD ¹⁾	UGVD		OGVD		Revenue from Base rate CHF 10'000.-
							1st day m. Tee ²⁽⁴⁾	Cost-Weight/Day	Day 1 Remuneration ³⁽⁴⁾	Cost-Weight/Day	
Thyroidectomy											
E04.2	06.4X.10	00.94.10 00.94.30	K06B	Procedures on the thyroid gland, parathyroid gland and thyroid duct with complete thyroidectomy	1,055	2,3 1	0,222	4	0,202	CHF 10'550.00	
E05.0	06.4X.10	00.94.10 00.94.30	K06B	Procedures on the thyroid gland, parathyroid gland and thyroid duct with complete thyroidectomy	1,055	2,3 1	0,222	4	0,202	CHF 10'550.00	
C73	06.4X.10	00.94.10 00.94.30	K06B	Procedures on the thyroid gland, parathyroid gland and thyroid duct with complete thyroidectomy	1,055	2,3 1	0,222	4	0,202	CHF 10'550.00	
Hemithyroidectomy											
E04.2	06.2X.11	00.94.10 00.94.30	K06C	Procedures on the thyroid gland, parathyroid gland and thyroid duct	0,846	2,1 1	0,184	4	0,185	CHF 8'460.00	
E05.0	06.2X.11	00.94.10 00.94.30	K06C	Procedures on the thyroid gland, parathyroid gland and thyroid duct	0,846	2,1 1	0,184	4	0,185	CHF 8'460.00	
C73	06.2X.11	00.94.10 00.94.30	K06C	Procedures on the thyroid gland, parathyroid gland and thyroid duct	0,846	2,1 1	0,184	4	0,185	CHF 8'460.00	

SwissDRG revenue for normal berths, calculated with a fictitious base rate for 2026 of CHF 10,000.

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Coding and reimbursement in acute care hospitals 2026

Inpatient care

SwissDRG System 2026 (Version 15.0) in Acute Care Hospitals											
Main diagnosis CHOP Monitoring Swiss DRG Swiss DRG Text					Cost-Weight	MVD ¹⁾	UGVD		OGVD		Revenue from Baserate CHF 10'000.-
							1st day m. Tee ²⁽⁴⁾	Cost-Weight/Day	Day 1 Remuneration ³⁽⁴⁾	Cost-Weight/Day	
Parathyroidectomy											
E21.0	06.81.10	00.94.10 00.94.30	K06C	Procedures on the thyroid gland, parathyroid gland and thyroid duct	0,846	2,1 1	0,184	4	0,185	CHF 8'460.00	
D35.1	06.81.10	00.94.10 00.94.30	K06C	Procedures on the thyroid gland, parathyroid gland and thyroid duct	0,846	2,1 1	0,184	4	0,185	CHF 8'460.00	
E04.2	06.81.10	00.94.10 00.94.30	K06C	Procedures on the thyroid gland, parathyroid gland and thyroid duct	0,846	2,1 1	0,184	4	0,185	CHF 8'460.00	
C73	06.81.10	00.94.10 00.94.30	K06C	Procedures on the thyroid gland, parathyroid gland and thyroid duct	0,846	2,1 1	0,184	4	0,185	CHF 8'460.00	
Radical Cervical Lymphadenectomy											
C77.0	40.44		R01B	Surgical procedures for haematological and solid neoplasms and more than one day of occupancy with a complex or complicated procedure or extremely severe CC or lymph node excision or complex chemotherapy or age < 18 years	1,483	4,7 1	0,376	11	0,18	CHF 14'830.00	
C73	40.44		K14B	Procedures on the adrenal gland or neck dissection	1,179	3,3 1	0,281	7	0,184	CHF 11'790.00	

SwissDRG revenue for normal berths, calculated with a fictitious base rate for 2026 of CHF 10,000.

3.4 Vocal fold palsy

Filling the paraglottic space with Vox Implant™

The VOX implant™ is used to permanently fill the paraglottic space, for example in the case of unilateral vocal fold palsy. Due to the neoglottis created in this way and in conjunction with the non-absorbable material of the Vox Implant™, there is a permanent and minimally invasive therapy.

Literature: Sittel C., Plinkert PK, Vocal Fold Augmentation, ENT, 2005, 53:6-10



Vox Implant™ and Application Aid

When using the Vox Implant (TM), the following CHOP code must be coded:

[31.69.42](#) Plastic reconstruction of a vocal fold Example of

coding: Application of the Vox implant™

Code				
Main diagnosis				
J38.01	Paralysis of the vocal folds and larynx, unilateral, partial			
or				
J38.02	Paralysis of the vocal folds and larynx, Unilateral, complete			
Procedures				
31.69.42	Plastic reconstruction of a vocal fold			
DRG	Relative weight			
D28Z	Monognathic osteotomy and complex procedures on the head and neck or other procedures on the head and neck in the case of malignant neoplasm 1,131			
Proceeds*	CHF 11'310.00			
Average dwell time	1st day with discount	Lower GVD	Upper GVD	Day 1 with supplement
2,9	1	2	5	6

SwissDRG revenue for normal berths, calculated with a fictitious base rate for 2026 of CHF 10,000.

3.5 Rhinological procedures with power instruments

The supplementary use of the shaver cannot be coded or billed separately. However, the underlying surgical procedure is billable according to the type of procedure via the corresponding CHOP codes; depending on the operation, different codes can be used in combination.



Shaver and IPC

* Coding stickers are available from your Medtronic representative

ENT & Neuromonitoring

Coding and reimbursement in acute care hospitals 2026

Diagnoses ICD-10-GM 2024

H04.-	Affections of the lacrimal apparatus <i>Excl.: Congenital malformations of the lacrimal apparatus (Q10.4-Q10.6)</i>
H04.5	Stenosis and insufficiency of the lacrimal ducts
J32.-	Chronic sinusitis <i>Incl.: Abscess, suppuration, empyema, infection (chronic) (nasal) sinuses If the infectious agent is to be specified, an additional code number (B95-B98) must be used.</i> <i>Excl.: Acute Sinusitis (J01.-)</i>
J32.1	Chronic frontal sinusitis Nasal
J34.3	concha hypertrophy Chronic
J32.4	pansinusitis
Q30.-	Congenital malformations of the nose <i>Excl.: Congenital deviation of the nasal septum (Q67.4)</i>
Q30.8	Other congenital malformations of the nose Accessory nose Congenital anomaly of the sinus wall

CHOP 2026

22.9X.23	Operations on multiple paranasal sinuses, endonasal, with imaging of the skull basin (endonasal pansinus surgery) [L]
22.41.11	Sinusotomy of the frontal sinus, endonasal [L] <i>e.g. fronto-ethmoidectomy, sinusplasty</i>
21.69.10	Conchotomy and ablation of posterior ends [L]
21.69.11	Submucosal resection (turbinoplasty) [L]
09.81	Dacryocystorhinostomy [L]

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Coding and reimbursement in acute care hospitals 2026

Inpatient care

SwissDRG System 2026 (Version 15.0) in Acute Care Hospitals											
Main CHOP	Additional Code	Swiss diagnose	DRG Swiss	DRG Text	Cost-Weight	MVD ¹⁾	UGVD		OGVD		Revenue from Base rate CHF 10'000.-
							1st day m. Tee ²⁽⁴⁾	Cost-Weight/Day	Day 1 Remuneration ³⁽⁴⁾	Cost-Weight/Day	
Paranasal sinus											
J32.4	22.9X.23	00.99.60	D06B	Complex procedures on the paranasal sinuse, mastoid, middle ear and other procedures on the salivary gland, age > 5 and < 16 years, or complex procedure on mastoid or paranasal sinus or with complex diagnosis, age > 15 years	0,725	2,3 1 0,163			4	0,193	CHF 7'250.00
Frontal sinus											
J32.1	22.41.11	00.99.60	D06B	Complex procedures on the paranasal sinuse, mastoid, middle ear and other procedures on the salivary gland, age > 5 and < 16 years, or complex procedure on mastoid or paranasal sinus or with complex diagnosis, age > 15 years	0,725	2,3 1 0,163			4	0,193	CHF 7'250.00
Conchotomy											
J34.3	21.69.10		D39Z	Other procedures on the nose	0,512	2,4 1 0,094			4	0,105	CHF 5'120.00
Submucosal resection											
J34.3	21.69.11		D39Z	Other procedures on the nose	0,512	2,4 1 0,094			4	0,105	CHF 5'120.00
Dakriocystorhinostomy											
H04.5	09.81		C13B	Interventions on the tear system	0,646	2,1 1 0,14			4	0,151	CHF 6'460.00
Rhinoplasty											
Q30.8	21.69.11		D39Z	Other procedures on the nose	0,512	2,4 1 0,094			4	0,105	CHF 5'120.00

SwissDRG revenue for normal berths, calculated with a fictitious base rate for 2026 of CHF 10,000.

3.6 Navigation

Image-guided surgery with the StealthStation™ S8 ENT and the StealthStation™ FlexENT ENT navigation system reliably supports you in the operating room during complex procedures.

Application examples for the StealthStation™ S8 ENT & the StealthStation FlexENT™

- Rhinological procedures
- Otological procedures

When using the navigation system, the following CHOP code must also be coded:

00.99.60 Use of a navigation system



StealthStation
FlexENT™

ENT & Neuromonitoring

Coding and reimbursement in acute care hospitals 2026

Inpatient care

SwissDRG System 2026 (Version 15.0) in Acute Care Hospitals											
Main diagnosis CHOP	Additional code	Swiss DRG	Swiss DRG Text	Cost-Weight	MVD ¹⁾	UGVD		OGVD		Revenue from Base rate CHF 10'000.-	
						1st day m. Tee ²⁽⁴⁾	Cost-Weight/Day	Day 1 Remuneration ³⁽⁴⁾	Cost-Weight/Day		
Frontal sinus											
J01.4	22.2X.22	00.99.60	D62C	Epistaxis or otitis media or upper respiratory tract infections and age > 15 years	0,397	3	1 0,172	6	0,085	CHF 3'970.00	
Sphenoid sinus											
J32.2	22.2X.21 22.63.11	00.99.60	D06B	Complex procedures on the paranasal sinuse, mastoid, middle ear and other procedures on the salivary gland, age > 5 and < 16 years, or complex procedure on mastoid or paranasal sinus or with complex diagnosis, age > 15 years	0,725	2,3 1 0,163		4	0,193	CHF 7'250.00	
Paranasal sinus											
J32.4	22.2X.28 22.9X.23	00.99.60	D06B	Complex procedures on the paranasal sinuse, mastoid, middle ear and other procedures on the salivary gland, age > 5 and < 16 years, or complex procedure on mastoid or paranasal sinus or with complex diagnosis, age > 15 years	0,725	2,3 1 0,163		4	0,193	CHF 7'250.00	

The grouping shows that it is not the access of balloon dilatation that is decisive for the higher proceeds, but whether it is a simple or complicated FESS.

SwissDRG revenue for normal berths, calculated with a fictitious base rate for 2026 of CHF 10,000.

3.7 PROPEL™ Sinus Implants

The PROPEL™ product family includes three steroid-releasing implants, allowing ENT physicians to choose the option that best suits the anatomical conditions of their patients.

PROPEL™ implants have an innovative 2-in-1 mechanism that maintains the surgical opening of the sinuses and delivers mometasone furoate to the mucosa exactly where it is needed.

Examples of applications for PROPEL:™

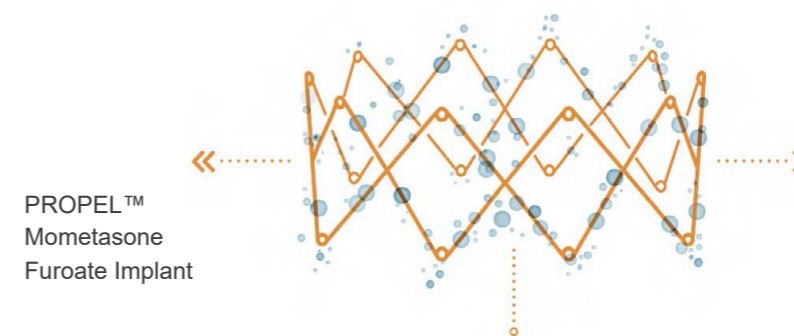
PROPEL™ sinus implants are designed to maintain patency and deliver a steroid locally into the sinus mucosa in patients ≥ 18 years of age with chronic rhinosinusitis after sinus surgery:

- PROPEL:™ for the ethmoid sinus
- PROPEL™ Mini: for the ethmoid sinus/frontal sinus openings and
- PROPEL™ Contour: for frontal sinus nosta

Coding

- CHOP 22.8 Insertion or Replacement of Implants in the Paranasal Sinus

(Value Dossier PROPEL™ Sinus Implants – Your Added Value at a Glance)



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Indication/ICD:

Patients with pronounced recurrence polyposis (e.g. chronic hyperplastic eosinophilic rhinosinusitis) and a tendency to scar in the area of the paranasal and sinus drainage routes are particularly affected

Diagnoses ICD-10-GM 2024

CHOP 2026

Diagnosis ICD-10-GM 2024	CHOP 2026
J32.- Chronic sinusitis <i>Incl.: abscess, suppuration, empyema, infection, (chronic) (nasal) sinuses If the infectious agent is to be specified, an additional code number (B95-B98) must be used.</i> <i>Excl.: Acute Sinusitis (J01.-)</i>	22.63.11 Ethmoidectomy, endonasal or transmaxillary [L] 22.8 Insertion or replacement of implants in the paranasal sinus <i>Insertion or replacement of implants in the paranasal sinuses</i>
J32.0 Chronic maxillary sinusitis Maxillary sinusitis (chronic) Maxillary sinusitis o.n.A.	
J32.1 Chronic frontal sinusitis Chronic frontal sinusitis, frontal sinusitis, o.n.A.	
J32.2 Chronic sinusitis ethmoidalis Sinusitis ethmoidalis o.n.A.	
J32.4 Chronic pansinusitis Pansinusitis o.n.A.	
J32.8 Other chronic sinusitis Sinusitis (chronic) involving more than one paranasal sinus, excluding pansinusitis	
J34.- Other diseases of the nose and sinuses <i>Excl.: Ulcus varicosum of the nasal septum (I86.88)</i>	
J34.2 Nasal septum deviation	

SwissDRG System 2026 (Version 15.0) in Acute Care Hospitals

Main diagnosis	CHOP	Additional code	Swiss DRG	Swiss DRG Text	Cost-Weight	MVD ¹⁾	UGVD OGVD			Revenue from Baserate CHF 10'000.-
							1st day m. ^{2/4)} Cost-Weight/ Day Fee	1st day in addition ^{3/4)} Cost-Weight/ Day	Tee	
J32.4	22.63.11.22.8		D06B	Complex procedures on the paranasal sinuse, mastoid, middle ear and other procedures on the salivary gland, age > 5 and < 16 years, or complex procedure on mastoid or paranasal sinus or with complex diagnosis, age > 15 years	0,725	2,3 1	0,163 4	0,193		CHF 7'250.00

SwissDRG revenue for normal berths, calculated with a fictitious base rate for 2026 of CHF 10,000.

3.8 Otological procedures with power instruments

The otologic or neurotological procedures listed as examples in the table on the following page can be performed precisely, safely and quickly with the support of Medtronic drilling systems (ENT MR8, Skeeter, Visao, Indigo).

The costs for the necessary consumables are reimbursed by the resulting flat rate per case. When using the Medtronic navigation system, it is also important to think about the coding.



ENT MR8

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Coding and reimbursement in acute care hospitals 2026

Diagnoses ICD-10-GM 2024

CHOP 2026

Diagnoses ICD-10-GM 2024	CHOP 2026
D33 Benign neoplasm of the brain and other parts of the central nervous system <i>Excl.:Angioma (D18.0-), Meninges (D32.-), Peripheral Nerves and Autonomic Nervous System (D36.1), Retroocular Tissue (D31.6)</i>	20.97 Implantation or replacement of a single-channel Cochleaprosthesis [L] <i>Implantation of a receiver (intracranial) and insertion of electrode(s) into the cochlea INCL. mastoidectomy EXCL. implantation of an electromagnetic hearing aid (20.95) Implantation of a bone conduction hearing apparatus (20.95)</i>
D33.3 Cranial nerves	
H66 Purulent and unspecified otitis media <i>Incl.:With myringitis If the presence of an eardrum perforation is to be indicated, an additional key number (H72.-) must be used.</i>	20.98 Implantation or replacement of a multi-channel Cochleaprosthesis [L] <i>Implantation of a receiver (intracranial) and insertion of electrode(s) into the cochlea INCL. mastoidectomy EXCL. implantation of an electromagnetic hearing aid (20.95) Implantation of a bone conduction hearing apparatus (20.95)</i>
H66.3 Chronic purulent otitis media	04.04.11 Other incision on intracranial portions of other cranial nerves and ganglia [L]
H71 Cholesteatoma of the middle ear <i>Incl.:Cholesteatoma in the cavum tympani Excl.:Cholesteatoma in the outer ear (H60.4) Recurrent cholesteatoma in the mastoid cavity after mastoidectomy (H95.0)</i>	20.21 Incision on the mastoid [L] 19.56 Tympanoplasty and Ossiculoplasty
H80 Otosclerosis <i>Incl.:Otospongiosis</i>	19.56.0 Detail of subcategory 19.56 19.56.00 Tympanoplasty and ossiculoplasty, n.n.bez. [L]
H80.8 Other otosclerosis	19.56.10 Tympanoplasty with antrotomy, atticotomy, atticantrotomy or mastoidectomy, without implantation of a prosthesis or with implantation of an autogenous ossicle [L]
H91 Other hearing loss <i>Excl.:Abnormal hearing sensation (H93.2) Hearing loss, coded as H90.- Noise-induced hearing loss (H83.3) Psychogenic hearing loss or deafness (F44.6) Transient ischemic hearing loss or deafness (H93.0) Ceruminous plug (H61.2)</i>	19.56.11 Tympanoplasty with antrotomy, atticotomy, atticantrotomy or mastoidectomy, with implantation of an alloplastic, allogeneic or xenogeneic prosthesis 19.56.20 Tympanoplasty with the creation of an auricular radical cavity (open cavity), without implantation of a prosthesis or with implantation of an autogenous ossicle [L] 19.56.21 Tympanoplasty with the creation of an ear radical cavity (open cavity), with implantation of an alloplastic, allogeneic or xenogeneic prosthesis [L] 19.56.99 Tympanoplasty and ossiculoplasty, other [L]
H91.9 Hearing loss, unspecified Hearing loss or deafness: <ul style="list-style-type: none">• High frequencies affected• Low frequencies affected• n.e.d.	19.19 Other stapedectomy and stapesplasties <i>Stapedotomy</i> 19.19.0 Detail of subcategory 19.19 19.19.00 Other stapedectomy and stapesplasties, n.n.bez. [L] 19.19.10 Stapedotomy with fitting of an autogenous stapedotomy (Incus stapedotomy) [L] 19.19.11 Stapedotomy with fitting of an alloplastic stapedotomy (Incus stapedotomy) [L] 19.19.12 Malleo stapedotomy [L] 19.19.99 Other stapedectomy and stapesplasties, other [L]

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Coding and reimbursement in acute care hospitals 2026

Inpatient care

SwissDRG System 2026 (Version 15.0) in Acute Care Hospitals										
Main diagnosis CHOP	Navigation	Swiss DRG	Swiss DRG Text	Cost-Weight	MVD ¹⁾	UGVD		OGVD		Revenue from Base rate CHF 10'000.-
						1st day m. Tee ²⁽⁴⁾	Cost-Weight/Day	Day 1 Remuneration ³⁽⁴⁾	Cost-Weight/Day	
Cochlear implant										
H91.9	20.98	00.99.60	D01B Kochlear implantation	2,601	2,2 0	0	4	0,224		CHF 26'010.00
Acoustic neuroma										
D33.3	04.04.11	00.99.60	B17B Interventions on peripheral nerves and cranial nerves	0,677	2,5 1	0,242	5	0,193		CHF 6'770.00
Cholesteatoma										
H71	20.21	00.99.60	D30C Various procedures on the ear, nose, mouth and neck, age > 15 years	0,524	2,4 1	0,146	5	0,14		CHF 5'240.00
Tympanoplasty										
H66.3	19.56.10	00.99.60	D06A Complex procedures on the paranasal sinus, mastoid, middle ear and other procedures on the salivary gland, with complex tympanoplasty or age < 6 years	0,885	2,2 1	0,16	4	0,264		CHF 8'850.00
Stapedectomy										
H80.8	19.19.11	00.99.60	D30B Various procedures on the ear, nose, mouth and throat with specific procedure or age < 16 years	0,621	2,2 1	0,184	4	0,169		CHF 6'210.00

SwissDRG revenue for normal berths, calculated with a fictitious base rate for 2026 of CHF 10,000.

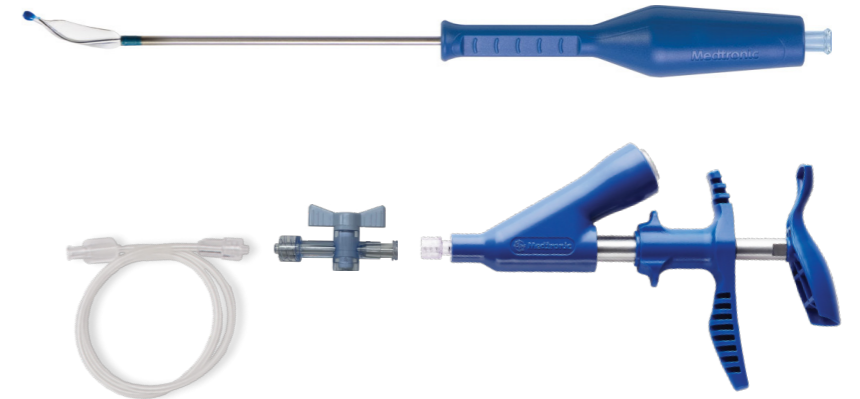
3.9 NuVent™ Eustachian Tube Dilation Balloon

The NuVent™ Eustachian Tube Dilation Balloon is a manually controlled balloon catheter system. After insertion into the Eustachian tube, pressure is built up in the system, causing the balloon to expand and dilate the channel of the Eustachian tube.

Coding

When using the NuVent™ Dilation Balloon, the following CHOP code must be coded:

[20.8](#) Operations on the auditory tube



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Diagnoses ICD-10-GM 2024

H68,- Inflammation and occlusion of the auditory tube
 H68.1 Closure of the auditory tube, compression, stenosis, stricture

H69,- Other diseases of the auditory tube
 H69.8 Other specified diseases of the auditory tube

CHOP 2026

20.8 Operations on the auditory tube [L]
Blowing through the auditory tube Injection (Teflon paste) into the auditory tube Insufflation (boric acid, salicylic acid) of the auditory tube Intubation of the auditory tube Catheterization of the auditory tube Politzerization of the auditory tube

20.0 Myringotomy
*Incision on the eardrum * paracentesis **

20.01 Myringotomy with tympanic tube insertion [L]
*Myringostomy Paracentesis with tympanic drainage **

SwissDRG System 2026 (Version 15.0) in Acute Care Hospitals

Main diagnosis	CHOP	Swiss DRG	Swiss DRG Text	Cost-Weight	MVD ¹⁾	UGVD OGVD		Revenue from Base rate CHF 10'000.-	
						1st day m. Cost-Weight/ Discount _{2/4)} Day Charge _{3/4)} Day	1st day in addition Cost-Weight/		
H69.8	20.8	D30A	Various procedures on the ear, nose, mouth and throat with extremely severe CC, with 0,695 complex intervention or intervention on the oral cavity and mouth except in the case of malignant NB without oral floor or vestibular plasty with age < 3 years, or extremely severe CC or certain diagnosis	0,695	2,1	1	0,124 4	0,223	CHF 6'950.00
H69.8	20.01	D30C	Various procedures on the ear, nose, mouth and neck, age > 15 years	0,524	2,4	1	0,146 5	0,14	CHF 5'240.00
H68.1	20.8	D30A	Various procedures on the ear, nose, mouth and throat with extremely severe CC, with 0,695 complex intervention or intervention on the oral cavity and mouth except in the case of malignant NB without oral floor or vestibular plasty with age < 3 years, or extremely severe CC or certain diagnosis	0,695	2,1	1	0,124 4	0,223	CHF 6'950.00
H68.1	20.01	D30C	Various procedures on the ear, nose, mouth and neck, age > 15 years	0,524	2,4	1	0,146 5	0,14	CHF 5'240.00

4. Coding Notes *

Basically, coding should be as specific as possible and terminal. These can be three-digit, four-digit or five-digit codes of the ICD-10-GM classification and up to six-digit codes for the CHOP classification.

The documentation of all diagnoses and/or procedures during an entire hospital stay is the responsibility of the attending physician. This information (e.g. surgical report, discharge report, nursing card, etc.) forms the coding basis for the coders.

4.1 G52h The main diagnosis

The definition of the main diagnosis corresponds to the definition of the WHO. The main diagnosis is defined as:

"The condition that is determined as a diagnosis at the end of the hospital stay and that was the main reason for the treatment and examination of the patient."

The analysis of the patient's medical file at the time of the patient's discharge makes it possible to select from the affections the one that should be considered the main diagnosis (the one that is the reason for the inpatient admission or the one that was diagnosed during the inpatient stay). The diagnosis mentioned as the main diagnosis in the discharge report or listed first does not always correspond to the main diagnosis to be coded. This means that it is only at the end of the inpatient stay that the illness or impairment that caused the greatest medical effort during the inpatient treatment that is detected. The diagnosis of entry (the reason for entry) does not necessarily correspond to the main diagnosis.

The hospital is responsible for the final coding of the treatment case.

Only at the end of the inpatient stay is the illness or impairment that was the main reason for hospitalization determined. The diagnosis of entry (the reason for entry) does not necessarily correspond to the main diagnosis. In the presence of two or more conditions, the one that required the greatest expenditure of medical means is to be selected as the main diagnosis.

Choice of the main diagnosis for two or more diagnoses that meet the HD definition

In the presence of two or more conditions that meet the above definition of the main diagnosis, the one that required the greatest expenditure of medical resources is to be selected as the main diagnosis. The greatest expenditure is determined on the basis of the medical service (medical, nursing services, operations, medical products, etc.) and not on the basis of the cost weight (CW) of the flat rate per case, which also depends on other factors. If the coder has any doubts about the choice of the main diagnosis, the treating hospital doctor decides. The choice of the main diagnosis must be justified and documented on the basis of medical services and products.

* Excerpts from "Coding Manual - The Official Guide to Coding Guidelines, Version 2026"

4.2 G54g The secondary diagnoses

The secondary diagnosis is defined as:

"An illness or complaint that either exists at the same time as the main diagnosis or develops during the hospital stay".

The coding takes into account those secondary diagnoses that influence patient management in such a way that any of the following factors are required:

- Therapeutic measures
- Diagnostic measures
- Increased care, nursing and/or monitoring effort A diagnosed

disease that requires prophylactic measures meets the criteria for coding, even if this disease itself is not causally treated. For example, anticoagulation in atrial fibrillation.

Diseases that have been documented, for example, by the anesthesiologist during the preoperative assessment, are only coded if they meet one of the three criteria mentioned above. If a concomitant disease influences the standard procedure for anaesthesia or surgery, this is coded with the disease or the "condition after" as a secondary diagnosis. Medical history diagnoses that have not influenced patient treatment according to the above definition are not coded (e.g. cured pneumonia six months ago or healed ulcer).

In summary: Medical expenditure > 0 is coded.

5. Important links

CHOP 2026	https://www.bfs.admin.ch/bfs/de/home.assetdetail.36016195.html
ICD-10-GM 2024	https://www.bfarm.de/DE/Kodiersysteme/Klassifikationen/ICD/ICD-10-GM/_node.html
Web Grouper	https://webgrouper.swissdrg.org

6. Abbreviations and Glossary

Base Rate / Base Case Value	The amount reimbursed for a particular case is calculated by multiplying the cost weight of the DRG to which the case in question is allocated by the base rate. The base rate refers to the amount paid in the DRG system for a treatment case whose cost weight is 1.0. The base price is determined by the tariff partners (insurers and service providers).
Ex.	Example
CC	Comorbidities and Complications Comorbidities and/or Complications (CC) CC codes are secondary diagnoses that usually lead to significantly higher resource consumption.
CHOP	Swiss Surgical Classification. This is used to encrypt operations and treatments.
CW (Cost-weight)	Each case group (DRG) is assigned an empirically determined relative cost weight, which describes the average treatment effort of the respective case group. The cost weights are determined on the basis of the case cost data of selected hospitals (network hospitals). Cost weights are usually recalculated annually based on updated data.
DRG	Diagnosis Related Group Diagnosis-related flat rate per case
First day with tee off	First day of occupancy on which a deduction from the flat rate per case is to be made.
First day with supplement	First day of occupancy on which a daily fee is paid in addition to the flat rate per case.
FP Catalog	Catalogue of flat rates per case
Groupier	Software for assigning treatment cases to MDCs and DRGs
ICD	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, German Modification (ICD-10-GM 2022) is the official classification for coding diagnoses in outpatient and inpatient care in Germany and Switzerland.
HD	Main diagnosis
HP	Main procedure

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KVG	Federal Act on Health Insurance of 18 March 1994 (SR 832.10)
MDC	Major Diagnostic Group (MDC): The MDC is a category that is basically based on a body system or disease etiology associated with a specific medical specialty. However, records assigned to MDCs 15, 18, and 21 may have major diagnoses that belong to other categories. In SwissDRG version 13.0, there are 23 numberings for the MDCs, which are divided into 27 groups (MDC 1-23, 18A/B, 21 A/B, pre-MDC and error DRGs).
n.n.bez.	unspecified
ND	Secondary diagnosis
NP	Secondary procedure
o.n.A.	without further information
OGVD	Upper limit dwell time
OR Procedure	Surgical procedure
Partition	The MDCs are divided into a maximum of three different partitions (operational, "other" and medical partition). The presence or absence of OR and NonOR procedures basically causes a record to be assigned to one of the partitions. M = Medical, O = Surgical
PCCL	Patient-related overall clinical severity; Patient Clinical Complexity Level The presence of comorbidities and/or complications (CC) can make the treatment of diseases and disorders difficult and more expensive.
SD	Special coding guidelines for diagnoses
SC	Stroke Center
SP	Special coding guidelines for procedures and treatments
SU	Stroke Unit
Unbew.	unrated
UGVD	lower limit dwell time

Medtronic

Medtronic (Switzerland) SA

Weltpoststrasse 5 3015 Bern
Téléphone: +41 31 868 01 00
Téléfax: +41 31 868 01 98
swisscontact@medtronic.com

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