Spinal Cord Stimulation

State(s):	LOB(s):
☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*	☒ *Commercial* ☒ *Medicare* ☒ *Medicaid*

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Spinal cord stimulation (SCS), also known as dorsal column stimulation, involves the use of low-level epidural electrical stimulation of the spinal cord dorsal column, creating a paresthesia to alter the perception of pain. SCS has been used in a wide variety of chronic refractory pain conditions, including complex regional pain syndrome, failed back surgery syndrome and critical limb ischemia. The use of SCS for controlling chronic back pain is a non-destructive, reversible procedure, thus, it is an attractive alternative for members who may have already experienced neuroablative procedures, or opioid medications. SCS is indicated for cervical, thoracic, and lumbar chronic neuropathic or ischemic pain.

Dorsal root ganglion (DRG) stimulation is a more specific implanted SCS that may be prescribed for pain that starts in a lower part of the body (e.g., foot, knee, hip, and groin) following an injury or surgical procedure and progresses. Dorsal root ganglions are spinal structures densely populated with sensory nerves that transmit information to the brain via the spinal column. Physicians are able to directly treat targeted areas of the body where pain occurs through the use of a neurostimulator system.

Dorsal column stimulator devices consist of several components: (1) the lead that delivers the electrical stimulation to the spinal cord; (2) an extension wire that conducts the electrical stimulation from the power source to the lead; and (3) a power source that generates the electrical stimulation. The lead may incorporate from 4 to 8 electrodes, with 8 electrodes more commonly used for complex pain patterns.

Dorsal column stimulation implantation requires a surgical procedure, conducted in two phases initiated with a trial period of SCS/DRG with a temporarily implanted lead. If successful pain reduction is reported during this trial, it may be followed by the second phase of permanent implantation.

Temporary Percutaneous Electrode Placement

In the first phase of the process, a local anesthetic is given, and an electrode is inserted with the assistance of fluoroscopy to guide it to the desired level of the spinal column. Extensive outpatient

testing with the temporary lead placement occurs over the next three days to calibrate positioning and to determine effectiveness. If reported pain is reduced by at least 50%, the patient returns for permanent placement of the electrodes and generator device.

Permanent Electrode Placement and Implantation of a Pulse Generator

In the second phase of the process, the patient undergoes a surgical procedure to guide electrode placement with insertion into the spinal column. The individual is kept awake, although sedated, to ensure the placement of the SCS/DRG provides adequate paresthetic sensation over the affected area. Permanent electrodes are placed; a connector wire is tunneled under the skin connects to an implantable pulse generator which is inserted into a surgically prepared pocket in the abdomen.

This policy addresses these services as one combined episode beginning with the temporary placement of electrodes for SCS/DRG trial.

Criteria

Commercial

Prior authorization is required.

I. Spinal Cord Stimulator Implantation (2 Phases)

A. Phase I - Temporary Percutaneous Electrode Placement

PacificSource considers temporary placement of electrodes for a Spinal Cord Stimulator (SCS) trial medically necessary when **ALL** of the following criteria is met:

1. Member has chronic neuropathic or ischemic pain including **ONE or more** of the following:
    - Complex regional pain syndrome;
    - Failed back surgery syndrome;
    - Critical limb ischemia;
2. Imaging reports correlate with pain complaint (e.g., abnormal MRI);
3. Evidence of objective neurological impairment (e.g., abnormal reflexes, muscle weakness, segmental sensory loss, neurogenic bowel or bladder, long tract abnormalities;
4. Member failed 12 or more months of other treatment modalities (e.g., pharmacological, surgical, physical therapy, cognitive therapy);
5. Evaluation and written clearance by a mental health provider which revealed no evidence of an inadequately controlled behavioral health issue (e.g., alcohol or drug dependence, depression, psychosis).

B. Phase II - Permanent Electrode Placement and Implantation of a Pulse Generator

PacificSource considers permanent placement of a Spinal Cord Stimulator (SCS) medically necessary for severe and chronic refractory neuropathic pain of the trunk or limbs when **ALL** of the above criteria is met **AND** the following criteria is met:

- Member experienced significant pain reduction (reduced by at least 50%) with a 3- to 7-day trial of percutaneous spinal stimulation.

II. Dorsal Root Ganglion (DRG) Stimulator Implantation (2 Phases)

A. Phase I - Temporary Percutaneous Electrode Placement

PacificSource considers temporary placement of electrodes for Dorsal Root Ganglion (DRG) stimulator trial to be medically necessary when **ALL** of the following criteria are met:

1. Diagnosis of moderate to severe chronic intractable pain of the lower limbs in persons with complex regional pain syndrome (CRPS) types I and II;
2. Imaging reports correlate with pain complaint (e.g., abnormal MRI);
3. Member failed 12 or more months of other treatment modalities (e.g., pharmacological, surgical, physical therapy, cognitive therapy);
4. Evaluation and written clearance by a mental health provider which revealed no evidence of an inadequately controlled behavioral health issue (e.g., alcohol or drug dependence, depression, psychosis).

B. Phase II - Permanent Electrode Placement and Implantation of a Pulse Generator

PacificSource considers permanent placement of a Dorsal Root Ganglion (DRG) stimulator medically necessary when **ALL** of the above criteria is met **AND** the following criteria is met:

- Member experienced significant pain reduction (reduced by at least 50%) with a 3- to 7- day trial of percutaneous DRG stimulation.

III. Revision

PacificSource may consider revision(s) to an existing dorsal column stimulator, SCS or DRG, medically necessary after the device has been placed to allow for proper functioning of the device.

IV. Replacement

PacificSource considers replacement of all or part of an existing dorsal column stimulator, SCS or DRG, and/or generator medically necessary when **ALL** of the following is met:

- Existing dorsal column stimulator and/or generator is malfunctioning;
- Device cannot be repaired;
- Device is no longer under warranty.

Contraindications

The use of dorsal column stimulators, SCS or DRG, is specifically contraindicated for individuals with cardiac pacemakers and/or defibrillators.

Medicaid

PacificSource Community Solutions follows Guideline Note 178 of the OHP Prioritized List of Health Services for Spinal Cord Stimulation.

Medicare

PacificSource Medicare follows LCD L36035 for Spinal Cord Stimulation for Chronic Pain.

Experimental/Investigational/Unproven

PacificSource considers dorsal column stimulation to be experimental/investigational/unproven for all other indications because the effectiveness has not been proven, including but not limited to the following:

- Cancer-related pain;
- Nociceptive pain;
- Post-herpetic neuralgia;
- Refractory angina pectoris;
- Visceral pain.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

CPT Codes:

20680	Removal, Implant; Deep
63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural
63661	Removal of Spinal Neurostimulator Electrode Percutaneous Array(s), Including Fluoroscopy, When Performed
63662	Removal of Spinal Neurostimulator Electrode Plate/Paddle(s) Placed Via Laminotomy or Laminectomy, inc Fluoro
63663	Revision including Replacement, When Performed, of Spinal Neurostimulator Electrode Percutaneous Array(s), inc Fluoro

63664 Revision inc Replacement, If Performed, of Spinal Neurostimr Electrode Plate/Paddles Place Via Laminotomy/Ectomy

63685 Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver

63688 Revision/Removal, Implanted Spinal Neurostimulator Pulse Generator/Receiver

HCPCS Codes:

C1767 Generator, neurostimulator (implantable)

C1820 Generator, neurostimulator (implantable), with rechargeable battery and charging system

C1822 Generator, neurostimulator, high frequency, with rechargeable battery and charging system

L8679 Implantable neurostimulator, pulse generator, any type

L8680 Implantable neurostimulator electrode, each

L8685 Implantable neurostimulator pulse generator, single array, rechargeable, includes extension

L8686 Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension

L8687 Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension

L8688 Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension

Definitions

Fluoroscopy – an x-ray that produces real-time video images for procedural interventions.

Neuropathic pain – numbness, tingling, burning, or shooting pain that is often degenerative resulting from damage, disease, or dysfunction of one or more nerves.

Nociceptive pain – aching, throbbing, dull or sharp pain arising from receptors for tissue injury which are mostly located in the skin and internal organs.

Paresthesia – an abnormal sensation of the body, such as numbness, tingling or burning that is usually felt in the hands, arms, legs, or feet.

Visceral pain – pain that arises from, in, or around internal organs

Visual Analogue Scale (VAS) – a measurement instrument for acute and chronic pain, recorded by marking on a 10-cm line that represents a continuum between “no pain” and “worst pain”.

Related Policies

Implanted Peripheral Nerve Stimulators

New and Emerging Technologies – Coverage Status

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Appendix

Policy Number:

Effective: 9/1/2021 **Next review:** 5/1/2023

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): N/A

Commercial Ops: 7/2022

Government Ops: 8/2022