Implanted Peripheral Nerve Stimulators

State(s):
- Idaho
- Montana
- Oregon
- Washington
- Other:

LOB(s):
- 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 determination 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

Implanted peripheral nerve stimulators (PNS) (also known as Peripheral Nerve Field Stimulation (PNFS) are used to electrically stimulate a peripheral nerves (PN) to relieve severe intractable pain. The PNS consists of an implanted receiver with electrodes that are placed around a peripheral nerve and an external transmitter. Implantation is typically a 2-step process. An initial trial using a temporary electrode is performed to confirm treatment success, which is defined as at least 50% reduction in reported pain levels. Following a successful trial, permanent subcutaneous electrodes are placed in the area of maximum pain and are connected to an implantable receiver. The patient controls the amount of stimulation using an external transmitter.

Criteria

Commercial

Preauthorization Required

Conditions for Coverage:
The evaluation of medical necessity for placement of a permanent peripheral nerve stimulator is a two (2)-step process.
1. The evaluation for medical necessity for a PNS trial evaluation; and

2. The evaluation of medical necessity for the permanent implantable Peripheral Nerve Stimulator

Indications for trial:
PacificSource considers a trial period for Peripheral Nerve Stimulators (PNS) medically necessary when all ALL of the following criteria are met:
Member is 18 years of age or older
Member has at least one of the following conditions:
- Failed back syndrome
- Complex Regional Pain Syndrome
- Craniofacial Pain Syndromes
- Entrapment Neuropathies – aka Nerve Compression Syndrome or Compression Neuropathy
- Herpetic Neuropathy
- Intractable Neuropathic Pain
- Plexus avulsion
- Reflex sympathetic dystrophy
- Trigeminal neuralgia

Failed conservative management over a six month period, including 3 or more of the following categories of pharmacotherapy:
- Topical Treatments (such as capsaicin and lidocaine)
- Opioids
- Antidepressants
- Anti-epileptic (anticonvulsant) drugs

Members with neuropathic pain must have tried a stellate ganglion or sympathetic block
A comprehensive behavioral health evaluation is done by a master’s level or higher behavioral health professional; behavioral health condition(s) is well controlled.
No severe or progressive neurological disorder, or severe medical condition, or history of seizures
Patient capable of operating stimulating device
No pacemakers or other implanted electrical devices, brain stimulators, some types of dental implants that contain metal, aneurysm clips metallic prostheses (including metal pins and rods, heart valves, and cochlear implants), permanent eyeliner, implanted delivery pump, or shrapnel fragments
No history of coagulopathy, severe thrombocytopenia and/or currently on anticoagulant or antiplatelet therapy
No current or chronic infection

**Indications for Implantation of PNS**

Implantable Peripheral Nerve Stimulators (PNS) (permanent nerve stimulators) may be indicated when the following is present:
- The member has met all the above PacificSource trial criteria or would have met the trial criteria (if member had a trial before having PacificSource coverage)
- The PNS trial period was at least 24 hours long with a documented reduction in pain by at least 50%
- No contraindications for implantation per the above trial criteria

**Medicare**

PacificSource Medicare follows National Coverage Determination 160.7 and Local Coverage Determination L34328 for peripheral nerve stimulation

**Medicaid**

PacificSource Medicaid follows Oregon Health Plan (OHP) Oregon Administrative Rules (OARs) 410-141-3820 to 3825 & 410-120-1200 for coverage of Implanted Peripheral Nerve Stimulator
Peripheral nerve stimulation is considered experimental, investigational or unproven for all other indications because its effectiveness for these indications has not been established.

**CPT/HCPC Codes**

64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve

64555 Percutaneous implantation of neurostimulator electrode array peripheral nerve (excludes sacral nerve)

64575 Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

64585 Revision or removal of peripheral neurostimulator electrode array

64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling

64595 Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

95970 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling

95972 complex spinal cord, or peripheral neurostimulator pulse generator/transmitter with intraoperative or subsequent programming, first hour

L8680 Implantable neurostimulator electrode, each

L8681 Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only

L8682 Implantable neurostimulator radiofrequency receiver

L8683 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver

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

L8686 Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension

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

L8688 Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension

L8689 External recharging system for battery (internal) for use with implantable neurostimulator

L8695 External recharging system for battery (external) for use with implantable neurostimulator, replacement only
References


Appendix

Policy Number: [Policy Number]

Effective: 7/1/2020          Next review: 7/1/2021

Policy type: Enterprise

Depts: Health Services

Applicable regulation(s): N/A

External entities affected: N/A