

## Medical Policy



An Independent Licensee of the  
Blue Cross and Blue Shield Association

### Title: **Implanted Peripheral Nerve Stimulator (PNS) for Pain Control**

#### **Professional**

Original Effective Date: July 1998  
Revision Date(s): May 15, 2007;  
November 1, 2007; January 26, 2010;  
February 25, 2011; January 1, 2012;  
March 13, 2013  
Current Effective Date: March 13, 2013

#### **Institutional**

Original Effective Date: December 13, 2007  
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**The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.**

**The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.**

**If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.**

#### **DESCRIPTION**

The peripheral nervous system includes pathways outside of the spinal cord, specifically various plexuses and peripheral nerves. Peripherally implanted nerve stimulation entails the placement of electrodes on a selected peripheral nerve. The stimulating electrode is connected by an insulated lead to a receiver unit. Stimulation is elicited by a generator connected to an antenna that is connected to the receiver unit.

## **POLICY**

Implanted peripheral nerve stimulators may be considered **medically necessary** when the following criteria are met:

- A. Cause of pain isolated to a single nerve or in an area on a limb that can be stimulated by a proximal nerve.
- B. Pain is refractory to reasonable alternative therapies such as physical therapy, analgesics, anticonvulsants, muscle relaxants, antidepressants, topical anesthetics, and nerve blocks.
- C. Psychological evaluation obtained prior to the procedure.
- D. A successful trial with percutaneous leads is performed.
- E. Diagnosis was confirmed by nerve blocks.

## **CODING**

**The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

### CPT/HCPCS

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
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, nonrechargeable, includes extension
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only

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

**DIAGNOSIS**

**These diagnoses are otherwise subject to medical policy as stated above**

- 337.20 Reflex sympathetic dystrophy, unspecified
- 337.21 Reflex sympathetic dystrophy of the upper limb
- 337.22 Reflex sympathetic dystrophy of the lower limb
- 337.29 Reflex sympathetic dystrophy of other specified site
- 338.21 Chronic pain due to trauma
- 338.4 Chronic Pain Syndrome
- 723.3 Cervicobrachial syndrome
- 729.2 Neuralgia, neuritis, and radiculitis, unspecified
- 784.0 Headache-Facial Pain

**ICD-10 (Effective October 1, 2014)**

- G90.50 Complex regional pain syndrome I, unspecified
- G90.59 Complex regional pain syndrome I of other specified site
- G90.511 Complex regional pain syndrome I of right upper limb
- G90.512 Complex regional pain syndrome I of left upper limb
- G90.513 Complex regional pain syndrome I of upper limb, bilateral
- G90.519 Complex regional pain syndrome I of unspecified upper limb
- G90.521 Complex regional pain syndrome I of right lower limb
- G90.522 Complex regional pain syndrome I of left lower limb
- G90.523 Complex regional pain syndrome I of lower limb, bilateral
- G90.529 Complex regional pain syndrome I of unspecified lower limb
- G90.59 Complex regional pain syndrome I of other specified site
- G56.40 Causalgia of unspecified upper limb
- G56.41 Causalgia of right upper limb
- G56.42 Causalgia of left upper limb
- G57.70 Causalgia of unspecified lower limb
- G57.71 Causalgia of right lower limb
- G57.72 Causalgia of left lower limb
- G89.21 Chronic pain due to trauma
- G89.4 Chronic pain syndrome
- M53.1 Cervicobrachial syndrome
- M54.10 Radiculopathy, site unspecified
- M54.18 Radiculopathy, sacral and sacrococcygeal region
- M79.2 Neuralgia and neuritis, unspecified
- R51 Headache

**REVISIONS**

Effective 11-01-2007	<ul style="list-style-type: none"> <li>• Description added.</li> <li>• Policy liberalized to allow additional indications for Implanted Peripheral Nerve Stimulators.</li> <li>• Under item I. Conditions that may cause intractable pain, the following were deleted: Reflex sympathetic dystrophy and Causalgia" and replaced with the more current terminology and broadened application of: "Complex Regional Pain Syndrome, Type I and II" to include the definition of Complex Regional Pain Syndrome.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Under item II, general criteria were revised to provide clarification as follows: <ul style="list-style-type: none"> <li>➤ To item A. added : "by significant, function limiting pain in a peripheral nerve distribution"</li> <li>➤ To item B. added "or in an area on a limb that can be stimulated by a proximal nerve"</li> <li>➤ To item C. added "such as physical therapy, analgesics, anticonvulsants, muscle relaxants, antidepressants, topical anesthetics, and nerve blocks"</li> <li>➤ Added item F. "A successful trial with percutaneous leads is performed"</li> <li>➤ Added item G. "Surgical decompression is not indicated"</li> <li>➤ Added item H. "Diagnosis was confirmed by nerve blocks"</li> <li>➤ Deleted "No nerve abnormalities demonstrable"</li> </ul> </li> <li>• Policy section revised to delete the following: "Conditions generally NOT responsive to PNS: <ol style="list-style-type: none"> <li>a. Sciatica</li> <li>b. Pain associated with failed low back surgery</li> <li>c. Cancer pain</li> <li>d. Idiopathic Pain</li> <li>e. Pain due to nerve root injury".</li> </ol> </li> </ul>
01-26-2010	<ul style="list-style-type: none"> <li>• References were updated.</li> </ul>
	<p>In Policy Section:</p> <ul style="list-style-type: none"> <li>▪ Added clarification wording to II. E. "...prior to the procedure and..." so the sentence reflected, "Psychological evaluation obtained prior to the procedure and by someone familiar with the pain process."</li> </ul> <p>In Coding Section:</p> <ul style="list-style-type: none"> <li>▪ Added HCPCS Codes: L8680, L8681, L8682, L8683, L8685, L8686, L8687, L8688, L8689, L8695</li> </ul>
02-25-2011	<p>In Coding Section:</p> <ul style="list-style-type: none"> <li>▪ Removed CPT code 64573, 63685</li> </ul>
01-01-2012	<p>In Coding section:</p> <ul style="list-style-type: none"> <li>▪ Revised CPT nomenclature for the following codes: 64553, 64555, 64575, 64585</li> </ul>
03-13-2013	<p>In Policy section:</p> <ul style="list-style-type: none"> <li>▪ Revised policy language from: "I. Implanted peripheral nerve stimulators may be medically necessary for the following conditions when they cause intractable pain (positive findings must be present): <ol style="list-style-type: none"> <li>A. Direct or indirect nerve trauma.</li> <li>B. Complex Regional Pain Syndrome, Type I and II. (Complex Regional Pain Syndrome [CRPS] is a chronic pain condition that is believed to be the result of dysfunction in the central or peripheral nervous systems. Typical features include dramatic changes in the color and temperature of the skin over the affected limb or body part, accompanied by intense burning pain, skin sensitivity, sweating, and swelling. CRPS Type I is frequently triggered by tissue injury; the term describes all patients with the above symptoms, but no underlying nerve injury. Patients with CRPS Type II experience the same symptoms, but their cases are clearly associated with a nerve injury.)</li> </ol> </li> </ul>

	<p>II. The following general criteria may be used as a guide for review:</p> <ul style="list-style-type: none"> <li>A. Pathology for the pain complaint demonstrated by significant, function limiting pain in a peripheral nerve distribution.</li> <li>B. Cause of pain isolated to a single nerve or in an area on a limb that can be stimulated by a proximal nerve.</li> <li>C. Have exhausted reasonable alternative therapies such as physical therapy, analgesics, anticonvulsants, muscle relaxants, antidepressants, topical anesthetics, and nerve blocks.</li> <li>D. No serious drug habituation problems detected.</li> <li>E. Psychological evaluation obtained prior to the procedure and by someone familiar with the pain process.</li> <li>F. A successful trial with percutaneous leads is performed.</li> <li>G. Surgical decompression is not indicated.</li> <li>H. Diagnosis was confirmed by nerve blocks."</li> </ul>
	<p>In Coding section:</p> <ul style="list-style-type: none"> <li>▪ Removed CPT code 61885</li> <li>▪ Removed diagnosis code: 723.1, 724.2</li> <li>▪ Added ICD-10 diagnoses: G90.50, G90.59, G90.511, G90.512, G90.513, G90.519, G90.521, G90.522, G90.523, G90.529, G90.59, G56.40, G56.41, G56.42, G57.70 , G57.71, G57.72, G89.21, G89.4, M53.1, M54.10, M54.18, M79.2, R51</li> </ul>
	<p>Updated Reference section.</p>

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12. Schwedt, Dodick, Hentz, et.al. Occipital Nerve Stimulation for Chronic Headache--Long-Term Safety and Efficacy. *Cephalalgia* 2007; 27:153-157.
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**Other References**

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2. Blue Cross and Blue Shield Medical Advisory Committee (MAC), August 2, 2007.
3. Blue Cross and Blue Shield of Kansas Anesthesiology Liaison Committee, May 2010.