Status
Active

Medical and Behavioral Health Policy
Section: Surgery
Policy Number: IV-74
Effective Date: 01/22/2014

SPINAL CORD STIMULATION

Description:

Spinal cord stimulation delivers low voltage electrical stimulation to the dorsal columns of the spinal cord to block the sensation of pain. The neurophysiology of pain relief after spinal cord stimulation is uncertain, but may be related to either activation of an inhibitory system or blockage of facilitative circuits.

Spinal cord stimulation 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 four to eight electrodes, with eight electrodes more commonly used for complex pain patterns, such as bilateral pain or pain extending from the limbs to the trunk. Two basic types of power sources may be used. In one type, the power source (i.e., battery) can be surgically implanted. In the second type, a radiofrequency receiver is implanted and the power source is worn externally with an antenna over the receiver. Totally implantable systems are most commonly used.

The patient's pain distribution pattern dictates the placement level of the stimulation lead in the spinal cord. The pain pattern may influence the type of device used (e.g., a lead with eight electrodes may be selected for those with complex pain patterns or bilateral pain). Implantation of the spinal cord stimulator is typically a two-step process. Initially, the electrode is temporarily implanted in the epidural space, allowing a trial period of stimulation. Once treatment effectiveness is confirmed (defined as at least 50% reduction in pain), the electrodes and radio-receiver/transducer are permanently implanted. Successful spinal cord stimulation may require extensive programming of the neurostimulators to identify the optimal electrode combinations and stimulation of channels. Computer-controlled programs are often used to assist the physician in studying the various programming options when complex systems are used.

Spinal cord stimulation has been used in a wide variety of chronic refractory pain conditions, including pain associated with cancer, failed back syndromes, arachnoiditis, and complex regional pain syndrome (i.e., chronic reflex sympathetic dystrophy). There has also been interest in spinal cord stimulation as a treatment of critical limb ischemia, primarily in patients who are poor candidates for revascularization, and in patients with refractory chest pain.

Policy:

I. Spinal cord stimulation may be considered **MEDICALLY NECESSARY** for the treatment of severe and chronic pain of the trunk or limbs when **ALL** of the following criteria are met:

A. Documented history and diagnosis appropriate to this form of therapy (to include documented evidence of neuropathic pain*); **AND**
   * Neuropathic pain is defined as any disruption of the peripheral or central nervous system which results in symptoms such as burning or lancinating sensations and which is not alleviated by opioids given at clinical dosages.
B. Documentation that all other appropriate conservative medical and invasive treatment measures have been tried and exhausted (e.g., chronic pain management programs; conservative primary care case management; medications such as anti-depressants, anti-spasmodics, narcotics, anti-inflammatories; trigger point injections; nerve blocks and epidural blocks); **AND**
C. Documentation from the patient's primary care physician or a mental health professional (i.e., psychiatrist or Ph.D psychologist) that any identified mental health or chemical dependency disorders are being or have been addressed; **AND**
D. Where indicated, completion of a comprehensive physical therapy evaluation; **AND**
E. No medical contraindications to the implantation/spinal surgery (e.g., drug allergies, sepsis, coagulopathy, inability to cope with the technology); **AND**
F. Demonstration of at least 50% pain relief with a temporarily implanted electrode precedes permanent implantation.

II. Spinal cord stimulation is considered **INVESTIGATIVE** for the following indications:

A. Treatment of critical limb ischemia as a technique to forestall amputation;
B. Treatment for refractory angina pectoris.

Coverage:

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:

63650 Percutaneous implantation of neurostimulator electrode array, epidural

63655 Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural

63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling

0282T Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; for trial, including removal at the conclusion of trial period

0283T Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; permanent, with implantation of a pulse generator

HCPCS:

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, 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

ICD-9 Procedure:

03.93 Implantation or replacement of spinal neurostimulator lead(s)

86.94 Insertion or replacement of single array neurostimulator pulse generator, not specified as rechargeable

86.95 Insertion or replacement of multiple array neurostimulator pulse generator, not specified as rechargeable

86.97 Insertion or replacement or single array rechargeable neurostimulator pulse generator

86.98 Insertion or replacement of multiple array (two or more) rechargeable neurostimulator pulse generator

ICD-10 Procedure:

00HV3MZ Insertion of Neurostimulator Lead into Spinal Cord, Percutaneous Approach

0JH60BZ Insertion of Single Array Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach

0JH60DZ Insertion of Multiple Array Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach

0JH60CZ Insertion of Single Array Rechargeable Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach

0JH60EZ Insertion of Multiple Array Rechargeable Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach

Policy History:

Developed June 1, 1990

Most recent history:
Revised January 12, 2011
Reviewed January 11, 2012
Reviewed January 9, 2013
Reviewed/Updated, no policy statement changes January 8, 2014

Cross Reference:

Occipital Nerve Stimulation, II-140
Peripheral Nerve Stimulation of the Trunk or Limbs for Treatment of Pain, II-149