



**SPINAL CORD STIMULATION,
IMPLANTED
HS-115**



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

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**Spinal Cord Stimulation,
Implanted**

Policy Number: HS-115

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DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Neuropathic pain is generated and perpetuated by the nervous system itself, without any ongoing stimuli from injury. Examples of this type of pain include diabetic neuropathy, postherpetic neuralgia, phantom limb pain, trigeminal neuralgia, failed back surgery syndrome (FBSS), and complex regional pain syndrome (CRPS) Type I. In most cases, neuropathic pain responds poorly to standard pharmacological and surgical therapies, can last indefinitely with an increasing severity over time, and often results in severe disability. Spinal cord stimulation (SCS) for the treatment of neuropathic pain involves surgical implantation of electrodes in the epidural space. In theory, passage of electrical currents through the spinal column disrupts the transmission of pain signals in stimulated spinal nerves and may activate pain inhibitory mechanisms. After a trial period to ensure that SCS provides sufficient pain relief, an adjustable, battery-powered pulse generator is implanted surgically and connected to the electrodes. This assessment focuses primarily on neuropathic pain associated with FBSS and on CRPS Type 1.

Temporary Percutaneous Electrode Placement

During the first phase of the spinal cord stimulation (SCS) implantation procedure, a local anesthetic is given, and an electrode unit is inserted via a Tuohy needle into the epidural space. Fluoroscopy is used to guide the placement of electrodes to the desired level in the spinal column so that paresthesias will cover the anatomical region that is the source of neuropathic pain. For the next 1 to 3 days, extensive testing with the temporary electrode is performed to measure effectiveness and determine adequate positioning. Some members are released from the hospital on the second day and permitted to test the temporary unit at home for a period of 2 days to several months. After a report of at least 50% reduction in pain, the member is returned to surgery for implantation of a permanent pulse generator.

Permanent Electrode Placement and Implantation of the Pulse Generator

During the second phase of the SCS implantation procedure, permanent electrode placement is performed in a surgical suite under a combination of local anesthetic and intravenous sedation. The member is kept awake during the procedure to help guide electrode placement and to ensure that SCS provides adequate paresthetic coverage over the affected area. Internalization of the SCS unit is preceded by the connection of the lead to an extension wire tunneled subcutaneously to an implantable pulse generator, which is inserted in a surgically prepared subcutaneous pocket in the abdominal wall. Electrodes may be implanted percutaneously, but those implanted via laminotomy or minilaminectomy generally result in fewer technical problems (e.g., lead migration), exhibit superior paresthesia coverage, and require half the power expenditure. After implantation and an x-ray to confirm the position of the electrode, members are discharged from the hospital; however, they return to an outpatient clinic for suture removal after the incisions are sufficiently healed (Hayes, 2009).

POSITION STATEMENT

Spinal cord stimulation of the dorsal column **is considered medically necessary** for the relief of chronic (greater than six months) intractable pain caused by the following conditions:

- Lumbosacral arachnoiditis that has not responded to medical management including physical therapy (NOTE: Presence of arachnoiditis is usually documented by presence of high levels of proteins in the cerebrospinal fluid and/or by myelography or magnetic Resonance Imaging); **OR**,
- Post-surgical or post-traumatic nerve root injuries, including post-laminectomy syndrome (failed back surgery syndrome [FBSS]); **OR**,
- Complex regional pain syndrome I and II; **OR**,
- Phantom limb syndrome that has not responded to medical management; **OR**,

- End-stage peripheral vascular disease, when the member cannot undergo revascularization or when revascularization has failed to relieve painful symptoms and the pain has not responded to medical management; **OR**,
- Post-herpetic neuralgia; **OR**,
- Plexopathy; **OR**,
- Intercostal neuralgia that did not respond to medical management and nerve blocks; **OR**,
- Cauda equine injury; **OR**,
- Incomplete spinal cord injury.

Spinal cord stimulation of the dorsal column **is considered medically necessary** for the relief of chronic intractable pain caused by the above conditions if ALL of the following criteria are met:

- The implantation is used as a last resort for members with chronic intractable pain; **AND**,
- Other treatment modalities (pharmacological, surgical, physical) have been tried for a minimum of six months and did not prove satisfactory or are considered unsuitable or contraindicated for the given member; **AND**,
- Further surgical intervention is not indicated; **AND**,
- Psychological evaluation has been obtained and there is documentation clearly stating the pain is not psychologic in origin; **AND**,
- No contraindications to implantation exist such as sepsis or coagulopathy; **AND**,
- There has been a clear demonstration of pain relief (50% reduction) on a 3 to 7 day trial with a temporarily implanted electrode preceding permanent implantation.

CODING

Covered CPT® Codes

- 63650** Percutaneous implantation of neurostimulator electrode array, epidural
- 63655** Laminectomy for implantation of 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, including fluoroscopy, when performed
- 63663** Revision including replace, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
- 63664** Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed.
- 63685** Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
- 63688** Revision or removal of implanted spinal neurostimulator pulse generator or receiver
- 95970** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming
- 95971** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (i.e., peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

- 95972** Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour
- 95973+** Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour
+List separately in addition to code for primary procedure, i.e. Use 95973 in conjunction with 95972.
- 95980** Electronic analysis of implanted neurostimulator pulse generator system (eg, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative with programming.
- 95981** Electronic analysis of implanted neurostimulator pulse generator system (eg, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming.
- 95982** Electronic analysis of implanted neurostimulator pulse generator system (eg, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming.

Note: 63660 deleted for 2010. To Report, see 63661 – 63664.

ICD-9-CM Procedure Codes

- 03.93** Implantation or replacement of spinal neurostimulator lead(s)
- 03.94** Removal of spinal neurostimulator lead(s)
- 84.59** Insertion of other spinal devices
- 86.94** Insertion or replacement of single array neurostimulator pulse generator; not specified as rechargeable; Pulse generator (single array, single channel) Spinal
- 86.95** Insertion or replacement of dual array neurostimulator pulse generator; not specified as rechargeable; Pulse generator (dual array; dual channel) Spinal

Covered HCPCS Codes

- C1767** Generator, neurostimulator (implantable), non-rechargeable
- C1778** Lead, neurostimulator (implantable)
- C1787** Patient programmer, neurostimulator
- C1820** Generator, neurostimulator (implantable), with rechargeable battery and charging system
- L8680** Implantable neurostimulator electrode, each
- L8681** Patient programmer (external) for use with implantable programmable neurostimulator pulse generator
- 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 implanted neurostimulator, replacement only
- L8695** External recharging system for battery (external) for use with implantable neurostimulator

Covered ICD-9-CM Diagnosis Codes

053.12	Postherpetic trigeminal neuralgia
053.19	Postherpetic intercostal neuralgia
337.20	Complex regional pain syndrome (CRPS) Type1; Reflex sympathetic dystrophy, Unspecified
337.21	Complex regional pain syndrome (CRPS) Type1; Reflex sympathetic dystrophy; Upper Limb
337.22	Complex regional pain syndrome (CRPS) Type1; Reflex sympathetic dystrophy; Lower Limb
337.29	Complex regional pain syndrome (CRPS) Type1; Reflex sympathetic dystrophy; Other Specified Site
338.18	Other acute postoperative pain; postoperative pain unspecified
338.21	Chronic pain due to trauma
338.22	Chronic post-thoracotomy pain
338.28	Other chronic postoperative pain
344.60	Cauda equina syndrome
350.1	Trigeminal neuralgia
353.0	Nerve root and Plexus disorders; Brachial Plexus lesions
353.1	Nerve root and Plexus disorders; Lumbosacral plexus lesions
353.5	Neuralgic amyotrophy; (Code the underlying disease first, i.e. DM)
353.6	Phantom limb syndrome
353.8	Intercostal neuralgia
354.4	Complex regional pain syndrome (CRPS) Type 2; Causalgia of upper limb
355.71	Complex regional pain syndrome (CRPS) Type 2; Causalgia of lower limb
443.81	Peripheral vascular disease (PVD) in diseases classified elsewhere;(Code the underlying disease first, i.e. DM)
443.89	Other Specified Peripheral Vascular Disease (PVD)
722.81	Postlaminectomy syndrome; Cervical region
722.82	Postlaminectomy syndrome; Thoracic region
722.83	Postlaminectomy syndrome; Lumbar region
952.04	Incomplete Spinal Cord Injury / Lesion C1 – C4 level; NOS; with posterior cord syndrome
952.09	Incomplete Spinal Cord Injury / Lesion C5 – C7 level; NOS; with posterior cord syndrome
952.14	Incomplete Spinal Cord Injury / Lesion T1 – T6 level; NOS; with posterior cord syndrome
952.19	Incomplete Spinal Cord Injury / Lesion T7 – T12 level; NOS; with posterior cord syndrome

*Current Procedural Terminology (CPT) 2010 American Medical Association: Chicago, IL.®©

REFERENCES

Peer Reviewed

1. Hayes Directory. Spinal Cord Stimulation for Relief of Neuropathic Pain. March 9, 2009.

Government Agencies, Professional and Medical Organizations

1. American Academy of Pain Medicine (AAPM). Position Statement on Spinal Cord Neurostimulation. Approved: June 5, 2008.
2. Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) for Spinal Cord Stimulation (Dorsal Column Stimulation)-4S-146AB-R2 (L26741). Trailblazer Health Enterprises, LLC. Dec. 18, 2008.
3. Centers for Medicare and Medicaid Services (CMS), National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7). August 7, 1995.
4. National Institute for Health and Clinical Excellence (NICE). Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin: National Institute for Health and Clinical Excellence (NICE); 2008 Oct. (Technology appraisal guidance; no. 159).

HISTORY AND REVISIONS

Date	Action
12/1/2011	• New template design approved by MPC.
8/2/2011	• Approved by MPC. No changes.