

## SPINAL CORD STIMULATION

**Policy Number: 200312-0007**

**Effective Date: 11/1/2000**

**Revision Date: 01/24/2006**

### Overview

"Neuropathic" involves the nerve cells that transmit pain messages to the brain because either the nerves themselves are damaged or because they are not functioning properly and sending out persistent messages. Spinal cord stimulation is a therapy for people who suffer from certain types of chronic neuropathic pain.

Spinal cord stimulation is not a cure for neuropathic pain. The objective with this therapy is to reduce a patient's pain to a manageable level, so the patient can return to a more normal lifestyle. A neurostimulator system includes an implanted neurostimulator and receiver/generator, and external transmitter. The neurostimulator may be implanted percutaneously or via an open surgical procedure.

### Covered Services

**Preauthorization by an FCHP Medical Director is required.**

**FCHP covers spinal cord stimulation for chronic, intractable pain that is neuropathic in nature, such as pain caused by lumbosacral arachnoiditis, nerve root injuries, post surgical or post traumatic, including that of post laminectomy syndrome (failed back surgery syndrome), complex regional pain syndrome I and II, phantom limb syndrome, end-stage peripheral vascular disease when the patient cannot undergo revascularization or when revascularization has failed to relieve painful symptoms, post herpetic neuralgia, plexopathy, intercostal neuralgia, cauda equina injury or incomplete spinal cord injury, when all of the following criteria are met:**

1. Spinal cord stimulation is used late in the treatment continuum for patients with chronic intractable pain, AND
2. Medical documentation indicates an objective basis for the patient's reported pain, AND
3. Other treatment modalities (pharmacological, surgical, physical, and/or psychological) have been tried and did not prove satisfactory or are judged to be unsuitable or contraindicated, AND
4. Patient has undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation, AND
5. Psychiatric and substance abuse disorders have been ruled out, AND
6. Patient is capable of operating the device, AND
7. Prior to permanent implantation, significant pain relief with a temporarily implanted lead (3-7 days) has been demonstrated.

### Exclusions

1. Spinal cord stimulation for any other indication, including, but not limited to treatment of pain to forestall amputation, for pain related to a malignancy, or for pain that is nociceptive in origin.

2. For any of the following contraindications: brachial plexus injury, intractable angina, multiple sclerosis, or spastic torticollis.

## Codes

Surgically implanted devices are not subject to the durable medical equipment benefit limit.

Codes	Number	Description
CPT	63650	Percutaneous implantation of neurostimulator electrode array, epidural
	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
	63660	Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddles(s)
	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 (e.g., 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 (e.g., 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 (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, additional 30 minutes after hour
HCPCS	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,

Codes	Number	Description
		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

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### Products to Which This Policy Applies

- ⊕ FCHP Direct & Select Care
- ⊕ Fallon Preferred Care (PPO)
- ⊕ MassHealth
- ⊕ Non-Group: FCHP Independent Care, Direct Enrollment, & Bill-at-Home
- ⊕ Fallon Senior Plan™

### References

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## Committee Review Dates

Technology Assessment Committee: 11/1/2000, 01/31/2006

Utilization Management Committee: 06/2003

Technology Assessment Subcommittee: 01/24/2006

Approved by:

*Signature on file*

Dennis A. Batey, MD – Chief Medical Officer

01/31/2006

Date

### IMPORTANT NOTE

**Not all services are covered for all products or employer groups.** This medical policy expresses FCHP's determination of whether certain services or supplies are medically necessary, experimental or investigational or cosmetic. FCHP has reached these conclusions based upon the regulatory status of the technology and a review of clinical studies published in peer-reviewed medical literature. Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. Members and their providers need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and the plan of benefits, the provisions of the benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this medical policy. Medicare and Medicaid policies will only apply to benefits paid for under Medicare or Medicaid rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the following website:

<http://cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp>