



Clinical Review Criteria Related to Spinal Cord Stimulation

I. Criteria for Approval

A. Minuteman Health covers spinal cord stimulation (SCS) or dorsal column stimulation for the treatment of severe chronic intractable pain of greater than six months' duration as medically necessary when ALL of the following criteria are met:

1. There is documented pathology, i.e., an objective basis for the pain complaint; and
2. Other, more conservative, methods of pain management (pharmacologic, surgical, psychological, and physical, when appropriate) have failed; and
3. Member is not a candidate for further surgical intervention; and
4. Member does not have any untreated drug addiction problems (per American Society of Addiction Medicine (ASAM) guidelines); and
5. Member has obtained psychiatric clearance; and
6. Member experienced significant pain reduction (50% or more) with a 3- to 7-day trial of percutaneous spinal stimulation. (A trial of percutaneous spinal stimulation is considered medically necessary for members who meet the above-listed criteria, in order to predict whether a dorsal column stimulator will induce significant pain relief.)

II. Required Documentation:

A. Letter of medical necessity or office notes documenting clinical indications

III. What is not Covered

A. MHI will not cover Spinal Cord Stimulation when the following conditions are present:

1. Uncontrolled bleeding disorder, ongoing anticoagulant therapy, local or systemic sepsis
2. Presence of a demand pacemaker or implanted defibrillator
3. Immunosuppression
4. Failure of percutaneous trial of stimulation
5. Minuteman Health considers SCS **experimental and investigational** for the management of chronic, malignant pain or other chronic non-malignant pain (e.g., headache, cephalgia, occipital neuralgia, intercostal neuralgia, and post-herpetic neuralgia) because its efficacy for these indications has not been established.
6. Minuteman Health considers the use of cervical spinal cord stimulation for the treatment of members with cervical trauma or disc herniation, presenting with arm pain, neck pain, and cervicogenic headache, as **experimental and investigational** because its efficacy has not been established.

Applicable Coding: Codes may not be all inclusive as the American Medical Association (AMA) code updates may occur more frequently or at different intervals than policy updates. These codes are not intended to be used for coverage determinations.

CPT Codes

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HNE Review Dates: 5/8/07, 4/8/08, 4/14/09, 4/13/10, 4/12/11, 4/10/12, 4/9/13, 4/8/14, 4/14/15, 4/12/16

MHI Review Date: 01/01/2014, 10/23/2014, 07/02/2015, 4/21/2016

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- 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 replacement, 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

HCPCS Codes

- 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

REFERENCES

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