SERVICE: Spinal Cord Stimulators

PRIOR AUTHORIZATION: Required.

POLICY: SWHP may consider a trial of percutaneous spinal cord stimulation medically necessary for the treatment of chronic neuropathic pain due to one of the following conditions:

- Chronic pain caused by lumbosacral arachnoiditis that has not responded to medical management including physical therapy. Presence of arachnoiditis is usually documented by presence of high levels of proteins in the CSF and/or by myelography or MRI.
- Intractable pain caused by nerve root injuries, post-surgical or post-traumatic including that of post-laminectomy syndrome (failed back syndrome).
- Intractable pain caused by complex regional pain syndrome I & II.
- Intractable pain caused by phantom limb syndrome that has not responded to medical management.
- Intractable pain caused by end-stage peripheral vascular disease, when the patient cannot undergo revascularization or when revascularization has failed to relieve painful symptoms and the pain has not responded to medical management.
- Intractable pain caused by post-herpetic neuralgia.
- Intractable pain caused byplexopathy.
- Intractable pain caused by intercostal neuralgia that did not respond to medical management and nerve blocks.
- Intractable pain caused by cauda equina injury.
- Intractable pain caused by incomplete spinal cord injury.

AND when ALL of the following criteria have been met:

- The implantation of the stimulator is used only as a late/last resort for patients with chronic intractable pain.
- Other treatment modalities (pharmacological, surgical, physical or psychological therapies) have been tried and did not prove satisfactory or are judged unsuitable or contraindicated for the given patient.
• Patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation that includes psychological as well as physical evaluation.
• All facilities, equipment and personnel required for the proper diagnosis, treatment, training and follow-up of the patient must be available.
• Demonstration of pain relief during a trial of percutaneous spinal cord stimulation.

Following a trial of percutaneous spinal cord stimulation SWHP may consider implantation of a permanent subcutaneous spinal cord stimulator medically necessary if the patient met the criteria above and experienced pain relief during a trial of percutaneous spinal cord stimulation.

SWHP may consider the use of implantable spinal cord stimulator for pain which is related to occupational or recreational activities other than those associated with activities of daily living not medically unnecessary.

OVERVIEW:
Spinal cord stimulation, also known as dorsal column stimulation, is a reversible therapy applied for neuropathic pain with techniques that include multi-output implanted pulse generators and a choice of electrodes, some of which can be placed percutaneously. The technical goal of this therapy is to achieve stimulation of paresthesia of spinal nerve root(s) at a subjectively comfortable level, overlapping a patient’s topography of pain. The procedure initially involves a trial of three to seven (3-7) days of percutaneous spinal cord stimulation, prior to the subcutaneous implantation of the spinal cord stimulation device, to determine whether the spinal cord stimulator device will provide sufficient pain relief to justify permanent placement.

MANDATES: None

CODES:
Important note:
CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

| CPT Codes: | 
|---|---|
| CPT Not Covered: | 
| ICD9 codes: | 337.21 – Reflex sympathetic dystrophy of upper limb  
337.22 – Reflex sympathetic dystrophy of the lower limb  
722.83 – Postlaminectomy syndrome lumbar region | 
| ICD10 codes: | 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 both upper limbs  
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 both lower limbs  
G90.529 – complex regional pain syndrome I of unspecified lower limb  
M96.1 – Postlaminectomy syndrome, not elsewhere classified | 

CMS: No NCD issued

Page 2 of 5
Spinal Cord Stimulators
POLICY HISTORY:

<table>
<thead>
<tr>
<th>Status</th>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>12/6/2010</td>
<td>New policy</td>
</tr>
<tr>
<td>Reviewed</td>
<td>12/6/2011</td>
<td>Reviewed</td>
</tr>
<tr>
<td>Reviewed</td>
<td>8/2/2012</td>
<td>Reviewed</td>
</tr>
<tr>
<td>Reviewed</td>
<td>4/25/2013</td>
<td>No changes</td>
</tr>
<tr>
<td>Reviewed</td>
<td>4/24/2014</td>
<td>No significant changes</td>
</tr>
<tr>
<td>Reviewed</td>
<td>4/30/2015</td>
<td>Minimal changes</td>
</tr>
<tr>
<td></td>
<td>6/25/2015</td>
<td>Updated policy to reflect LCD changes. No reduction in coverage</td>
</tr>
</tbody>
</table>

REFERENCES:


27. NICE (National Institute for Health and Clinical Excellence). Pain (chronic neuropathic or ischaemic) - spinal cord stimulation: final appraisal determination. 01 September 2008.


