DRAFT Medical Coverage Policy | Peripheral Subcutaneous Field Stimulation

EFFECTIVE DATE: 12/3/13
POLICY LAST UPDATED: 07/08/2013

OVERVIEW

This policy documents coverage guidelines for Peripheral Subcutaneous Field Stimulation in the treatment of chronic neuropathic pain.

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for all other commercial products.

POLICY STATEMENT

Blue CHiP for Medicare and Commercial:
Preauthorization is recommended/required for the removal of a peripheral nerve stimulator or neruostimulator.

Removal of the neurostimulator pulse generator or electrodes, for Peripheral Subcutaneous Field Stimulation is considered medically necessary when one of the medical criteria below is met.
Implantation of a neurostimulator pulse generator or electrodes for Peripheral Subcutaneous Field Stimulation for any other indication is considered not medically necessary because there is insufficient medical literature to support the efficacy of this treatment.

MEDICAL CRITERIA

Removal of a peripheral nerve stimulation lead or neurostimulator is considered medically necessary for any of the following indications:

- lead migration; or
- breakage; or
- infection of the lead; or
- infection of the neurostimulator.

BACKGROUND

Peripheral subcutaneous field stimulation (PSFS, also called peripheral nerve field stimulation or target field stimulation) is a form of neuromodulation that is intended to treat chronic neuropathic pain. One application of PSFS that is being evaluated is occipital or craniofacial stimulation for headache/migraines, craniofacial pain, or occipital neuralgia. Also being investigated is PSFS for low back pain, neck and shoulder pain, inguinal and pelvic pain, thoracic pain, abdominal pain, fibromyalgia, and post-herpetic neuralgia.

PSFS is a modification of peripheral nerve stimulation. In PSFS, leads are placed subcutaneously within the area of maximal pain. The objective of PSFS is to stimulate the region of affected nerves, cutaneous afferents, or the dermatomal distribution of the nerves, which then converge back on the spinal cord. Combined spinal cord stimulation and PSFS is also being evaluated.

Similar to spinal cord stimulation or peripheral nerve stimulation, permanent implantation is preceded by a percutaneous stimulation trial with at least 50% pain reduction. Currently, there is no consensus regarding the indications for PSFS. Criteria for a PSFS trial may include a clearly defined, discrete focal area of pain with a neuropathic or combined somatic/neuropathic pain component with characteristics of burning and increased

sensitivity, and failure to respond to other conservative treatments including medications, psychological therapies, physical therapies, surgery, and pain management programs.

The mechanism of PSFS is not known. Theories include an increase in endogenous endorphins and other opiate-like substances, modulation of smaller A-delta and C fibers with stimulation of large-diameter A-beta fibers, local stimulation of nerve endings in the skin, local anti-inflammatory and membrane depolarizing effect, or a central action via antegrade activation of A-beta nerve fibers. Complications of PSFS include lead migration or breakage and infection of the lead or neurostimulator.

The implantable stimulation system used for PNS (i.e., generator, electrodes, leads) includes basically the same components used for spinal cord stimulation. Although the surgical leads used for PNS have received 510(k) marketing clearance for peripheral nerve stimulation for treatment of intractable chronic pain, no complete stimulation system has received FDA approval for treatment of specific nerves.

Peripheral Subcutaneous Field Stimulation is considered not medically necessary as there is insufficient peer reviewed scientific literature that demonstrates that the procedure/service is effective.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for the applicable Services Not Medically Necessary benefits/coverage

CODING

Preauthorization is required for BlueCHiP for Medicare and recommended for all other commercial products.
0282T
0283T

The following code requires preauth for BlueCHiP for Medicare and is recommended for all other commercial products.
0284T

RELATED POLICIES

Sympathetic Therapy for Pain Treatment:

PUBLISHED

Provider Update	Feb 2014

REFERENCES

http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1403.2009.00192.x/full
http://www.ncbi.nlm.nih.gov/pubmed/21812906
http://www.ncbi.nlm.nih.gov/pubmed/21992203

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