

EFFECTIVE DATE: 10/16/2007
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OVERVIEW

This payment policy documents the coverage determination for Spinal Cord Stimulation. Spinal cord stimulation is used to interfere with the transmission of pain signals to the brain and to provide relief from chronic pain. The sensation of pain is blocked by applying low-voltage electrical impulses to stimulate targeted nerves along the spinal cord.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Spinal cord stimulation is medically necessary with no preauthorization required.

MEDICAL CRITERIA

Not Applicable

BACKGROUND

Spinal cord stimulation is used to interfere with the transmission of pain signals to the brain and to provide relief from chronic pain. The sensation of pain is blocked by applying low-voltage electrical impulses to stimulate targeted nerves along the spinal cord. The repetitive electrical impulses are delivered to the spinal cord using an electronic device connected to a strip of electrodes surgically implanted in the epidural space. A magnetic remote control is used to turn the current on/off and to adjust the current for optimal pain relief.

Treatment is a two-step process. Initially a trial procedure is performed to assess effectiveness in the specific patient. This surgical procedure is typically performed in an outpatient hospital or day-surgery center. Length of the trial period depends on severity of pain and physician determination, but most trials range from a few days to several weeks.

A good outcome after a trial procedure is defined as pain relief of 50 per cent or better. If the initial procedure is successful, a permanent stimulator is implanted.

Guidelines for the use of spinal cord stimulation:

- Treatment is used only as a last resort after other treatment modalities (pharmacological, surgical, psychological, or physical, if applicable) have been tried and have failed, or, are judged to be unsuitable or contraindicated;
- Pain is neuropathic in nature; (i.e. resulting from damage to the peripheral nerves);
- No untreated drug addictions;
- Demonstration of pain relief with a temporarily implanted electrode precedes permanent implantation, and
- Initial trial resulted in at least 50 per cent improvement in pain relief.

Spinal cord stimulation for the treatment of critical limb ischemia as a technique to forestall amputation is not covered due to insufficient evidence demonstrating clinical efficacy.

Spinal cord stimulators (generator or receiver) are typically replaced every two to three years.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate surgical and machine/diagnostic benefit/coverage.

CODING

Blue CHiP for Medicare and Commercial

The following codes are covered under the member's surgery benefit/coverage:

63650	63655	63661	63662	63663
63664	63685	63688	L8680	

The following codes are applied to the member's machine/diagnostic tests benefit/coverage:

95970	95971	95972	95973
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RELATED POLICIES

None

PUBLISHED

Provider Update	May 2013
Provider Update	Feb 2007
Provider Update	Dec 2007
Provider Update	Dec 2006
Policy Update	Dec 2005

REFERENCES

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