Local Coverage Determination (LCD):
Spinal Cord Stimulators for Chronic Pain (L33489)

Contractor Information

Contractor Name	Contract Number	Contract Type
Noridian Healthcare Solutions, LLC opens in new window	01182	MAC - Part B

Back to Top

LCD Information

Document Information

LCD ID
L33489

LCD Title
Spinal Cord Stimulators for Chronic Pain

Jurisdiction
California - Southern

Original Effective Date
For services performed on or after 09/16/2013

Revision Effective Date
For services performed on or after 11/01/2013

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

CMS National Coverage Policy Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim lacking the necessary documentation to process the claim

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, §160.7, Electrical Nerve Stimulators

Coverage Guidance
Coverage Indications, Limitations, and/or Medical Necessity

The implantation of spinal cord stimulators (SCS) may be covered as therapies for the relief of chronic intractable pain. SCS is best suited for neuropathic pain but may have some limited value in other types of nociceptive severe, intractable pain. Therapy consists of a short trial with a percutaneous implantation of neurostimulator electrode(s) in the epidural space for assessing a patient's suitability for ongoing treatment with a permanent surgically implanted nerve stimulator. Performance and documentation of an effective trial is a prerequisite for

permanent nerve stimulation.

Selection of patients for implantation of spinal cord stimulators is critical to success of this therapy. SCS therapy should be considered as a late (if not last) resort after more conservative attempts such as medications, physical therapy, surgery, psychological therapy or other modalities have been tried.

Patients must have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. (Such screening must include psychological, as well as physical evaluation). Documentation of the history and careful screening must be available in the patient chart if requested. Patients being selected for a trial

- Must not have active substance abuse issues.
- Must undergo proper patient education, discussion, and disclosure including an extensive discussion of the risks and benefits of this therapy.
- Must undergo appropriate psychological screening

Many experts recommend that the temporary neurostimulator be placed in an ASC or outpatient hospital setting. However, the temporary neurostimulator trial can be done in an office setting if all the sterility, equipment, professional training and support personnel required for the proper surgery, and follow up of the patient are available. Permanent neurostimulators must be placed in an ASC or hospital. Physicians performing SCS trials in the office setting must have like privileges at a local hospital or ASC, or the providers must be subspecialty boarded in Pain Medicine by the American Board of Anesthesiology.

It is preferable that physicians performing the SCS trial will also perform the permanent implant. If the physician implanting the trial neurostimulator does not or cannot implant the permanent neurostimulator, the patient should be informed of this in writing and given the name of the referral surgeon who will implant the permanent neurostimulator(s).

It is expected that accurate patient selection will lead to most patients going on to receive permanent implants. Only patients who experience a positive response to a trial should proceed to a permanent implantation. All trials which proceed to permanent implant must have adequate documentation in the chart to support that decision. A successful trial should be associated with at least a 50% reduction of target pain, or 50% reduction of analgesic medications, and show some element of functional improvement. (Patients with reflex sympathetic dystrophy may show lower levels of improvement since it takes longer periods for improvement than the typical 1-2 week trial). Physician judgment and experience will also be taken into account.

Physicians with a low trial to permanent implant ratio (less than 50%) will be subject to post-payment review and may be asked to submit documentation as to the patient selection criteria, the radiologic imaging demonstrating proper lead placement, and the medical necessity of the trials. Failure to provide this documentation will be cause for post-payment denial and recoupment of reimbursement. It is understood that all patients may not have a favorable result of the trial implant; but careful selection should find the most appropriate patients.

Noridian will reimburse for placement of a maximum of 2 leads or 16 “contacts”, and for 2 SCS trials per anatomic spinal region per patient per lifetime.

If a trial fails, a repeat trial is not appropriate unless there are extenuating circumstances that lead to trial failure. Appropriate medical documentation to support a repeat trial can be sent on appeal.

Generally, electronic analysis services (CPT codes 95970, 95971, 95972 and 95973) are not considered medically necessary when provided at a frequency more often than once every 30-days. More frequent analysis may be necessary in the first month after implantation.

Back to Top

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: CPT CODES

Group 1 Codes:

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
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE, PULSE 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 (IE, CRANIAL NERVE, PERIPHERAL NERVE, SACRAL NERVE, NEUROMUSCULAR) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITHOUT REPROGRAMMING
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE, PULSE DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEASUREMENTS); SIMPLE SPINAL CORD, OR PERIPHERAL (IE, PERIPHERAL NERVE, SACRAL NERVE, NEUROMUSCULAR) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITH INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE, PULSE DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEASUREMENTS); COMPLEX SPINAL CORD, OR PERIPHERAL (IE, PERIPHERAL NERVE, SACRAL NERVE, NEUROMUSCULAR) (EXCEPT CRANIAL NERVE) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITH INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING, FIRST HOUR
95973	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE, PULSE DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEASUREMENTS); COMPLEX SPINAL CORD, OR PERIPHERAL (IE, PERIPHERAL NERVE, SACRAL NERVE, NEUROMUSCULAR) (EXCEPT CRANIAL NERVE) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITH INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING, EACH ADDITIONAL 30 MINUTES AFTER FIRST HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

Group 2 Paragraph: HCPCS CODES

Group 2 Codes:

L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH

ICD-9 Codes that Support Medical Necessity

Group 1 Paragraph: There is a wide variety of possible ICD-9-CM codes that contain indications associated with

severe pain. The potential ICD-9-CM codes are too numerous to list, including nearly all types of end stage malignancy. Report the most appropriate ICD-9-CM code that supports the specific cause of the severe, intractable, chronic pain. Non-specific ICD-9-CM codes such as lumbago, low back pain, disc disease, etc., will require additional documentation to show that conservative therapy was unsuccessful and to verify the need for the service.

Group 1 Codes:
XX000 Not Applicable

ICD-9 Codes that DO NOT Support Medical Necessity
Paragraph: Any ICD-9 code that does not represent the specific cause of the severe, intractable, chronic pain.

Codes:
XX000 Not Applicable

Back to Top

General Information

Associated Information
Documentation Requirements

The clinical record should include the elements leading to the diagnosis and the therapies tried before the decision to use spinal cord stimulators (SCS).

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary.

Utilization Guidelines

63650 - Two temporary spinal cord stimulator trials per anatomic spinal region (two per DOS) or (four units) per patient per lifetime, in place of service office, ASC, out-patient hospital, or hospital. Since permanent neurostimulator arrays can also be placed percutaneously, code 63650 can be covered more often in place of service ASC, out-patient hospital, or hospital.

63655 - One permanent spinal cord stimulator per patient per lifetime and must be performed in an ASC, out-patient hospital or hospital.

63661 and 63663 - Will not be reimbursed in the office setting since they are included in 63650.

Sources of Information and Basis for Decision
Shahbazian MS, Richeimer SH. Implant Technologies for Severe Pain: Why, When and the Outcomes. *Practical Pain Management.* Oct 2011;11(8):73-9.

McIntyre PJ, Bedder MD. Complications of Spinal Cord Stimulation. In: Deer TR, Editor. Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series* Philadelphia, PA: Elsevier Saunders; 2011:1-15-134.

Shah BJ, Hayek SM, Khalil AA. Medical Considerations in Spinal Cord Stimulation. In: Deer TR, Editor. Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series.* Philadelphia, PA: Elsevier Saunders; 2011: 1-3-19.

Wu C, Falowksi SM, Sharan A. Spinal Cord Stimulation: General Indications. In: Deer TR, Editor. Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series.* Philadelphia, PA: Elsevier Saunders; 2011: 1-5-39.

Rauck RL, Nagel S, North JL, Machado AG. Spinal Cord Stimulation: Implantation Techniques. In: Deer TR, Editor. Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series.* Philadelphia, PA: Elsevier Saunders; 2011: 1-6-54.

Feler CA. Spinal Cord Stimulation: Parameter Selection and Equipment Choices. In: Deer TR, Editor. Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series.* Philadelphia, PA: Elsevier Saunders; 2011: 1-7-65.

North RB. Spinal Cord Stimulation as a Treatment of Failed Back Surgrey Syndrome. In: Deer TR, Editor. Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series.* Philadelphia, PA: Elsevier Saunders; 2011: 1-8-72

Back to Top

Revision History Information

Please note: The Revision History information included in this LCD prior to 1/24/2013 will now display with a Revision History Number of "R1" at the bottom of this table. All new Revision History information entries completed on or after 1/24/2013 will display as a row in the Revision History section of the LCD and numbering will begin with "R2".

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
11/01/2013	R2	The LCD is revised to add the following paragraph "Generally, electronic analysis services (CPT codes 95970, 95971, 95972 and 95973) are not considered medically necessary when provided at a frequency more often than once every 30-days. More frequent analysis may be necessary in the first month after implantation" to the Coverage Indications, Limitations and/or Medical Necessity section. 95970, 95971, 95972, 95973 are added to the Group 1 CPT Codes. This update was inadvertently left out of the initial publication.	• Revisions Due To CPT/HCPCS Code Changes • Other
11/01/2013	R1	This LCD was revised to reflect the corporate name change from Noridian Administrative Services, LLC to Noridian Healthcare Solutions, LLC that was effective on 05/01/2013.	• Other (Corporate name change.)

Back to Top

Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents NCD(s) 160.7 - Electrical Nerve Stimulators opens in new window

Public Version(s) Updated on 03/14/2014 with effective dates 11/01/2013 - N/A Updated on 11/01/2013 with effective dates 11/01/2013 - N/A Updated on 06/07/2013 with effective dates 09/16/2013 - N/A Back to Top

Keywords

N/A Read the **LCD Disclaimer opens in new window** Back to Top