GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Spinal cord stimulators (SCS), also known as dorsal column stimulators (DCS), are most commonly used for the management of failed back surgery syndrome. The use of SCS for controlling chronic low back pain is a non-destructive, reversible procedure, and it is therefore an attractive alternative for patients who may be facing or have already experienced neuroablative procedures, or habituating opioid medications. This procedure has also been shown to be effective in the treatment of patients with angina pectoris who fail to respond to standard pharmacotherapies and are not candidates for surgical interventions.

SCS involves the electrical stimulation of spinal nerves using electrodes implanted in the epidural space of the spinal column. The stimulation overrides, or masks, the original pain sensation with paresthesia. The objectives of treatment are to minimize the frequency, intensity and duration of pain; enhance physical activity; and decrease the need for pain medication. There is some evidence from studies of low to moderate quality that SCS can reduce chronic, refractory, neuropathic pain, and may improve quality of life in patients with failed back surgery syndrome, and complex regional pain syndrome.

POLICY
Spinal Cord Stimulation (63650, 63655, 63685) requires prior authorization for all product lines.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount utilizes InterQual® criteria sets for medical necessity determinations for spinal cord stimulation in the treatment of failed back surgery syndrome, complex regional pain syndrome and refractory angina.

The use of cervical spinal cord stimulation for the treatment of patients with cervical trauma, disc herniation, or failed cervical spine surgery syndrome, presenting with arm pain, neck pain, or cervicogenic headache, is experimental and investigational because its effectiveness for these indications has not been established.

Spinal cord stimulation, for the treatment of pain associated with conditions/diseases including, but not limited to, the following is considered investigational medical indications for this technology:

- Plexus lesions caused by trauma or malignancy
- Multiple sclerosis and spasticity disorders
- Paraplegia and other spinal cord lesions
- Peripheral nerve injuries or deafferentation, which includes neuropathy due to injuries, surgery, entrapment or scars
- Postamputation pain
- Postherpetic neuralgia

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>63650</td>
<td>Percutaneous implantation of neurostimulator electrode array, epidural</td>
</tr>
<tr>
<td>63655</td>
<td>Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural</td>
</tr>
<tr>
<td>63661</td>
<td>Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed</td>
</tr>
<tr>
<td>63662</td>
<td>Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed</td>
</tr>
<tr>
<td>63663</td>
<td>Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed</td>
</tr>
<tr>
<td>63664</td>
<td>Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed</td>
</tr>
</tbody>
</table>
 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling  
Revision or removal of implanted spinal neurostimulator pulse generator or receiver  
Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and 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 (i.e., cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming  
Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (i.e., peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming  
Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour

**HCPCS CODES**

- **C1767** Generator, neurostimulator (implantable), non-rechargeable
- **C1778** Lead, neurostimulator (implantable)
- **C1787** Patient programmer, neurostimulator
- **C1816** Receiver and/or transmitter, neurostimulator (implantable)
- **C1820** Generator, neurostimulator (implantable), with rechargeable battery and charging system
- **L8680** Implantable neurostimulator electrode, each (up to 16 units allowed if dual lead procedure performed)
- **L8681** Patient programmer (external) for use with implantable programmable neurostimulator pulse generator (replacement only)
- **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
- **L8688** Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
- **L8689** External recharging system for implanted neurostimulator (replacement only)
- **L8695** External recharging system for battery (external) for use with implantable neurostimulator (replacement only)

**TAWG REVIEW DATES:** 10/24/2014, 01/22/2016, 01/27/2017

**REVISION HISTORY EXPLANATION**

10/24/14: Removed deleted code 63660. Added codes 63661, 63662, 63663, 63664, C1767, & C1816. SCS (63650, 63655) will now require prior authorization following InterQual criteria for HMO, Individual Marketplace, Elite, & Advantage. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

1/22/16: Prior authorization now required for PPO. Added code 63685 to require prior authorization for all product lines. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

1/27/17: Removed deleted code 95973 effective 12/31/16. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.