Implanted Peripheral Nerve Stimulator (PNS) for Pain Control

Title: Implanted Peripheral Nerve Stimulator (PNS) for Pain Control

Professional
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Current Effective Date: March 13, 2013

Institutional
Original Effective Date: December 13, 2007
Revision Date(s): February 25, 2010; February 25, 2011; January 1, 2012; March 13, 2013
Current Effective Date: March 13, 2013

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact Blue Cross and Blue Shield of Kansas Customer Service.

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION
The peripheral nervous system includes pathways outside of the spinal cord, specifically various plexuses and peripheral nerves. Peripherally implanted nerve stimulation entails the placement of electrodes on a selected peripheral nerve. The stimulating electrode is connected by an insulated lead to a receiver unit. Stimulation is elicited by a generator connected to an antenna that is connected to the receiver unit.
POLICY
Implanted peripheral nerve stimulators may be considered medically necessary when the following criteria are met:

A. Cause of pain isolated to a single nerve or in an area on a limb that can be stimulated by a proximal nerve.
B. Pain is refractory to reasonable alternative therapies such as physical therapy, analgesics, anticonvulsants, muscle relaxants, antidepressants, topical anesthetics, and nerve blocks.
C. Psychological evaluation obtained prior to the procedure.
D. A successful trial with percutaneous leads is performed.
E. Diagnosis was confirmed by nerve blocks.

CODING
The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>64553</td>
<td>Percutaneous implantation of neurostimulator electrode array; cranial nerve</td>
</tr>
<tr>
<td>64555</td>
<td>Percutaneous implantation of neurostimulator electrode array peripheral nerve (excludes sacral nerve)</td>
</tr>
<tr>
<td>64575</td>
<td>Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)</td>
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<tr>
<td>64585</td>
<td>Revision or removal of peripheral neurostimulator electrode array</td>
</tr>
<tr>
<td>64590</td>
<td>Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling</td>
</tr>
<tr>
<td>64595</td>
<td>Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver</td>
</tr>
<tr>
<td>L8680</td>
<td>Implantable neurostimulator electrode, each</td>
</tr>
<tr>
<td>L8681</td>
<td>Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only</td>
</tr>
<tr>
<td>L8682</td>
<td>Implantable neurostimulator radiofrequency receiver</td>
</tr>
<tr>
<td>L8683</td>
<td>Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver</td>
</tr>
<tr>
<td>L8685</td>
<td>Implantable neurostimulator pulse generator, single array, rechargeable, includes extension</td>
</tr>
<tr>
<td>L8686</td>
<td>Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension</td>
</tr>
<tr>
<td>L8687</td>
<td>Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension</td>
</tr>
<tr>
<td>L8688</td>
<td>Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension</td>
</tr>
<tr>
<td>L8689</td>
<td>External recharging system for battery (internal) for use with implantable neurostimulator, replacement only</td>
</tr>
</tbody>
</table>
L8695  External recharging system for battery (external) for use with implantable neurostimulator, replacement only

**DIAGNOSIS**

These diagnoses are otherwise subject to medical policy as stated above

- 337.20  Reflex sympathetic dystrophy, unspecified
- 337.21  Reflex sympathetic dystrophy of the upper limb
- 337.22  Reflex sympathetic dystrophy of the lower limb
- 337.29  Reflex sympathetic dystrophy of other specified site
- 338.21  Chronic pain due to trauma
- 338.4  Chronic Pain Syndrome
- 723.3  Cervicobrachial syndrome
- 729.2  Neuralgia, neuritis, and radiculitis, unspecified
- 784.0  Headache-Facial Pain

**ICD-10 (Effective October 1, 2014)**

- G90.50  Complex regional pain syndrome I, unspecified
- G90.59  Complex regional pain syndrome I of other specified site
- 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 upper limb, bilateral
- 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 lower limb, bilateral
- G90.529 Complex regional pain syndrome I of unspecified lower limb
- G90.59  Complex regional pain syndrome I of other specified site
- G56.40  Causalgia of unspecified upper limb
- G56.41  Causalgia of right upper limb
- G56.42  Causalgia of left upper limb
- G57.7  Causalgia of unspecified lower limb
- G57.71  Causalgia of right lower limb
- G57.72  Causalgia of left lower limb
- G89.21  Chronic pain due to trauma
- G89.4  Chronic pain syndrome
- M53.1  Cervicobrachial syndrome
- M54.10  Radiculopathy, site unspecified
- M54.18  Radiculopathy, sacral and sacrococcygeal region
- M79.2  Neuralgia and neuritis, unspecified
- R51  Headache

**REVISIONS**

Effective 11-01-2007

- Description added.
- Policy liberalized to allow additional indications for Implanted Peripheral Nerve Stimulators.
- Under item I. Conditions that may cause intractable pain, the following were deleted: Reflex sympathetic dystrophy and Causalgia" and replaced with the more current terminology and broadened application of: "Complex Regional Pain Syndrome, Type I and II" to include the definition of Complex Regional Pain Syndrome.
• Under item II, general criteria were revised to provide clarification as follows:
  ➢ To item A. added: "by significant, function limiting pain in a peripheral nerve
distribution"
  ➢ To item B. added "or in an area on a limb that can be stimulated by a
proximal nerve"
  ➢ To item C. added "such as physical therapy, analgesics, anticonvulsants,
muscle relaxants, antidepressants, topical anesthetics, and nerve blocks"
  ➢ Added item F. "A successful trial with percutaneous leads is performed"
  ➢ Added item G. "Surgical decompression is not indicated"
  ➢ Added item H. "Diagnosis was confirmed by nerve blocks"
  ➢ Deleted "No nerve abnormalities demonstrable"

• Policy section revised to delete the following:
  "Conditions generally NOT responsive to PNS:
  a. Sciatica
  b. Pain associated with failed low back surgery
  c. Cancer pain
  d. Idiopathic Pain
  e. Pain due to nerve root injury"

• References were updated.

01-26-2010 In Policy Section:
  ▪ Added clarification wording to II. E. "...prior to the procedure and..." so the
    sentence reflected, "Psychological evaluation obtained prior to the procedure and
    by someone familiar with the pain process."

02-25-2011 In Coding Section:
  ▪ Removed CPT code 64573, 63685

01-01-2012 In Coding section:
  ▪ Revised CPT nomenclature for the following codes: 64553, 64555, 64575,
    64585

03-13-2013 In Policy section:
  ▪ Revised policy language from:
    "I. Implanted peripheral nerve stimulators may be medically necessary for the
    following conditions when they cause intractable pain (positive findings must
    be present):
    A. Direct or indirect nerve trauma.
    B. Complex Regional Pain Syndrome, Type I and II.
    (Complex Regional Pain Syndrome [CRPS] is a chronic pain condition that
is believed to be the result of dysfunction in the central or peripheral
nervous systems. Typical features include dramatic changes in the color
and temperature of the skin over the affected limb or body part,
accompanied by intense burning pain, skin sensitivity, sweating, and
swelling. CRPS Type I is frequently triggered by tissue injury; the term
describes all patients with the above symptoms, but no underlying nerve
injury. Patients with CRPS Type II experience the same symptoms, but
their cases are clearly associated with a nerve injury.)
II. The following general criteria may be used as a guide for review:
   A. Pathology for the pain complaint demonstrated by significant, function limiting pain in a peripheral nerve distribution.
   B. Cause of pain isolated to a single nerve or in an area on a limb that can be stimulated by a proximal nerve.
   C. Have exhausted reasonable alternative therapies such as physical therapy, analgesics, anticonvulsants, muscle relaxants, antidepressants, topical anesthetics, and nerve blocks.
   D. No serious drug habituation problems detected.
   E. Psychological evaluation obtained prior to the procedure and by someone familiar with the pain process.
   F. A successful trial with percutaneous leads is performed.
   G. Surgical decompression is not indicated.
   H. Diagnosis was confirmed by nerve blocks.

In Coding section:
- Removed CPT code 61885
- Removed diagnosis code: 723.1, 724.2
- Added ICD-10 diagnoses: G90.50, G90.59, G90.511, G90.512, G90.513, G90.519, G90.521, G90.522, G90.523, G90.529, G90.59, G56.40, G56.41, G56.42, G57.70, G57.71, G57.72, G89.21, G89.4, M53.1, M54.10, M54.18, M79.2, R51

Updated Reference section.

REFERENCES


**Other References**
2. Blue Cross and Blue Shield Medical Advisory Committee (MAC), August 2, 2007.
3. Blue Cross and Blue Shield of Kansas Anesthesiology Liaison Committee, May 2010.