Spinal Cord Stimulators for Chronic Pain

Guideline Number: MPG368.10
Approval Date: September 13, 2023

➲ Terms and Conditions

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Related Medicare Advantage Coverage Summary
• Electrical and Ultrasonic Stimulators

Policy Summary

➲ See Purpose

The implantation of spinal cord stimulators (SCS) may be covered as therapies for the relief of chronic 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 the success of this therapy. SCS therapy should be considered after more conservative attempts such as medications, physical therapy, 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.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
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

CPT Code	Description
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

Diagnosis Code
Spinal Cord Stimulators for Chronic Pain: Diagnosis Code List

References

CMS National Coverage Determinations (NCDs)

NCD 160.7 Electrical Nerve Stimulators

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L35136 Spinal Cord Stimulators for Chronic Pain	A57791 Billing and Coding: Spinal Cord Stimulators for Chronic Pain	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36204 Spinal Cord Stimulators for Chronic Pain	A57792 Billing and Coding: Spinal Cord Stimulators for Chronic Pain	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35450 Spinal Cord Stimulation (Dorsal Column Stimulation) **Retired 07/13/2023**	A57023 Billing and Coding: Spinal Cord Stimulation (Dorsal Column Stimulation) **Retired 07/13/2023**	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L36035 Spinal Cord Stimulation for Chronic Pain **Retired 07/13/2023**	A57709 Billing and Coding: Spinal Cord Stimulation for Chronic Pain **Retired 07/13/2023**	First Coast	FL, PR, VI	FL, PR, VI
L37632 Spinal Cord Stimulators for Chronic Pain	A56876 Billing and Coding: Spinal Cord Stimulators for Chronic Pain	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV

Other(s)

Implantation of Spinal Neurostimulator (CGS)
Implantation of Spinal Neurostimulator (First Coast)
Implantation of Spinal Neurostimulator (Novitas)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
09/13/2023	**Policy Summary** • Removed instruction to refer to the appropriate Local Coverage Determinations (LCDs) for individual state coverage guidelines **Applicable Codes** ***Covered Diagnosis Codes*** For CPT Codes 63650 and 63655 • Added notation to indicate B02.0, B02.22, G03.0, G03.1, G03.8, G03.9, G54.0, G54.1, G54.7, G56.40, G56.41, G56.42, G56.43, G56.80, G56.81, G56.82, G56.83, G56.90, G56.91, G56.92, G56.93, G57.80, G57.81, G57.82, G57.83, G57.90, G57.91, G57.92, G57.93, G89.28, I70.221, I70.222, I70.223, I70.228, I70.229, S14.101S, S14.102S, S14.103S, S14.104S, S14.105S, S14.106S, S14.107S, S14.108S, S14.111S, S14.112S, S14.113S, S14.114S, S14.115S, S14.116S, S14.117S, S14.118S, S14.121S, S14.122S, S14.123S, S14.124S, S14.125S, S14.126S, S14.127S, S14.128S, S14.131S, S14.132S, S14.133S, S14.134S, S14.135S, S14.136S, S14.137S, S14.138S, S14.151S, S14.152S, S14.153S, S14.154S, S14.155S, S14.156S, S14.157S, S14.158S, S24.101S, S24.102S, S24.103S, S24.104S, S24.111S, S24.112S, S24.113S, S24.114S, S24.131S, S24.132S, S24.133S, S24.134S, S24.151S, S24.152S, S24.153S, S24.154S, S34.101S, S34.102S, S34.103S, S34.104S, S34.105S, S34.111S, S34.112S, S34.113S, S34.114S, S34.115S, S34.121S, S34.122S, S34.123S, S34.124S, S34.125S, S34.131S, S34.132S, S34.139S, and S34.3XXS were “deleted Jul. 13, 2023” For CPT Code 63685 • Added notation to indicate B02.0, B02.22, G03.0, G03.1, G03.8, G03.9, G54.0, G54.1, G54.7, G56.40, G56.41, G56.42, G56.43, G56.80, G56.81, G56.82, G56.83, G56.90, G56.91, G56.92, G56.93, G57.80, G57.81, G57.82, G57.83, G57.90, G57.91, G57.92, G57.93, G89.28, I70.221, I70.222, I70.223, I70.228, I70.229, S14.101S, S14.102S, S14.103S, S14.104S, S14.105S, S14.106S, S14.107S, S14.108S, S14.111S, S14.112S, S14.113S, S14.114S, S14.115S, S14.116S, S14.117S, S14.118S, S14.121S, S14.122S, S14.123S, S14.124S, S14.125S, S14.126S, S14.127S, S14.128S, S14.131S, S14.132S, S14.133S, S14.134S, S14.135S, S14.136S, S14.137S, S14.138S, S14.151S, S14.152S, S14.153S, S14.154S, S14.155S, S14.156S, S14.157S, S14.158S, S24.101S, S24.102S, S24.103S, S24.104S, S24.111S, S24.112S, S24.113S, S24.114S, S24.131S, S24.132S, S24.133S, S24.134S, S24.151S, S24.152S, S24.153S, S24.154S, S34.101S, S34.102S, S34.103S, S34.104S, S34.105S, S34.111S, S34.112S, S34.113S, S34.114S, S34.115S, S34.121S, S34.122S, S34.123S, S34.124S, S34.125S, S34.131S, S34.132S, S34.139S, S34.3XXS, T85.01XA, T85.01XD, T85.01XS, T85.02XA, T85.02XD, T85.02XS, T85.03XA, T85.03XD, T85.03XS, T85.09XA, T85.09XD, T85.09XS, T85.110A, T85.110D, T85.110S, T85.111A, T85.111D, T85.111S, T85.118A, T85.118D, T85.118S, T85.120A, T85.120D, T85.120S, T85.121A, T85.121D, T85.121S, T85.128A, T85.128D, T85.128S, T85.190A, T85.190D, T85.190S, T85.191A, T85.191D, T85.191S, T85.199A, T85.199D, T85.199S, T85.79XA, T85.79XD, T85.79XS, T85.810A, T85.810D, T85.810S, T85.818A, T85.818D, T85.818S, T85.820A, T85.820D, T85.820S, T85.828A, T85.828D, T85.828S, T85.830A, T85.830D, T85.830S, T85.838A, T85.838D, T85.838S, T85.840A, T85.840D, T85.840S, T85.848A, T85.848D, T85.848S, T85.850A, T85.850D, T85.850S, T85.858A, T85.858D, T85.858S, T85.860A, T85.860D, T85.860S, T85.868A, T85.868D, T85.868S, T85.890A, T85.890D, T85.890S, T85.898A, T85.898D, and T85.898S were “deleted Jul. 13, 2023” **Supporting Information** • Updated *References* section to reflect the most current information • Archived previous policy version MPG368.09

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.