Dorsal Column Stimulator for Pain Management

Last Review Date: November 11, 2024	Number: MG.MM.SU.19fC1

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Definition

A dorsal (spinal) column stimulator (DCS) is an electrical stimulation device for chronic pain control. The DCS unit is comprised of an electrode that is connected to a battery-powered electronic stimulus generator, which is surgically implanted in the back near the spinal cord. An electrical signal is transmitted to the spinal cord to decrease the sensation of pain, which is then replaced by a mild tingling sensation. The process involves a first step trial treatment whereby a temporary electrode is utilized and connected to a stimulus generator that is worn on the belt; the current may be switched on and off, or the intensity of the current changed. If good pain relief is achieved, then the entire system is implanted beneath the skin so that it is invisible.

Guideline

Members are eligible for coverage of lumbar/thoracic DCS implantation as an in-patient procedure for one of the following indications:

1. Failed back surgery syndrome (FBSS) with primarily radicular pain
2. Inoperable chronic critical limb ischemia
3. Reflex sympathetic dystrophy (RSD)/complex regional pain syndrome (CRPS)

The following conditions must be met:

1. Use of DCS is limited to late or last resort for chronic intractable pain
2. Other methods of pain management have either failed or are contraindicated (e.g., pharmacological, surgical, physical or psychological therapies)
3. Further surgical intervention is contraindicated, **or** the member does not wish to proceed with spinal surgery
4. Member has been evaluated by a multi-disciplinary team inclusive of psychological as well as physical evaluation
5. Absence of any untreated existing drug addiction problems
6. Pain is predominantly neuropathic
7. Pain reduction is achieved with trial of percutaneous spinal stimulation; both:
   - ☑ Trial must last ≥ 2 days
   - ☑ Improved function and ≥ 50% reduction in pain must be demonstrated with temporarily implanted electrode prior to the permanent implantation

Limitations/Exclusions

1. Lumbar/thoracic spinal cord stimulators are considered experimental/investigational for all conditions not listed above; including visceral or pelvic pain syndromes.
2. Cervical spinal cord stimulators are considered experimental/investigational for all indications due to a lack of strong peer-reviewed evidence supporting use.
3. Dorsal root ganglion (DRG) stimulation is not considered medically necessary due to insufficient evidence of therapeutic value.
4. The Proclaim XR Spinal Cord Stimulation System is considered experimental/investigational for pain secondary to diabetic peripheral neuropathy.

Revision History

Dec. 8, 2023	Added the Proclaim XR Spinal Cord Stimulation System as investigational
Sept. 13, 2019	Added language communicating allowance of dorsal column stimulators for members not wishing to proceed with spinal surgery.
Mar. 13, 2017	Communicated that dorsal root ganglion stimulation is not considered medically necessary.
Nov. 13, 2015	Removed nonmalignant pain, angina and refractory neuropathic pain coverage terms to clarify that medical necessity is limited to failed back surgery syndrome, inoperable chronic critical limb ischemia and reflex sympathetic dystrophy (RSD)/complex regional pain syndrome (CRPS).

Applicable Procedure 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	Incision and subcutaneous placement 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

0282T	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; for trial, including removal at the conclusion of trial period
0283T	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; permanent, with implantation of a pulse generator
0284T	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed
0285T	Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed
L8680	Implantable neurostimulator electrode, each.
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
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement
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 battery (internal) for use with implantable neurostimulator, replacement only
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only

Applicable ICD-10 codes

G54.6	Phantom limb syndrome with pain
G54.7	Phantom limb syndrome without pain
G56.40	Causalgia of unspecified upper limb
G56.41	Causalgia of right upper limb
G56.42	Causalgia of left upper limb
G56.80	Other specified mononeuropathies of unspecified upper limb
G56.81	Other specified mononeuropathies of right upper limb
G56.82	Other specified mononeuropathies of left upper limb
G57.70	Causalgia of unspecified lower limb
G57.71	Causalgia of right lower limb
G57.72	Causalgia of left lower limb
G57.80	Other specified mononeuropathies of unspecified lower limb
G57.81	Other specified mononeuropathies of right lower limb
G57.82	Other specified mononeuropathies of left lower limb
G58.8	Other specified mononeuropathies
G90.50	Complex regional pain syndrome I, unspecified
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
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.18	Radiculopathy, sacral and sacrococcygeal region
M96.1	Postlaminectomy syndrome, not elsewhere classified

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Specialty-matched clinical peer review.

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