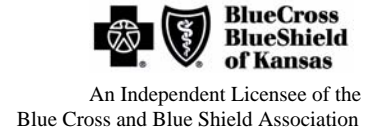


Medical Policy



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

Professional

Original Effective Date: July 1998

Revision Date(s): May 15, 2007

Current Effective Date: November 13, 2007

Institutional

Original Effective Date: December 13, 2007

Revision Date(s):

Current Effective Date: December 13, 2007

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

- 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 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.

CODING

CPT/HCPCS

- 61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
- 63685 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays
- 64553 Percutaneous implantation of neurostimulator electrodes; cranial nerve
- 64555 Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
- 64573 Incision for implantation of neurostimulator electrodes; cranial nerve
- 64575 Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
- 64585 Revision or removal of peripheral neurostimulator electrodes
- 64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
- 64595 Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

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
- 723.1 Cervicalgia
- 723.3 Cervicobrachial syndrome
- 724.2 Lumbago
- 729.2 Neuralgia, neuritis, and radiculitis, unspecified
- 784.0 Headache-Facial Pain

REVISIONS

Effective 11-01-2007	<ul style="list-style-type: none"> • 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
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	<p>Pain Syndrome.</p> <ul style="list-style-type: none"> • Under item II, general criteria were revised to provide clarification as follows: <ul style="list-style-type: none"> ➤ 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: <ul style="list-style-type: none"> "Conditions generally NOT responsive to PNS: <ul style="list-style-type: none"> a. Sciatica b. Pain associated with failed low back surgery c. Cancer pain d. Idiopathic Pain e. Pain due to nerve root injury".
	<ul style="list-style-type: none"> • References were updated.

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