



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

Professional / InstitutionalOriginal Effective Date: July 1998 / December 13, 2007Latest Revision Date: May 14, 2024Current Effective Date: April 1, 2016

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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 array is connected to an implanted pulse generator.

POLICY

- A. Implanted peripheral nerve stimulators may be considered **medically necessary** when **ALL** of the following criteria are met:
 - 1. Cause of pain isolated to a single nerve or in an area on a limb that can be stimulated by a proximal nerve, **AND**
 - 2. Pain is refractory to reasonable alternative therapies such as physical therapy, analgesics, anticonvulsants, muscle relaxants, antidepressants, topical anesthetics, and nerve blocks, **AND**
 - 3. Diagnosis was confirmed by nerve blocks, AND
 - 4. Psychological evaluation prior to trial implantation has been performed and indicates no contraindications to implantation, **AND**
 - 5. A successful trial with percutaneous leads is performed.
- B. Implanted peripheral nerve stimulators are considered **experimental / investigational** for all other indications.

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.

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. This may not be a comprehensive list of procedure codes applicable to this policy.

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.

The code(s) listed below are medically necessary ONLY if the procedure is performed according to the "Policy" section of this document.

CPT/HCPCS		
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve	
	(excludes sacral nerve)	
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve	
	(excludes sacral nerve)	
64585	Revision or removal of peripheral neurostimulator electrode array	
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse	
	generator or receiver, requiring pocket creation and connection between electrode	
	array and pulse generator or receiver	
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse	
	generator or receiver, with detachable connection to electrode array	
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator,	
	per month	
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	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes	
	extension	
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable,	
	includes extension	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes	
	extension	
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable,	
	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	

REVISIONS	
Effective	Description added.
11-01-2007	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."
	In Coding Section: • Added HCPCS Codes: L8680, L8681, L8682, L8683, L8685, L8686, L8687, L8688, L8689, L8695
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

REVISIONS	
	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.
02-10-2015	Description section updated
	In Policy Section:
	In Item D removed "obtained prior to the procedure" and added "prior to trial
	implantation has been performed and indicates no contraindications to implantation." to
	read "Psychological evaluation prior to trial implantation has been performed and
	Indicates no contraindications to implantation."
04.01.2016	
04-01-2016	In Policy section:
	 Added Item B, "Percutaneous tibial nerve stimulators are considered experimental / investigational for all other indications."
10.01.2016	Updated References section.
10-01-2010	Added ICD 10 codes offective 10.01.2016; CE6.42, CE7.72
	 Added ICD-10 codes: C56 40, C57 70, C90 510, C90 520 Removed ICD-10 codes: C56 40, C57 70, C90 510, C90 520
05-10-2017	Policy reviewed: no changes made
05-00-2017	In Policy section:
05-09-2010	 In Folicy Section. In Item A added "ALL of" to read "Implanted peripheral perve stimulators may be
	considered medically necessary when ALL of the following criteria are met."
	 In Item A 1 added "AND" to read. "Cause of pain isolated to a single nerve or in an
	area on a limb that can be stimulated by a proximal nerve AND"
	 In Item A 2, added "AND" to read, "Pain is refractory to reasonable alternative
	therapies such as physical therapy, analgesics, anticonvulsants, muscle relaxants.
	antidepressants, topical anesthetics, and nerve blocks. AND."
	 In Item A 3, added "AND" to read, "Diagnosis was confirmed by nerve blocks. AND"
	 In Item A 4, added "AND" to read, "Psychological evaluation prior to trial
	implantation has been performed and indicates no contraindications to implantation,
	AND"
	In Coding section:

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REVISIONS		
	 Removed ICD-9 codes. 	
	Remainder of policy reviewed; no changes made.	
04-24-2019	Policy reviewed; no changes made.	
04-16-2021	Policy reviewed; no changes made.	
07-01-2022	Policy reviewed with no changes made.	
04-03-2023	Policy Section reviewed with no changes made.	
	Updated Coding Section	
	 Removed ICD-10 codes 	
	 Added L8678 	
01-01-2024	Updated Coding Section	
	 Updated nomenclature for 64590 and 64595 (eff. 01-01-2024) 	
05-14-2024	Medical policy reviewed with no changes made.	

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- 13. MCMC, Consultant, May 10, 2007, MCOP ID 1074-5165.
- 14. MCMC Consultant, August 6, 2007, MCOP ID 1075-5918.

OTHER REFERENCES

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- 3. Blue Cross and Blue Shield of Kansas Anesthesiology Liaison Committee CB, November 2014.