

Local Coverage Determination (LCD): Spinal Cord Stimulators for Chronic Pain (L37632)

Select the **Print Complete Record**, **Add to Basket** or **Email Record** Buttons to print the record, to add it to your basket or to email the record.

Printing Note:

To print an entire document, including all codes in all code groups, use the **Need a PDF** Button or the **Print Complete Record** Button.

To print only the current visible page contents, use the **Print** Button in the page header.

Section Navigation

- **Contractor Information**

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=391&ver=1)	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=394&ver=1)	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=392&ver=1)	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=395&ver=1)	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=393&ver=1)	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=396&ver=1)	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=374&ver=1)	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=378&ver=1)	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=375&ver=1)	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=379&ver=1)	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=376&ver=1)	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=380&ver=1)	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?ContrlD=377&ver=1)	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina

Palmetto_GBA (/medicare-coverage-database/staticpages/contractor-details.aspx?Contrid=381&ver=1)	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina
---	---------------------	---------------	-------	----------------

- LCD Information

Document Information

LCD ID
L37632

LCD Title
Spinal Cord Stimulators for Chronic Pain

Proposed LCD in Comment Period
N/A

Source Proposed LCD
N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
CPT codes, descriptions and other data only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Current Dental Terminology © 2017 American Dental Association. All rights reserved.

Copyright © 2018, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

Original Effective Date
For services performed on or after
01/29/2018

Revision Effective Date
For services performed on or after
02/26/2018

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
12/14/2017

Notice Period End Date
01/28/2018

CMS National Coverage Policy

NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review a NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Internet-Only Manual, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §160.7, Electrical Nerve Stimulators.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Background

The implantation of spinal cord stimulators (SCS) may be covered as therapies for the relief of chronic intractable pain. SCS is best suited for neuropathic pain but may have some limited value in other types of nociceptive severe, 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 SCS is critical to success of this therapy. SCS therapy should be considered as a late option 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.

Many experts recommend that the temporary neurostimulator be placed in an Ambulatory Surgical Center (ASC) or outpatient hospital setting. However, the temporary neurostimulator trial can be done in an office setting if all the sterility, equipment, professional training and support personnel required for the proper surgery, and follow up of the patient are

available. Permanent neurostimulators must be placed in an ASC or hospital. Physicians performing SCS trials in the office setting must have like privileges at a local hospital or ASC, or the providers must be subspecialty boarded in Pain Medicine by the American Board of Anesthesiology.

It is preferable that physicians performing the SCS trial will also perform the permanent implant. If the physician implanting the trial neurostimulator does not or cannot implant the permanent neurostimulator, the patient should be informed of this in writing and given the name of the referral surgeon who will implant the permanent neurostimulator(s). It is expected that accurate patient selection will lead to most patients going on to receive permanent implants.

Only patients who experience a positive response to a trial should proceed to a permanent implantation. All trials which proceed to permanent implant must have adequate documentation in the chart to support that decision. A successful trial should be associated with at least a 50% reduction of target pain, or 50% reduction of analgesic medications, and show some element of functional improvement. (Patients with reflex sympathetic dystrophy may show lower levels of improvement since it takes longer periods for improvement than the typical 1-2 week trial). Physician judgment and experience will also be taken into account. Physicians with a low trial to permanent implant ratio (less than 50%) may/can/will be subject to post-payment review and may be asked to submit documentation as to the patient selection criteria, the radiologic imaging demonstrating proper lead placement, and the medical necessity of the trials. Failure to provide this documentation will be cause for post-payment denial and recoupment of reimbursement. It is understood that all patients may not have a favorable result of the trial implant; but careful selection should find the most appropriate patients.

Indications

This A/B MAC will reimburse for placement of a maximum of 2 leads or 16 contacts, and for 2 SCS trials per anatomic spinal region per patient per lifetime (with exceptions allowed for technical limitations for the initial trials or for use of different modalities of stimulation, including new technology).

If a trial fails, a repeat trial is not appropriate unless there are extenuating circumstances that lead to trial failure. Appropriate medical documentation to support a repeat trial can be sent on appeal. Generally, electronic analysis services (CPT codes 95970, 95971 and 95972) are not considered medically necessary when provided at a frequency more often than once every 30 days. More frequent analysis may be necessary in the first month after implantation.

Summary of Evidence

N/A

**Analysis of Evidence
(Rationale for Determination)**

N/A

- Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
63650	Implant neuroelectrodes
63655	Implant neuroelectrodes
63661	Remove spine eltrd perq aray
63662	Remove spine eltrd plate
63663	Revise spine eltrd perq aray
63664	Revise spine eltrd plate

CODE	DESCRIPTION
63685	Insrt/redo spine n generator
63688	Revise/remove neuroreceiver
95970	Analyze neurostim no prog
95971	Analyze neurostim simple
95972	Analyze neurostim complex
L8680	Implt neurostim elctr each

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

Showing 1 to 1 of 1 entries in Group 1

[First](#) [Prev](#) [1](#) [Next](#) [Last](#)

ICD-10 Codes that DO NOT Support Medical Necessity

Additional ICD-10 Information

N/A

- General Information

Associated Information

Documentation Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Documentation supporting medical necessity should be legible, maintained in the patient's medical record, and made available to A/B MAC upon request.

The clinical record should include the elements leading to the diagnosis and the therapies tried before the decision to use spinal cord stimulators (SCS).

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary.

Utilization Guidelines

63650 - Two temporary spinal cord stimulator trials per anatomic spinal region (two per DOS) or (four units) per patient per lifetime (with exceptions allowed for technical limitations for the initial trials or for use of different modalities of stimulation, including new technology), in place of service office, ASC, out-patient hospital, or hospital. Since permanent neurostimulator arrays can also be placed percutaneously, code 63650 can be covered more often in place of service ASC, out-patient hospital, or hospital.

63655 - One permanent spinal cord stimulator per patient per lifetime and must be performed in an ASC, outpatient hospital or hospital.

63661 and 63663 - Will not be reimbursed in the office setting since they are included in 63650.

Sources of Information

N/A

Bibliography

McIntyre PJ, Bedder MD. Complications of Spinal Cord Stimulation. In: Deer TR, Editor. Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series*. Philadelphia, PA: Elsevier Saunders;2011

Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series*. Philadelphia, PA: Elsevier Saunders;2011

Rauck RL, Nagel S, North JL, Machado AG. Spinal Cord Stimulation: Implantation Techniques. In: Deer TR, Editor. Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series*. Philadelphia, PA: Elsevier Saunders;2011

Shah BJ, Hayek SM, Khalil AA. Medical Considerations in Spinal Cord Stimulation. In: Deer TR, Editor. Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series*. Philadelphia, PA: Elsevier Saunders;2011

Shahbazian MS, Richeimer SH. Implant Technologies for Severe Pain: Why, When and the Outcomes. *Practical Pain Management*. 2011;11(8):73-79.

Wu C, Falowski SM, Sharan A. Spinal Cord Stimulation: General Indications. In: Deer TR, Editor. Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series*. Philadelphia, PA: Elsevier Saunders;2011

- **Revision History Information**

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
02/26/2018	R2	The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.	<ul style="list-style-type: none"> Change in Affiliated Contract Numbers
01/29/2018	R1	The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.	<ul style="list-style-type: none"> Other

- **Associated Documents**

Attachments

N/A

Related Local Coverage Documents

N/A

Related National Coverage Documents

N/A

Public Version(s)

Updated on 12/07/2017 with effective dates 02/26/2018 - N/A

Updated on 12/07/2017 with effective dates 01/29/2018 - N/A ([/medicare-coverage-database/details/lcd-details.aspx?LCDId=37632&ver=4&CntrctrSelected=378*1&Cntrctr=378&LCntrctr=378*1%7c379*1%7c380*1%7c381*1&DocType=2&bc=AgACAAQBAAAA&](#))

- **Keywords**

N/A

Read the [LCD Disclaimer \(../staticpages/lcd-disclaimer.aspx\)](#)



CMS & HHS Websites

▼ Visit other Centers for Medicare and Medicaid Services & Health and Human Services Websites section

[Medicare.gov](https://www.medicare.gov) [Link to the medicare.gov website - Opens in a new window \(https://www.medicare.gov\)](#)

[MyMedicare.gov](https://www.MyMedicare.gov) [Link to the MyMedicare.gov website - Opens in a new window \(https://www.MyMedicare.gov\)](#)

[Medicaid.gov](https://www.Medicaid.gov) - [Opens in a new window \(https://www.Medicaid.gov\)](#)

[InsureKidsNow.gov](https://www.insurekidsnow.gov) - [Opens in a new window \(https://www.insurekidsnow.gov\)](#)

[HealthCare.gov](https://www.HealthCare.gov) - [Opens in a new window \(https://www.HealthCare.gov\)](#)

[HHS.gov/Open](https://www.hhs.gov/open/) - [Opens in a new window \(https://www.hhs.gov/open/\)](#)

Tools



[Acronyms](https://www.cms.gov/apps/acronyms) [Centers for Medicare & Medicaid Services Acronym Lookup tool - Opens in a new window \(https://www.cms.gov/apps/acronyms\)](#)

[Contacts](https://www.cms.gov/apps/contacts) - [Opens in a new window \(https://www.cms.gov/apps/contacts\)](#)

[Glossary](https://www.cms.gov/apps/glossary/) - [Opens in a new window \(https://www.cms.gov/apps/glossary/\)](#)

[Archive](https://www.archive-it.org/collections/2744) - [Opens in a new window \(https://www.archive-it.org/collections/2744\)](#)

Helpful Links



[Web Policies & Important Links](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/index.html) (<https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/index.html>)

[For Developers](https://developer.cms.gov/) (<https://developer.cms.gov/>)

[Privacy Policy](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Privacy-Policy.html) (<https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Privacy-Policy.html>)

[Plain Language](https://www.medicare.gov/about-us/plain-writing/plain-writing.html) (<https://www.medicare.gov/about-us/plain-writing/plain-writing.html>)

[Freedom of Information Act](https://www.cms.gov/center/freedom-of-information-act-center.html) (<https://www.cms.gov/center/freedom-of-information-act-center.html>)

[No Fear Act](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/NoFearAct.html) (<https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/NoFearAct.html>)

[Nondiscrimination/Accessibility](https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html) (<https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html>)

[HHS.gov](https://www.hhs.gov) - [Opens in a new window \(https://www.hhs.gov\)](#)

[Inspector General](https://www.oig.hhs.gov) - [Opens in a new window \(https://www.oig.hhs.gov\)](#)

[USA.gov](https://www.usa.gov) - [Opens in a new window \(https://www.usa.gov\)](#)

Receive Email Updates

Submit