

Local Coverage Article: Billing and Coding: Spinal Cord Stimulators for Chronic Pain (A57791)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID

A57791

Original Effective Date

12/01/2019

Article Title

Billing and Coding: Spinal Cord Stimulators for Chronic Pain

Revision Effective Date

N/A

Article Type

Billing and Coding

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

Article Guidance

Article Text:

The following billing and coding guidance is to be used with its associated Local Coverage Determination.

Physicians with a low trial to permanent implant ratio (less than 50%) 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.

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.

Documentation Requirements

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, out-patient hospital or hospital.

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

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL
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

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
A18.01	Tuberculosis of spine
B02.23	Postherpetic polyneuropathy
B02.29	Other postherpetic nervous system involvement
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
G54.6	Phantom limb syndrome with pain

ICD-10 CODE	DESCRIPTION
G54.8	Other nerve root and plexus disorders
G57.70	Causalgia of unspecified lower limb
G57.71	Causalgia of right lower limb
G57.72	Causalgia of left lower limb
G57.73	Causalgia of bilateral lower limbs
G58.8	Other specified mononeuropathies
G58.9	Mononeuropathy, unspecified
G59	Mononeuropathy in diseases classified elsewhere
G89.0	Central pain syndrome
G89.21	Chronic pain due to trauma
G89.22	Chronic post-thoracotomy pain
G89.3	Neoplasm related pain (acute) (chronic)
G89.4	Chronic pain syndrome
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
G95.20	Unspecified cord compression
G95.29	Other cord compression
G95.81	Conus medullaris syndrome
G95.89	Other specified diseases of spinal cord
G95.9	Disease of spinal cord, unspecified
G99.2	Myelopathy in diseases classified elsewhere
M08.1	Juvenile ankylosing spondylitis
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder

ICD-10 CODE	DESCRIPTION
M25.551	Pain in right hip
M25.552	Pain in left hip
M43.6	Torticollis
M45.0	Ankylosing spondylitis of multiple sites in spine
M45.1	Ankylosing spondylitis of occipito-atlanto-axial region
M45.2	Ankylosing spondylitis of cervical region
M45.3	Ankylosing spondylitis of cervicothoracic region
M45.4	Ankylosing spondylitis of thoracic region
M45.5	Ankylosing spondylitis of thoracolumbar region
M45.6	Ankylosing spondylitis lumbar region
M45.7	Ankylosing spondylitis of lumbosacral region
M45.8	Ankylosing spondylitis sacral and sacrococcygeal region
M45.9	Ankylosing spondylitis of unspecified sites in spine
M46.1	Sacroiliitis, not elsewhere classified
M46.50	Other infective spondylopathies, site unspecified
M46.51	Other infective spondylopathies, occipito-atlanto-axial region
M46.52	Other infective spondylopathies, cervical region
M46.53	Other infective spondylopathies, cervicothoracic region
M46.54	Other infective spondylopathies, thoracic region
M46.55	Other infective spondylopathies, thoracolumbar region
M46.56	Other infective spondylopathies, lumbar region
M46.57	Other infective spondylopathies, lumbosacral region
M46.58	Other infective spondylopathies, sacral and sacrococcygeal region
M46.59	Other infective spondylopathies, multiple sites in spine
M46.80	Other specified inflammatory spondylopathies, site unspecified
M46.81	Other specified inflammatory spondylopathies, occipito-atlanto-axial region
M46.82	Other specified inflammatory spondylopathies, cervical region
M46.83	Other specified inflammatory spondylopathies, cervicothoracic region
M46.84	Other specified inflammatory spondylopathies, thoracic region
M46.85	Other specified inflammatory spondylopathies, thoracolumbar region
M46.86	Other specified inflammatory spondylopathies, lumbar region
M46.87	Other specified inflammatory spondylopathies, lumbosacral region

ICD-10 CODE	DESCRIPTION
M46.88	Other specified inflammatory spondylopathies, sacral and sacrococcygeal region
M46.89	Other specified inflammatory spondylopathies, multiple sites in spine
M47.011	Anterior spinal artery compression syndromes, occipito-atlanto-axial region
M47.012	Anterior spinal artery compression syndromes, cervical region
M47.013	Anterior spinal artery compression syndromes, cervicothoracic region
M47.014	Anterior spinal artery compression syndromes, thoracic region
M47.015	Anterior spinal artery compression syndromes, thoracolumbar region
M47.016	Anterior spinal artery compression syndromes, lumbar region
M47.019	Anterior spinal artery compression syndromes, site unspecified
M47.021	Vertebral artery compression syndromes, occipito-atlanto-axial region
M47.022	Vertebral artery compression syndromes, cervical region
M47.029	Vertebral artery compression syndromes, site unspecified
M47.10	Other spondylosis with myelopathy, site unspecified
M47.11	Other spondylosis with myelopathy, occipito-atlanto-axial region
M47.12	Other spondylosis with myelopathy, cervical region
M47.13	Other spondylosis with myelopathy, cervicothoracic region
M47.14	Other spondylosis with myelopathy, thoracic region
M47.15	Other spondylosis with myelopathy, thoracolumbar region
M47.16	Other spondylosis with myelopathy, lumbar region
M48.00	Spinal stenosis, site unspecified
M48.01	Spinal stenosis, occipito-atlanto-axial region
M48.02	Spinal stenosis, cervical region
M48.03	Spinal stenosis, cervicothoracic region
M48.04	Spinal stenosis, thoracic region
M48.05	Spinal stenosis, thoracolumbar region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
ICD-10 CODE	DESCRIPTION
M48.08	Spinal stenosis, sacral and sacrococcygeal region
M48.10	Ankylosing hyperostosis [Forestier], site unspecified
M48.11	Ankylosing hyperostosis [Forestier], occipito-atlanto-axial region

ICD-10 CODE	DESCRIPTION
M48.12	Ankylosing hyperostosis [Forestier], cervical region
M48.13	Ankylosing hyperostosis [Forestier], cervicothoracic region
M48.14	Ankylosing hyperostosis [Forestier], thoracic region
M48.15	Ankylosing hyperostosis [Forestier], thoracolumbar region
M48.16	Ankylosing hyperostosis [Forestier], lumbar region
M48.17	Ankylosing hyperostosis [Forestier], lumbosacral region
M48.18	Ankylosing hyperostosis [Forestier], sacral and sacrococcygeal region
M48.19	Ankylosing hyperostosis [Forestier], multiple sites in spine
M48.20	Kissing spine, site unspecified
M48.21	Kissing spine, occipito-atlanto-axial region
M48.22	Kissing spine, cervical region
M48.23	Kissing spine, cervicothoracic region
M48.24	Kissing spine, thoracic region
M48.25	Kissing spine, thoracolumbar region
M48.26	Kissing spine, lumbar region
M48.27	Kissing spine, lumbosacral region
M48.30	Traumatic spondylopathy, site unspecified
M48.31	Traumatic spondylopathy, occipito-atlanto-axial region
M48.32	Traumatic spondylopathy, cervical region
M48.33	Traumatic spondylopathy, cervicothoracic region
M48.34	Traumatic spondylopathy, thoracic region
M48.35	Traumatic spondylopathy, thoracolumbar region
M48.36	Traumatic spondylopathy, lumbar region
M48.37	Traumatic spondylopathy, lumbosacral region
M48.38	Traumatic spondylopathy, sacral and sacrococcygeal region
M48.8X1	Other specified spondylopathies, occipito-atlanto-axial region
M48.8X2	Other specified spondylopathies, cervical region
M48.8X3	Other specified spondylopathies, cervicothoracic region
M48.8X4	Other specified spondylopathies, thoracic region
M48.8X5	Other specified spondylopathies, thoracolumbar region
M48.8X6	Other specified spondylopathies, lumbar region
M48.8X7	Other specified spondylopathies, lumbosacral region

ICD-10 CODE	DESCRIPTION
M48.8X8	Other specified spondylopathies, sacral and sacrococcygeal region
M48.8X9	Other specified spondylopathies, site unspecified
M49.80	Spondylopathy in diseases classified elsewhere, site unspecified
M49.81	Spondylopathy in diseases classified elsewhere, occipito-atlanto-axial region
M49.82	Spondylopathy in diseases classified elsewhere, cervical region
M49.83	Spondylopathy in diseases classified elsewhere, cervicothoracic region
M49.84	Spondylopathy in diseases classified elsewhere, thoracic region
M49.85	Spondylopathy in diseases classified elsewhere, thoracolumbar region
M49.86	Spondylopathy in diseases classified elsewhere, lumbar region
M49.87	Spondylopathy in diseases classified elsewhere, lumbosacral region
M49.88	Spondylopathy in diseases classified elsewhere, sacral and sacrococcygeal region
M49.89	Spondylopathy in diseases classified elsewhere, multiple sites in spine
M51.04	Intervertebral disc disorders with myelopathy, thoracic region
M51.05	Intervertebral disc disorders with myelopathy, thoracolumbar region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M53.0	Cervicocranial syndrome
M53.1	Cervicobrachial syndrome
M53.81	Other specified dorsopathies, occipito-atlanto-axial region
M53.82	Other specified dorsopathies, cervical region
M53.83	Other specified dorsopathies, cervicothoracic region
M54.00	Panniculitis affecting regions of neck and back, site unspecified
M54.01	Panniculitis affecting regions of neck and back, occipito-atlanto-axial region
M54.02	Panniculitis affecting regions of neck and back, cervical region
M54.11	Radiculopathy, occipito-atlanto-axial region

ICD-10 CODE	DESCRIPTION
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.2	Cervicalgia
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.81	Occipital neuralgia
M67.88	Other specified disorders of synovium and tendon, other site
M79.601	Pain in right arm
M79.602	Pain in left arm
M79.604	Pain in right leg
M79.605	Pain in left leg
M96.1	Postlaminectomy syndrome, not elsewhere classified
M99.20	Subluxation stenosis of neural canal of head region
M99.21	Subluxation stenosis of neural canal of cervical region
M99.22	Subluxation stenosis of neural canal of thoracic region
M99.23	Subluxation stenosis of neural canal of lumbar region
M99.24	Subluxation stenosis of neural canal of sacral region
M99.25	Subluxation stenosis of neural canal of pelvic region
M99.26	Subluxation stenosis of neural canal of lower extremity
M99.27	Subluxation stenosis of neural canal of upper extremity
M99.28	Subluxation stenosis of neural canal of rib cage
M99.29	Subluxation stenosis of neural canal of abdomen and other regions
M99.30	Osseous stenosis of neural canal of head region
M99.31	Osseous stenosis of neural canal of cervical region
M99.32	Osseous stenosis of neural canal of thoracic region

ICD-10 CODE	DESCRIPTION
M99.33	Osseous stenosis of neural canal of lumbar region
ICD-10 CODE	DESCRIPTION
M99.34	Osseous stenosis of neural canal of sacral region
M99.35	Osseous stenosis of neural canal of pelvic region
M99.36	Osseous stenosis of neural canal of lower extremity
M99.37	Osseous stenosis of neural canal of upper extremity
M99.38	Osseous stenosis of neural canal of rib cage
M99.39	Osseous stenosis of neural canal of abdomen and other regions
M99.40	Connective tissue stenosis of neural canal of head region
M99.41	Connective tissue stenosis of neural canal of cervical region
M99.42	Connective tissue stenosis of neural canal of thoracic region
M99.43	Connective tissue stenosis of neural canal of lumbar region
M99.44	Connective tissue stenosis of neural canal of sacral region
M99.45	Connective tissue stenosis of neural canal of pelvic region
M99.46	Connective tissue stenosis of neural canal of lower extremity
M99.47	Connective tissue stenosis of neural canal of upper extremity
M99.48	Connective tissue stenosis of neural canal of rib cage
M99.49	Connective tissue stenosis of neural canal of abdomen and other regions
M99.50	Intervertebral disc stenosis of neural canal of head region
M99.51	Intervertebral disc stenosis of neural canal of cervical region
M99.52	Intervertebral disc stenosis of neural canal of thoracic region
M99.53	Intervertebral disc stenosis of neural canal of lumbar region
M99.54	Intervertebral disc stenosis of neural canal of sacral region
M99.55	Intervertebral disc stenosis of neural canal of pelvic region
M99.56	Intervertebral disc stenosis of neural canal of lower extremity
M99.57	Intervertebral disc stenosis of neural canal of upper extremity
M99.58	Intervertebral disc stenosis of neural canal of rib cage
M99.59	Intervertebral disc stenosis of neural canal of abdomen and other regions
M99.60	Osseous and sUBLuxation stenosis of intervertebral foramina of head region
M99.61	Osseous and sUBLuxation stenosis of intervertebral foramina of cervical region
M99.62	Osseous and sUBLuxation stenosis of intervertebral foramina of thoracic region
M99.63	Osseous and sUBLuxation stenosis of intervertebral foramina of lumbar region

ICD-10 CODE	DESCRIPTION
M99.64	Osseous and subluxation stenosis of intervertebral foramina of sacral region
M99.65	Osseous and subluxation stenosis of intervertebral foramina of pelvic region
M99.66	Osseous and subluxation stenosis of intervertebral foramina of lower extremity
M99.67	Osseous and subluxation stenosis of intervertebral foramina of upper extremity
M99.68	Osseous and subluxation stenosis of intervertebral foramina of rib cage
M99.69	Osseous and subluxation stenosis of intervertebral foramina of abdomen and other regions
M99.70	Connective tissue and disc stenosis of intervertebral foramina of head region
M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region
M99.72	Connective tissue and disc stenosis of intervertebral foramina of thoracic region
M99.73	Connective tissue and disc stenosis of intervertebral foramina of lumbar region
M99.74	Connective tissue and disc stenosis of intervertebral foramina of sacral region
M99.75	Connective tissue and disc stenosis of intervertebral foramina of pelvic region
M99.76	Connective tissue and disc stenosis of intervertebral foramina of lower extremity
M99.77	Connective tissue and disc stenosis of intervertebral foramina of upper extremity
M99.78	Connective tissue and disc stenosis of intervertebral foramina of rib cage
M99.79	Connective tissue and disc stenosis of intervertebral foramina of abdomen and other regions
T85.112A	Breakdown (mechanical) of implanted electronic neurostimulator of spinal cord electrode (lead), initial encounter
T85.112D	Breakdown (mechanical) of implanted electronic neurostimulator of spinal cord electrode (lead), subsequent encounter
T85.112S	Breakdown (mechanical) of implanted electronic neurostimulator of spinal cord electrode (lead), sequela
T85.113A	Breakdown (mechanical) of implanted electronic neurostimulator, generator, initial encounter
T85.113D	Breakdown (mechanical) of implanted electronic neurostimulator, generator, subsequent encounter
T85.113S	Breakdown (mechanical) of implanted electronic neurostimulator, generator, sequela
T85.122A	Displacement of implanted electronic neurostimulator of spinal cord electrode (lead), initial encounter
T85.122D	Displacement of implanted electronic neurostimulator of spinal cord electrode (lead), subsequent encounter
T85.122S	Displacement of implanted electronic neurostimulator of spinal cord electrode (lead),

ICD-10 CODE	DESCRIPTION
	sequela
T85.123A	Displacement of implanted electronic neurostimulator, generator, initial encounter
T85.123D	Displacement of implanted electronic neurostimulator, generator, subsequent encounter
T85.123S	Displacement of implanted electronic neurostimulator, generator, sequela
T85.192A	Other mechanical complication of implanted electronic neurostimulator of spinal cord electrode (lead), initial encounter
T85.192D	Other mechanical complication of implanted electronic neurostimulator of spinal cord electrode (lead), subsequent encounter
T85.192S	Other mechanical complication of implanted electronic neurostimulator of spinal cord electrode (lead), sequela
T85.193A	Other mechanical complication of implanted electronic neurostimulator, generator, initial encounter
T85.193D	Other mechanical complication of implanted electronic neurostimulator, generator, subsequent encounter
T85.193S	Other mechanical complication of implanted electronic neurostimulator, generator, sequela
Z45.42	Encounter for adjustment and management of neurostimulator

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

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.

CODE	DESCRIPTION
999x	Not Applicable

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

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s)

A54980 - Response to Comments: Spinal Cord Stimulators for Chronic Pain

LCD(s)

L35136 - Spinal Cord Stimulators for Chronic Pain

DL35136

- (MCD Archive Site)DL36200

- (MCD Archive Site)

Related National Coverage Document(s)

NCD(s)

160.7 - Electrical Nerve Stimulators

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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Keywords

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- SCS
- therapy
- neurostimulator
- implant
- trial