

Local Coverage Determination (LCD): Spinal Cord Stimulators for Chronic Pain (L35136)

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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 American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	Guam Hawaii Northern Mariana Islands American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	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 American Samoa California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	Guam Hawaii Nevada Northern Mariana Islands

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LCD Information

Document Information

For services performed on or after 10/01/2015

Original Effective Date

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L35136

Original ICD-9 LCD ID
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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that "are not 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 lacking the necessary documentation to process the claim

CMS Manual System, Pub 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, §160.7, Electrical Nerve Stimulators

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

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. In situations where the spinal cord stimulator has been working well but is in need of replacement for battery change, malfunction or end of stimulator life, a new trial is not needed to replace the stimulator.

Selection of patients for implantation of spinal cord stimulators 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. Patients being selected for a trial

- Must not have active substance abuse issues.
- Must undergo proper patient education, discussion, and disclosure including an extensive discussion of the risks and benefits of this therapy.
- Must undergo appropriate psychological screenin

Many experts recommend that the temporary neurostimulator be placed in an 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 sub-specialty 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%) 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.

Noridian 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.

Summary of Evidence

NA

Analysis of Evidence (Rationale for Determination)

NA

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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.

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

CPT/HCPCS Codes

Group 1 Paragraph:

CPT CODES

Group 1 Codes:

- 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

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes	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

ICD-10

Codes	Description
G54.6	Phantom limb syndrome with pain
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
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

ICD-10

Codes	Description
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
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
M48.08	Spinal stenosis, sacral and sacrococcygeal region
M48.10	Ankylosing hyperostosis [Forestier], site unspecified
M48.11	Ankylosing hyperostosis [Forestier], occipito-atlanto-axial region
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

ICD-10

Codes	Description
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
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
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

ICD-10

Codes	Description
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
M99.33	Osseous stenosis of neural canal of lumbar region
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
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

ICD-10

Codes	Description
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), 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 neuropacemaker (brain) (peripheral nerve) (spinal cord)

ICD-10 Codes that DO NOT Support Medical Necessity N/A

ICD-10 Additional Information [Back to Top](#)

[General Information](#)

Associated Information

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.

This final LCD, effective 06/01/2016, combines JEA DL36200 into the JEB LCD so that both JEA and JEB contract numbers will have the same final MCD LCD number.

Sources of Information

1. Feler CA. Spinal Cord Stimulation: Parameter Selection and Equipment Choices. In: Deer TR, Editor. Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series*. Philadelphia, PA: Elsevier Saunders; 2011: 1-7-65.
2. 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; 2011:1-15-134.
3. North RB. Spinal Cord Stimulation as a Treatment of Failed Back Surgery Syndrome. In: Deer TR, Editor. Neurostimulation for the Treatment of Chronic Pain. *Interventional and Neuromodulatory Techniques for Pain Management Series*. Philadelphia, PA: Elsevier Saunders; 2011: 1-8-72.
4. 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: 1-6-54.
5. 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: 1-3-19.
6. Shahbazian MS, Richeimer SH. Implant Technologies for Severe Pain: Why, When and the Outcomes. *Practical Pain Management*. Oct 2011;11(8):73-9.
7. 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: 1-5-39.

Bibliography

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
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Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2017	R5	<p>DATE (08/16/2017): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective DOS on or after 6/1/16, CPT® codes 63661, 63662, 63688, and 95970-95972 are removed from this LCD. These procedure codes may be used for services unrelated to this LCD and are not subject to the DX criteria in the LCD.</p> <p>Effective DOS 10/01/2017, ICD-10-CM M48.06 was deleted. ICD-10-CM codes M48.061 and M48.062 replaced the deleted M48.06.</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes Other (CPT® codes 63661, 63662, 63688, and 95970-95972 are used for conditions unrelated to this LCD and are not subject to the DX criteria in this LCD. These codes were deleted to decrease provider confusion.)
10/01/2016	R4	<p>R4- This LCD has been updated to clarify that a repeat trial is not needed when replacing the stimulator due to the need for battery change, malfunction or end of stimulator life. Also deleted HCPCS code L8680 from Group 2</p> <p>The LCD is revised to add new ICD-10 codes effective 10/1/2016: G57.73, T85.113A, T85.113D, T85.113S, T85.123A, T85.123D, T85.123S, T85.193A, T85.193D and T85.193S.</p>	<ul style="list-style-type: none"> Creation of Uniform LCDs Within a MAC Jurisdiction Revisions Due To CPT/HCPCS Code Changes Other (clarified that a repeat trial is not needed when replacing the stimulator due to the need for battery change, malfunction or end of stimulator life.)
10/01/2016	R3	<p>The following ICD-10 codes descriptions were changed effective 10/1/2016: T85.112A, T85.112D, T85.112S, T85.122A, T85.122D, T85.122S, T85.192A, T85.192D and T85.192S.</p> <p>This LCD version was created as a result of DL35136 and DL36200 being released to a Final LCD. Multiple revisions to Indications & Limitations and Utilization Guidelines. Added multiple ICD-10 CM codes and deleted CPT code 95973 per 2016 CPT coding update.</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
06/01/2016	R2	<p>R1 CPT code 95973 was deleted from the Coverage Indication, Limitations and/or Medical Necessity and the Group 1 CPT/HCPCS Codes sections per 2016 CPT/HCPCS Code update</p>	<ul style="list-style-type: none"> Creation of Uniform LCDs Within a MAC Jurisdiction
01/01/2016	R1		<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes

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Attachments N/A |

Related Local Coverage Documents Article(s) [A54980 - Response to Comments: Spinal Cord Stimulators for Chronic Pain](#) LCD(s) [DL35136](#) - (MCD Archive Site) [DL36200](#) - (MCD Archive Site) |

Public Version(s) Updated on 08/22/2017 with effective dates 10/01/2017 - N/A [Updated on 12/13/2016 with effective dates 10/01/2016 - 09/30/2017](#) [Updated on 09/21/2016 with effective dates 10/01/2016 - N/A](#) [Updated on 03/24/2016 with effective dates 06/01/2016 - 09/30/2016](#). Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

Keywords

- spinal
- cord
- stimulator
- SCS
- therapy
- neurostimulator
- implant
- trial
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