Authorization criteria:
Spinal cord stimulator
(trial or permanent placement)
For BCN HMO℠ (commercial) members

Clinical review is required for adult members (age ≥18). The medical necessity criteria are outlined below.

CPT codes: *63650, *63655, *63663, *63685

**Complex regional pain syndrome (CRPS)**

ALL the following must be met:

1. History of pain or burning in affected area that is disproportionate to the inciting event (for example, pain with non-painful stimulus, abnormal sensitivity to pain or continuous pain).
2. TWO OR MORE of the following findings of affected area:
   a. Swelling or tenderness
   b. Cyanotic or red or pale digit or extremity
   c. Increased sweating
   d. Alteration of temperature
   e. Trophic skin changes
   f. Flexion contractures
3. Continued symptoms after treatment with ALL of the following:
   a. Sympathetic block with an anesthetic agent
   b. Physical therapy, occupational therapy or physician directed home exercise for at least 6 months
   c. Antidepressant or antiepileptic drugs for at least 4 weeks
4. Psychological evaluation reveals all significant psychiatric, psychosocial and substance abuse issues have been adequately addressed.
5. ONE of the following:
   a. Trial of temporary spinal cord stimulator
   b. Permanent spinal cord stimulator implantation and ALL of the following:
      i. Trial of temporary electrode for AT LEAST 3 days completed
      ii. The patient’s medical record documents AT LEAST 50 percent reduction in pain and ONE of the following:
         1. A decrease in the need for other medications
         2. An improvement in the patient’s function
      iii. The patient’s medical record documents patient understanding of use of the stimulator and equipment during the trial

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Failed back surgery syndrome

ALL the following must be met:

1. History of lumbar surgery AND ONE of the following:
   a. At least 2 prior surgeries at same level
   b. At least 1 prior surgery at >1 level
   c. Spinal fusion surgery (any level)

2. ALL of the following:
   a. NO spinal cord compression identified by BOTH physical examination AND imaging that would obstruct placement
   b. Refractory pain interferes with ADLs

3. Continued pain after treatment for at least 6 months with ALL the following:
   a. Surgery (unless the patient is not a candidate or would not benefit from additional back surgery)
   b. Medication management (for example, oral, injectable, topical)
   c. Physical therapy, occupational therapy or physician-directed home exercise
   d. Passive modalities (for example, heat, cold)

4. Psychological evaluation reveals all significant psychiatric, psychosocial and substance abuse issues have been adequately addressed.

5. ONE of the following:
   a. Trial of temporary spinal cord stimulator
   b. Permanent spinal cord stimulator implantation and ALL of the following:
      i. Trial of temporary electrode for AT LEAST 3 days completed
      ii. The patient's medical record documents AT LEAST 50 percent reduction in pain after infusion trial
      iii. The patient's medical record documents patient understanding of use of the stimulator and equipment during the trial
Refractory angina

ALL of the following must be met:

1. Patient with Canadian Class III (angina with mild exertion) or IV (angina at rest) angina after treatment with ALL of the following:
   a. Optimal medication management with anti-anginal medications (for example, long-acting nitrates, beta-adrenergic blockers, or calcium-channel antagonists)
   b. Percutaneous coronary intervention (PCI) or coronary artery bypass graft (CABG) (unless the patient is not a candidate or would not benefit from PCI or CABG)

2. Psychological evaluation reveals all significant psychiatric, psychosocial and substance abuse issues have been adequately addressed.

3. EITHER of the following:
   a. Trial of temporary spinal cord stimulator
   b. Permanent spinal cord stimulator implantation and ALL of the following:
      i. Trial of temporary electrode for AT LEAST 3 days completed
      ii. The patient’s medical record documents AT LEAST 50 percent reduction in pain after infusion trial
      iii. The patient’s medical record documents patient understanding of use of the stimulator and equipment during the trial

References

Change Healthcare’s InterQual® 2018 Procedures Criteria Spinal Cord Stimulator (SCS) Insertion
Change Healthcare’s InterQual® 2018 Spinal Cord Stimulator (SCS) Insertion Spinal Cord Stimulator Temporary Electrode Trial

Current authorization criteria effective date: March 2019