Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Authorization criteria: Spinal cord stimulator or epidural or intrathecal catheter (trial or permanent placement)

For BCN HMO℠ (commercial) and BCN Advantage℠ members
For Blue Cross Medicare Plus Blue℠ PPO members

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

CPT codes: *62350, *62360, *62361, *62362, *63650, *63655, *63663, *63685

Complex regional pain syndrome (CRPS)

ALL of 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 contractors
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 epidural or intrathecal drug infusion
    b. Trial of temporary spinal cord stimulator
    c. 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
        iii. The patient's medical record documents patient understanding of use of the stimulator and equipment during the trial
    d. Permanent implantation of epidural or intrathecal drug infusion catheter AND BOTH of the following:
        i. Trial of epidural or intrathecal drug infusion completed
        ii. The patient's medical record documents AT LEAST 50 percent reduction in pain after infusion trial

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Failed back surgery syndrome

ALL of 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 that would obstruct placement identified by BOTH physical examination AND imaging
    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 epidural or intrathecal drug infusion
    b. Trial of temporary spinal cord stimulator
    c. 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
    d. Permanent implantation of epidural or intrathecal drug infusion catheter AND BOTH of the following:
        i. Trial of epidural or intrathecal drug infusion completed
        ii. The patient's medical record documents AT LEAST 50 percent reduction in pain after infusion trial

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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

Severe cancer pain

ALL of the following must be met:

1. No epidural metastatic lesion(s) or tumor encroachment of the thecal sac by imaging
2. No local infection at the catheter insertion site
3. No increased intracranial pressure
4. Life expectancy of at least 3 months
5. Continued pain after maximal treatment with opioids (unless contraindicated or not tolerated)
6. Psychological evaluation reveals all significant psychiatric, psychosocial and substance abuse issues have been adequately addressed.
7. ONE of the following:
    a. Trial of epidural or intrathecal drug infusion
    b. Permanent implantation of epidural or intrathecal drug infusion catheter and BOTH of the following:
        i. Trial of epidural or intrathecal drug infusion completed
        ii. The patient's medical record documents AT LEAST 50 percent reduction in pain after infusion trial

References

McKesson's InterQual® 2017 Procedures Criteria Epidural or Intrathecal Catheter Placement

McKesson's InterQual® 2017 Procedures Criteria Spinal Cord Stimulator (SCS) Insertion Spinal Cord Stimulator Temporary Electrode Trial