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

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

ALL the following must be met:
1. Patient has chronic intractable pain
2. Other treatment modalities have been tried and did not prove satisfactory; OR are judged to be unsuitable or contraindicated:
   a. Optimal medication management
   b. Surgical
   c. Physical
   d. Psychological therapies
3. Patient has undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation including BOTH psychological and physical evaluation.
4. ONE of the following:
   a. Trial of implanted electrode
   b. Permanently implanted electrode after pain reduction in the trial

References
Medicare’s National Coverage Decision 160.7 – Electrical Nerve Stimulator