Evolent Clinical Guideline 1757 for Spinal Cord Stimulation

Guideline Number: Evolent_CG_1757	**Applicable Codes**	
"Evolent" refers to Evolent Health LLC and Evolent Specialty Services, Inc. 		
Original Date: August 2020	**Last Revised Date:** **December 2024**	**Implementation Date:** ~~January~~**July** 2025

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STATEMENT

General Information

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

Special Note

Code 63650 is also applicable for dorsal root ganglion stimulation (DRG). DRG has specific advantages over SCS as it has better CRPS coverage and greater anatomical specificity allowing for improved coverage for specific areas of the body, such as pain in the foot, knee, hip, and groin — areas noted to be difficult for SCS. [1]

INDICATIONS

Spinal Cord Stimulation

A spinal cord stimulation (SCS) trial is appropriate when **ALL** the following criteria are met:

- **Duration of pain of at least 6 months** [2]
- Pain causing functional disability or average pain level of ≥ 6 on a scale of 0 to 10 [2]
- Failure to respond to non-operative conservative treatment **(e.g., medication trials, interventional procedures (e.g., sympathetic nerve blocks, epidural steroid injections))** for a minimum of 6 months unless the medical reason this treatment cannot be done is clearly documented [2,3]
- A completed psychological assessment that documents the following: [2,4,5]
  - Pain is not due to psychiatric disorders such as depression, anxiety, somatic symptom disorder, or sequelae of substance use
  - Satisfactory management of personality **and psychiatric** disorders
  - Satisfactory management of substance use disorder in recovery
  - Demonstration of cognitive ability to manage the stimulator
- Pain caused by at least **ONE** of the following: [2,4,5]
  - Failed spine surgery syndrome (FSSS) or post-laminectomy syndrome [6]
  - Complex regional pain syndrome (CRPS), type I or type II, ~~characterized by **ALL** of the following:~~**meeting Budapest criteria**
    - ~~Unilateral vasomotor changes~~
      - ~~Changes in skin color; cyanotic, or mottled;~~
      - ~~Changes in skin temperature; **OR**~~
      - ~~Unilateral edema~~
    - ~~Unilateral sudomotor changes~~

- ~~Skin is dry; **OR**~~
- ~~Skin is moist~~

- ~~Unilateral trophic changes~~
  - ~~Skin is smooth or shiny;~~
  - ~~Soft issue atrophy;~~
  - ~~Joint stiffness, with decreased passive ROM;~~
  - ~~Nail changes; **OR**~~
  - ~~Hair growth changes~~

- Chronic neuropathic pain of certain origins that falls into **ONE** of the following diagnoses:
  - Lumbosacral arachnoiditis
  - Post herpetic neuralgia
  - Radiculopathy
  - Chronic ischemic leg pain
  - Diabetic peripheral neuropathy [7]
  - Phantom limb syndrome (stump pain)
  - Peripheral neuropathy
  - Chronic back pain (neuropathic pain) and not a surgical candidate
  - Chronic, refractory angina pectoris, characterized by **ALL** the following:
    - Continued angina after percutaneous coronary intervention or coronary artery bypass graft
    - Not a candidate for further revascularization
    - Angina is NYHA (New York Heart Association) III (less than ordinary physical activity causes symptoms) or IV (symptoms present at rest)
    - Optimal pharmacotherapy for at least one month with failure to tolerate medications in indicated dosage or failure to respond adequately to indicated medications

Permanent Spinal Cord Stimulator [5,8]

Appropriate when **ALL** the following criteria are met:

- Documentation of a successful trial of the temporary SCS device providing at least 50% reduction in pain
- Significant functional improvement for a minimum duration of 3 days
- ~~The type~~**A medical reason for use** of **a permanent** stimulator device ~~used for~~**from the** temporary trial ~~will~~**device must** be ~~the same used for permanent spinal cord stimulator placement~~**clearly documented**

Revision or Removal of Spinal Cord Stimulator Device

Indicated with **ONE** of the following:

- Migration of lead(s)
- Loss of effectiveness
- Intolerance by the individual
- Infection
- Painful generator site
- Development of neurological deficits
- Patient demand

CONTRAINDICATIONS [2,4]

- Active systemic or spinal infection
- Body habitus that is insufficient to support the weight and bulk of the device
- **Coagulation disorder**
- **Pregnancy**

CODING AND STANDARDS

Coding

CPT Codes

63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688

Applicable Lines of Business

☒	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

BACKGROUND

Definitions [4,5,8]

The most common indication for spinal cord stimulator (SCS) placement is chronic pain from failed spine surgery syndrome. SCS is a minimally invasive, non-opioid alternative therapy used for the treatment of chronic neuropathic pain or ischemic pain. SCS has been well

established as a safe and effective treatment of pain derived from a wide variety of etiologies. For individuals with chronic pain who have failed conservative approaches, SCS should be considered among other options before prescribing long-term opioids.

SCS is used to treat some common indications to include, but not limited to, failed spine surgery syndrome (FSSS), complex regional pain syndrome, painful peripheral vascular disease, and intractable angina. Limited literature suggests that SCS may also be beneficial for individuals with visceral abdominal and perineal pain and for painful diabetic neuropathy.

Based primarily on differences in clinical observations, SCS therapies can be categorized into at least two modalities to include paresthesia SCS (classical SCS) and sub-perception SCS (e.g., burst, kHz). Paresthesia SCS is generally characterized by programming stimulation parameters (including electric field configuration) between metal contacts residing in the epidural space such that the individual experiences paresthesia and the paresthesia topography overlaps the pain topography as much as possible.

~~Conservative Treatment*~~

~~Non-operative treatment should include a multimodality approach consisting of at least one (1) active and one (1) inactive component targeting the affected spinal region.~~

- ~~Active components~~
  - ~~Physical Therapy~~
  - ~~Physician-supervised **home exercise program****~~
  - ~~Chiropractic Care~~
- ~~Inactive Modalities~~
  - ~~Medications (e.g., NSAIDs, steroids, analgesics)~~
  - ~~Injections (e.g., epidural steroid injection, selective nerve root block)~~
  - ~~Medical Devices (e.g., TENS unit, bracing)~~

Medical Necessity

It is generally considered not medically necessary to perform multiple interventional pain procedures on the same date of service. Documentation of a medical reason to perform procedures in different regions on the same day can be provided and will be considered on a case-by-case basis.

Home Exercise Program (HEP)** (9)

The following two elements are required to meet conservative therapy guidelines for HEP:

- Documentation of an exercise prescription/plan provided by a physician, physical therapist, or chiropractor

AND

- Follow-up documentation regarding completion of HEP after the required 6-week timeframe or inability to complete HEP due to a documented medical reason (e.g., increased pain or inability to physically perform exercises).

POLICY HISTORY

Date	Summary
December 2024	• **This guideline replaces Evolent Clinical Guideline 405 for Spinal Cord Stimulation** • **Added Special Note section for CPT code 63650** • **Added 6-month pain duration and psychiatric disorder in SCS indication section** • **Condensed complex regional pain syndrome (CRPS) characteristics to "Complex regional pain syndrome types I and II , meeting Budapest criteria" for consistency with the Sympathetic Nerve Blocks guideline** • **Clarified the last indication of Permanent Spinal Cord Stimulator section: "The type of stimulator device used for temporary trial will be the same used for permanent spinal cord stimulator placement" to "A medical reason for use of a permanent stimulator device from the temporary trial device must be clearly documented"** • **Added "coagulation disorder" and "pregnancy" to Contraindication section** • **Added Medical Necessity section** • **Removed Conservative Treatment section in Background**
January 2024	• Adjusted psychological section to address pain is not due to psychiatric disorders, personality disorders and substance use disorders are being managed • Adjusted conservative treatment language in body and background sections • Reduced Background section • Added table of contents • Updated references

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

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1. Deer T R, Levy R M, Kramer J, Poree L, Amirdelfan K et al. Dorsal root ganglion stimulation yielded higher treatment success rate for complex regional pain syndrome and causalgia at 3 and 12 months: a randomized comparative trial. Pain. 2017; 158: 669-681.

2. Thomson S, Huygen F, Prangnell S, De Andrés J, Baranidharan G et al. Appropriate referral and selection of patients with chronic pain for spinal cord stimulation: European consensus recommendations and e-health tool. European journal of pain (London, England). 2020; 24: 1169-1181.

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4. Garcia K, Wray J, Kumar S. Spinal Cord Stimulation. StatPearls [Internet]. 2023; https://www.ncbi.nlm.nih.gov/books/NBK553154/.

5. Shanthanna H, Eldabe S, Provenzano D A, Bouche B, Buchser E et al. Evidence-based consensus guidelines on patient selection and trial stimulation for spinal cord stimulation therapy for chronic non-cancer pain. Regional anesthesia and pain medicine. 2023; 48: 273-287.

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