OHCA Guideline

Medical Procedure Class:	**Peripheral Nerve Stimulator Guideline (PNS)**
Initial Implementation Date:	November 1, 2021
Last Review Date:	March 2023
Effective Date:	March 7, 2023
Next Review/Revision Date:	March 2026

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☐ New Criteria ☒ Revision of Existing Criteria

Summary

Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Description

Peripheral Nerve Stimulation (PNS): The peripheral nervous system includes pathways outside of the spinal cord, specifically various plexuses and peripheral nerves. Peripherally implanted nerve stimulation entails the placement of electrodes on a selected peripheral nerve. The stimulating electrode array is connected to an implanted pulse generator. In this particular treatment, an electrical current is transmitted via an electrode that has been implanted around the selected peripheral nerve. This electrical current purport to block or disrupt the normal transmission of pain signals. The electrodes are connected by a wire to the peripherally implanted neurostimulator. An external generator controls the degree of stimulation the individual receives.

CPT Codes Covered Requiring Prior Authorization (PA)

PNS Trial CPT Codes

64555 – percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64575 – incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)

PNS Permanent Implantation CPT Codes

64590 – insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver
64595 – revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
64585 – revision or removal of peripheral neurostimulator electrode array

Prior Authorization is required for BOTH temporary testing stimulation and permanent implantation of the Peripheral Nerve Stimulator and Electrodes.

Approval Criteria

INDICATIONS

A. Prior to permanent Peripheral Nerve Stimulator implantation, a **stimulation trial** of peripheral nerve stimulation is considered medically necessary for the treatment of *chronic intractable pain* when ALL of the following criteria are met:
   1. Documented chronic and severe pain for at least 3 months; **AND**

2. Documentation of failure to reasonable alternative therapies such as physical therapy, analgesics, anticonvulsants, muscle relaxants, antidepressants, topical anesthetics, and nerve blocks; **AND**
3. Lack of surgical contraindications including infections and medical risks; **AND**
4. No active substance abuse issues; **AND**
5. Psychological evaluation prior to trial implantation has been performed and indicates no contraindications to implantation.

B. Permanent peripheral nerve stimulator implantation may be considered medically necessary when **ALL** of the criteria above (A1-5) are met **AND** the stimulation trial of the device had provided greater than or equal to 50% reduction in pain intensity before permanent implantation.

Removal and replacement of the Peripheral Nerve Stimulator is considered medically necessary when the following criteria are met:

1. If the device malfunctions, breaks, or becomes infected; **AND**
2. If the medical necessity criteria continues to be met; **AND**
3. If replacement is not part of the manufacturer warranty.

Additional Information

Implanted peripheral nerve stimulators are considered **experimental / investigational** and not medically necessary for all other indications, including but not limited to, fibromyalgia, phantom limb pain, diffuse polyneuropathy, nociceptive pain in the trunk or lower back, or angina pectoris.

Procedures or Devices Considered Experimental / Investigational Will Not be Covered.

At this time OHCA considers the SPRINT PNS System to be experimental / investigational and will not provide coverage for this device.

References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1; 317:30-3-65.5
2. CMS, National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7), 08/07/1995
3. Noridian, Local Coverage Determination (LCD): Peripheral Nerve Stimulation (L37360), Jurisdiction J-F, 12/01/2019
4. Blue Cross Blue Shield of Kansas Policy – Implanted Peripheral Nerve Stimulator (PNS) for Pain Control, 04/24/2019
5. Blue Cross Blue Shield of North Carolina Policy – Peripheral Nerve Stimulation and Peripheral Nerve Field Stimulation, 06/17/2020