



PARAMOUNT

# Peripheral Nerve Stimulation and Peripheral Nerve Field Stimulation

Policy Number: PG0406

Last Review: 06/23/2017

ADVANTAGE | ELITE | HMO  
INDIVIDUAL MARKETPLACE |  
PROMEDICA MEDICARE  
PLAN | PPO

## GUIDELINES

**This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.**

## SCOPE

Professional

Facility

## DESCRIPTION

Peripheral nerve stimulation (PNS) refers to the placement of a lead by a physician (via open surgical or percutaneous approach) near the known anatomical location of a peripheral nerve. The goal is to lessen pain for conditions known to be responsive to this form of therapy.

Peripheral Nerve Field Stimulation (PNFS) refers to the stimulation by a needle electrode inserted through the skin and is performed in a physician's office, clinic, or hospital outpatient department. In both PNS and PNFS, leads are connected to an external pulse generator if temporary or implanted when permanent, with the goal to lessen chronic pain.

The three most accepted uses are:

1. Open exposure of a peripheral nerve and implantation of a PNS electrode (as in the treatment of the radial nerve, sciatic nerve, median nerve, etc)
2. Percutaneous insertion of PNS in the vicinity of the stimulated nerve (i.e., occipital nerve for severe headaches)
3. Implantation of subcutaneous PNFS electrodes in the location of the applicable peripheral nerve field for severe axial or chest wall pain

## POLICY

**Peripheral nerve stimulation (PNS) and Peripheral Nerve Field Stimulation (PNFS) do not require prior authorization.**

## COVERAGE CRITERIA

**HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan , Advantage**

PNS or PNFS is covered only when performed by a physician or incident to a physician's service and must meet ALL of the following criteria:

- Documented chronic and severe pain for at least 3 months
- Documented failure of less invasive treatment modalities as appropriate including but not limited to attempts to cure the underlying condition causing the pain, (i.e., examples are physical therapy, braces or medications, such as Lyrica and Neurontin, have been tried and failed)
- Lack of surgical contraindications including infections and medical risks
- Appropriate proper patient education, discussion and disclosure of risks and benefits
- No active substance abuse issues

- Formal psychological screening by a mental health professional
- A successful stimulation trial with greater than or equal to 50% reduction in pain intensity before permanent implantation

The physician should be able to determine whether the member is likely to derive a significant therapeutic benefit from continuing use of an implanted nerve stimulator within a trial period of 1 month. In a few cases, this determination may take longer to make and the need for such services which are furnished beyond the first month must be documented. If pain is effectively controlled by percutaneous stimulation, implantation of electrodes is warranted.

Elite/ProMedica Medicare Plan providers are to use CPT® Code 64999 for both the trial and permanent insertion of the electrode array when billing for the procedures associated with either Peripheral Subcutaneous Field Stimulation or Peripheral Nerve Field Stimulation effective January 1, 2017 per CMS guidelines.

Examples of indications that may be covered are:

- PNS for occipital nerve for occipital neuralgia, post-surgical neuropathic pain, cervicogenic headaches and treatment of resistant migraine.
- PNS of the trigeminal nerves and branches for post-traumatic and post-surgical neuropathic pain in the face related to the trigeminal nerves.
- PNS/PNFS of nerves in the upper and lower extremities of complex regional pain syndromes (type 1 and 2), pain due to peripheral nerve injury, post-surgical scar formation, nerve entrapment, painful mononeuropathy and painful amputation neuromas.
- PNS/PNFS of intercostal and ilio-inguinal nerves for post-surgical and post-traumatic neuropathic pain involving these nerve distributions;
- PNFS of the trunk/ lower back for cases of severe post-surgical neuropathic pain (continuous, burning, and unresponsive to less invasive procedures).

Non-covered indications:

- Fibromyalgia
- Phantom limb pain
- Diffuse polyneuropathy
- Nociceptive pain in the trunk or lower back
- Angina pectoris

## CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
61885	INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH CONNECTION TO A SINGLE ELECTRODE ARRAY
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; CRANIAL NERVE
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT) INCLUDING IMAGE GUIDANCE, IF PERFORMED
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE)

	NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODE ARRAY
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE, PULSE DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEASUREMENTS); SIMPLE OR COMPLEX BRAIN, SPINAL CORD, OR PERIPHERAL (IE, CRANIAL NERVE, PERIPHERAL NERVE, SACRAL NERVE, NEUROMUSCULAR) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITHOUT REPROGRAMMING
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE, PULSE DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEASUREMENTS); SIMPLE SPINAL CORD, OR PERIPHERAL (IE, PERIPHERAL NERVE, SACRAL NERVE, NEUROMUSCULAR) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITH INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE, PULSE DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEASUREMENTS); COMPLEX SPINAL CORD, OR PERIPHERAL (IE, PERIPHERAL NERVE, SACRAL NERVE, NEUROMUSCULAR) (EXCEPT CRANIAL NERVE) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITH INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING

## REVISION HISTORY EXPLANATION

### **ORIGINAL EFFECTIVE DATE: 06/23/2017**

**06/23/17:** Policy created to reflect most current clinical evidence per the Technology Assessment Working Group (TAWG). Peripheral nerve stimulation (PNS) and Peripheral Nerve Field Stimulation (PNFS) are covered without prior authorization.

**12/28/2020:** Medical policy placed on the new Paramount Medical policy format

## REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc