



Spinal Cord Stimulation Payor Medical Policy Guide





Boston Scientific Patient Therapy Access

Over 90% Preauthorization Case Approvals
Less than 10 Days Case Turnaround Times
Eliminated Insurance Requirements Confusion,
Phone Calls, and Long Hold Times



Easy-to-Use Web-Based Portal to Submit Cases
Simplifies medical benefits investigation and prior authorization for spinal cord stimulation procedures
Submits the right forms to the correct payors.
Provides an easy-to-use dashboard to track progress



Personal support of BSC's team of preauthorization specialists
Saves time and hassle by eliminating paperwork and guesswork



Help start and keep patients on therapy, improving patient outcomes and satisfaction



Patient Therapy Access Contact
Scan QR code or [CLICK HERE](#) for portal access
Call: (866) 287-0778 SCS and Vertiflex™ Procedure†

Medicare National Coverage Determinations¹

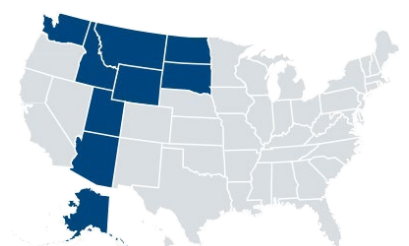
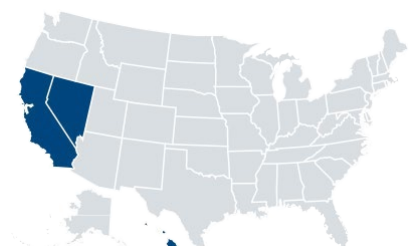
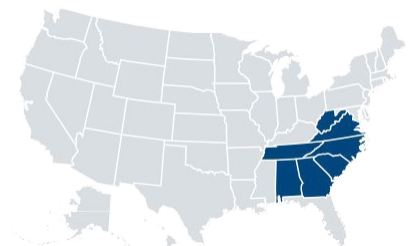
In the case of spinal cord stimulation, Medicare has a longstanding National Coverage Determination (NCD) for electrical nerve stimulators (160.7) that includes specific criteria for coverage, which are as follows:

- The implantation of the stimulator is used only as a late resort (if not a last resort) for patients with chronic intractable pain;
- With respect to item a, other treatment modalities (pharmacological, surgical, physical, or psychological therapies) have been tried and did not prove satisfactory, or are judged to be unsuitable or contraindicated for the given patient;
- Patients have undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. (Such screening must include psychological, as well as physical evaluation);
- All the facilities, equipment, and professional and support personnel required for the proper diagnosis, treatment training, and follow up of the patient (including that required to satisfy item C) must be available; and
- Demonstration of pain relief with a temporarily implanted electrode precedes permanent implantation.

Medicare Local Coverage Determinations²

Medicare has a long-standing NCD (160.7) for Electrical Nerve Stimulators (e.g., SCS). In addition to the NCD criteria, some Medicare contractors may require additional SCS coverage criteria through local coverage determinations (LCD). Please check with your local contractor. In the absence of an LCD, Medicare contractors will follow the NCD.

STATES COVERED	LCD/LCA	LINK
Palmetto GBA (AL, GA, TN, SC, VA, WV, NC)	LCD #L37632 LCA #A56876	http://www.palmettogba.com/medicare
Noridian JE (CA, NV, HI)	LCD #L35136 LCA #A57791	https://med.noridianmedicare.com/web/jeb/policies
Noridian JF (AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY)	LCD #L36204 LCA #A57792	https://med.noridianmedicare.com/web/jfb/policies



Commercial Payor Coverage

HEALTH PLAN NAME	FBSS	CRPS	DPN	RADICULOPATHIES	ARACHNOIDITIS	LINK
Aetna	P	P	P	N	P	Spinal Cord Stimulation - Medical Clinical Policy Bulletins Aetna
AmeriHealth	P	P	N	P	P	AmeriHealth Medical Policies
BC Idaho	P	P	P	P	P	Medical Policies (bcidaho.com)
BC Premera	P	P	P	S	P	HMO Medical Policy Search Provider Premera Blue Cross
BCBS Alabama	P	P	P	S	P	Policies & Guidelines (exploremyplan.com)
BCBS Anthem/Elevance	P	P	P	N	P	Interventional Pain Management 2024-06-30 Carelon Clinical Guidelines and Pathways (carelonmedicalbenefitsmanagement.com)
BSBS Arkansas	P	P	P	P	S	Coverage Policy Manual - Arkansas Blue Cross and Blue Shield
BCBS Capital	P	P	P	P	P	medical-policy-1-069.pdf (capbluecross.com)
BCBS CareFirst	P	P	P	S	P	SAI360 (compliance360.com)
BCBS Excellus	P	P	N	N	N	07.01.51 spin_cord_stim_tac_23.pdf (excellusbcb.com)
BCBS Florida	P	P	P	P	P	mcg.pdf (bcbsfl.com)
BCBS Hawaii	P	P	P	P	P	Medical Policies - CURRENT (hmsa.com)
BCBS Highmark	P	P	N	N	N	Z-50-012 (highmark.com)
BCBS Highmark NE-New York	P	P	N	N	N	Z-50-012 (highmark.com)
BCBS Highmark W-New York	P	P	N	N	N	Z-50-012 (highmark.com)
BCBS Kansas	P	P	S	S	P	spinal-cord-and-dorsal-root-ganglion-stimulation.pdf (bcbsks.com)
BCBS Kansas City	P	P	N	N	N	Medical Policy Home (bluekc.com)
BCBS Louisiana	P	P	P	P	P	SpinalCordStimulation.pdf (bcbsla.com)
BCBS Michigan	P	P	P	N	N	N/A
BCBS Minnesota	P	P	P	N	N	CMM-211-Spinal-Cord-and-DRG-Stimulation_V102023_eff07012023_pub042623.pdf(evicore.com)
BCBS Mississippi	P	P	P	P	P	Blue Cross & Blue Shield of Mississippi (bcbsms.com)
BCBS Nebraska	P	P	P	P	N	Medical Policy BCBSNE (nebraskablue.com)

HEALTH PLAN NAME	FBSS	CRPS	DPN	RADICULOPATHIES	ARACHNOIDITIS	LINK
BCBS North Carolina	P	P	S	P	P	spinal_cord_and_dorsal_root_ganglion_stimulation.pdf (bluecrossnc.com)
BCBS North Dakota	P	P	S	P	P	Spinal Cord and Dorsal Root Ganglion Stimulation BCBSND
BCBS of Arizona	P	P	N	N	N	CMM-211-Spinal-Cord-and-DRG-Stimulation_V102023_eff07012023_pub042623.pdf(evicore.com)
BCBS of Massachusetts	P	P	N	P	P	BCBS of Massachusets
BCBS of Tennessee	P	P	S	P	P	Spinal Cord Stimulation for the Treatment of Pain (bcbst.com)
BCBS Regence	P	P	P	P	P	Spinal Cord and Dorsal Root Ganglion Stimulation.pdf (getbynder.com)
BCBS South Carolina	P	P	S	P	P	Spinal Cord and Dorsal Root Ganglion Stimulation (myhealthtoolkit.com)
BCBS Wellmark	P	P	P	P	P	Spinal-Cord-Stimulation.pdf (wellmark.com)
BCBS Wyoming	P	P	P	P	P	7.01.025 (highmark.com)
Blue Shield of California	P	P	P	P	P	PRV_Spinal_Cord_Dorsal_Ganglion_Stimulation.pdf (blueshieldca.com)
Carefirst	P	P	S	P	P	7.01.025 PSpinal Cord and DeepBrain Stimulation 2024.pdf(compliance360.com)
Centene Health	P	P	P	P	P	Health Net Medical Policies Health Net
CIGNA	P	P	N	N	N	Cigna CMM-211 Spinal Cord & Dorsal Root Stim Final V1.0.2024 update pub05.02.2024.pdf (evicore.com)
Emblem Health	P	P	N	N	N	MG Dorsal Column Stimulator aC.pdf (emblemhealth.com)
Health Care Services Corp (TX, IL, MT, OK, NM)	P	P	P	P	P	medicalpolicy.hcsc.com/activePolicyPage?path=surgery/SUR712.009_2024-02-01&corpEntCode=HCSC&corpEntCd=HCSC
HealthPartners	P	P	P	N	N	aentry_046152.pdf (healthpartners.com)
Horizon BCBS of New Jersey	P	P	P	N	N	Spinal Cord Neurostimulator Surgery Surgery 177 Current - Medical-Policies - Horizon Blue Cross Blue Shield of New Jersey
Humana	P	P	N	N	N	Medical and Pharmacy Coverage Policies - Search Results (humana.com)
Kaiser Permanente	P	P	N	N	N	spinal_cord_stimulator_for_pain.pdf (kaiserpermanente.org)
Medica	P	P	P	N	N	III-DEV-23-UM-Policy.pdf (medica.com)

HEALTH PLAN NAME	FBSS	CRPS	DPN	RADICULOPATHIES	ARACHNOIDITIS	LINK
Medical Mutual	P	P	N	N	N	200602 Temporary-Trial-Spinal-Cord-Stimulation-for-Chronic-Pain.pdf (medmutual.com)
Providence	P	P	P	N	N	MP28.pdf (providencehealthplan.com)
United	P	P	P	N	N	implanted-electrical-stimulator-spinal-cord.pdf (uhcprovider.com)
Univera (Lifetime Healthcare Companies)	P	P	N	N	N	07.01.51_spin_cord_stim_tac_23.pdf (univerahealthcare.com)

P = Positive Coverage

S = Silent Coverage

N = Negative Coverage

Medical Necessity Documentation Recommendations

SUMMARY CAPTION	CONDITION
Pharmacology Management	<p>Including, but not limited to:</p> <ul style="list-style-type: none"> • OTC (Over the Counter) analgesics such as aspirin, Tylenol, NSAIDs (nonsteroidal antiinflammatory drugs), topical creams, prescription opioids, etc. • Documentation should include: <ul style="list-style-type: none"> • Date started/stopped or duration (include the reason(s) for stopping use if applicable) • Dose • Effectiveness
Medical Management / Conservative Treatment	<p>including, but not limited to:</p> <ul style="list-style-type: none"> • Physician-directed Home Exercise Program (HEP), physical therapy, chiropractic, massage, acupuncture, epidural steroid injections (ESI), facet joint injections, medial branch blocks (MBB). • Documentation of a minimum of 6 consecutive months of tried/failed therapies and should include: <ul style="list-style-type: none"> • Notes with dates and duration of treatment (how long) • Measurable outcomes (effectiveness) • Signature of treating physician on all office visit notes
Diagnostics (Imaging)	<p>At least 1 of the following imaging reports should be included:</p> <ul style="list-style-type: none"> • X-rays, CT scan, MRI, Myelogram, EMG/NCV, etc. • Image(s) taken within the last 12 months • Report must be legible
Psychological Evaluation	<p>Must include the following:</p> <ul style="list-style-type: none"> • Complete Psychological Evaluation report (all pages) including: <ul style="list-style-type: none"> • Patient name • Date of evaluation • Signature of evaluator • Clearance for SCS • Performed by a Psychologist, Psychiatrist (PsyD or PhD) or Licensed Clinical Social Worker (LCSW) • Evaluation completed within the last 12 months (6 months for AIM)

SUMMARY CAPTION	CONDITION
Surgical Consult	<p>Must include:</p> <ul style="list-style-type: none"> • Consult report from a neurosurgeon or orthopedic surgeon that specializes in spinal surgery (NOT the physician requesting SCS) with signature • Consultation completed within the last 12 months • Documentation noting patient had a previous surgery OR is not a surgical candidate • If the patient had prior surgery, need operative report • If the patient is not a surgical candidate, notes need to support why surgical intervention is not believed to resolve the patient's pain at this time
Physical Therapy (PT)	<p>Documentation should include:</p> <ul style="list-style-type: none"> • Notes from physical therapy office or discharge summary with duration of treatment, outcome or reason for discontinuation • Date started/stopped or duration (include the reason for stopping if applicable) • Minimum of 6-12 consecutive weeks of therapy sessions completed within the last 12 months • Measurable outcomes (effectiveness) • If the patient has not participated in formal PT or HEP, provide documentation of contraindication, i.e., the patient is unable to tolerate formal PT/HEP due to extreme pain
Trial Documentation (Implant ONLY)	<p>Must include:</p> <ul style="list-style-type: none"> • Trial results documenting at least 50% pain relief from a 3-7 day trial • Improvement in function such as ADLs (Activities of Daily Living), sleep patterns, ability to walk more, and the reduced need for pain medication • Trial Operative Report

<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=240>

For more information regarding commercial payor medical necessity criteria, please refer to the following guidelines:

THIRD PARTY BENEFIT ADMINISTRATORS	PAYORS	GUIDELINE
Carelon	Amerigroup, Simply Healthcare, Anthem BCBS, Anthem BCBS of KY, Anthem BCBS of WI, Anthem BCBS of CO, Anthem BCBS of NY, Anthem BCBS of VA, Anthem BCBS of CA, Anthem BCBS of ME, Anthem BCBS of IN, Anthem BCBS of GA, BCBS of TX, BCBS of OK, Independence Blue Cross, Regence BS of ID, EmblemHealth, BCBS of FL	Interventional Pain Management 2024-06-30 Carelon Clinical Guidelines and Pathways (carelonmedicalbenefitsmanagement.com)
Turning Point	BCBS of TN, BCBS of Michigan, Capital PA, Fidelis, Horizon NJ, Wellcare, Arizona Complete Health, Arkansas Total Care, Horizon BCBS of NJ	https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:c8560496-b04d-3bd2-a12d-f2774b1177fc
EviCore	Cigna, BCBS of IL, Oscar Health Plan, Priority Partners, Highmark BCBS of PA, Healthgram, Planned Administrators Inc., NALC Health Benefit	eviCore_CMM-211 Spin Cord & DRG Stim_Final_V1.0.2024_eff08.01.2024_pub04.24.2024_0.pdf
Milliman Care Guidelines (MCG)	Anthem HIP, Caresource, Preferred Administrators	Not Available

THIRD PARTY BENEFIT ADMINISTRATORS	PAYORS	GUIDELINE
InterQual Guidelines	United Healthcare Commercial, UMR, Surest Health Plan, GEHA, APWU, Sunshine Health, Centene	Not Available
Evolent	Peach State Health	Not Available
Cohere	Humana, Medical Mutual of Ohio	https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:21982917-14f2-3e15-9ff6-86739e21036b
Aetna	Aetna Better Health, Meritain Health	Spinal Cord Stimulation - Medical Clinical Policy Bulletins Aetna
Officially Disability Guidelines by MCG	Trustmark	Not Available

For Medical Necessity Template Letters, Appeal Template Letters, Pre-Authorization Forms, and Provider Intake Forms, Refer to the Following Link:

<https://www.bostonscientific.com/en-US/reimbursement/pain-management.html>

1. Medicare National Coverage Determination (NCD) for Electrical Nerve Stimulators (160.7) Publication Number 100-3, Manual Section Number 160.7.

2. List of local Medicare contractors is not an exhaustive list. LCD Link <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

The Boston Scientific Spinal Cord Stimulator Systems are indicated as an aid in the management of chronic intractable pain of the trunk and/or limbs including unilateral or bilateral pain associated with the following: failed back surgery syndrome, Complex Regional Pain Syndrome (CRPS) Types I and II, Diabetic Peripheral Neuropathy of the lower extremities, intractable low back pain and leg pain, radicular pain syndrome, radiculopathies resulting in pain secondary to failed back syndrome or herniated disc, epidural fibrosis, degenerative disc disease (herniated disc pain refractory to conservative and surgical interventions), arachnoiditis, multiple back surgeries. The Boston Scientific Spectra WaveWriter™, WaveWriter Alpha™ and WaveWriter Alpha™ Prime SCS Systems are also indicated as an aid in the management of chronic intractable unilateral or bilateral low back and leg pain without prior back surgery. Contraindications, warnings, precautions, side effects. The SCS Systems are contraindicated for patients who: are unable to operate the SCS System, have failed trial stimulation by failing to receive effective pain relief, are poor surgical candidates, or are pregnant. Refer to the Instructions for Use provided with the SCS System or Pain.com for potential adverse effects, warnings, and precautions prior to using this product. Warning: Stimulation modes. Only paresthesia-based stimulation mode has been evaluated for effectiveness in the diabetic peripheral neuropathy (DPN) population.

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

Disclaimer: Health economic and reimbursement information provided by Boston Scientific Corporation is gathered from third-party sources and is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice. Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's responsibility to understand and comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label. Payer policies will vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements.

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The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options.

This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.

Information included herein is current as of November 2023 but is subject to change without notice. Rates for services are effective January 1, 2024.

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