A dorsal (spinal) column stimulator (DCS) is an electrical stimulation device for chronic pain control. The DCS unit is comprised of an electrode that is connected to a battery-powered electronic stimulus generator, which is surgically implanted in the back near the spinal cord. An electrical signal is transmitted to the spinal cord to decrease the sensation of pain, which is then replaced by a mild tingling sensation. The process involves a first step trial treatment whereby a temporary electrode is utilized and connected to a stimulus generator that is worn on the belt; the current may be switched on and off, or the intensity of the current changed. If good pain relief is achieved, then the entire system is implanted beneath the skin so that it is invisible.

**Guideline**

Members are eligible for coverage of lumbar/thoracic DCS implantation as an in-patient procedure for one of the following indications:

1. Failed back surgery syndrome (FBSS) with primarily radicular pain
2. Inoperable chronic critical limb ischemia
3. Reflex sympathetic dystrophy (RSD)/complex regional pain syndrome (CRPS)

The following conditions must be met:

1. Use of DCS is limited to late or last resort for chronic intractable pain
2. Other methods of pain management have either failed or are contraindicated (e.g., pharmacological, surgical, physical or psychological therapies)
3. Further surgical intervention is contraindicated, or the member does not wish to proceed with spinal surgery
4. Member has been evaluated by a multi-disciplinary team inclusive of psychological as well as physical evaluation
5. Absence of any untreated existing drug addiction problems
6. Pain is predominantly neuropathic
7. Pain reduction is achieved with trial of percutaneous spinal stimulation; both:
   - Trial must last \( \geq 2 \) days
   - Improved function and \( \geq 50\% \) reduction in pain must be demonstrated with temporarily implanted electrode prior to the permanent implantation
Limitations/Exclusions

1. Lumbar/thoracic spinal cord stimulators are considered experimental/investigational for all conditions not listed above; including visceral or pelvic pain syndromes.

2. Cervical spinal cord stimulators are considered experimental/investigational for all indications due to a lack of strong peer-reviewed evidence supporting use.

3. Dorsal root ganglion (DRG) stimulation is not considered medically necessary due to insufficient evidence of therapeutic value.

Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept. 13, 2019</td>
<td>Added language communicating allowance of dorsal column stimulators for members not wishing to proceed with spinal surgery.</td>
</tr>
<tr>
<td>Mar. 13, 2017</td>
<td>Communicated that dorsal root ganglion stimulation is not considered medically necessary.</td>
</tr>
<tr>
<td>Nov. 13, 2015</td>
<td>Removed nonmalignant pain, angina and refractory neuropathic pain coverage terms to clarify that medical necessity is limited to failed back surgery syndrome, inoperable chronic critical limb ischemia and reflex sympathetic dystrophy (RSD)/complex regional pain syndrome (CRPS).</td>
</tr>
</tbody>
</table>

Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>63650</td>
<td>Percutaneous implantation of neurostimulator electrode array, epidural</td>
</tr>
<tr>
<td>63655</td>
<td>Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural</td>
</tr>
<tr>
<td>63661</td>
<td>Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed</td>
</tr>
<tr>
<td>63662</td>
<td>Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed</td>
</tr>
<tr>
<td>63663</td>
<td>Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed</td>
</tr>
<tr>
<td>63664</td>
<td>Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed</td>
</tr>
<tr>
<td>63685</td>
<td>Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling</td>
</tr>
<tr>
<td>63688</td>
<td>Revision or removal of implanted spinal neurostimulator pulse generator or receiver</td>
</tr>
<tr>
<td>95970</td>
<td>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</td>
</tr>
<tr>
<td>95971</td>
<td>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</td>
</tr>
<tr>
<td>95972</td>
<td>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, first hour</td>
</tr>
<tr>
<td>0282T</td>
<td>Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; for trial, including removal at the conclusion of trial period</td>
</tr>
</tbody>
</table>
Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; permanent, with implantation of a pulse generator

Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed

Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed

Implantable neurostimulator electrode, each.

Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only

Implantable neurostimulator radiofrequency receiver

Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver

Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement

Implantable neurostimulator pulse generator, single array, rechargeable, includes extension

Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension

Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension

Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension

External recharging system for battery (internal) for use with implantable neurostimulator, replacement only

External recharging system for battery (external) for use with implantable neurostimulator, replacement only

**Applicable ICD-10 codes**

- **G54.6** Phantom limb syndrome with pain
- **G54.7** Phantom limb syndrome without pain
- **G56.40** Causalgia of unspecified upper limb
- **G56.41** Causalgia of right upper limb
- **G56.42** Causalgia of left upper limb
- **G56.80** Other specified mononeuropathies of unspecified upper limb
- **G56.81** Other specified mononeuropathies of right upper limb
- **G56.82** Other specified mononeuropathies of left upper limb
- **G57.70** Causalgia of unspecified lower limb
- **G57.71** Causalgia of right lower limb
- **G57.72** Causalgia of left lower limb
- **G57.80** Other specified mononeuropathies of unspecified lower limb
- **G57.81** Other specified mononeuropathies of right lower limb
- **G57.82** Other specified mononeuropathies of left lower limb
- **G58.8** Other specified mononeuropathies
- **G90.50** Complex regional pain syndrome I, unspecified
- **G90.511** Complex regional pain syndrome I of right upper limb
- **G90.512** Complex regional pain syndrome I of left upper limb
- **G90.513** Complex regional pain syndrome I of upper limb, bilateral
- **G90.519** Complex regional pain syndrome I of unspecified upper limb
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G90.521</td>
<td>Complex regional pain syndrome I of right lower limb</td>
</tr>
<tr>
<td>G90.522</td>
<td>Complex regional pain syndrome I of left lower limb</td>
</tr>
<tr>
<td>G90.523</td>
<td>Complex regional pain syndrome I of lower limb, bilateral</td>
</tr>
<tr>
<td>G90.529</td>
<td>Complex regional pain syndrome I of unspecified lower limb</td>
</tr>
<tr>
<td>G90.59</td>
<td>Complex regional pain syndrome I of other specified site</td>
</tr>
<tr>
<td>M54.15</td>
<td>Radiculopathy, thoracolumbar region</td>
</tr>
<tr>
<td>M54.16</td>
<td>Radiculopathy, lumbar region</td>
</tr>
<tr>
<td>M54.17</td>
<td>Radiculopathy, lumbosacral region</td>
</tr>
<tr>
<td>M54.18</td>
<td>Radiculopathy, sacral and sacrococcygeal region</td>
</tr>
<tr>
<td>M96.1</td>
<td>Postlaminectomy syndrome, not elsewhere classified</td>
</tr>
</tbody>
</table>

**References**


Surgical-matched clinical peer review.


Surgical-matched clinical peer review.