



CLINICAL MEDICAL POLICY	
Policy Name:	Peripheral Nerve Stimulation (L37360)
Policy Number:	MP-092-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	03/01/2023; 03/01/2022; 02/13/2021; 02/17/2020
Effective Date:	04/01/2023; 04/01/2022; 03/15/2021; 03/16/2020
Next Annual Review:	01/2024
Revision Date:	01/18/2023; 01/19/2022; 01/20/2020; N/A
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
04/01/2023	Provider Effective date
01/18/2023	QI/UM Committee review
01/18/2023	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
04/01/2022	Provider Effective date
01/19/2022	QI/UM Committee review
01/19/2022	Annual Review: No changes to clinical criteria. Changed policy title from "Peripheral Nerve Stimulation (L37360) (160.7)" to "Peripheral Nerve Stimulation (L37360)". NCD 160.7 is currently listed under its own policy, MP-065-MC-PA. Updated CMS links and Reference Sources sections. Added ICD-10 code G44.86.
03/15/2021	Provider Effective date
01/20/2021	QI/UM Committee review
01/20/2021	Annual Review: Policy reformatted, links added, and references updated.
03/16/2020	Provider effective date
01/15/2020	QI/UM Committee review
01/06/2020	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary implanted peripheral nerve stimulation and peripheral nerve field stimulation for chronic and severe neurogenic pain.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD) and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
3. Place of Service
Please refer to the NCD, LCD, LCA, or CMS guidelines for the place of service for peripheral nerve stimulation.
4. Related Policies
 - MP-065-MC-PA Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (160.7.1 & 160.7)
 - MP-066-MC-PA Spinal Cord Stimulation (Dorsal Column Stimulation) (L35450)

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD or the state-specific LCD/LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Links

- There are no specific NCDs related to this topic. There are two related NCDs:

- [NCD: Electrical Nerve Stimulators \(160.7\)](#)
- [NCD: Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy \(160.7.1\)](#)
- [LCD: Peripheral Nerve Stimulation \(L37360\)](#)

Article Link

- [LCA: Billing and Coding: Peripheral Nerve Stimulation \(A55531\)](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Electrical Nerve Stimulators (160.7). Effective date August 7, 1995. Accessed on December 30, 2022.

Centers for Medicare and Medicaid Services (CMS).National Coverage Determination (NCD) Assessing Patient's Suitability for Electrical Nerve Stimulation Therapy (106.7.1). Effective date June 19, 2006. Implementation date June 19, 2006. Accessed on December 30, 2022.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Peripheral Nerve Stimulation (L37360). Original Effective date August 27, 2018. Revision Effective date December 1, 2019. Accessed on December 30, 2022.

Centers for Medicare and Medicaid Services (CMS).Local Coverage Article Billing and Coding: Peripheral Nerve Stimulation (A55531). Original Effective date August 27, 2018. Revision Effective date December 31, 2022. Accessed on December 30, 2022.

Coding Requirements

Procedure Codes

CPT Code	Description
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
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 (e.g., vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	Removal of cranial nerve (e.g., 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
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling

64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
64999*	Unlisted procedure, nervous system

***Note:** No more than two services of 64555 (*percutaneous implantation of neurostimulator electrodes; peripheral nerve [excludes sacral nerve]*) are to be billed per 365 days. Trials will be limited to four leads with a maximum of 16 contacts.

****Note:** Use CPT code 64999 for both the trial and permanent insertion of electrode array when billing for the procedure associated with either the Peripheral Subcutaneous Field stimulation or Peripheral Nerve Stimulation. 64999 for these purposes is not covered due to insufficient peer reviewed data to warrant the necessity of coverage.

Diagnosis Codes

These codes do not apply to CPT code 64585 for the purposes of this policy.

ICD-10 Code	Description
B02.0	Zoster encephalitis
B02.22	Postherpetic trigeminal neuralgia
B02.23	Postherpetic polyneuropathy
B02.29	Other postherpetic nervous system involvement
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic monotherapy
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
G43.011	Migraine without aura, intractable, with status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.111	Migraine with aura, intractable, with status migrainosus
G43.A1	Cyclic vomiting, in migraine, intractable
G43.B1	Ophthalmoplegic migraine, intractable
G43.C1	Periodic headache syndromes in child or adult, intractable
G43.D1	Abdominal migraine, intractable
G43.811	Other migraine, intractable, with status migrainosus
G43.819	Other migraine, intractable, without status migrainosus
G44.021	Chronic cluster headache, intractable
G44.029	Chronic cluster headache, intractable
G44.321	Chronic post-traumatic, intractable
G44.329	Chronic post-traumatic headache, not intractable
G44.59	Other complicated headache syndrome
G44.86	Cervicogenic headache
G50.0	Trigeminal neuralgia
G54.1	Lumbosacral plexus disorders
G54.2	Cervical root disorders, not classified elsewhere
G54.3	Thoracic root disorders, not elsewhere classified
G54.4	Lumbosacral root disorder, not elsewhere classified
G54.8	Other nerve root plexus disorders

G54.9	Nerve root and plexus disorder, unspecified
G55	Nerve root and plexus compressions in diseases classified elsewhere
G56.41	Causalgia of right upper limb
G56.42	Causalgia of left upper limb
G56.43	Causalgia of bilateral upper limbs
G57.71	Causalgia of right lower limb
G57.72	Causalgia of left lower limb
G57.73	Causalgia of bilateral lower limbs
G58.8	Other specified mononeuropathies
G58.9	Mononeuropathy, unspecified
G59	Mononeuropathy in disease classified elsewhere
G89.22	Chronic post-thoracotomy pain
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
G90.521	Complex regional pain syndrome I of right lower limb
G90.522	Complex regional pain syndrome I of left lower limb
G90.523	Complex regional pain syndrome I of lower limb, bilateral
G90.59	Complex regional pain syndrome I of other specified site
M54.81	Occipital neuralgia

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.