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Spinal Cord Stimulation (SCS) Medical Necessity Documentation Recommendations Confirming Late or Last Resort for SCS Trials and Implants – Humana Medicare Advantage Plans

NOTE: Additional coverage criteria may be required based on the medical policy used by the insurance company, Medicare Replacement plans will follow NCD or LCD guidelines however when coverage criteria is not fully established using the NCD or LDC Humana may review based on their internal coverage criteria. Some authorizations may require review by Cohere. Additional form may be required by Boston.

INDICATION	INDICATION ELIGIBILITY	REQUIRED CLINICAL / CONSERVATIVE TREATMENT	IMPLANT REQUIREMENTS
FailedBack Surgery Syndrome (FBSS) with primarily radicular pain	• When accompanied with primary radicular pain, and • Pain has been present for at least 6 months • Other treatment modalities have been tried and failed to provide satisfactory pain control • Implantation of the stimulator is used only as a late (if not last) resort for individuals with chronic intractable pain related to the condition	• Absence of contraindications (active systemic infection) • Interventional spinal procedure (e.g., epidural steroid injections, facet blocks, medical branch blocks, facet joint denervation) if medically appropriate and not contraindicated, was tried and failed • Pharmacological management if medically appropriate and not contraindicated • Physical therapy (PT) • Surgery has been tried and failed AND the individual with failed back surgery syndrome is not a candidate for further surgical interventions • Pain-focused psychological evaluations by a licensed mental health professional has been obtained and indicated that the individual is a favorable candidate for permanent SCS: ○ Submitted documentation must indicate no untreated comorbid psychological issues/ conditions, that the individual has the cognitive abilities to operate the device, and that the individual is a good candidate for SCS; AND • Procedure is performed by a physician; AND • The individual has undergone screening, physical evaluation, and diagnosis by a multidisciplinary team prior to implantation	• Trial duration ≥ 3 days • Documented pain reduction ≥ 50%*, or • Documented reduction of analgesic medication ≥ 50%*, AND improved function • Demonstrated understanding of use of stimulator
Complex regional pain syndrome (CRPS) types I and II/RSD	• With primarily radicular pain, and • Pain has been present for at least 6 months • Other treatment modalities have been tried and failed to provide satisfactory pain control • Implantation of the stimulator is used only as a late (if not last) resort for individuals with chronic intractable pain related to the condition	• Absence of contraindications (active systemic infection) • Interventional spinal procedure (e.g., regional sympathetic nerve blocks, stellate ganglion blocks) if medically appropriate and not contraindicated, was tried and failed • Pharmacological management if medically appropriate and not contraindicated • Physical therapy (PT), including trated with and failed aggressive PT with desensitization • Pain-focused psychological evaluations by a licensed mental health professional has been obtained and indicated that the individual is a favorable candidate for permanent SCS: ○ Submitted documentation must indicate no untreated comorbid psychological issues/ conditions, that the individual has the cognitive abilities to operate the device, and that the individual is a good candidate for SCS; AND • Procedure is performed by a physician; AND • The individual has undergone screening, physical evaluation, and diagnosis by a multidisciplinary team prior to implantation	• Trial duration ≥ 3 days • Documented pain reduction ≥ 50%*, or • Documented reduction of analgesic medication ≥ 50%*, AND improved function • Demonstrated understanding of use of stimulator

Diabetic Neuropathy	• Glycemic control prior to spinal cord stimulation trial, and • Pain has been present for at least 6 months • Other treatment modalities have been tried and failed to provide satisfactory pain control • Implantation of the stimulator is used only as a late (if not last) resort for individuals with chronic intractable pain related to the condition	• Absence of contraindications (active systemic infection) • Pharmacological management if medically appropriate and not contraindicated; AND • Pain-focused psychological evaluation by a licensed mental health professional has been obtained and indicates that the individual is a favorable candidate for permanent SCS: o Submitted documentation must indicate no untreated comorbid psychological issues/conditions, that the individual has the cognitive abilities to operate the device, and that the individual is a good candidate for SCS; AND • Procedure is performed by a physician; AND • The individual has undergone screening, physical evaluation, and diagnosis by a multidisciplinary team prior to implantation	• Trial duration ≥ 3 days • Documented pain reduction ≥ 50%*, or • Documented reduction of analgesic medication ≥ 50%*, AND improved function • Demonstrated understanding of use of stimulator
Inoperable chronic ischemic limb pain*	• Other treatment modalities have been tried and failed to provide satisfactory pain control • Pain has been present for at least 6 months • Implantation of the stimulator is used only as a late (if not last) resort for individuals with chronic intractable pain related to the condition	• Absence of contraindications (active systemic infection) • Pharmacological management if medically appropriate and not contraindicated; AND • Pain-focused psychological evaluation by a licensed mental health professional has been obtained and indicates that the individual is a favorable candidate for permanent SCS: o Submitted documentation must indicate no untreated comorbid psychological issues/conditions, that the individual has the cognitive abilities to operate the device, and that the individual is a good candidate for SCS; AND • Procedure is performed by a physician; AND • The individual has undergone screening, physical evaluation, and diagnosis by a multidisciplinary team prior to implantation	• Trial duration ≥ 3 days • Documented pain reduction ≥ 50%*, or • Documented reduction of analgesic medication ≥ 50%*, AND improved function • Demonstrated understanding of use of stimulator
Low back pain, in the absence of failed back surgery syndrome	• When accompanied by predominantly radicular pain in the extremities, and • Individual is not a surgical candidate **or** does not wish to have the surgical procedure, and • Other treatment modalities have been tried and failed to provide satisfactory pain control • Implantation of the stimulator is used only as a late (if not last) resort for individuals with chronic intractable pain related to the condition • Pain has been present for at least 6 months	• Absence of contraindications (active systemic infection) • Interventional spinal procedure (e.g., epidural steroid injections, facet blocks, medial branch blocks, facet joint denervation) if medically appropriate and not contraindicated, was tried and failed • Pharmacological management if medically appropriate and not contraindicated • Physical therapy (PT) • Pain-focused psychological evaluations by a licensed mental health professional has been obtained and indicated that the individual is a favorable candidate for permanent SCS: • Submitted documentation must indicate no untreated comorbid psychological issues/conditions, that the individual has the cognitive abilities to operate the device, and that the individual is a good candidate for SCS; AND • Procedure is performed by a physician; AND • The individual has undergone screening, physical evaluation, and diagnosis by a multidisciplinary team prior to implantation	• Trial duration ≥ 3 days • Documented pain reduction ≥ 50%*, or • Documented reduction of analgesic medication ≥ 50%*, AND improved function • Demonstrated understanding of use of stimulator

***BSC SCS device is only indicated for leg pain and not approved for arm pain.**

View Boston Scientific Spinal Cord Stimulator System Indications, Safety, and Warnings at bostonscientific.com/scs-indications