



# Spinal Cord Stimulation Payer Medical Policy Guide

Updated Sept 1st, 2025<sup>3</sup>







# 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 payers.

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

# Medicare National Coverage Determinations<sup>1</sup>

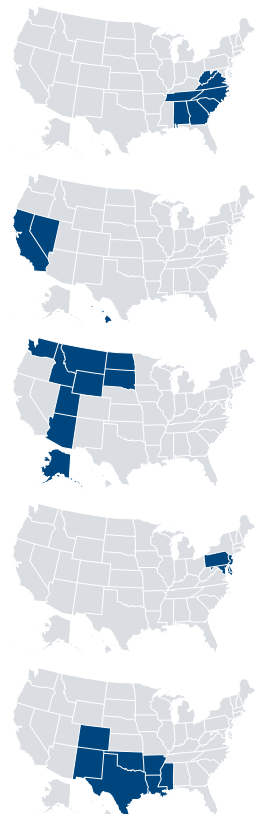
In the case of spinal cord stimulation, Medicare has a longstanding National Coverage Determination (NCD) for electrical nerve stimulators (160.7) that includes specific criteria for coverage, which are as follows:

- 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 Determinations<sup>2</sup>

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	<a href="http://www.palmettogba.com/medicare">http://www.palmettogba.com/medicare</a>
Noridian JE (CA, NV, HI)	LCD #L35136 LCA #A57791	<a href="https://med.noridianmedicare.com/web/jeb/policies">https://med.noridianmedicare.com/web/jeb/policies</a>
Noridian JF (AK, ID, OR, WA, AZ, MT, ND, SD, UT, WY)	LCD #L36204 LCA #A57792	<a href="https://med.noridianmedicare.com/web/jfb/policies">https://med.noridianmedicare.com/web/jfb/policies</a>
Novitas JL (DE, DC, MD, NJ, PA)	LCD#L35450 LCA#A57023	<a href="https://www.novitas-solutions.com/webcenter/portal/MedicareJL">https://www.novitas-solutions.com/webcenter/portal/MedicareJL</a>
Novitas JH (AR, CO, LA, MS, NM, OK, TX)	LCD#L35450 LCA#A57023	<a href="https://www.novitas-solutions.com/webcenter/portal/MedicareJH">https://www.novitas-solutions.com/webcenter/portal/MedicareJH</a>



# Commercial Payer Coverage

P = Positive Coverage S = Silent Coverage N = No Coverage

HEALTH PLAN NAME	FBSS	CRPS	DPN	RADICULOPATHIES	ARACHNOIDITIS	LINK
Aetna	P	P	P	S	P	<a href="#">Spinal Cord Stimulation - Medical Clinical Policy Bulletins   Aetna</a>
AmeriHealth	P	P	N	P	P	<a href="#">AmeriHealth Medical Policies</a>
Anthem	P	P	P	N	P	<a href="https://guidelines.carelonmedicalbenefitsmanagement.com/interventional-pain-management-2025-07-26/?highlight=MSK01-0624&amp;hilit=MSK01-0624">https://guidelines.carelonmedicalbenefitsmanagement.com/interventional-pain-management-2025-07-26/?highlight=MSK01-0624&amp;hilit=MSK01-0624</a>
BC Idaho	P	P	P	P	P	<a href="#">BC Idaho SCS Medical Policy</a>
BC Premiera	P	P	P	N	P	<a href="#">BC Premiera SCS Medical Policy</a>
BCBS Alabama	P	P	P	N	P	<a href="#">Policies &amp; Guidelines (exploremyplan.com)</a>
BCBS Anthem/Elevance	P	P	P	N	P	<a href="#">Interventional Pain Management 2024-06-30   Carelon Clinical Guidelines and Pathways (carelonmedicalbenefitsmanagement.com)</a>
BSBS Arkansas	P	P	P	N	N	<a href="#">Coverage Policy Manual - Arkansas Blue Cross and Blue Shield</a>
BCBS Capital	P	P	P	P	P	<a href="#">medical-policy-1-069.pdf (capbluecross.com)</a>
BCBS CareFirst	P	P	N	P	P	<a href="#">Medical Policy Reference Manual   CareFirst BlueCross BlueShield</a>
BCBS Excellus	P	P	N	N	N	<a href="#">EXC-PRV Spinal Cord Stimulation_Dorsal Column Stimulation.pdf</a>
BCBS Florida	P	P	P	P	P	<a href="#">mcg.pdf</a>
BCBS Hawaii	P	P	P	P	P	<a href="#">Medical Policies - CURRENT (hmsa.com)</a>
BCBS Highmark	P	P	N	N	N	<a href="#">Z-50-012 (highmark.com)</a>
BCBS Highmark NE-New York	P	P	N	N	N	<a href="#">Z-50-012 (highmark.com)</a>
BCBS Highmark W-New York	P	P	N	N	N	<a href="#">Z-50-012 (highmark.com)</a>
BCBS Kansas	P	P	N	S	P	<a href="#">spinal-cord-and-dorsal-root-ganglion-stimulation.pdf (bcbsks.com)</a>
BCBS Kansas City	P	P	N	N	N	<a href="#">Medical Policy   Home (bluekc.com)</a>
BCBS Louisiana	P	P	P	N	P	<a href="#">SpinalCordStimulation.pdf (bcbsla.com)</a>
BCBS Michigan	P	P	P	N	N	N/A
BCBS Minnesota	P	P	P	P	P	<a href="#">CMM-211-Spinal-Cord-and-DRG-Stimulation_V102023_eff07012023_pub042623.pdf (evicore.com)</a>

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HEALTH PLAN NAME	FBSS	CRPS	DPN	RADICULOPATHIES	ARACHNOIDITIS	LINK
BCBS Mississippi	P	P	P	P	P	<a href="#">Blue Cross &amp; Blue Shield of Mississippi</a>
BCBS Nebraska	P	P	P	N	N	<a href="#">Medical Policy   BCBSNE (nebraskablue.com)</a>
BCBS North Carolina	P	P	N	P	P	<a href="#">spinal_cord_and_dorsal_root_ganglion_stimulation.pdf (bluecrossnc.com)</a>
BCBS North Dakota	P	P	N	P	P	<a href="#">Spinal Cord and Dorsal Root Ganglion Stimulation   BCBSND</a>
BCBS of Arizona	P	P	N	N	N	<a href="#">CMM-211-Spinal-Cord-and-DRG-Stimulation_V102023_eff07012023_pub042623.pdf (evicore.com)</a>
BCBS of Massachusetts	P	P	N	P	P	<a href="#">BCBS of Massachusetts</a>
BCBS of Tennessee	P	P	N	P	P	<a href="#">Spinal Cord Stimulation for the Treatment of Pain (bcbst.com)</a>
BCBS Regence	P	P	P	P	P	<a href="#">Spinal Cord and Dorsal Root Ganglion Stimulation.pdf (getbynder.com)</a>
BCBS South Carolina	P	P	N	P	P	<a href="#">Spinal Cord and Dorsal Root Ganglion Stimulation (myhealthtoolkit.com)</a>
BCBS Wellmark	P	P	P	P	P	<a href="#">Spinal-Cord-Stimulation.pdf (wellmark.com)</a>
BCBS Wyoming	P	P	P	P	P	<a href="#">7.01.025 (highmark.com)</a>
Blue Shield of California	P	P	P	P	P	<a href="#">PRV_Spinal_Cord_Dorsal_Ganglion_Stimulation.pdf (blueshieldca.com)</a>
Carefirst	P	P	N	P	P	<a href="#">Medical Policy Reference Manual   CareFirst BlueCross BlueShield</a>
Centene Health	P	P	N	N	N	<a href="#">Health Net Medical Policies   Health Net</a>
CIGNA	P	P	N	N	N	<a href="#">Cigna_CMM-211 Spinal Cord &amp; Dorsal Root Stim_Final_V1.0.2024_update_pub05.02.2024.pdf (evicore.com)</a>
Emblem Health	P	P	N	N	N	<a href="#">MG_Dorsal_Column_Stimulator_aC.pdf (emblemhealth.com)</a>
Health Care Services Corp (BCBS TX, IL, MT, OK, NM)	P	P	P	P	P	<a href="#">medicalpolicy.hcsc.com/activePolicyPage?path=surgery/SUR712.009_2024-02-01&amp;corpEntCode=HCSC&amp;corpEntCd=HCSC</a>
HealthPartners	P	P	P	N	N	<a href="#">aentry_046152.pdf (healthpartners.com)</a>
Horizon BCBS of New Jersey	P	P	P	N	N	<a href="#">Spinal Cord Neurostimulator   Surgery   Surgery_177   Current - Medical-Policies - Horizon Blue Cross Blue Shield of New Jersey</a>
Humana Medicare Advantage	P	P	P	S	S	<a href="#">https://mcp.humana.com/tad/tad_new/Search.px?criteria=spinal+cord+stimulators&amp;searchtype=freetext&amp;policyType=both</a>

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HEALTH PLAN NAME	FBSS	CRPS	DPN	RADICULOPATHIES	ARACHNOIDITIS	LINK
Humana Commercial	P	P	N	N	N	<a href="#">Medical and Pharmacy Coverage Policies - Search Results (humana.com)</a>
Kaiser Permanente	P	P	S	S	S	<a href="#">spinal_cord_stimulator_for_pain.pdf (kaiserpermanente.org)</a>
Medica	P	P	S	S	Y	<a href="#">III-DEV-23-UM-Policy.pdf (medica.com)</a>
Medical Mutual	P	P	N	S	N	<a href="#">200602_Temporary-Trial-Spinal-Cord-Stimulation-for-Chronic-Pain.pdf (medmutual.com)</a>
Providence	P	P	P	N	N	<a href="#">MP28.pdf (providencehealthplan.com)</a>
United	P	P	P	S	S	<a href="#">implanted-electrical-stimulator-spinal-cord.pdf (uhcprovider.com)</a>
Univera (Lifetime Healthcare Companies)	P	P	N	N	N	<a href="#">07.01.51 spin_cord_stim_tac_23.pdf (univerahealthcare.com)</a>

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

THIRD PARTY BENEFIT ADMINISTRATORS	FBSS	CRPS	DPN	RADICULOPATHIES	ARACHNOIDITIS	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)	P	P	P	N	P	<a href="https://guidelines.carelonmedicalbenefitsmanagement.com/interventional-pain-management-2025-07-26/?highlight=MSK01-0624&amp;hilit=MSK01-0624">https://guidelines.carelonmedicalbenefitsmanagement.com/interventional-pain-management-2025-07-26/?highlight=MSK01-0624&amp;hilit=MSK01-0624</a>
Turning Point (BCBS of TN, BCBS of Michigan, Capital PA, Fidelis, Horizon NJ, Wellcare, Arizona Complete Health, Arkansas Total Care, Horizon BCBS of NJ)	S	P	P	P	S	<a href="https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:e317a206-f91b-4739-aa76-eddedec4aeca">https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:e317a206-f91b-4739-aa76-eddedec4aeca</a>
EviCore (Cigna, BCBS of IL, Oscar Health Plan, Priority Partners, Highmark BCBS of PA, Healthgram, Planned Administrators Inc., NALC Health Benefit)	P	P	N	N	N	<a href="https://www.evicore.com/sites/default/files/clinical-guidelines/2025-02/EviCore_CMM-211%20Spin%20Cord%20%26%20DRG%20Stim_Final_V1.0.2025_Pub02.25.2025.pdf">https://www.evicore.com/sites/default/files/clinical-guidelines/2025-02/EviCore_CMM-211%20Spin%20Cord%20%26%20DRG%20Stim_Final_V1.0.2025_Pub02.25.2025.pdf</a>
Milliman Care Guidelines (MCG) (Anthem HIP, Caresource, Preferred Administrators)	N/A	N/A	N/A	N/A	N/A	Not Available
InterQual Guidelines (United Healthcare Commercial, UMR, Surest Health Plan, GEHA, APWU, Sunshine Health, Centene)	N/A	N/A	N/A	N/A	N/A	Not Available

THIRD PARTY BENEFIT ADMINISTRATORS	FBSS	CRPS	DPN	RADICULOPATHIES	ARACHNOIDITIS	GUIDELINE
Evolut (Peach State Health)	N/A	N/A	N/A	N/A	N/A	Not Available
Cohere (Humana, Medical Mutual of Ohio)	P	P	P	S	S	<a href="https://payerinfo.zendesk.com/hc/article_attachments/26342058960919">https://payerinfo.zendesk.com/hc/article_attachments/26342058960919</a>
Aetna (Aetna Better Health, Meritain Health)	P	P	P	S	P	<a href="#">Spinal Cord Stimulation - Medical Clinical Policy Bulletins   Aetna</a>
Officially Disability Guidelines by MCG (Trustmark)						Not Available

## Medical Necessity Documentation Recommendations

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

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

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

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>

3. The information included in this guide is up to date as of 7/24/2025. It is up to the provider to verify information.

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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.



View Boston Scientific Spinal Cord Stimulator System Indications, Safety, and Warnings at [bostonscientific.com/scs-indications](https://www.bostonscientific.com/scs-indications)

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