Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate or policy and to applicable state and/or federal laws.

Spinal Cord or Dorsal Column Stimulation and Dorsal Root Ganglion (DRG) Stimulation

MP9430

Covered Service: Yes

Prior Authorization Required:

Yes—Spinal Cord or Dorsal Column Stimulation and Dorsal Root Ganglion (DRG) Stimulation permanent placement. Prior authorization is not required for trial placement

Additional Information: None

WellFirst Health Medical Policy:

Spinal Cord Stimulation

1.0 Spinal cord stimulation (SCS) or dorsal column stimulation (DCS) requires prior authorization through the Health Services Division and is considered medically necessary when conservative therapy such as pharmacotherapy, physical therapy, psychotherapy or cognitive behavioral therapy has failed for one of the following indications:

1.1 Failed back surgery syndrome with low back pain and significant radicular pain unresponsive to conservative care (e.g. analgesics, physical therapy, home exercise, and a strength/conditioning program);

1.2 Complex regional pain syndrome (previously referred to as reflex sympathetic dystrophy) when stellate ganglion or lumbar sympathetic block has failed;

1.3 Lower extremity pain at rest due to critical limb ischemia when surgical or endovascular revascularization has failed, or there is inoperable vascular disease.

2.0 Patient needs to have undergone ALL of the following evaluations and assessments:

2.1 Favorable psychological evaluation, absence of untreated psychiatric comorbidity, or current treatment in multidisciplinary pain management program; AND

2.2 Improvement in pain to test stimulation of spinal cord; AND

2.3 Patient capable of operating stimulating device.

3.0 Spinal cord stimulation or dorsal column stimulation will be excluded from consideration in the presence of one or more of the following:
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3.1 Cardiac pacemaker or implantable defibrillator;
3.2 Presence coagulopathy, severe thrombocytopenia, or anticoagulant or antiplatelet therapy;
3.3 Current or chronic infection;
3.4 Concurrent limb ischemia unrecognized or undiagnosed with risk factors for the same (e.g. diabetes, ASHD and tobacco dependence).

4.0 All other indications not listed above are considered experimental and investigational and therefore are not medically necessary

Dorsal Root Ganglion Stimulation

5.0 Dorsal root ganglion (DRG) stimulation requires prior authorization through the Health Services Division and is considered medically necessary when ALL of the following criteria are met:

5.1 Moderate to severe chronic intractable pain of the lower limbs in adult patients with Chronic Regional Pain Syndrome (CRPS) type 1 and II or causalgia; AND
5.2 Pain refractory to conservative treatments (e.g. physical therapy, neuromodulating drugs); AND
5.3 Member failed to achieve adequate pain relief from at least two prior pharmacologic treatments from at least two different drug classes; AND
5.4 Pain location is truncal, pelvic, or toe

6.0 The member must have completed ALL of the following evaluations and assessments:

6.1 Favorable psychological evaluation, absence of untreated psychiatric comorbidity, or current treatment in multidisciplinary pain management program; AND
6.2 Patient capable of operating stimulating device.

7.0 Dorsal root ganglion stimulation will be excluded from consideration in the presence of the following:

7.1 Cardiac pacemaker or implantable defibrillator;

8.0 All other indications not listed above are considered experimental and investigational, and therefore are not medically necessary.
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