Medical Policy
Peripheral Subcutaneous Field Stimulation

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Policy Number: 513
BCBSA Reference Number: 7.01.139
NCD/LCD: NA

Related Policies
- Occipital Nerve Stimulation, #237
- Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy, #172
- Spinal Cord Stimulation, #472
- Transcutaneous Electrical Nerve Stimulation, #003

Policy
Commercial Members: Managed Care (HMO and POSvc), PPO, and Indemnity Medicare HMO Blue℠ and Medicare PPO Blue℠ Members

Peripheral subcutaneous field stimulation is INVESTIGATIONAL.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

Outpatient
- For services described in this policy, see below for products where prior authorization might be required if the procedure is performed outpatient.

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<thead>
<tr>
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<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
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<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
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<td>Medicare HMO Blue℠</td>
<td>This is not a covered service.</td>
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<td>Medicare PPO Blue℠</td>
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There is no specific CPT code for this service.

**Description**

**Chronic Pain**

Chronic, noncancer pain is responsible for a high burden of illness. Common types of chronic pain are lumbar and cervical back pain, chronic headaches, and abdominal pain. All of these conditions can be challenging to treat.

**Treatment**

Pharmacologic agents are typically the first-line treatment for chronic pain, and several classes of medications are available. They include analgesics (opioid and nonopioid), antidepressants, anticonvulsants, and muscle relaxants. A variety of nonpharmacologic treatments also exist, including physical therapy, exercise, cognitive-behavioral interventions, acupuncture, chiropractic, and therapeutic massage.

Neuromodulation, a form of nonpharmacologic therapy, is usually targeted toward patients with chronic pain refractory to other modalities. Some forms of neuromodulation, such as transcutaneous electrical nerve stimulation and spinal cord stimulation, are established methods of chronic pain treatment. Peripheral nerve stimulation, which involves placement of an electrical stimulator on a peripheral nerve, is also used for neuropathic pain originating from peripheral nerves.

**Peripheral Subcutaneous Field Stimulation**

Peripheral subcutaneous field stimulation is a modification of peripheral nerve stimulation. In peripheral subcutaneous field stimulation, leads are placed subcutaneously within the area of maximal pain. The objective of peripheral subcutaneous field stimulation is to stimulate the region of affected nerves, cutaneous afferents, or the dermatomal distribution of the nerves, which then converge back on the spinal cord. Combination spinal cord stimulation plus peripheral subcutaneous field stimulation is also being evaluated.

Similar to spinal cord stimulation or peripheral nerve stimulation, permanent implantation is preceded by a trial of percutaneous stimulation with at least 50% pain reduction. Currently, there is no consensus on the indications for peripheral subcutaneous field stimulation. Criteria for a trial of peripheral subcutaneous field stimulation may include a clearly defined, discrete focal area of pain with a neuropathic or combined somatic/neuropathic pain component with characteristics of burning and increased sensitivity, and failure to respond to other conservative treatments including medications, psychological therapies, physical therapies, surgery, and pain management programs.

The mechanism of action in peripheral subcutaneous field stimulation is unknown. Theories include an increase in endogenous endorphins and other opiate-like substances; modulation of smaller A delta and C nerve fibers by stimulated large-diameter A beta fibers; local stimulation of nerve endings in the skin; local anti-inflammatory and membrane-depolarizing effect; or a central action via antegrade activation of A beta nerve fibers. Complications of peripheral subcutaneous field stimulation include lead migration or breakage and infection of the lead or neurostimulator.

**Summary**

Peripheral subcutaneous field stimulation is a form of neuromodulation intended to treat chronic neuropathic pain. Applications of peripheral subcutaneous field stimulation being evaluated are craniofacial stimulation for headache and migraine, craniofacial pain, or occipital neuralgia. Peripheral subcutaneous field stimulation is also being investigated for low back pain, neck and shoulder pain, inguinal and pelvic pain, thoracic pain, abdominal pain, fibromyalgia, and postherpetic neuralgia.
For individuals who have chronic neuropathic pain who receive peripheral subcutaneous field stimulation, the evidence includes a randomized controlled trial (RCT), a nonrandomized comparative study, and case series. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. The single RCT, which used a crossover design, did not compare peripheral subcutaneous field stimulation with alternatives. Rather, it compared different methods of peripheral subcutaneous field stimulation. Among trial participants, 24 (80%) of 30 patients had at least a 50% reduction in pain with any type of peripheral subcutaneous field stimulation. However, because the RCT did not include a sham group or comparator with a different active intervention, this trial offers little evidence for efficacy beyond that of a prospective, uncontrolled study. Case series are insufficient to evaluate patient outcomes due to the variable nature of pain and the subjective nature of pain outcome measures. Prospective controlled trials comparing peripheral subcutaneous field stimulation with placebo or alternative treatment modalities are needed to determine the efficacy of peripheral subcutaneous field stimulation for chronic pain. The evidence is insufficient to determine the effects of the technology on health outcomes.

**Policy History**

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<th>Date</th>
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<tr>
<td>5/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>1/2017</td>
<td>Clarified coding information for the 2017 code changes.</td>
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<tr>
<td>5/2015</td>
<td>Added new references from BCBSA National medical policy. Clarified coding language</td>
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**Information Pertaining to All Blue Cross Blue Shield Medical Policies**

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

**References**