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EVH_MP.2522.MPC Deep Brain and Dorsal Column (Spinal Cord) Neurostimulators Policy

Maryland Physicians Care considers **Deep Brain and Dorsal Column (Spinal Cord) Neurostimulators** medically necessary as described below.

General Requirements

- The device is a Food and Drug Administration (FDA) approved device or the device is being used in accordance with FDA approved protocols governing Category B Investigational Device Exemption (IDE) clinical trials.
- The member has undergone careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. Screening must include physical evaluation, along with psychological evaluation for Parkinson's disease to rule out behavioral health diagnosis.
- Member's willingness and ability to cooperate during conscious operative procedure, as well as during post-surgical evaluations, adjustments of medications, and stimulator settings.
- All the facilities, equipment, and professional and support personnel required for the proper diagnosis, treatment training, and follow-up of the member are available.

Indications by Region

Thalamic Ventralic Intermedius Nucleus (Unilateral or Bilateral)

- Essential Tremor when **ALL** of the following criteria are met [(1)]:
  - Severe tremor that impacts activities of daily living
  - First-line medical treatments have failed to successfully control the tremor
  - Other treatable etiologies (eg., hyperthyroidism, hyperglycemia, medication-induced tremor) have been eliminated.
- Parkinson Tremor when **ALL** of the following criteria are met [(1)]:
  - Severe tremor lasting at least 3 years impacts activities of daily living
  - First-line medical treatments have failed to successfully control the tremor
  - Rigidity and bradykinesia are not severe or well-controlled by medication (for severe/poorly controlled rigidity and bradykinesia, see Parkinson Disease indications under Subthalamic Nucleus and Global Pallidus Interna)

Anterior Thalamic Nucleus

- Epilepsy when **ALL** of the following criteria are met [2]:
  - Seizures are uncontrolled by medication, or member cannot tolerate medication
  - Resective surgery has failed or is not possible due to location of seizure onset zone [3]
  - Members with multifocal seizures, or seizure onset zone cannot be localized

Subthalamic Nucleus (STN) or Globus Pallidus Interna (GPi) (Unilateral or Bilateral)

- Parkinson Disease when **ALL** of the following criteria are met [1,4]:
  - Member has been diagnosed for at least 4 years and motor difficulties (tremor, bradykinesia or rigidity) for at least 3 years **OR** more recently diagnosed members with severe motor difficulties impacting activities of daily living
  - Medical treatment has failed to control the motor difficulties or there is a need to reduce dopaminergic medication dosage
    NOTE: Deep Brain Stimulation (DBS) of the STN is preferred to DBS of the GPi for reducing the need for dopaminergic medications
  - Members with favorable response to levodopa experiencing dyskinesia as a side-effect
  - Members experiencing mild to moderate quality of life disturbances, including any **ONE** of the following:
    - Mild depression
    - Sleep disturbance
    - Difficulties swallowing
    - Urinary incontinence
    - Speech difficulties
    - Cognitive impairment

    NOTE: DBS has been found to improve these symptoms when they are relatively mild, but as cognitive and mood symptoms become more severe, DBS has been shown to exacerbate these problems. While there is no clear evidence that either the STN or GPi is a more successful target for QoL disturbances, GPi is associated with a lower risk of depression. [1,4]
- Dystonia* when **ALL** of the following criteria are met [5,6]:
  - Diagnosis is generalized or cervical dystonia
  - Medical treatment, including botulinum neurotoxin, has failed to control symptoms
  - Symptoms are severe and interfere with activities of daily living

*If the member has an intrathecal baclofen pump, they must be switched to oral baclofen to remove the pump.

Dorsal Column of the Spinal Cord

- Pain when **ALL** of the following criteria are met:
  - A temporary stimulator trial has preceded permanent implantation and demonstrates significant pain reduction (≥ 50%)
    - Indications for a trial are the same as permanent implantation
    - The trial may be extended for up to 4 weeks
  - Duration of pain of ≥ 6 months [7]
  - Pain causing functional disability or average pain level of ≥ 6 on a scale of 0 to 10, caused by at least **ONE** of the following [7-9]
    - Failed spine surgery syndrome (FSSS) or post-laminectomy syndrome
    - Complex regional pain syndrome (CRPS), type I or type II, meeting Budapest criteria
    - Chronic neuropathic pain of certain origins that falls into **ONE** of the following diagnoses:
      - Lumbosacral arachnoiditis
      - Post herpetic neuralgia
      - Radiculopathy
      - Chronic ischemic leg pain
      - Phantom limb syndrome (stump pain)
      - Peripheral neuropathy
      - Chronic back pain (neuropathic pain) and not a surgical candidate
      - Chronic, refractory angina pectoris, characterized by **ALL** the following:
        - Continued angina after percutaneous coronary intervention (PCI) or coronary artery bypass graft (CABG)
        - Not a candidate for further revascularization
        - Angina is NYHA (New York Heart Association) III (less than ordinary physical activity causes symptoms) or IV (symptoms present at rest)
        - Optimal pharmacotherapy for ≥ 1 month with failure to tolerate or respond adequately to medications in indicated dosage
  - Failure to respond to medical treatment, sympathetic nerve blocks, or epidural steroid injections, or a medically documented reason that non-surgical treatment cannot be performed [7,10]

Limitations

- Deep Brain Neurostimulators
  - Non-idiopathic Parkinson's disease or "Parkinson's Plus" syndromes

  - DBS should be performed with extreme caution in members with cardiac pacemakers or other electronically controlled implants, which may adversely affect or be affected by the DBS system
- Dorsal Column Neurostimulators
  - Electronic analysis services are limited to one every 30 days

Contraindications

- Deep Brain Neurostimulators
  - Severe cognitive impairment, dementia, or depression, which would be worsened by or would interfere with the member's ability to benefit from DBS
  - Current psychosis, alcohol abuse, or other drug abuse
  - Structural lesions such as basal ganglionic stroke, tumor, or vascular malformation as etiology of the movement disorder
  - Previous movement disorder surgery within the affected basal ganglion
  - Significant medical, surgical, neurologic or orthopedic comorbidities contraindicating DBS surgery or stimulation
  - Acute, untreated infection

Codes

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular,

	periaqueductal gray), without use of intraoperative microelectrode recording; each additional array
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array
61880	Revision or removal of intracranial neurostimulator electrodes
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
61888	Revision or removal of cranial neurostimulator pulse generator or receiver
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed
Dorsal Column/Spinal Stimulators	
63650	Percutaneous implantation of neurostimulator electrode, epidural
63655	Laminectomy for implantable neurostimulator electrodes, plate/paddle, epidural

63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
Other	
C1607	Neurostimulator, integrated (implantable), rechargeable with all implantable and external components including charging system
C1767	Generator, neurostimulator (implantable), nonrechargeable
C1778	Lead, neurostimulator (implantable)
C1816	Receiver and/or transmitter, neurostimulator (implantable)
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system
C1827	Generator, neurostimulator (implantable), nonrechargeable, with implantable stimulation lead and external paired stimulation controller
C1897	Lead, neurostimulator test kit (implantable)
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month
L8679	Implantable neurostimulator, pulse generator, any type
L8680	Implantable neurostimulator electrode, each
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
L8682	Implantable neurostimulator radiofrequency receiver
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension

L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only
Electronic Analysis (Allow only 1 every 30 days)	
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
ICD-10 Codes for the following Deep Brain Stimulator CPT codes: 61863, 61864, 61867, 61868:	
G20	Parkinson's disease
G21.8	Other secondary parkinsonism
G24.1	Genetic torsion dystonia
G24.3	Spasmodic torticollis
G24.8	Other dystonia
G25.0	Essential tremor
G25.2	Other specified forms of tremor
ICD-10 Codes for the following Dorsal Column Neurostimulator CPT codes: 63650, 63655, and 63685:	
B02.22	Postherpetic trigeminal neuralgia
B02.23	Postherpetic polyneuropathy
B02.29	Other postherpetic nervous system involvement
G03	Meningitis due to other and unspecified causes
G03.0-G03.9	Meningitis due to other and unspecified causes
G54.6	Phantom limb syndrome with pain
G54.7	Phantom limb syndrome without pain
G54.8	Other nerve root and plexus disorders
G56	Mononeuropathies of upper limb
G56.00-G56.93	Mononeuropathies of upper limb
G57	Mononeuropathies of lower limb

G57.00-G57.93	Mononeuropathies of lower limb
G60	Hereditary and idiopathic neuropathy
G60.0-G60.9	Hereditary and idiopathic neuropathy
G90.5	Complex regional pain syndrome I (CRPS I)
G90.50-G90.529	Complex regional pain syndrome I (CRPS I)
I73	Other peripheral vascular diseases
I73.00-I73.9	Other peripheral vascular diseases
M51.04	Intervertebral disc disorders with myelopathy, thoracic region
M51.05	Intervertebral disc disorders with myelopathy, thoracolumbar region
M51.06	Intervertebral disc disorders with myelopathy, lumbar region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.44	Schmorl's nodes, thoracic region
M51.45	Schmorl's nodes, thoracolumbar region
M51.46	Schmorl's nodes, lumbar region
M51.47	Schmorl's nodes, lumbosacral region
M51.9	Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M96.1	Postlaminectomy syndrome, not elsewhere classified
S22.0	Fracture of thoracic vertebra
S22.000A-S22.089S	Fracture of thoracic vertebra
S24.1	Other and unspecified injuries of thoracic spinal cord

S24.101A-S24.109S	Other and unspecified injuries of thoracic spinal cord
S32.0	Fracture of lumbar vertebra
S32.000A-S32.059S	Fracture of lumbar vertebra
S33.1	Subluxation and dislocation of lumbar vertebra
S33.100A-S33.141S	Subluxation and dislocation of lumbar vertebra
S34.1	Other and unspecified injury of lumbar and sacral spinal cord
S34.101A-S34.139S	Other and unspecified injury of lumbar and sacral spinal cord
S34.3	Injury of cauda equina

Policy History

Date	Summary
March 21, 2026	• Annual Review – Replaced patient with member throughout; updated General Requirements, Thalamic Ventralic Intermedius Nucleus, Anterior Thalamic Nucleus, Subthalamic Nucleus and Dorsal Column of the Spinal Cord Sections; updated Limitations; added Contraindications; removed Background Section; updated description of procedure codes 61863, 61864, 61867, 61868, 61886, C1767, C1816, L8686, L8688, 95970, 95971, 95972, 95976 and 95977; updated References
January 6, 2026	• Policy was renumbered from MP.108.MPC • Updated Codes list to include new 01.01.2026 procedure code C1607

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