

**EVIDENCE-BASED CRITERIA
SECTION: SURGERY**

**ORIGINAL EFFECTIVE DATE: 09/19/22
LAST REVIEW DATE: 08/30/22
CURRENT EFFECTIVE DATE: 09/19/22
LAST CRITERIA REVISION DATE:
ARCHIVE DATE:**

NEXT ANNUAL REVIEW DATE: 3RD QTR 2023

PERIPHERAL SUBCUTANEOUS FIELD STIMULATION

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Evidence-Based Criteria must be read in its entirety to determine coverage eligibility, if any.

This Evidence-Based Criteria provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Evidence-Based Criteria are subject to change as new information becomes available.

For purposes of this Evidence-Based Criteria, the terms "experimental" and "investigational" are considered to be interchangeable.

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PERIPHERAL SUBCUTANEOUS FIELD STIMULATION (cont.)

Description:

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. Peripheral nerve stimulation involves placement of an electrical stimulator on a peripheral nerve, is also used for neuropathic pain originating from peripheral nerves.

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.

Criteria:

- Peripheral subcutaneous field stimulation is considered ***experimental or investigational*** when any **ONE** or more of the following criteria are met:
 1. Lack of final approval from the appropriate governmental regulatory bodies (e.g., Food and Drug Administration); or
 2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes; or
 3. Insufficient evidence to support improvement outside the investigational setting.

Resources:

Literature reviewed 08/30/22. We do not include marketing materials, poster boards and non-published literature in our review.

1. Johnson S, Marshall A, Hughes D, et al. Mechanistically informed non-invasive peripheral nerve stimulation for peripheral neuropathic pain: a randomised double-blind sham-controlled trial. *J Transl Med*. Nov 6 2021;19(1):458. doi:10.1186/s12967-021-03128-2
2. Kloimstein H, Likar R, Kern M, et al. Peripheral nerve field stimulation (PNFS) in chronic low back pain: a prospective multicenter study. *Neuromodulation*. Feb 2014;17(2):180-7. doi:10.1111/ner.12139
3. McRoberts WP, Wolkowitz R, Meyer DJ, et al. Peripheral nerve field stimulation for the management of localized chronic intractable back pain: results from a randomized controlled study. *Neuromodulation*. Nov-Dec 2013;16(6):565-74; discussion 574-5. doi:10.1111/ner.12055

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PERIPHERAL SUBCUTANEOUS FIELD STIMULATION (cont.)

Resources: (cont).

4. Mironer YE, Hutcheson JK, Satterthwaite JR, LaTourette PC. Prospective, two-part study of the interaction between spinal cord stimulation and peripheral nerve field stimulation in patients with low back pain: development of a new spinal-peripheral neurostimulation method. Neuromodulation. Mar-Apr 2011;14(2):151-4; discussion 155. doi:10.1111/j.1525-1403.2010.00316.x
5. National Institute for Health and Care Excellence (NICE). Peripheral nerve-field stimulation for chronic low back pain [IPG451]. 2013. Accessed March 1, 2022. <https://www.nice.org.uk/guidance/ipg451>
6. Sator-Katzenschlager S, Fiala K, Kress HG, et al. Subcutaneous target stimulation (STS) in chronic noncancer pain: a nationwide retrospective study. Pain Pract. Jul-Aug 2010;10(4):279-86. doi:10.1111/j.1533-2500.2009.00351.x
7. Verrills P, Rose R, Mitchell B, Vivian D, Barnard A. Peripheral nerve field stimulation for chronic headache: 60 cases and long-term follow-up. Neuromodulation. Jan 2014;17(1):54-9. doi:10.1111/ner.12130
8. Verrills P, Vivian D, Mitchell B, Barnard A. Peripheral nerve field stimulation for chronic pain: 100 cases and review of the literature. Pain Med. Sep 2011;12(9):1395-405. doi:10.1111/j.1526-4637.2011.01201.x
9. Warner NS, Schaefer KK, Eldrige JS, et al. Peripheral Nerve Stimulation and Clinical Outcomes: A Retrospective Case Series. Pain Pract. Apr 2021;21(4):411-418. doi:10.1111/papr.12968

Coding:

CPT: 64999

History:

Date:

Activity:

Medical Panel Policy

08/30/22

Approved guideline (Effective 9/19/22)

Policy Revisions:



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Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Dii kwe'é atah nilinigií Blue Cross Blue Shield of Arizona haada yit'éego bina'idilkidgo éi doodago Háida bíjá anilyeedigií t'áadoo le'é yina'idilkidgo beehaz'áanii hólo dii t'áa hazaadk'ehjí háká a'doowolgo bee haz'á doo baqah ilinígóó. Ata' halne'ígíí kójj' bich'í' hodílnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

