



MASSACHUSETTS

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Medical Policy Peripheral Subcutaneous Field Stimulation

Table of Contents

- [Policy: Commercial](#)
- [Policy: Medicare](#)
- [Authorization Information](#)
- [Coding Information](#)
- [Description](#)
- [Policy History](#)
- [Information Pertaining to All Policies](#)
- [References](#)

Policy Number: 513

BCBSA Reference Number: 7.01.139 (For Plan internal use only)
NCD/LCD: N/A

Related Policies

- Transcutaneous Electrical Nerve Stimulation, #[003](#)
- Occipital Nerve Stimulation, #[237](#)
- Spinal Cord Stimulation, #[472](#)
- Percutaneous Electrical Nerve Stimulation and Percutaneous Neuromodulation Therapy, #[172](#)

Policy

Commercial Members: Managed Care (HMO and POSvc), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM 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**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is not a covered service.
Commercial PPO and Indemnity	This is not a covered service.
Medicare HMO Blue SM	This is not a covered service.
Medicare PPO Blue SM	This is not a covered service.

CPT Codes / HCPCS Codes / ICD Codes

CPT Codes

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. These 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

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.

Summary of Evidence

For individuals who have chronic neuropathic pain who receive peripheral subcutaneous field stimulation, the evidence includes 42 randomized controlled trials (RCTs), a nonrandomized comparative study, and case series. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. One RCT, McRoberts et al (2013), 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. An open-label RCT found that peripheral subcutaneous field stimulation plus medical management had a greater rate of pain reduction compared to medical management alone at 9 months follow-up. Secondary outcomes found benefits in several quality-of-life indices over medical management alone. The trial had a high loss to follow-up and was terminated early as a result of recruitment challenges, which impacted the durability and certainty of these findings. Case series are insufficient to evaluate patient outcomes due to the variable nature of pain and the subjective nature of pain outcome measures. Larger, 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 that the technology results in an improvement in the net health outcome.

Policy History

Date	Action
6/2024	Annual policy review. Policy updated with literature review through February 8, 2024. References were added, and several references were removed that did not pertain to peripheral subcutaneous field stimulation. Policy statement unchanged.
6/2023	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
6/2022	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
5/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
6/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
5/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
5/2017	Annual policy review. New references added.
1/2017	Clarified coding information for the 2017 code changes.
5/2015	Annual policy review. New references added. Clarified coding language
9/2013	New medical policy describing investigational indications. Effective 9/1/2013.

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

1. 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*. 2013; 16(6): 565-74; discussion 574-5. PMID 23577773

2. Eldabe SS, Taylor RS, Goossens S, et al. A Randomized Controlled Trial of Subcutaneous Nerve Stimulation for Back Pain Due to Failed Back Surgery Syndrome: The SubQStim Study. *Neuromodulation*. Jul 2019; 22(5): 519-528. PMID 29704437
3. Mironer YE, Hutcheson JK, Satterthwaite JR, et al. 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*. 2011; 14(2): 151-4; discussion 155. PMID 21992203
4. 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. PMID 24320718
5. Sator-Katzenschlager S, Fiala K, Kress HG, et al. Subcutaneous target stimulation (STS) in chronic noncancer pain: a nationwide retrospective study. *Pain Pract*. 2010; 10(4): 279-86. PMID 20230450
6. Verrills P, Vivian D, Mitchell B, et al. Peripheral nerve field stimulation for chronic pain: 100 cases and review of the literature. *Pain Med*. Sep 2011; 12(9): 1395-405. PMID 21812906
7. Verrills P, Rose R, Mitchell B, et al. Peripheral nerve field stimulation for chronic headache: 60 cases and long-term follow-up. *Neuromodulation*. Jan 2014; 17(1): 54-9. PMID 24165152
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9. National Institute for Health and Care Excellence (NICE). Peripheral nerve-field stimulation for chronic low back pain [IPG451]. 2013; <https://www.nice.org.uk/guidance/ipg451>. Accessed February 8, 2024.