October 14, 2025

Blue Cross Blue Shield of Illinois
Blue Cross Blue Shield of Montana
Blue Cross Blue Shield of New Mexico
Blue Cross Blue Shield of Oklahoma
Blue Cross Blue Shield of Texas
Health Care Services Corporation

via Email: Medical_Policy@bcbsil.com

via Email: Medical_Policy@hcsc.com

To Whom It May Concern:

The undersigned medical specialty societies, comprising physicians who utilize and/or perform interventional pain and spine procedures to accurately diagnose and treat patients, are writing to express serious concerns regarding the draft policy *Implantable Peripheral Nerve Stimulation for Chronic Pain Conditions, MED 205.042*. The draft policy indicates that peripheral nerve stimulation (PNS) is considered experimental, investigational, and/or unproven as a treatment for chronic pain. The failure to provide coverage for PNS procedures for chronic pain creates significant concern among the pain medicine societies, given the strong evidence that demonstrates the effectiveness of these procedures in the care of patients who suffer from chronic pain.

Peripheral nerve stimulation has been widely studied and utilized for over two decades, with increasing evidence supporting its effectiveness for patients suffering from conditions such as chronic migraines, neuropathic pain, and complex regional pain syndrome (CRPS). Numerous clinical trials and real-world studies have demonstrated that PNS can offer significant relief. Denying patients access to this minimally invasive PNS option will put patients at increased risk of escalating their opioid use or undergoing more invasive surgical procedures for phantom limb pain, neuropathic pain, and axial low back pain.

In recent years, advancements in technology and a better understanding of the mechanisms behind nerve stimulation have significantly enhanced the safety and efficacy of this therapy. PNS devices are FDA-cleared and supported under both national and local Medicare coverage policies. Specifically, the National Coverage Determination (NCD) 160.7 affirms the medical necessity of implantable nerve stimulation for managing chronic pain. In addition, Local Coverage Determination (LCD) L34328 explicitly outlines covered indications for PNS, reinforcing that this modality is recognized as reasonable and necessary by Medicare[1,2]. PNS is also recognized as medically necessary by leading medical societies. A comprehensive review[3] of 20 randomized controlled trials and 33 prospective observational studies identified Level I evidence supporting the efficacy of PNS for the treatment of:

- Chronic migraine headaches via occipital nerve stimulation
- Chronic hemiplegic shoulder pain via stimulation of nerves innervating the trapezius, supraspinatus, and deltoid muscles
- Failed back surgery syndrome via subcutaneous peripheral field stimulation
- Lower extremity neuropathic and lower extremity post-amputation pain via sciatic and/or femoral nerve stimulation

Moreover, the evidence supporting the clinical benefits of PNS continues to grow. Large-scale studies and peer-reviewed articles have documented its positive impact in treating various pain conditions, with some studies reporting over 70% mean pain reduction in knee, shoulder, foot/ankle, and low back pain, along with significant functional improvement[4]. A 2024 study by Hatheway *et al.* randomized 58 patients to PNS therapy and 31 to a conservative medical management (CMM) arm[5]—a study design similar to those cited to support FDA approval of spinal cord and dorsal root ganglion stimulation. In this study, the PNS group reported a nearly 50% reduction in the Oswestry Disability Index and Beck Depression Index at one year, which is perhaps even more meaningful than the reported 69% reduction in pain. This evolving body of research, coupled with the success of PNS in clinical practice, demonstrates that PNS is no longer investigational or experimental.

The lack of serious adverse events seen with PNS is very important. Compared to other established surgical interventions, PNS has a particularly favorable risk profile, with lower rates of revisions or device-related complications, as documented in the literature.

We urge Blue Cross Blue Shield of Illinois, Montana, New Mexico, Oklahoma, and Texas, and Health Care Services Corporation to review the most current literature and medical guidelines on PNS and consider revising the policy to reflect the evolving evidence that supports its use in managing chronic pain. By doing so, you would acknowledge the positive impact PNS has on patients' well-being and ensure that members have access to a proven, effective alternative to more invasive procedures and pain management strategies.

We greatly appreciate your consideration and look forward to a prompt response. If you require any additional information or would like to discuss this request further, please do not hesitate to contact Sarah Cartagena, Director of Health Policy at the International Pain and Spine Intervention Society, at scartagena@ipsismed.org. We are confident that, upon reviewing the available evidence, you will come to appreciate the value that PNS offers to individuals who are struggling with debilitating chronic pain.

Sincerely,

American Academy of Pain Medicine
American Academy of Physical Medicine and Rehabilitation
American Society of Anesthesiologists
American Society of Regional Anesthesia and Pain Medicine
American Society of Spine Radiology
International Pain and Spine Intervention Society
North American Neuromodulation Society
Society of Interventional Radiology

References:

1. LCD 34328 – Peripheral Nerve Stimulation. Centers for Medicare & Medicaid Services. (n.d.-a). *Local coverage determination (LCD): Peripheral nerve stimulation (PNS)* (LCD ID: L34328). U.S. Department of Health & Human Services. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34328&ver=40
2. NCD 160.7 – Electrical Nerve Stimulators. Centers for Medicare & Medicaid Services. (n.d.-b). *National coverage determination (NCD) for electrical nerve stimulators (160.7)*. U.S. Department of Health & Human Services. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=240&ncdver=1
3. Coverage for StimRouter and implantable peripheral nerve stimulation for chronic pain conditions [PowerPoint slides]. Unpublished internal document. Attached via email.
4. Strand N, D'Souza RS, Hagedorn JM, Pritzlaff S, Sayed D, Azeem N, et al. (2022). Evidence-based clinical guidelines from the American Society of Pain and Neuroscience for the use of implantable peripheral nerve stimulation in the treatment of chronic pain. J Pain Res. 2022 Aug 23;15:2483-2504. doi: 10.2147/JPR.S362204. PMID: 36039168; PMCID: PMC9419727.
5. Hatheway J, Hersel A, Engle M, Gutierrez G, Khemlani V, Kapural L, et al. Clinical study of a micro-implantable pulse generator for the treatment of peripheral neuropathic pain: 12-month results from the COMFORT-randomized controlled trial. Reg Anesth Pain Med. 2024 Nov 20:rapm-2024-106099. doi: 10.1136/rapm-2024-106099. Epub ahead of print. PMID: 39572166.

Peripheral nerve stimulation

Coverage for StimRouter and Implantable Peripheral Nerve Stimulation for Chronic Pain Conditions (BCBS MA Medical Policy #103)

BCBS MA new policy – November 2024

Description

Peripheral Neuropathic Chronic Pain

Chronic, noncancer pain is responsible for a high burden of illness and can be defined as persistent pain that lasts for more than 3 months.[1] Chronic pain of peripheral origin may be caused by damage to peripheral nerves impacting the upper and lower extremities.

Peripheral Nerve Stimulation

Peripheral nerve stimulation (PNS) has been used to treat chronic pain. It is a percutaneous system consisting of leads, electrodes, and a pulse transmitter that delivers electrical impulses to peripheral nerves. Leads are placed using ultrasound guidance and can be placed for temporary or permanent use in an outpatient procedure.

Summary

Description

Peripheral nerve stimulation (PNS) is a percutaneous system consisting of leads, electrodes, and a pulse transmitter that delivers electrical impulses to peripheral nerves. Leads are placed using ultrasound guidance and can be placed for temporary or permanent use in an outpatient procedure.

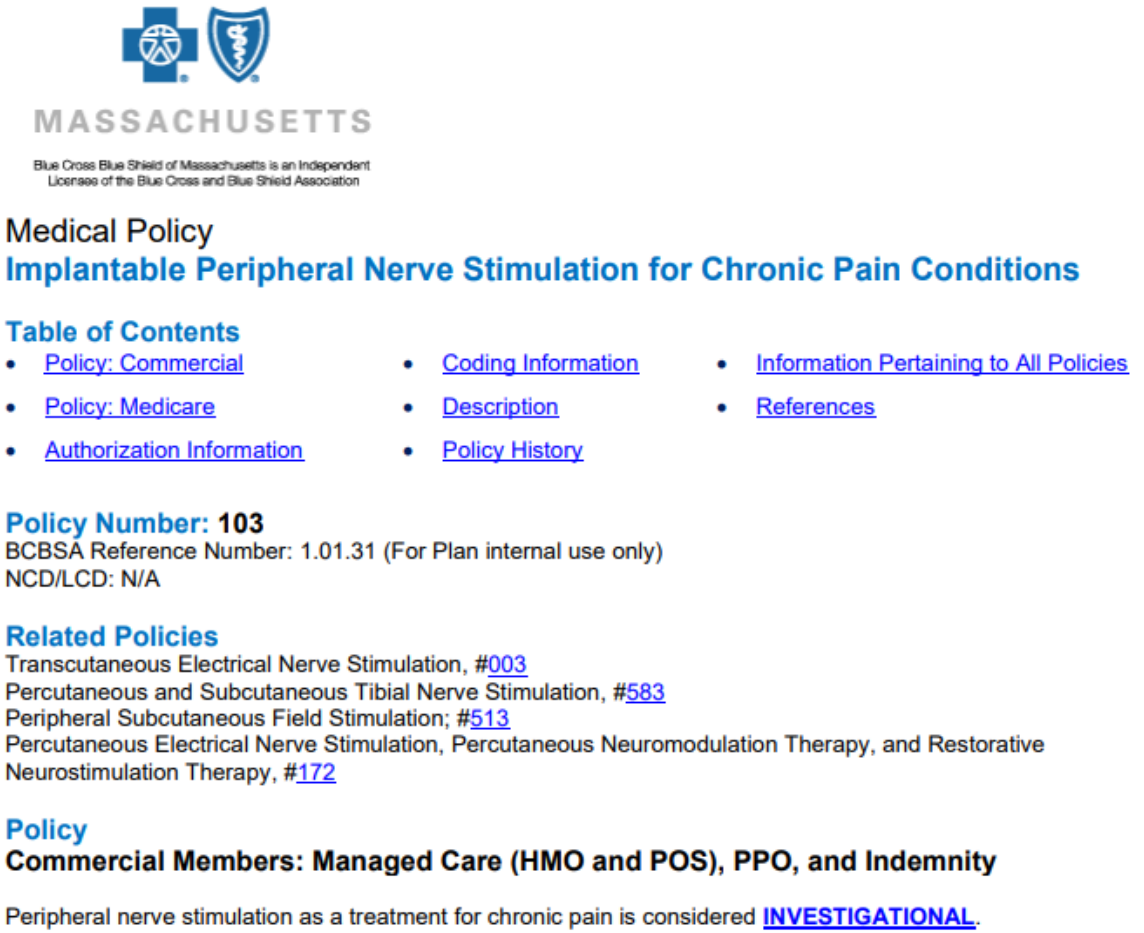
Summary of Evidence

For individuals who have peripheral, neuropathic, chronic pain who receive peripheral nerve stimulation (PNS), the evidence includes 1 randomized controlled trial (RCT). Relevant outcomes are symptoms, medication use, and quality of life. The RCT reported a statistically significant difference between the treatment group and control group at 90 days in mean reduction in average pain from baseline (27.2% vs. 2.3%; p<.0001) and reported 38% responders, defined as having at least a 30% decrease in the numerical rating scale (NRS) with no upward titration in pain medications, in the treatment group. The RCT had a sample size of 94 with broad descriptions of pain diagnoses, including diagnoses beyond the labeled indications, and a lack of sample population diversity that is not generalizable to the US. There was 51% missing follow-up data at 12 months. Additional evidence from RCTs with larger sample sizes and longer durations of comparative data are necessary to assess the efficacy and durability of PNS. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

103 Implantable Peripheral Nerve Stimulation for Chronic Pain Conditions

Ask

- We request that Medical Policy #103 be updated to have Implantable Peripheral Nerve Stimulation be considered medically necessary as a treatment for chronic pain



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Medical Policy

Implantable Peripheral Nerve Stimulation for Chronic Pain Conditions

Table of Contents

- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Policy History
- Information Pertaining to All Policies
- References

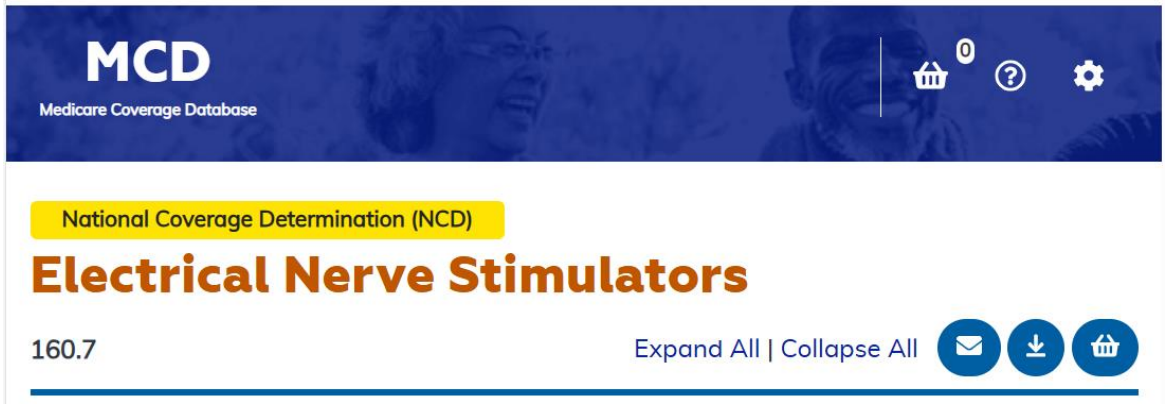
Policy Number: 103
BCBSA Reference Number: 1.01.31 (For Plan internal use only)
NCD/LCD: N/A

Related Policies
Transcutaneous Electrical Nerve Stimulation, #003
Percutaneous and Subcutaneous Tibial Nerve Stimulation, #583
Peripheral Subcutaneous Field Stimulation; #513
Percutaneous Electrical Nerve Stimulation, Percutaneous Neuromodulation Therapy, and Restorative Neurostimulation Therapy, #172

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Peripheral nerve stimulation as a treatment for chronic pain is considered **INVESTIGATIONAL**.

NCD



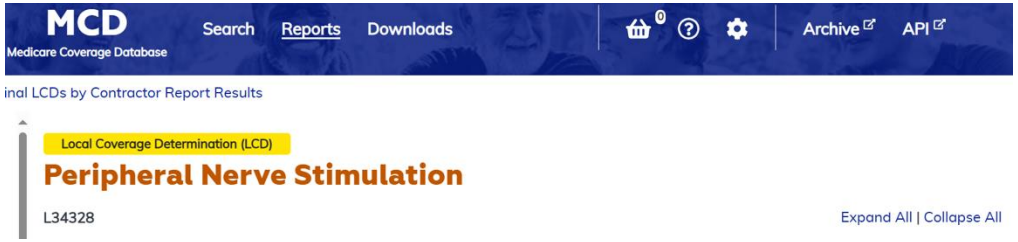
A. Implanted Peripheral Nerve Stimulators

Payment may be made under the prosthetic device benefit for implanted peripheral nerve stimulators. Use of this stimulator involves implantation of electrodes around a selected peripheral nerve. The stimulating electrode is connected by an insulated lead to a receiver unit which is implanted under the skin at a depth not greater than 1/2 inch.

Stimulation is induced by a generator connected to an antenna unit which is attached to the skin surface over the receiver unit. Implantation of electrodes requires surgery and usually necessitates an operating room.

- NCD - Electrical Nerve Stimulators (160.7)

Noridian LCD – L34328



Coverage of PNS trials requires that patients have all of the following:

- Documented chronic and severe pain for at least 3 months,
- Documented failure of less invasive treatment modalities and medications,
- Lack of surgical contraindications including infections and medical risks,
- Appropriate proper patient education, discussion and disclosure of risks and benefits,
- No active substance abuse issues,
- Formal psychological screening by a mental health professional, and
- Successful stimulation trial with greater than or equal to 50% reduction in pain intensity before permanent implantation.

LCD - Peripheral Nerve Stimulation (L34328)

Examples of peripheral stimulation indications with evidence of efficacy that may be covered are:

- PNS of occipital nerves for occipital neuralgia, post-surgical neuropathic pain, cervicogenic headaches and treatment resistant migraines.
- PNS of trigeminal nerves (and branches) for post-traumatic and post-surgical neuropathic pain in the face related to the trigeminal nerves.
- PNS of nerves in upper and lower extremities of complex regional pain syndromes (type 1 and 2), pain due to peripheral nerve injury, post-surgical scar formation, nerve entrapment, painful mononeuropathy, and painful amputation neuromas.
- PNS of intercostal and ilio-inguinal nerves for post-surgical and post-traumatic neuropathic pain involving these nerve distributions.

Statement from NANS, ASRA, ASA and SIS

-Unfortunately, denying patients this minimally invasive PNS option will put patients at increased risk of escalating their opioid use or undergoing more invasive surgical options that have not been shown to effectively manage many of the conditions that have been successfully treated with PNS, such as phantom limb pain, neuropathic pain, and axial low back pain

-Recently, Jijun Xu et al. conducted a systematic literature review evaluating PNS for pain [this study showed Level I and II evidence for PNS for chronic migraine]. They critically analyzed 14 randomized controlled trials for a variety of painful disorders and concluded that PNS offers moderate-to-strong evidence for effective treatment of pain and improvement of quality of life.

-These findings are consistent with a growing body of evidence that neuromodulation in general, and PNS in particular,6,7 may reduce opioid use in both the acute and chronic pain settings as well as improve function, disability, and quality of life scores.8

-Systems are available that result in long-term (> 1 year) relief with short-term (< 60 days) stimulation (ideal for younger individuals),5,9 and that are implanted permanently for refractory conditions such as migraine.10 This range of therapies can increase physician options to treat refractory pain, consistent with the National Institutes of Health goal of increasing the utilization of personalized medicine."

ASPN Guidelines August 2022

▸ J Pain Res. 2022 Aug 23;15:2483–2504. doi: 10.2147/JPR.S362204

Evidence-Based Clinical Guidelines from the American Society of Pain and Neuroscience for the Use of Implantable Peripheral Nerve Stimulation in the Treatment of Chronic Pain

Natalie Strand [1,✉], Ryan S D'Souza [2], Jonathan M Hagedorn [3], Scott Pritzlaff [4], Dawood Sayed [5], Nomen Azeem [6], Alaa Abd-Elsayed [7], Alexander Escobar [8], Marc A Huntoon [9], Christopher M Lam [5], Timothy R Deer [10]

▸ Author information ▸ Article notes ▸ Copyright and License information

PMCID: PMC9419727 PMID: 36039168

" **Twenty randomized controlled trials and 33 prospective observational studies were included in the systematic review process. There is Level I evidence supporting the efficacy of PNS** for treatment of chronic migraine headaches via occipital nerve stimulation; chronic hemiplegic shoulder pain via stimulation of nerves innervating the trapezius, supraspinatus, and deltoid muscles; failed back surgery syndrome via subcutaneous peripheral field stimulation; and lower extremity neuropathic and lower extremity post-amputation pain. Evidence from current Level I studies combined with newer technologies facilitating less invasive and easier electrode placement make peripheral nerve stimulation an attractive alternative for managing patients with complex pain disorders."

ASPN PNS Guidelines

Table 6.

ASPN Best Practices PNS Guidelines

ASPN Best Practices PNS Guidelines	Level of Evidence	Grade
Head/Neck		
Stimulation of occipital nerves may be offered to patients with chronic migraine headache when conservative treatments have failed. The average effect size for relief of migraine symptoms is modest to moderate.	I	B
There is insufficient evidence to recommend stimulation of supraorbital and infraorbital nerves for neuropathic craniofacial pain.	II-3	C
Upper Extremities		
PNS may offer modest and short-term pain relief, improved physical function, and better quality of life for chronic hemiplegic shoulder pain.	I	B
PNS for mononeuropathies of the upper extremity may be offered following a positive diagnostic ultrasound-guided nerve block of the targeted nerve and is associated with modest to moderate pain relief.	II-2	B
Low Back/Trunk		
Subcutaneous peripheral field stimulation and optimal medication management may offer moderate improvement in pain intensity for failed back surgery compared to optimal medication management alone.	I	B
There is evidence that PNS of lumbar medial branch nerves may improve pain intensity, physical function, and pain interference in patients with axial, mechanical low back pain.	II-2	B
There is limited evidence that PNS may alleviate pain in neuropathic pain syndrome involving the trunk and back including radiculopathy and post-herpetic neuralgia.	III	C
Lower Extremities		
PNS may be considered for lower extremity neuropathic pain following failure of conservative treatment options and is associated with modest pain relief.	I	B
PNS may be considered for lower extremity post-amputation pain following failure of conservative treatment options and is associated with modest to moderate pain relief.	I	B
Other Considerations		
As a less-invasive modality compared to SCS therapy, PNS may be offered to patients with CRPS Type I or Type II, and may be associated with modest improvement in pain intensity and functional outcomes. However, high-quality evidence is limited and other neuromodulation interventions such as dorsal root ganglion SCS are recommended for CRPS.	III	C
PNS carries a low-to-intermediate risk for bleeding complications and depends on the proximity of the targeted nerve to critical vessels and invasiveness of PNS implantation.	III	I

ASPN Upper Extremity (2 RCTs)

Summary of Evidence Level

- PNS may offer modest and short-term pain relief, improved physical function, and better quality of life for chronic hemiplegic shoulder pain. (Level I, Grade B)
- PNS for mononeuropathies of the upper extremity may be offered following a positive diagnostic ultrasound-guided nerve block of the targeted nerve and is associated with modest to moderate pain relief. (Level II-2, Grade B)

- Wilson RD, Gunzler DD, Bennett ME, Chae J. Peripheral nerve stimulation compared with usual care for pain relief of hemiplegic shoulder pain: a randomized controlled trial. *Am J Phys Med Rehabil*. 2014;93(1):17–28. doi: 10.1097/PHM.0000000000000011 [DOI] [PMC free article] [PubMed] [Google Scholar]
- Wilson RD, Knutson JS, Bennett ME, Chae J. The effect of peripheral nerve stimulation on shoulder biomechanics: a randomized controlled trial in comparison to physical therapy. *Am J Phys Med Rehabil*. 2017;96(3):191–198. doi: 10.1097/PHM.0000000000000677 [DOI] [PMC free article] [PubMed] [Google Scholar]

ASPN Lower Extremity (2 RCTs, 1 Prospective Observational Study)

Summary of Evidence Level

- PNS may be considered for lower extremity neuropathic pain following failure of conservative treatment options and is associated with modest pain relief (Level I, Grade B).
- PNS may be considered for lower extremity post-amputation pain following failure of conservative treatment options and is associated with modest to moderate pain relief (Level I, Grade B).

- Deer T, Pope J, Benyamin R, et al. Prospective, multicenter, randomized, double-blinded, partial crossover study to assess the safety and efficacy of the novel neuromodulation system in the treatment of patients with chronic pain of peripheral nerve origin. *Neuromodulation*. 2016;19(1):91–100. doi: 10.1111/ner.12381 [DOI] [PubMed] [Google Scholar]
- Gilmore C, Ilfeld B, Rosenow J, et al. Percutaneous peripheral nerve stimulation for the treatment of chronic neuropathic postamputation pain: a multicenter, randomized, placebo-controlled trial. *Reg Anesth Pain Med*. 2019;44(6):637–645. doi: 10.1136/rapm-2018-100109 [DOI] [PubMed] [Google Scholar]
- Rauck RL, Cohen SP, Gilmore CA, et al. Treatment of post-amputation pain with peripheral nerve stimulation. *Neuromodulation*. 2014;17(2):188–197. doi: 10.1111/ner.12102 [DOI] [PubMed] [Google Scholar]

Healthcare costs

Rapid Communication

Real-world healthcare utilization and costs of peripheral nerve stimulation with a micro-IPG system

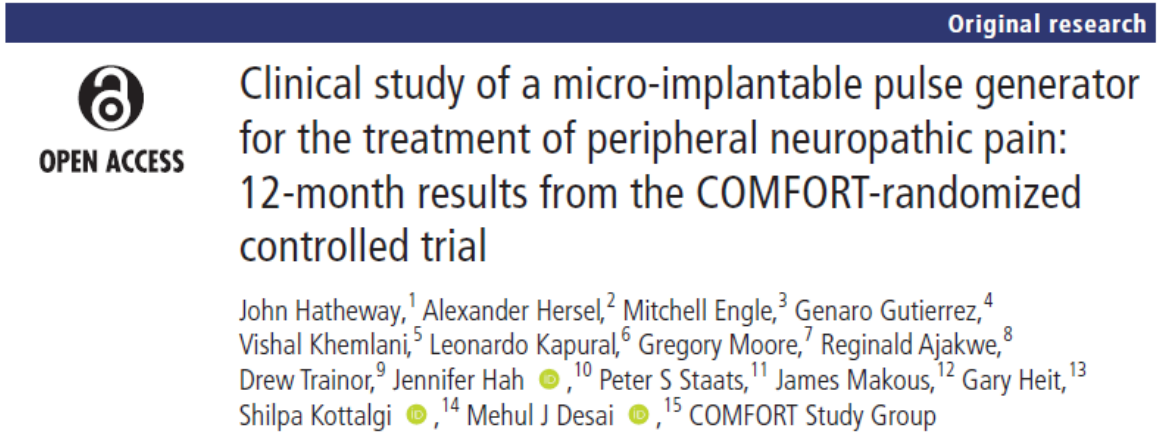
Hemant Kalia, Bishnu Thapa, Peter Staats, **Patrick Martin**, Kori Stetter, Becca Feldman & ...show all

Received 25 Oct 2024, Accepted 23 Dec 2024, Published online: 06 Jan 2025

Cite this article https://doi.org/10.1080/17581869.2025.2449810 Check for updates

- Reviewed the medical records of 122 adults who received peripheral nerve stimulation (PNS
- Healthcare use and costs in the year before PNS were compared with the year after.
- PNS helped reduce the number of doctor's visits and medical expenses. After starting PNS therapy, the average number of outpatient doctor's visits was lowered from 5.7 to 4.9 per year, and total medical costs were cut in half, from $27,493 to $13,717. In addition, the number of patients using opioids went down by 31.4%.

COMFORT study: 12 months



Original research

OPEN ACCESS

Clinical study of a micro-implantable pulse generator for the treatment of peripheral neuropathic pain: 12-month results from the COMFORT-randomized controlled trial

John Hatheway,[1] Alexander Hersel,[2] Mitchell Engle,[3] Genaro Gutierrez,[4] Vishal Khemlani,[5] Leonardo Kapural,[6] Gregory Moore,[7] Reginald Ajakwe,[8] Drew Trainor,[9] Jennifer Hah ,[10] Peter S Staats,[11] James Makous,[12] Gary Heit,[13] Shilpa Kottalgi ,[14] Mehul J Desai ,[15] COMFORT Study Group

- Randomized 58 patients to PNS therapy and 31 to control (conservative medical management, CMM). An additional 24 subjects from the control arm met criteria to cross over to PNS therapy and it was felt cruel to exclude them from this therapy given the clear failure of CMM. Please note that stimulation vs CMM was the same study paradigm used to approve spinal cord stimulation (SCS) and dorsal root ganglion (DRG) stimulation with the FDA.
- Of the 61 patients with PNS, 53/61 reported an average pain reduction of 69% with a meaningful clinical change (ie met the MCID) in mean pain score (NRS) from 7.5 to 2.3 at 12 months.
- Of the crossover group, 16/18 reported an average pain reduction of 69% with improvement of NRS from 7.6 to 2.3. These responses were consistent across four anatomic areas studied (knee, shoulder, foot ankle and low back).

COMFORT study: 12 months

Table 1 Patient-reported outcomes

	Combined arm		Active arm		Crossover arm	
Assessment	Baseline	12 months	Baseline	12 months	Baseline	12 months
	Mean±SD (N)	Mean±SD (N) (mean % change)	Mean±SD (N)	Mean±SD (N) (mean % change)	Mean±SD (N)	Mean±SD (N) (mean % change)
BPI-severity	6.82±1.58 (68)	2.90±1.93 (59) (55; p<0.001)	6.69±1.51 (46)	2.84±1.73 (42) (56; p<0.001)	7.10±1.71 (22)	3.04±2.40 (17) (53; p<0.001)
BPI- interference	6.21±2.00 (68)	2.43±2.16 (59) (55; p<0.001)	5.99±2.16 (46)	2.19±2.00 (42) (55; p<0.001)	6.69±1.55 (22)	3.04±2.46 (17) (55; p<0.001)
BDI	12.9±9.96 (68)	5.97±6.84 (61) (35; p<0.001)	11.87±9.48 (46)	5.84±6.45 (43) (33; p=0.001)	15.05±10.8 (22)	6.28±7.89 (18) (39; p<0.05)
EQ-5D-5L	0.603±0.15 (68)	0.815±0.13 (61) (49; p<0.001)	0.629±0.16 (46)	0.812±0.13 (43) (46; p<0.001)	0.549±0.11 (22)	0.821±0.13 (18) (57; p<0.001)
ODI	44.93±13.66 (68)	22.84±16.93 (60) (45; p<0.001)	42.78±13.3 (46)	21.88±14.9 (42) (43; p<0.001)	49.42±13.32 (22)	25.07±21.28 (18) (51; p<0.001)
ODI categorical	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
Minimal	3 (2)	48 (29)	2 (1)	52 (22)	5 (1)	39 (7)
Moderate	40 (27)	37 (22)	50 (23)	36 (15)	18 (4)	39 (7)
Severe	44 (30)	12 (7)	37 (17)	10 (4)	59 (13)	16 (3)
Crippled	13 (9)	3 (2)	11 (5)	2 (1)	18 (4)	6 (1)
Bed bound	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

BDI, Beck Depression Inventory; BPI, Brief Pain Inventory; EQ-5D-5L, EuroQol-5 Dimensions-5 Level; ODI, Oswestry Disability Index.

PNS therapy group reported a nearly 50% reduction in Oswestry Disability Index (ODI) and Beck Depression Inventory (BDI), which are perhaps more important findings than simple pain relief (see Table 1 attached). These speak to increased function for these patients.

Please note NO serious adverse events

“But there’s more data for SCS”

Regional Anesthesia & Pain Medicine

Chronic and interventional pain

Hidden influence? Unmasking conflicts of interest from randomized clinical trials on spinal cord stimulation for chronic pain

Ryan S D'Souza [1], Johana Klasova [1], Donald J Kleppel [1], Larry Prokop [2] and Nasir Hussain [3]

Correspondence to Dr Ryan S D'Souza; DSouza.Ryan@mayo.edu

PDF

Saying that SCS and DRG are proven therapies is circumspect when my personal clinical experience is that these therapies do not provide >50% pain relief for a substantial number of patients with post-laminectomy pain syndrome (with chronic neuropathic leg and back pain) or CRPS. However, I have seen far more pain relief and functional improvement with PNS than I have ever seen with SCS or DRG.

Case Example

- **‘It was a blessing’: Dracut woman finds chronic pain relief from StimRouter**

THE SUN

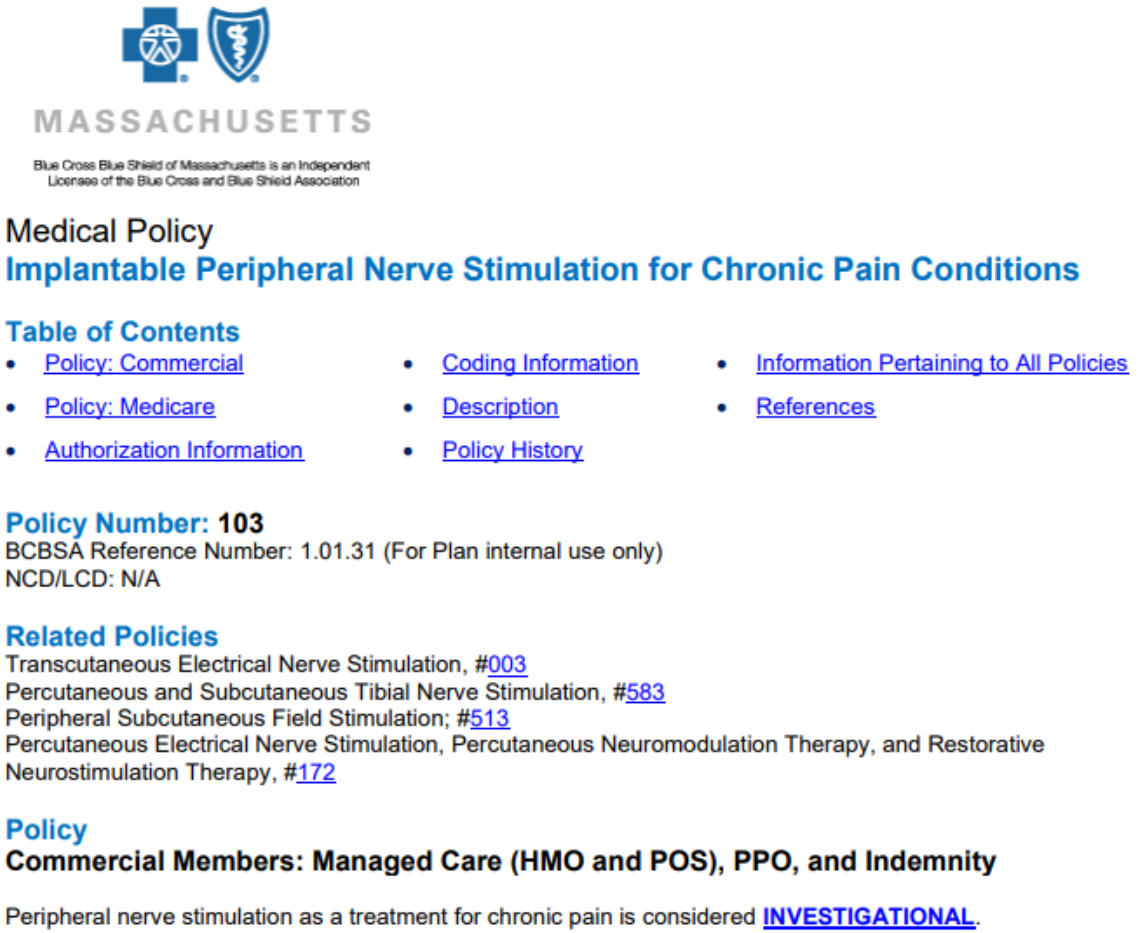
By PRUDENCE BRIGHTON | | Sun correspondent
PUBLISHED: November 19, 2024 at 5:40 AM EST

	SPADI-pain	SPADI-disability	SPADI-total
Baseline	60%	90%	78%
8/19/24 (1 mo post-implant)	6%	8%	7%
1/16/24 (6 mo post-implant)	4%	8%	6%

https://www.lowellsun.com/2024/11/19/it-was-a-blessing-dracut-woman-finds-chronic-pain-relief-from-stimrouter/

Ask

- We request that Medical Policy #103 be updated to have Implantable Peripheral Nerve Stimulation be considered medically necessary as a treatment for chronic pain



MASSACHUSETTS

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Medical Policy

Implantable Peripheral Nerve Stimulation for Chronic Pain Conditions

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NCD/LCD: N/A

Related Policies
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Percutaneous and Subcutaneous Tibial Nerve Stimulation, #583
Peripheral Subcutaneous Field Stimulation; #513
Percutaneous Electrical Nerve Stimulation, Percutaneous Neuromodulation Therapy, and Restorative Neurostimulation Therapy, #172

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Peripheral nerve stimulation as a treatment for chronic pain is considered **INVESTIGATIONAL**.

Other commercial plans with PNS coverage

Payer	Link to Policy
Aetna	Electrical Stimulation for Pain - Medical Clinical Policy Bulletins | Aetna
BCBS AL	https://al-policies.exploremyplan.com/portal/web/medical-policies/-/mp-623?p_l_back_url=%2Fportal%2Fweb%2Fal-policies%2Fsearch%3Fq%3Dperipheral%2Bnerve%2Bstimulation
Medical Mutual of Ohio	https://www.medmutual.com/-/media/MedMutual/Files/Providers/CorporateMedicalPolicies/201004_Implantable-or-Percutaneous-Peripheral-Nerve-Stimulation-for-Chronic-Intractable-Pain.pdf
Priority Health	file:///C:/Users/bv1098/Downloads/91634-R0%20(6).pdf
BCBS KS	https://www.bcbsks.com/medical-policies/implanted-peripheral-nerve-stimulator-pns-pain-control
Capital BlueCross	https://www.capbluecross.com/wps/wcm/connect/prod_nws.capblue.com29556/53a77a26-cf5f-4083-8357-b1c0d9af14c2/medical-policy-implantable-electrical-nerve-stimulators.pdf?mod=ajperes
PacificSource Health Plan	https://pacificsource.com/sites/default/files/2023-08/Spinal%20Cord%20and%20Peripheral%20Nerve%20Stimulators.pdf
Moda Health	https://www.modahealth.com/-/media/modahealth/shared/medical-necessity-criteria/ElectricalStimulatorsForHomeUse.pdf
Health New England (Baystate Health)	https://healthnewengland.org/Portals/_default/Shared%20Documents/providers/2023/Peripherally%20Implanted%20Nerve%20Stimulation.pdf?ver=DTheXmajEaQkXUSvcPjVoA==