



MASSACHUSETTS

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Medical Policy

Implantable Peripheral Nerve Stimulation for Chronic Pain Conditions

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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.

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.

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

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.

Policy History

Date	Action
11/2024	New medical policy describing investigational indications. PNS to treat chronic pain of peripheral nerve origin is considered investigational. Effective 11/1/2024.

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

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2. Dworkin RH, Turk DC, Farrar JT, et al. Core outcome measures for chronic pain clinical trials: IMMPACT recommendations. *Pain*. Jan 2005; 113(1-2): 9-19. PMID 15621359
3. Dworkin RH, Turk DC, Wyrwich KW, et al. Interpreting the clinical importance of treatment outcomes in chronic pain clinical trials: IMMPACT recommendations. *J Pain*. Feb 2008; 9(2): 105-21. PMID 18055266
4. Char S, Jin MY, Francio VT, et al. Implantable Peripheral Nerve Stimulation for Peripheral Neuropathic Pain: A Systematic Review of Prospective Studies. *Biomedicines*. Oct 17 2022; 10(10). PMID 36289867
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9. Strand N, D'Souza RS, Hagedorn JM, et al. 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; 15: 2483-2504. PMID 36039168
10. Centers for Medicare & Medicaid. National Coverage Determination (NCD) for Peripheral Nerve Stimulation (L34328). 2019; <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=34328>. Accessed May 7, 2024.