MEDICAL POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Peripheral Nerve Stimulators for Treatment of Pain-OH MCD-MM-1333	08/01/2025
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

A. Subject

Peripheral Nerve Stimulators for Treatment of Pain

B. Background

The role of peripheral nerves as sources of pain and avenues of treatment when conservative therapy has failed is being more extensively explored than in previous years. Neuromodulation of peripheral nerves to treat refractory pain is one such area of interest. The neuromodulation of peripheral nerves to reduce pain, known as peripheral nerve stimulation (PNS), has been developed as a minimally invasive pain management modality intended to manage acute and chronic pain.

The proposed mechanism of action, referred to as the gate control theory, involves a method by which stimulation of large-diameter sensory neurons reduces transmission of painful stimuli from small nociceptive fibers to the brain. The stimulation system is placed adjacent to the nerve, a process commonly known as remote selective targeting. The lead is connected to a small, wearable stimulator. Depending on the device, the wearer may be able to adjust the level of stimulation using Bluetooth technology.

C. Definitions

- **Acute Pain** – Pain lasting 4 weeks or less.
- **Chronic Pain** – A distressing feeling often caused by intense or damaging stimuli (pain) lasting more than 3 months, which is considered beyond normal healing time.
- **Conservative Therapy** – A multimodality plan of care for treating pain non-surgically, including active and inactive conservative therapies.
  - **Active** – A type of action or activity to strengthen supporting muscle groups and target key spinal structures, including physical therapy, occupational therapy, a physician-supervised home exercise program (HEP), and/or chiropractic care.
  - **Inactive** – Lack of activity on behalf of the patient that aids in treating symptoms associated with pain but not necessarily the underlying source, including rest, ice, heat, medical devices, acupuncture, and/or prescription medications.
- **Minimally Invasive** – Procedures involving entry into the living body through a small incision to lessen recovery time, level of pain, and risk of infection.
- **Sub-Acute Pain** – Pain lasting between 4 and 12 weeks.

D. Policy

I. Any drug, biologic, device, diagnostic, product, equipment, procedure, treatment, service, or supply used in or directly related to the diagnosis, evaluation, or treatment of a disease, injury, illness, or other health condition which CareSource determines in its sole discretion to be experimental or investigational is not covered by CareSource.

II. Peripheral nerve stimulators are considered experimental and investigational and are unproven for all indications for the reduction of acute, sub-acute, and chronic pain.

III. Peripheral nerve stimulators are not covered. This includes, but is not limited to:
   A. IB-Stim
   B. SPRINT PNS System
   C. Nalu Neurostimulation System
   D. StimRouter Neuromodulation System
   E. Moventis PNS
   F. StimQ PNS System

E. Conditions of Coverage

N/A

F. Related Policies/Rules

Medical Necessity Determinations
Experimental and/or Investigational Item or Service

G. Review/Revision History

	DATE	ACTION
Date Issued	10/01/2022	
Date Revised	07/29/2022	Converted from administrative policy (AD-1201) to medical policy.
	02/15/2023	Annual review. Updated definitions.
	01/17/2024	Annual review: references updated; approved at Committee.
	06/05/2024	Revised Background, added D. III. A. Approved at Committee
	05/07/2025	Annual review- references updated, approved at Committee.
Date Effective	08/01/2025	
Date Archived		

H. References

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Approved by ODM on 05/13/2025