MEDICAL POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Peripheral Nerve Stimulators for Treatment of Pain-OH MCD-MM-1333	06/01/2026
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.

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A. Subject

Peripheral Nerve Stimulators for Treatment of Pain

B. Background

The role of targeting and treating peripheral nerves as sources of pain 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 is commonly known as peripheral nerve stimulation (PNS), peripheral nerve field stimulation (PNFS), and percutaneous-eletrical nerve field stimulation (PENFS). It 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.
- **Sub-Acute Pain** – Pain lasting between 4 and 12 weeks.

D. Policy

I. Peripheral nerve stimulation for pain management is considered experimental and investigational due to limited evidence published in peer-reviewed medical literature to support its long-term safety and efficacy. Examples of PNS devices include, but are not limited to:
   A. IB-Stim (NeurAxis)
   B. Moventis PNS
   C. Nalu Neurostimulation System
   D. Nerivio
   E. SPRINT PNS System
   F. StimQ PNS System
   G. StimRouter Neuromodulation System

E. Summary of Evidence

West et al. (2024) published the findings of a 2-year multicenter analysis of 126 patients to aid in determining the long-term effectiveness of PNS and if there was an impact to opioid consumption with PNS treatment. The study found no changes in opioid consumption after 24 months and due to the substantial loss to follow-up, the long-term effectiveness of PNS could not be determined.

Chogle et al. (2024) conducted a multicenter, prospective open-label study for children ages 8-18 who underwent PENFS. 371 participants were enrolled and 292 had sufficient data on at least one of the three outcome surveys. Outcomes were assessed at baseline, weekly until the last visit, and follow-up time points. After 3 weeks, there was significant loss of participation (76/290), which increased through the 12-month follow-up period (12/290). The study concluded that the significant loss of participation in extended follow-up made it difficult to understand the long-term suitability of PENFS.

Goree et al. (2024) conducted a multicenter, randomized, double-blind, placebo-controlled trial for treating chronic, persistent postoperative pain after total knee arthroplasty for end-stage knee osteoarthritis with percutaneous peripheral nerve stimulation. PNS provides great pain relief and reduced opioid use within the first two weeks after surgery and this study aimed to determine if pain management could continue for persistent, chronic pain. 29 patients underwent treatment with the device for 8 weeks and continued follow up at 3, 6, 9, and 12 months. 27 patients underwent placebo treatment with follow up at the same intervals. A greater proportion of patients in the PNS group versus the placebo group had ≥ 50% reduction in pain relief through weeks 5-8. Prospective follow-up is on going to determine long term results.

F. Conditions of Coverage

N/A

G. Related Policies/Rules

Medical Necessity Determinations
Experimental and/or Investigational Item or Service

H. 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.
	01/28/2025	Annual review, added Nerivio to D. III. Section E., Summary of Evidence, added. Approved at Committee
Date Effective	06/01/2026	
Date Archived		

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