Medica Central Coverage Policy

Policy Name:	**Implantable Peripheral Nerve Stimulator for Treatment of Pain MP9769**
Effective Date:	**11/01/2025**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Implanted peripheral nerve stimulators for the treatment of pain are considered investigative and unproven and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

Note: See also related coverage policies: *Interferential Current Stimulation, Percutaneous Neuromodulation Therapy (PNT) for the Treatment of Pain, Scrambler Pain Therapy,* and *Transcutaneous Electrical Joint Stimulation Devices.*

Description

Implanted peripheral nerve stimulation, also referred to as peripheral neuromodulation therapy, uses implanted electrode leads to deliver peripheral neurostimulation (PNS) to affected nerves for the relief of chronic pain of peripheral nerve origin. Examples of implantable devices that are available for use include, but are not limited to,the StimRouter NeuroModulation System, the SPRINT PNS System, and the Nalu Neurostimulation System. StimRouter is intended for long-term implantation and is indicated for adjunctive pain management in adults with severe intractable chronic pain. SPRINT is indicated for up to 60 days of use in the treatment of pain in the back and/or extremities for symptomatic relief of chronic, intractable, acute post-surgical and post-traumatic pain. The Nalu Neurostimulation System is an example of a partially implanted, externally powered neurostimulation device intended for peripheral nerve stimulation. The system is indicated for use in a multidisciplinary approach for chronic, intractable pain of the trunk and/or limbs, including unilateral or bilateral pain. It has also been FDA approved for spinal cord stimulation. ReActiv8 is intended to treat intractable chronic low back pain associated with multifidus muscle dysfunction who are not candidates for spine surgery. None of these devices are intended for the treatment of pain in the craniofacial region.

FDA Approval

Peripheral nerve stimulators are subject to FDA approval. Devices that have received FDA approval include, but are not limited to:

- StimRouter NeuroModulation System (Bioness, Inc.): FDA approved in February 2015.
- SPRINT PNS System (SPR Therapeutics, LLC): FDA approved in March 2017, based on the predicate device, SmartPatch.
- Freedom Peripheral Nerve Simulator (formerly StimQ PNS System): FDA approved in March 2016, based on multiple predicate devices.
- Moventis PNS System (Micron Medical Corporation): FDA approved in August 2020, based on the predicate devices, StimQ PNS System and Freedom SCS System.
- Nalu Neurostimulation System (Nalu Medical, Inc.): FDA approved for peripheral nerve stimulation in March 2019, based on the predicate device, Stim Q PNS.
- ReActiv8 (Mainstay Medical): FDA approved in June 2020 for the treatment of lower back pain.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

- **64555 -** Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- **64575 -** Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- **C9807 -** Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, nonopioid medical device (must be a qualifying Medicare nonopioid medical device for postsurgical pain relief in accordance with Section 4135 of the CAA, 2023)

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	Committee/Source	Date(s)
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