



**American Society of Regional Anesthesia and Pain Medicine**

*Advancing the science and practice of regional anesthesiology and pain medicine to improve patient outcomes through research, education, and advocacy*

3 Penn Center West | Suite 224 | Pittsburgh, PA 15276 | [www.asra.com](http://www.asra.com)



**American Society of  
Anesthesiologists™**



December 30, 2020

Maurice Smith, President and CEO  
Health Care Service Corporation  
300 E. Randolph St.  
Chicago, IL 60601-5014

Dear Mr. Smith,

On behalf of the American Society of Regional Anesthesia and Pain Medicine (ASRA), the American Society of Anesthesiologists (ASA), and the North American Neuromodulation Society (NANS), we are writing to submit feedback regarding the draft medical policy “[Peripheral Nerve Stimulation \(PNS\) and Peripheral Nerve Field Stimulation \(PNFS\)](#),” number MED205.036.<sup>1</sup> This draft language has created significant concern among the pain medicine community given the increasingly important role that PNS plays in the management of persistent and chronic pain.

ASRA is a voluntary professional membership organization representing chronic and acute pain medicine physicians both nationally and internationally. We are dedicated to the use of evidence-based, non-opioid pain management therapies to treat patients with chronic and acute pain when medically appropriate and evidence-based, as well as the safe use of opioid therapies when necessary for patient care. Our membership of more than 5,000 practitioners includes solo practitioners, small group practice members, and practitioners in large private and academic healthcare systems. ASA has over 54,000 members involved in the medical specialty of anesthesiology, critical care, and pain medicine dedicated to patient safety and the care and treatment of pain. NANS is a multidisciplinary specialty medical organization representing 1,800 professionals engaged in the field of neuromodulation. NANS seeks to promote and advance the highest quality patient care and improve function and quality of life.

In accordance with the U.S. Department of Health and Human Services’ Pain Management Best Practices Inter-Agency Task Force recommendations,<sup>2</sup> we strongly believe that it is critically important that we are able to offer all patients safe and effective treatment options to address their chronic pain. 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. Limiting long-term opioid use—especially when safe and effective options such as PNS are available—is the main goal established by the Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain.<sup>3</sup>

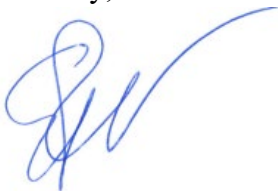
Recently, Deer et al. conducted a systematic literature review evaluating PNS for pain.<sup>4</sup> They critically analyzed 14 randomized controlled trials for a variety of painful disorders and concluded that PNS offers moderate-to-strong evidence for effective treatment of pain and improvement of quality of life.

These findings are consistent with a growing body of evidence that neuromodulation in general, and PNS in particular,<sup>6,7</sup> may reduce opioid use in both the acute and chronic pain setting as well as improve function, disability, and quality of life scores.<sup>8</sup> Whereas older peripheral nerve systems utilized spinal cord stimulation leads, which were subject to high migration and complication rates, newer systems have been adapted to target individual peripheral nerves with lower reported adverse events. Systems are available that result in long-term (> 1 year) relief with short-term (< 60 days) stimulation (ideal for younger individuals),<sup>5,9</sup> and that are implanted permanently for refractory conditions such as migraine.<sup>10</sup> 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.

In light of the above, we urge HCSC to decline implementing this draft policy and allow coverage of the Peripheral Nerve Stimulation (PNS) system when medically necessary in the treatment of patients suffering from moderate-to-severe subacute and chronic pain who have failed conservative treatment.

We appreciate your company's consideration of our comments on the draft policy. If you have any questions or comments about our feedback, please do not hesitate to contact ASRA Executive Director Angie Stengel at 412-471-2718 or [astengel@asra.com](mailto:astengel@asra.com), ASA Senior Congressional & Political Affairs Manager, Ashley Walton at [a.walton@asahq.org](mailto:a.walton@asahq.org), or NANS Executive Director Chris Welber at [cwelber@neuromodulation.org](mailto:cwelber@neuromodulation.org).

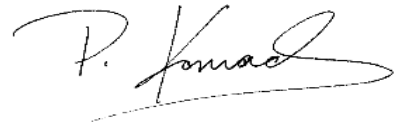
Sincerely,



Eugene R. Viscusi, MD  
ASRA President



Beverly Philip, MD, FACA, FASA  
ASA President



Peter Konrad, MD, PhD  
NANS President

## References

1. BlueCross BlueShield of Texas. Peripheral Nerve Stimulation (PNS) and Peripheral Nerve Field Stimulation (PNFS). HCSC Draft Policy MED205.036. Available at <http://www.medicalpolicy.hcsc.net/medicalpolicy/draftPolicyPage?lid=kin31zaa&corpEntCd=TX>. Accessed December 18, 2020.
2. U.S. Department of Health & Human Services. Pain Management Best Practices Inter-Agency Task Force: Updates, Gaps, Inconsistencies, and Recommendations. 2019, May 9. Available at: <https://www.hhs.gov/ash/advisory-committees/pain/index.html>. Accessed December 18, 2020.
3. Dowell D, Haegerich TM, Chou R. [CDC Guideline for Prescribing Opioids for Chronic Pain](#). 2016, Mar 18. Available at: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>. Accessed December 18, 2020.
4. Deer TR, Esposito MF, McRoberts WP, et al. A systematic literature review of peripheral nerve stimulation therapies for the treatment of pain. *Pain Med*. 2020;21:1590-1603. doi: 10.1093/pm/pnaa030
5. Ilfeld BM, Ball ST, Cohen SP, et al. Percutaneous peripheral nerve stimulation to control postoperative pain, decrease opioid use, and accelerate functional recovery following orthopedic trauma. *Mil Med*. 2019 Mar 1;184(Suppl 1):557-64. doi: 10.1093/milmed/usy378
6. Cohen S, Gilmore C, Kapural L, et al. Percutaneous peripheral nerve stimulation for pain reduction and improvements in functional outcomes in chronic low back pain. *Mil Med*. 2019 Mar 1;184(Suppl 1):537-41. doi: 10.1093/milmed/usy310
7. Deckers K, De Smedt K, Mitchell B, et al. new therapy for refractory chronic mechanical low back pain-restorative neurostimulation to activate the lumbar multifidus: one year results of a prospective multicenter clinical trial. *Neuromodulation*. 2018;21(1):48-55. doi: 10.1111/ner.12741
8. Pollard EM, Lamer TJ, Moeschler SM, et al. The effect of spinal cord stimulation on pain medication reduction in intractable spine and limb pain: a systematic review of randomized controlled trials and meta-analysis. *J Pain Res*. 2019;12:1311-24. doi: 10.2147/JPR.S186662.
9. Yang Y, Song M, Fan Y, Ma K. occipital nerve stimulation for migraine: a systematic review. *Pain Pract*. 2016;16(4):509-17. doi: 10.1111/papr.12303