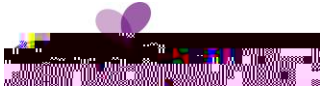


MEDICAL POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
Peripheral Nerve Stimulators for Treatment of Pain-GA MCD-MM-1429	06/01/2024
Policy Type	
MEDICAL	

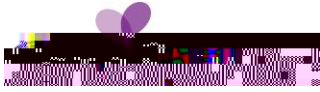
Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those



A. Subject

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

The MEDICAL Policy Statement detailed a



- cross-sectional survey of implanters. *Pain Pract.* 2022;22(5):508-515.
doi:10.1111/papr.13105
11. Smith BJ, Twohey EE, Dean KP, D'Souza RS. Peripheral nerve stimulation for the treatment of postamputation pain: a systematic review. *Am J Phys Med Rehabil.* 2023;102(9):846-854. doi:10.1097/PHM.0000000000002237
 12. Strand N, D'Souza RS, Hagedorn JM. 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. doi:10.2147/JPR.S362204
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GA-MED-P-2628450

Issue Date 12/15/2023

Approved DCH 02/20/2024

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.