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February 12, 2026

Cigna

Emailed: medical.policy-reviewrequest@cigna.com

Re: Comment on Cigna Peripheral Nerve Stimulation and Peripheral Nerve Field Stimulation – Medical Coverage Policy 0539 (Scheduled Review: March 15, 2026)

Dear Medical Policy Committee,

On behalf of the **American Academy of Pain Medicine (AAPM)**, thank you for the opportunity to provide comments regarding Cigna's Peripheral Nerve Stimulation (PNS) medical policy, which currently classifies PNS as *not medically necessary*. We respectfully submit these comments in advance of the March 15, 2026, policy review.

AAPM is a national medical specialty society representing physicians and multidisciplinary clinicians dedicated to the diagnosis and treatment of acute, chronic, and cancer-related pain. Our members practice across academic, hospital-based, and community settings and are responsible for the longitudinal management of complex pain conditions. Based on current evidence and clinical experience, AAPM believes that **peripheral nerve stimulation represents a medically necessary and evidence-based treatment option for appropriately selected patients with chronic pain**.

Role of PNS in Contemporary Pain Medicine
Peripheral nerve stimulation has become an important component of modern, evidence-based pain care. For patients who fail conservative therapies—such as physical therapy, medications, and image-guided injections—PNS offers a **minimally invasive, non-destructive, and reversible option** that can meaningfully improve pain and function.

From a pain medicine perspective, PNS fills a critical gap between conservative management and more invasive or permanent interventions. It allows clinicians to individualize care, address focal pain generators, and avoid escalation to long-term opioid therapy or irreversible surgical procedures when possible.

FDA-Cleared PNS Systems in Routine Clinical Practice
Peripheral nerve stimulation is not an experimental concept, but rather a class of therapies supported by multiple **FDA-cleared systems currently in widespread clinical use**. These systems include both temporary and implanted platforms that have undergone regulatory review for safety and effectiveness. Examples include:

- **SPRINT® PNS System (SPR Therapeutics)** – a temporary, 60-day percutaneous PNS system designed to provide neuromodulation therapy without permanent implantation, supported by randomized controlled trials demonstrating sustained benefit beyond the treatment period.

- **Nalu™ Neurostimulation System (Nalu Medical)** – a miniaturized implanted system powered externally, with clinical studies demonstrating improvements in pain, function, and quality of life.
- **Freedom® PNS System (Curonix)** – an implanted lead-based PNS system with external power delivery, supported by Level I evidence demonstrating meaningful pain reduction and functional improvement.
- **StimRouter® and TalisMann™ PNS Systems (Bioventus)** – implanted PNS systems with external components, supported by randomized controlled trial data and long-standing clinical experience.

The availability of multiple FDA-cleared systems allows clinicians to select the most appropriate approach based on patient anatomy, pain etiology, duration of symptoms, and overall treatment goals.

Clinical Evidence Supporting Medical Necessity
The clinical evidence supporting PNS has expanded substantially and now includes:

- **More than a dozen randomized controlled trials**, including sham-controlled and usual-care-controlled studies
- Prospective, multicenter clinical trials
- Follow-up data demonstrating durable improvements in pain and function

Across these studies, PNS has consistently demonstrated clinically meaningful reductions in pain intensity, improvements in physical function, and reductions in pain-related interference with daily activities. These outcomes are particularly relevant to payers, as functional improvement and reduced reliance on ongoing medical interventions are key indicators of value-based care.

Safety Profile and Risk Considerations
The safety profile of contemporary PNS systems is favorable and well-characterized. Reported adverse events are typically **mild, localized, and transient**, such as temporary skin irritation or lead-related issues. Serious complications and permanent neurologic injury have not been reported in the peer-reviewed literature for FDA-cleared percutaneous PNS systems.

Alignment with Evidence-Based Guidelines and Care Pathways
Peripheral nerve stimulation is recognized within multiple professional society guidelines as an evidence-based option for patients with chronic pain who have failed conservative management. These guidelines emphasize appropriate patient selection, documentation of functional outcomes, and integration of PNS within comprehensive pain care pathways.

AAPM believes that coverage of PNS supports broader healthcare priorities, including:

- Expansion of **non-opioid pain treatment options**
- Improved functional outcomes for patients with chronic pain
- Reduction in escalation to more invasive or irreversible procedures

Request for Policy Revision
In advance of Cigna's upcoming policy review, **AAPM respectfully requests that Medical Policy 0539 be revised to recognize Peripheral Nerve Stimulation as medically necessary for appropriately selected patients with chronic pain**.

We encourage Cigna to align its policy with the current clinical evidence, FDA regulatory status, and coverage approaches already adopted by other major payers. Doing so would promote evidence-based care, support responsible utilization, and ensure appropriate patient access to effective pain management therapies.
AAPM welcomes the opportunity to engage in further discussion with Cigna's medical policy team to review the evidence and assist in developing clear, clinically appropriate coverage criteria.

Thank you for your consideration.

Sincerely,

Antje Barreveld, MD
President
American Academy of Pain Medicine (AAPM)