

Origination 12/1/2026



Effective 12/1/2026
Last Revised 10/14/2026
Next Review 12/1/2027

Area Medical
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Single-Use Percutaneous, Peripheral Nerve Stimulation Systems

PURPOSE:

This policy addresses The Health Plan's coverage position regarding single-use percutaneous peripheral nerve stimulator systems.

DESCRIPTION:

The SPRINT PNS System is a single-use, 60-day standalone device with disposable system components, which involves a temporary wire or electrode placed through the skin rather than a permanent surgical implantation. It works by emitting gentle electrical pulses that block the pain signals before they reach the brain. It does not require a trial of percutaneous stimulation.

Note: Although some commercial carriers consider the Sprint PNS system to be classified under Durable Medical Equipment (DME), Medicare does not. Medicare classifies this item under **"Other Therapeutic Services and Supplies"**. The Health Plan will follow Medicare's classification.

COVERAGE GUIDELINES:

The Health Plan complies with all Medicare National Coverage Determinations (NCD's), applicable Local Coverage Determinations (LCD's), and WV Bureau for Medical Services guidelines for all therapies, items, services, and/or procedures that are covered benefits under Medicare or Medicaid. If the coverage

criteria in this policy conflict with any NCD's, relevant LCD, or WV BMS guidelines, the relevant document controls the application of services regardless of the version of the NCD, LCD, or WV BMS guideline listed in the reference section.

No Medicare NCD or LCD that included code C9807 was found during the literature search.

Single-use peripherally implanted nerve stimulators are covered for members with a diagnosis of intractable neuropathic pain when all the following criteria are met.

- Member has chronic intractable pain, refractory to other methods of treatment (e.g., analgesics and other medications (including TCAs, SSRIs, SNRIs and antiseizure medications, where appropriate), physical therapy (in-person for at least 6 weeks in the past year), local injection, surgery); and
- Member is not addicted to drugs (per American Society of Addiction Medicine guidelines); and
- There is no psychological contraindication to peripheral nerve stimulation (Note: formal psychological evaluation not required); and
- There is objective evidence of pathology (e.g., electromyography/nerve conduction studies and diagnostic blocks of the specific affected nerve(s)) and the specific nerve(s) to be stimulated are named.
- Medicare members will also be covered for indications cited in the NOPAIN Act in hospital outpatient departments (HOPD) and ambulatory surgical centers (ASC).

NON-COVERAGE STATEMENT:

A single-use percutaneous peripheral nerve stimulator, described by HCPCS code C9807, is not covered by West Virginia Medicaid plans. If a trial or implantation of a peripheral percutaneous nerve stimulator is requested for a West Virginia Medicaid member, please use the appropriate CPT code for the covered service such as 64555, 64561 etc...<https://bms.wv.gov/media/41303/download?inline>

Unless listed under Coverage Guidelines above, single-use peripheral nerve stimulation (e.g., SPRINT PNS System) devices are not covered for any indication other than intractable neurogenic pain. The following list is not all-inclusive.

Chronic abdominal pain

Cluneal nerve for treatment of sacroiliac joint-mediated pain, back pain and other indications

Genicular nerves for knee pain (all indications)

Intercostal neuralgia

Medial branch nerve stimulation

Occipital neuralgia and other headache types

Post-herpetic neuralgia

Saphenous nerve stimulation for knee pain

Shoulder pain

Suprascapular nerve entrapment

Note: The SPRINT (peripheral subcutaneous field stimulation (PNFS)) (no specific code) for the treatment of complex regional pain syndrome, low back pain, nerve root and plexus disorders is not covered.

CODING GUIDELINES:

Providers are reminded to use the specific CPT or HCPCS code for services requested. Miscellaneous/nonspecific codes should only be used when there is no assigned code for the service requested. There are specific assigned codes for the SPRINT PNS System.

A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)

DOCUMENTATION REQUIREMENTS:

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available with claim submission or precertification as applicable.

REFERENCES:

American Society of Addiction Medicine guidelines

Centers for Medicare & Medicaid Services. (2015, October 1). *Local coverage determination: Peripheral nerve stimulation (L34328)*. <https://cms.gov>

Centers for Medicare & Medicaid Services. (2018, August 27). *Local coverage determination: Peripheral nerve stimulation (L37360)*. <https://cms.gov>

Centers for Medicare & Medicaid Services. (1995, August 7). *National coverage determination: Electrical nerve stimulators (160.7)*. <https://cms.gov>

Centers for Medicare & Medicaid Services. (2026, September 1). *Non-opioid treatments for pain relief*. U.S. Department of Health and Human Services. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient-pps/non-opioid-treatments-pain-relief>

ECRI Institute. (2023, December 1). *Sprint peripheral nerve stimulation system* (SPR Therapeutics, LLC) for treating pain. <http://home.ecri.org>

Gabriel, R. A., & Ilfeld, B. M. (2021). Acute postoperative pain management with percutaneous peripheral nerve stimulation: the SPRINT neuromodulation system. *Expert review of medical devices*, 18(2),

145–150. <https://doi.org/10.1080/17434440.2021.1877134>

Gabriel, R. A., & Ilfeld, B. M. (2022). Extending Perioperative Analgesia with Ultrasound-Guided, Percutaneous Cryoneurolysis, and Peripheral Nerve Stimulation (Neuromodulation). *Anesthesiology clinics*, 40(3), 469–479. <https://doi.org/10.1016/j.anclin.2022.05.002>

Gilmore, C., Ilfeld, B., Rosenow, J., Li, S., Desai, M., Hunter, C., Rauck, R., Kapural, L., Nader, A., Mak, J., Cohen, S., Crosby, N., & Boggs, J. (2019). Percutaneous peripheral nerve stimulation for the treatment of chronic neuropathic postamputation pain: a multicenter, randomized, placebo-controlled trial. *Regional anesthesia and pain medicine*, 44(6), 637–645. <https://doi.org/10.1136/rapm-2018-100109>

Hayes, Inc. (2025, February 27). SPRINT PNS system (SPR Therapeutics) for chronic pain. <https://evidence.hayesinc.com>

NOPAIN Act, H.R. 5172, 116th Cong. (2019). <https://www.congress.gov/bill/116th-congress/house-bill/5172>

Optum360. (2025). 2026 *current procedural coding expert: Professional edition*. Optum360

Pricing, Data Analysis and Coding. (2026). Palmetto GBA. <https://www.dmepdac.com>

U.S. Food and Drug Administration. (2017, June 26). 510(k) summary: Sprint system. <https://fda.gov>

West Virginia Department of Human Services, Bureau for Medical Services. (2026). *Durable medical equipment fee schedule*. <https://bms.wv.gov/index%2Ephp/providers/west-virginia-medicaid-fee-schedules>

West Virginia Department of Human Services, Bureau for Medical Services. (2026). *West Virginia Medicaid national physician fee schedule relative value file*. <https://bms.wv.gov/index%2Ephp/providers/west-virginia-medicaid-fee-schedules>

Wilson, R. D., Bennett, M. E., Nguyen, V. Q. C., Bock, W. C., O'Dell, M. W., Watanabe, T. K., Amundson, R. H., Hoen, H. A., & Chae, J. (2018). Fully Implantable Peripheral Nerve Stimulation for Hemiplegic Shoulder Pain: A Multi-Site Case Series With Two-Year Follow-Up. *Neuromodulation : journal of the International Neuromodulation Society*, 21(3), 290–295. <https://doi.org/10.1111/ner.12726>

RELATED POLICIES:

N/A

POLICY HISTORY:

New 12/1/2026

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual

claims may be affected by other factors, including, but not necessarily limited to, state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and they are subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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The use of specific product names is not intended to be a recommendation of a particular product. It is not intended to be a comprehensive listing of all available products.

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

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