August 6, 2025

Dr. Robert McDonough, Head of Clinical Policy Research & Development
Aetna
Hartford, Connecticut
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Subject: Addressing Patient Access to PNS Treatments

Dear Dr. McDonough,

We are writing on behalf of the members our undersigned societies represent to draw your attention to concerns around access to care for peripheral nerve stimulation (PNS) therapy. Our members include anesthesiologists, interventional radiologists, neurologists, neurosurgeons, orthopedic surgeons, physiatrists, psychologists, engineers, scientists, and health care professionals. Collectively, we are dedicated to improving access to treatment for patients suffering with debilitating pain.

Our members are expressing serious concerns regarding ongoing prior authorization delays and denials for patients seeking access to this life-changing, non-opioid treatment option. Despite a favorable National Coverage Determination (NCD) for PNS, our members have expressed that they are facing alarmingly low approval rates for PNS therapies. Based upon our review of NCD 160.7[2], NANS firmly believes that PNS treatment is a covered benefit for Medicare beneficiaries.
In addition to our review of NCD 160.7, we've reviewed the Medicare Managed Care Manual, Chapter 4 - Benefits and Beneficiary Protections (Rev. 121, Issued: 04-22-16)[1]. Section 10.2 outlines the coverage parameters that MCOs must follow. We would like to draw your attention to these two statements specifically:

10.2 – Basic Rule (Rev. 121, Issued: 04-22-16, Effective: 04-22-16, Implementation: 04-22-16)

MA plans must provide their enrollees with all basic benefits covered under original Medicare. Consequently, plans may not impose limitations, waiting periods or exclusions from coverage due to pre-existing conditions that are not present in original Medicare.
Access: MA enrollees must have access to all medically necessary Part A and Part B services. However, MA plans are not required to provide MA enrollees the same access to providers that is provided under original Medicare (see accessibility rules for MA plans under section 110 of this chapter).

We recommend that Aetna Medicare beneficiaries receive the same access to this life-changing treatment as those covered by Traditional Medicare. According to statutory requirements, Aetna must provide its beneficiaries with the same level of care as Traditional Medicare (Social Security Act § 1852(a)(1); 42 C.F.R. § 422.101(a)). This obligation is not currently being fulfilled, as members are being denied under commercial policy guidelines.

We are committed to working with Aetna to promote the highest quality, most efficient patient care for patients dealing with chronic pain and other conditions that may be with targeted electrical, chemical, and biological technologies to the nervous system to improve function and quality of life. We are open to a call to discuss our concerns, we look forward to finding a resolution, so all Medicare beneficiaries have access to PNS therapies.

Sincerely,

American Academy of Pain Medicine
American Academy of Physical Medicine and Rehabilitation
American Association of Neurological Surgeons
American Society of Anesthesiologists
American Society of Neuroradiology
American Society of Regional Anesthesia and Pain Medicine
American Society of Spine Radiology
Congress of Neurological Surgeons
International Pain and Spine Intervention Society
North American Neuromodulation Society
North American Spine Society

Society for Interventional Radiology