AMERICAN ASSOCIATION OF
NEUROLOGICAL SURGEONS
KATIE O. ORRICO, *CEO*
5550 Meadowbrook Drive
Rolling Meadows, IL 60008
Phone: 888-566-AANS
Fax: 847-378-0600
info@aans.org

President
E. SANDER CONNOLLY, JR., MD
New York, New York

CONGRESS OF
NEUROLOGICAL SURGEONS
REGINA SHUPAK, *CEO*
10 North Martingale Road, Suite 190
Schaumburg, IL 60173
Phone: 877-517-1CNS
FAX: 847-240-0804
info@cns.org

President
MARTINA STIPPLER, MD
Boston, Massachusetts

VIA ELECTRONIC TRANSMISSION

October 30, 2025

D. Scott Kreiner, MD
North American Spine Society
7075 Veterans Blvd.
Burr Ridge, IL 60527

SUBJECT: NASS Draft Model Coverage Policy on Spinal Cord Stimulator

Dear Dr. Kreiner:

On behalf of the American Association of Neurological Surgeons (AANS), and the Congress of Neurological Surgeons (CNS), we appreciate the opportunity to comment on the North American Spine Society's (NASS) draft model coverage policy recommendation for spinal cord stimulation (SCS).

We are generally in agreement with the policy but have the following concerns. Below we have noted the NASS statement from the policy, followed by our **AANS/CNS comments in bold text**.

NASS Coverage Recommendations:

The draft policy states that a SCS trial is indicated when ALL the following criteria are met.

1. The patient has moderate-to-severe axial spine and/or extremity pain attributable to the spine or neuropathic in nature, causing some degree of functional deficit.

The criteria include axial and extremity pain but patients can have neuropathic visceral pain as well, for which SCS is an option. We would recommend the wording below to modify the criteria to add neuropathic visceral pain to align with the soon to be published evidence-based guidelines from the Congress of Neurological Surgeons and the North American Neuromodulation Society (NANS):

a. The patient has moderate-to-severe axial and/or extremity pain attributable to the spine or neuropathic in nature, e.g. CRPS types I and II, neuropathic visceral pain, peripheral vascular disease, diabetic neuropathy, causing some degree of functional deficit.

2. The pain has been present for at least 6 months and has persisted despite the failure of multiple conservative nonsurgical treatments, such as medications, physical therapy, psychological therapy, or other modalities, or has persisted despite previous surgical intervention**. We agree with this point.**

3. No active substance abuse issues. **We agree with this point.**

WASHINGTON OFFICE
CHARLOTTE E. PINEDA, VP, Health Policy & Advocacy
25 Massachusetts Avenue, NW, Suite 610, Washington, DC 20001
Phone: 202-628-2072 Fax: 202-628-5264 E-mail: cpineda@neurosurgery.org

4. Psychological evaluation has ruled out known risk factors such as significant cognitive dysfunction, active psychosis, untreated or poorly controlled addiction, and untreated or poorly controlled psychological disorders. **We agree with this point.**

5. There is no identifiable cause for the patient's pain that can be reasonably addressed with surgery, or the patient is deemed not a candidate for major surgical intervention due to medical comorbidities or elevated surgical risk. **We have several concerns with this wording. We believe that this implies that all patients under consideration for a trial of SCS would need to be seen by a spine surgeon and that spinal surgery, if offered, would take precedence over a trial of SCS, regardless of patient preferences. SCS has been shown in randomized trials to be superior to repeat spinal surgery when there is no overt instability or progressive neurologic deficit attributable to neural compression.[1] Moreover, while a patient may be a candidate for a spinal surgery, they should be free to choose to instead undergo a trial of SCS rather than have the trial denied because the larger procedure is an option.**

SCS implantation is indicated when the following criteria are met:

1. The patient successfully completes a spinal cord stimulation trial, achieving at least a 50% reduction in pain and some improvement in functional status for at least 72 hours. **We have some concern about this criteria. Some patients only undergo 3-4 day trials. We would prefer the following language:**

    a. **The patient successfully completes a spinal cord stimulation trial of at least 72 hours, achieving at least a 50% reduction in pain and some improvement in functional status.**

NASS has provided a number of scenarios in which SCS implantation is NOT indicated.

We agree with most of these contraindications.

However, we have concerns regarding criteria #7 for non-indication for SCS implantation regarding repeat trials. We believe that this proposed wording does not account for several important technical factors that can result in a poor trial outcome, an incomplete trial, or merit a repeat trial and could thus disadvantage patients. We recommend the following wording:

a. It may be reasonable to consider a repeat SCS trial in the following circumstances:
- **i. If the initial trial was insufficient due to technical factors (including, but not limited to, inability to appropriately position percutaneous electrodes, significant electrode migration causing loss of coverage)**
- **ii. Substantial change in the patient's clinical condition or pain phenotype**
- **iii. Development of an additional or distinctly different pain syndrome not targeted during the initial trial**
- **iv. Introduction of novel SCS technology**

Conclusion

Overall, we agree with many points in the coverage policy and would support it with the above mentioned changes.

---

[1] North RB, Kidd DH, Farrokhi F, Piantadosi SA. Spinal cord stimulation versus repeated lumbosacral spine surgery for chronic pain: a randomized, controlled trial. Neurosurgery. 2005;56(1):98-106

Thank you for the opportunity to comment on these proposed coverage recommendations. Please let us know if we can answer any questions or provide any additional information. We look forward to collaborating on future NASS proposed coverage policies.

Sincerely,

E. Sander Connolly, Jr., MD, President
American Association of Neurological Surgeons

Martina Stippler, MD, President
Congress of Neurological Surgeons