Spinal Cord Stimulation (SCS) Medical Necessity Documentation Recommendations
Confirming late or last resort for SCS trials and implants

NOTE: Additional coverage criteria may be required based on the medical policy used by the insurance.

Summary Caption	Condition

Pharmacology Management	Including, but not limited to:
	• OTC (Over the Counter) analgesics such as aspirin, Tylenol, NSAIDs (nonsteroidal anti-inflammatory drugs), topical creams, prescription opioids, etc.
	• Documentation should include:
	  ○ Date started/stopped or duration (include the reason(s) for stopping use if applicable)
	  ○ Dose
	  ○ Effectiveness

Medical Management / Conservative Treatment	Including, but not limited to:
	• Physician-directed Home Exercise Program (HEP), physical therapy, chiropractic, massage, acupuncture, epidural steroid injections (ESI), facet joint injections, medial branch blocks (MBB).
	• Documentation of a minimum of 6 *consecutive* months of tried/failed therapies and should include:
	  ○ Notes with dates and duration of treatment (how long)
	  ○ Measurable outcomes (effectiveness)
	  ○ Signature of treating physician on all office visit notes

Diagnostics (Imaging)	At least 1 of the following imaging reports should be included: • X-rays, CT scan, MRI, Myelogram, EMG/NCV, etc. • Image(s) taken within the last 12 months • Report must be legible

Psychological Evaluation	Must include the following:
	• Complete Psychological Evaluation report (all pages) including:
	  ○ Patient name
	  ○ Date of evaluation
	  ○ Signature of evaluator
	  ○ Clearance for SCS
	• Performed by a Psychologist, Psychiatrist (PsyD or PhD) or Licensed Clinical Social Worker (LCSW)
	• Evaluation completed within the last 12 months (6 months for AIM)

Surgical Consult	Must include: • Consult report from a neurosurgeon or orthopedic surgeon that specializes in spinal surgery (NOT the physician requesting SCS) with signature • Consultation completed within the last 12 months • Documentation noting patient had a previous surgery OR is not a surgical candidate • If the patient had prior surgery, need operative report • If the patient is not a surgical candidate, notes need to support why surgical intervention is not believed to resolve the patient's pain at this time
Physical Therapy (PT)	Documentation should include: • Notes from physical therapy office or discharge summary with duration of treatment, outcome or reason for discontinuation • Date started/stopped or duration (include the reason for stopping if applicable) • ***Minimum*** of 6-12 *consecutive* weeks of therapy sessions completed within the last 12 months • Measurable outcomes (effectiveness) • If the patient has not participated in formal PT or HEP, provide documentation of contraindication, i.e., the patient is unable to tolerate formal PT/HEP due to extreme pain
Trial Documentation (Implant ONLY)	Must include: • Trial results documenting at least 50% pain relief from a 3-7 day trial • Improvement in function such as ADLs (Activities of Daily Living), sleep patterns, ability to walk more, and the reduced need for pain medication • Trial Operative Report

https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=240

Indications for Use. The Boston Scientific Spinal Cord Stimulator Systems are indicated as an aid in the management of chronic intractable pain of the trunk and/or limbs including unilateral or bilateral pain associated with the following: failed back surgery syndrome, Complex Regional Pain Syndrome (CRPS) Types I and II, Diabetic Peripheral Neuropathy of the lower extremities, intractable low back pain and leg pain. Associated conditions and etiologies may be: radicular pain syndrome, radiculopathies resulting in pain secondary to failed back syndrome or herniated disc, epidural fibrosis, degenerative disc disease (herniated disc pain refractory to conservative and surgical interventions), arachnoiditis, multiple back surgeries. Contraindications, warnings, precautions, side effects. The SCS Systems are contraindicated for patients who: are unable to operate the SCS System, have failed trial stimulation by failing to receive effective pain relief, are poor surgical candidates, or are pregnant. Warning: Stimulation modes. Only paresthesia-based stimulation mode has been evaluated for effectiveness in the diabetic peripheral neuropathy (DPN) population. Refer to the Instructions for Use provided with the SCS System or Pain.com for potential adverse effects, warnings, and precautions prior to using this product

Caution: U.S. Federal law restricts this device to sale by or on the order of a physician.

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