



Check List for Documentation of Medical Necessity Spinal Cord Stimulation: Pre-Authorization Request

Boston Scientific has found that referencing the below items in your pre-authorization documentation and in a Letter of Medical Necessity may be useful to insurers because it succinctly summarizes the patient's history for the utilization reviewer and addresses the coverage criteria for the SCS procedure. **We encourage you to refer to this checklist and the payers current medical policy to further assist you in this process**

- ✓ Documentation that SCS device is prescribed as late or last resort.
- ✓ Duration and response to minimally invasive treatment (pharmacology and previous interventions).
Detailed length of time and outcome of tried and failed treatment within 12 consecutive months.
- ✓ Physical therapy notes: 6 months of treatment or inability to complete due to patient pain level to include clinical office notes.
- ✓ ICD-10 list of current diagnosis(es).
- ✓ Requested procedure codes (example: CPT code 63650 x2).
- ✓ Psychological Evaluation: careful screening, evaluation, and diagnosis by a multi-disciplinary team clearing patient for SCS within 12 months.
- ✓ Imaging Included: MRI or other applicable diagnostic imaging tools.
- ✓ Surgical Consult: Provided by a surgeon noting surgical intervention is not optimal treatment for patient's pain.

For Permanent Implant Requests - Note SCS trial results including:

- >50% documentation of pain relief
- Improvements and functional gains in activities of daily living
- Any decreases in medications during the trial

Should you have any questions, please contact our Patient Therapy Access Department at 866-287-0778.

Our goal is to help simplify the pre-authorization process and assist your patients in receiving the best and most expeditious treatment.

See important notes on the uses and limitations of this information on page 2

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, 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. 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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