NOTE TO PHYSICIAN: This sample letter is not meant to be used as a form letter. You should customize the letter to reflect the particular background, medical history and diagnosis of the specific patient, as well as any special requirements of the payer involved. You are responsible for providing true, accurate and complete information concerning the applicable diagnosis and procedure codes and the patient’s medical record, and ensuring the medical necessity of the procedure.

SAMPLE PRIOR AUTHORIZATION LETTER
TRIAL PROCEDURE FOR SPINAL CORD STIMULATION

Attention: Surgery Preauthorization Department
[Insurance Company] Via Facsimile Transmission

Patient Name: ____________________
Patient ID: _______________________

Dear Sir/Madam:

This letter is to request approval for the surgery, hospitalization, and post-surgical care needed for the implantation of a Spinal Cord Stimulator (SCS) System for (patient name). This patient is scheduled for surgery on [date] and the site of service will be [input: physician’s office, ambulatory surgery center, outpatient hospital or inpatient hospital]. I have attached the clinical documentation (i.e., history and physical, operative reports, and psychological evaluation) to support medical necessity for SCS candidacy.

Spinal cord stimulation works by sending electrical impulses to the spine. The impulses block the pain signals from reaching the brain, and replace the pain sensations with a paresthesia (tingling) feeling. Unlike corrective surgeries, stimulation is non-destructive and reversible. With stimulation, patients may experience pain reduction, improved activities of daily living, independence, and less need for oral medications to manage pain. The efficacy, safety and cost-effectiveness of spinal cord stimulation has been established in the medical literature for over 25 years, and the procedure is covered nationally by many payers, including Medicare. We request approval for a Spinal Cord Stimulator System, made by Boston Scientific Neuromodulation Corporation.

Spinal cord stimulation involves two phases which include the SCS Trial (Phase I) and the SCS Permanent Implant (Phase 2). The Phase I trial takes place in the physician’s office, ambulatory surgery center, outpatient hospital or inpatient hospital setting depending on the patient’s clinical need. The Trial procedure involves the percutaneous insertion of one (1) or more leads into the epidural space. During this trial phase, the patient returns home and receives stimulation via an external power supply to evaluate paresthesia (tingling) over the affected pain areas.

Based on the outcome of the Phase I trial, the patient will receive permanent implantation of the stimulator. Specifically, this patient will receive a Spinal Cord Stimulator System made by Boston Scientific Corporation. This SCS System includes a rechargeable battery within the implanted stimulator, allowing the physician and patient to control pain at the most optimal settings without compromising the battery life compared to non-rechargeable SCS systems. The Boston Scientific SCS System is FDA-approved.

[Instruction to physician: Choose appropriate codes to be billed for professional and facility services and include in your letter.]

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Phase I (Trial) Implantation</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>63650</td>
<td>Percutaneous implantation of neurostimulator electrode array, epidural</td>
<td></td>
</tr>
<tr>
<td>L8680</td>
<td>Implantable neurostimulator electrode, each</td>
<td></td>
</tr>
<tr>
<td>95972</td>
<td>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, first hour</td>
<td></td>
</tr>
</tbody>
</table>
NOTE TO PHYSICIAN: This sample letter is not meant to be used as a form letter. You should customize the letter to reflect the particular background, medical history and diagnosis of the specific patient, as well as any special requirements of the payer involved. You are responsible for providing true, accurate and complete information concerning the applicable diagnosis and procedure codes and the patient’s medical record, and ensuring the medical necessity of the procedure.

<table>
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<tr>
<th>CPT</th>
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<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>95973</td>
<td>Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)</td>
<td></td>
</tr>
</tbody>
</table>

Estimated charges for this surgical procedure, including device and associated medical, surgical and follow up care total approximately $_____________, depending on patient need. The patient will usually be in the hospital for less than 24 hours with outpatient observation status.

Please provide authorization for this procedure as soon as possible, so that this patient may begin experiencing relief from debilitating chronic pain.

If you have questions or need further information, please contact me.

Sincerely,

[Physician Name]
[Practice Name]
[Phone Number]

Enclosures: [Phase I Progress Notes]