



SCS Medical Necessity Checklist

Pharmacology Management

- ☐ OTC analgesics or prescription medications tried and failed

Medical Management / Conservative Treatment

- ☐ At least 6 months of therapy tried and failed (PT, HEP, chiropractic, acupuncture, etc.)

Notes Include:

- ☐ Dates
- ☐ Outcomes or effectiveness

Physical Therapy (PT)

- ☐ PT office notes/discharge summary with outcomes or reasons for stopping
- ☐ Dates + duration included (require 6-12 consecutive weeks within last 12 months)
- ☐ Outcomes documented (effectiveness or contraindication if unable to tolerate)

Diagnostics (Imaging)

- ☐ Imaging (X-ray, CT scan, MRI, etc.)*

Psychological Evaluation

- ☐ Complete eval report (w/ patient name, date, evaluator signature, clearance for SCS)*

Surgical Consult

- ☐ Neurosurgeon/orthopedic spine consult report (not from implanting physician)*

Include One:

- ☐ If patient had prior surgery > operative report available
- ☐ If not a surgical candidate > documentation explains why

Trial Documentation (Implant Only)

- ☐ Trial date showing ≥50% pain relief**
- ☐ Functional improvement documented (ADLs, sleep, mobility, reduced medication)
- ☐ Trial operative report available

*Must be within the last 12 months

**Minimum 3-7 day trial duration



**Access the SCS Payer Policy Guide
to Find your state's coverage information**



View Boston Scientific Spinal Cord Stimulator System
Indications, Safety, and Warnings at bostonscientific.com/scs-indications

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