Preauthorization and Appeal Request Document Checklist

Vertiflex™ Procedure† (Medicare Advantage– Providers using BSCI PA)

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The Boston Scientific Preauthorization Team is dedicated to support providers and will assist you with the preauthorization and/or appeal process for the Vertiflex Procedure. In order to streamline the process, it has been beneficial to provide us with the necessary information in the beginning. Throughout the process, the Preauthorization Specialist will provide updates regarding the case status.

From the Provider

Below is a checklist of the information that we are requesting from the provider.

☐ **Supporting Clinical Patient Medical History Notes** **(Examples for documentation):**

- Please refer to the template letters for additional information.
- Diagnosis
- At least 6 months of conservative treatment (i.e., non-steroidal therapy, physical therapy, and epidural injection series
- Moderately impaired physical function who experience relief in flexion from their symptoms of leg/buttock/groin pain, with or without back pain
  MRI Summary/No radiographic evidence of instability at the level(s) in question

☐ **MRI Report, if available**

☐ **For the Appeal Request Only:**

☐ **Completed Appeal Letter:** The Preauthorization Specialist will submit an appeal letter but will need the provider's office to complete the letter (please see the Appeal Template). If you would like for us to automatically move forward with the appeal after the previous level denial, please send the completed appeal letter in the beginning.
Please Note: The BSCI PA Team cannot process appeal requests for off-label cases.

☐ **Traditional Medicare Remittance(s) (Redacted)**: For the purpose to provide the Medicare Advantage Plan verification that Medicare covers the procedure.

Supportive Documentation

The following is for your reference only- No action is required from the provider. The BSCI Preauthorization Team will include the following supportive documentation, along with the request letter and clinical notes to the insurance company.

☐ **FDA Approval Letter**

☐ **Executive Summary**

☐ **Publication:** Nunley, P.D., et al., *Five-year durability of stand-alone interspinous process decompression for lumbar spinal stenosis.* Clin Interv Aging, 2017. 12: p. 1409-1417.
https://www.ncbi.nlm.nih.gov/m/pubmed/28919727/

☐ **Health Technology Assessment:** ECRI Product Brief

***Please Note: Due to the variability of the payers' timelines for the preauthorization and appeal reviews, it is best not to schedule the procedure unless the case review has been completed and approved (upon receipt of the confirmed approval letter).**

For additional questions, please contact the BCSI Preauthorization Team at:
P: 833-652-6064 E: PreAuthSupport@bsci.com F: 877-835-2520 Monday-Friday 6AM to 5PM PST

†Superion™ Indirect Decompression System

Indications for Use: The Superion™ Indirect Decompression System (IDS) is indicated to treat skeletally mature patients suffering from pain, numbness, and/or cramping in the legs (neurogenic intermittent claudication) secondary to a diagnosis of moderate degenerative lumbar spinal stenosis, with or without Grade 1 spondylolisthesis, having radiographic evidence of thickened ligamentum flavum, narrowed lateral recess, and/or central canal or foraminal narrowing . The Superion™ Interspinous Spacer is indicated for those patients with impaired physical function who experience relief in flexion from symptoms of leg/buttock/groin pain, with or without back pain, who have undergone at least 6 months of non-operative treatment. The Superion Interspinous Spacer may be implanted at one or two adjacent lumbar levels in patients in whom treatment is indicated at no more than two levels, from L1 to L5. Contraindications, warnings, precautions, side effects. The Superion Indirect Decompression System (IDS) is contraindicated for patients who: have spinal anatomy that prevent implantation of the device or cause the device to be unstable in situ (i.e., degenerative spondylolisthesis greater than grade 1), Cauda equina syndrome, or prior decompression or fusion at the index level. Refer to the Instructions for Use provided on www.vertiflex.com for additional Indications for Use, contraindications information and 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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