



SCS Medical Necessity Documentation Requirements (confirming late or last resort)

Conservative Treatment with documentation of a minimum of 6 *consecutive* months of tried/failed therapies

Summary Caption	Condition
Pharmacology Management	1. Pharmacology management including, but not limited to: OTC (Over the Counter) analgesics; aspirin, Tylenol, NSAIDs (nonsteroidal anti-inflammatory drugs), topical creams, prescription opioids. Note: all narcotic/opioid prescriptions should include dosage, duration, and tolerance/intolerance level
Previous Medical Management	2. Previous Medical Management: Rest, ice/heat, activity modifications, exercise, physical therapy, chiropractic manipulation, massage, acupuncture, epidural steroid injections (ESI), facet injections, medial branch blocks. Note: this list is not all-inclusive, and all treatments tried should include duration and outcome of treatment.
Diagnostics	3. Diagnostic reports including X-rays, CT (Computed Tomography) scans, MRI (MAGNETIC RESONANCE IMAGING), Myelogram, EMG/NCV.
Psychological Evaluation	4. Patients have undergone careful screening, evaluation, and diagnosis by a multidisciplinary team prior to implantation (Such screening must include psychological, as well as physical evaluation) Note: Psychological Evaluation should be performed by a Licensed Mental Health Provider or Independent Psychologist.
Trial Documentation	5. Positive trial results noted as at least 50% improvement in functional gains such as ADLs (Activities of Daily Living), sleep patterns and ambulation and the reduced need for pain medication.
Non-operative/Surgical Consult	6. Surgical Consult with documentation explaining why patient is not a surgical candidate or, for post-surgical patients', documentation as to why surgical intervention is not believed to resolve patient's pain

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

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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