



Abbott

HE&R NEUROMODULATION

Sample Appeal Medically Unlikely Edit (MUE) Reconsideration/Redetermination Request: More Than Two Leads

For independent consideration and review, please make any and all changes that you believe appropriate or disregard these suggestions in their entirety. The customer is ultimately responsible for the accuracy and completeness of all claims submitted to third-party payers. Nothing in this document should be construed as a guarantee by Abbott regarding coverage or payment at any specific level, and Abbott does not advocate or warrant the appropriateness of the use of any particular code. This form letter is intended for prior authorization/appeals purposes, not for promotional purposes. Please see the FDA-approved labeling for information relevant to any prescribing decisions.

Instructions for completing the sample reconsideration letter:

1. Please customize the letter template below based on the medical appropriateness of placing more than 2 leads during a Spinal Cord Stimulation (SCS) or Dorsal Root Ganglion (DRG) procedure. It is important to provide complete information. Fields required for customization are **highlighted in yellow**.
2. After you have customized the reconsideration letter, please make sure to delete any specific instructions for completion that are highlighted throughout the letter, so the health plan does not misinterpret the information. **(Please remember to delete this instruction sheet, any references, Abbott logo or any reference to Abbott in this document.)**

Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

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[Physician Letterhead]

Date:

Attention: Appeals Department

Reference number: []

[Payer Name]

[Street address]

[City, State, zip code]

[Fax]

Re: Medically Unlikely Edit (MUE)

Patient Name: []

Policy Holder Name: []

Patient ID #: []

Policy, Group, or Claim # []

Diagnosis: [list ICD10 DX code and diagnosis code descriptor]

Services:

CPT [†] Code	Description
63650	Percutaneous implantation, neurostimulator electrode array epidural
63650	Percutaneous implantation, neurostimulator electrode array epidural

To Whom It May Concern:

I am writing on behalf of my patient, [Add Patient Name Here]. It is my understanding that [Insert plan name] has denied payment for the charges associated with a [SCS or DRG] Stimulation [Trial/Implant procedure] (63650) due to the number of neurostimulator electrode arrays exceeding the Medically Unlikely Edit (MUE) threshold.

I have attached a copy of your denial notice, dated [insert date of denial letter], in which the reason for denial given is Medically Unlikely Edit (MUE). I disagree with the denial based on exceeding the MUE value as my patient meets the criteria for [insert number] leads. [Please provide the rationale that demonstrates why the patient needs more than 2 leads and include medical record documentation to support request]. It is my medical judgement, that implanting [insert number] leads are the best option for my patient.

Each 63650 code represents a single distinct electrode array (lead) and when more than one lead is placed, each is coded separately (with a modifier if appropriate). Recently published consensus guidelines from the Neuromodulation Appropriateness Committee recognizes and strongly agrees that **the number of leads implanted for unilateral and bilateral complaints may differ, based on pain coverage and anatomic considerations, with the maximum of four leads per implantable pulse generator (IPG). (Level I, Grade A, Consensus Strong).**^{1,2}

I have reviewed the claim submitted to [Insert plan name] and find that it was properly coded and accurately represents the services rendered to this patient. I further assert that the services rendered and billed on this claim were medically necessary and reasonable and in accordance with accepted standards of medical care. The number of leads implanted were necessary and justified.

¹ Deer, T., Pope J., Lamer T. (2018) The Neuromodulation Appropriateness Consensus Committee on Best Practices for Dorsal Root Ganglion Stimulation. Neuromodulation 2018; E-pub ahead of print. DOI:10.1111/

² [DRG Implantable Pulse Generator Clinician's manual](#)

In light of the above, please reconsider the original decision to deny payment for these medically necessary implantable leads for your beneficiary, **Patient Name**.

I have included additional therapy references for your consideration, including medical records, FDA approval letter, and an appendix of publications demonstrating the safety and efficacy of the **[specify which Abbott neurostimulator system the patient is currently using]**.

I appreciate your reconsideration of this denial. Please let me know if I can provide any additional information, thank you for your attention.

Sincerely,

[Physician's name and credentials]

[Title]

[Name of practice]

[Street address]

[City, State, zip code]

[Email address]

[Phone number]

Enclosures:

[Patient medical records/chart notes]

Publications:

- Deer, T., Levy, R. (2017). Dorsal root ganglion stimulation yielded higher treatment success rate for complex regional pain syndrome and causalgia at 3 and 12 months: a randomized comparative trial. *Pain*, 158(4), 669-681. [Dorsal root ganglion stimulation yielded higher treatment success rate for complex regional pain syndrome and causalgia at 3 and 12 months: a randomized comparative trial \(nih.gov\)](#)
- Deer TR, Slavin KV, Amirdelfan K, et al. Success Using Neuromodulation with BURST (SUNBURST) Study: Results from a Prospective, Randomized Controlled Trial Using a Novel Burst Waveform. *Neuromodulation* 2017 [Success Using Neuromodulation With BURST \(SUNBURST\) Study: Results From a Prospective, Randomized Controlled Trial Using a Novel Burst Waveform - Deer - 2018 - Neuromodulation: Technology at the Neural Interface - Wiley Online Library](#)
- National Coverage Determination (NCD) 160.7 Electrical Nerve Stimulators [NCD - Electrical Nerve Stimulators \(160.7\) \(cms.gov\)](#)
- [Premarket Approval \(PMA\) SCS P010032/S096/S151/S186/S187](#)
- [Premarket Approval \(PMA\) DRG P150004/S002](#)

Electronic Certificate

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Version: 3 . 0

External
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Objective: This is a reconsideration/redetermination letter. Sometimes, physicians choose to place more than 2 leads for a SCS or DRG implant. Policy typically only covers 2 leads but if there is medical necessity insurance will consider reimbursing for more than 2 leads.

Description: Revision

Reviewers:
HE&R: Sara Davis
HE&R/Content Owner: Andres Constanzo Sandoval
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Attachments:
1) Coordinator Checklist
2) REDLINES

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Role	Signature
Sara Davis - Reimbursement Approval (sara.davis@abbott.com)	Meaning: As the Reimbursement, I approve this document for use. Date: 02-Feb-2026 17:21:05 GMT+0000
Marie Zamzes - MarComm Approval (marie.zamzes@abbott.com)	Meaning: As the MarComm, I approve this document for use. Date: 05-Feb-2026 14:38:02 GMT+0000
Andres Constanzo Sandoval - Reimbursement Approval (andres.constanzosandoval@abbott.com)	Meaning: As the Reimbursement, I approve this document for use. Date: 05-Feb-2026 15:32:01 GMT+0000
Andres Constanzo Sandoval - Content Owner Approval (andres.constanzosandoval@abbott.com)	Meaning: As the Content Owner, I approve this document for use. Date: 05-Feb-2026 15:32:45 GMT+0000
Arush Dutt - Marketing Approval (arush.dutt@abbott.com)	Meaning: As the Marketing, I approve this document for use. Date: 10-Feb-2026 02:13:16 GMT+0000
Noreen Bajwa - Regulatory Approval (noreen.bajwa@abbott.com)	Meaning: As the Regulatory, I approve this document for use. Date: 16-Feb-2026 15:20:24 GMT+0000