



HE&R NEUROMODULATION

Sample Letter or Medical Necessity Template

Prior Authorization for Spinal Cord Stimulation (SCS) Trial

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Instructions for completing the sample prior authorization letter:

1. Please customize the letter of medical necessity template based on the medical appropriateness of the DRG Spinal Column Stimulator System for your patient. Fields required for customization are **highlighted in yellow**.
2. It is important to provide the most complete information to assist with a prior authorization request.
3. After you have customized the letter of medical necessity, **please make sure to delete** any specific instructions for completion that are highlighted throughout the letter, so the healthplan does not misinterpret the information.

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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. The system is intended to be used with leads and associated extensions that are compatible with the system.

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One St. Jude Medical Dr., St. Paul, MN 55117, USA, Tel: 1 651 756 2000

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PLEASE DELETE THIS PAGE BEFORE SUBMISSION

[Physician Letterhead]

Date: []

Attention: Appeals Department

Reference number: []

[Payer contact name]

[Payer contact title]

[Street address]

[City, State, zip code]

[Fax]

Re: Request for Prior Authorization of Spinal Cord Stimulation (SCS) therapy

Patient Name: [First and Last Name]

Policy Holder Name: [First and Last Name]

Date of Birth: [XX/XX/XXXX]

SS#: [XXX-XX-XXXX]

Insurance Patient ID #: [XXXXXXXXXXXX]

Group # [XXXXXXXXXXXX]

Claim #: [XXXXXXXXXXXX]

Phone #: [XXX-XXX-XXXX]

To Whom It May Concern:

Please consider this prior authorization request for the above patient to have a trial procedure of spinal column stimulation (SCS) therapy.

The benefit of SCS therapy to the patient can be assessed from the trial procedure, which is prior to the system implant. During the trial procedure, temporary leads are placed in the epidural space at the spinal levels corresponding to the areas of pain and are attached to an external power source to validate therapy effectiveness. The trial procedure allows patients to temporarily experience neurostimulation and the effect it has on providing meaningful pain relief, in order to make an informed choice about pursuing the therapy.

I am referring this patient for SCS because the patient has tried and failed other pain therapies. At this time, I believe [Patient Name] may be a candidate for Spinal Cord Stimulation.

SCS may be indicated when the following criteria¹ are met:

DESCRIPTION	PROVIDE BACKGROUND INFORMATION:
Pain present for at least 6 months (List ICD-10 Diagnosis Code)	
Conservative therapies tried & failed (List Medications & other attempted therapies)	
Pain causes functional deficit	
Patient has undergone a psychological evaluation	
Patient is not a surgical candidate	

[PLEASE ADD ADDITIONAL INFO IF NEEDED]

¹ SCS coverage criteria adapted from [NCD 160.7 conditions for coverage](#), [LCD 37632](#) and North American Spine Society (NASS) Spinal Cord Stimulation Coverage Policy recommendations, 2017

The patient has undergone a careful screening evaluation and diagnosis by multiple prior physicians. SCS has been extensively studied in clinical trials, demonstrating significant reductions in pain, improvements in functional ability and enhanced quality of life, enabling chronic pain patients to return to activities of daily living.²⁻⁸

Because of [patient's name] worsening conditions, please expedite your response. Thank you for your review of this information and for your coverage consideration. If you have any questions, please feel free to contact me.

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]

² Deer T, Slavin KV, Amirdelfan K, North RB, Burton AW, Yearwood TL, et al. Success Using Neuromodulation With BURST (SUNBURST) study: results from a prospective, randomized controlled trial using a novel burst waveform. *Neuromodulation*. 2017;20(6):543-552. DOI: 10.1111/ner.12667

³ Deer T et al. Treatment of Refractory Low Back Pain Using Passive Recharge Burst in Patients Without Options for Corrective Surgery: Findings and Results From the DISTINCT Study, a Prospective Randomized Multicenter Controlled Trial. *Neuromodulation*. 2023;26(7):1387-1399

⁴ Sdrulla, Andrei & Guan, Yun & Raja, Srinivasa. (2018). Spinal Cord Stimulation: Clinical Efficacy and Potential Mechanisms. *Pain Practice*. 18. 10.1111/papr.12692.

⁵ Shu S et al. A Prospective, Randomised, Double-blind, Placebo-controlled Study to Examine the Effectiveness of Burst Spinal Cord Stimulation Patterns for the Treatment of Failed Back Surgery Syndrome. *Neuromodulation*. 2014;17(5):443-50.

⁶ Vesper et al. Burst SCS Microdosing Is as Efficacious as Standard Burst SCS in Treating Chronic Back and Leg Pain: Results From a Randomized Controlled Trial. *Neuromodulation*. 2019;22(2):190-193.

⁷ Chakravarthy K, Malayil R, Kirketeig T, Deer T. Burst Spinal Cord Stimulation: A Systematic Review and Pooled Analysis of Real-World Evidence and Outcomes Data. *Pain Medicine*. 2019;20(Suppl_1):S47-S57

⁸ Abbott. Clinical Summaries for Spinal Cord Stimulation Systems Clinician's Manual. 2023.