Spinal Cord Stimulation (SCS) Appeal Template for Medicare Advantage Plans

HE&R NEUROMODULATION

Sample Appeal Template: Not Medically Necessary/Investigational Experimental

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 label for information relevant to any prescribing decisions.

INSTRUCTIONS FOR COMPLETING THE SAMPLE APPEAL LETTER:

1. Please customize the appeal letter template based on the medical appropriateness of the 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 the appeal of a prior authorization denial.

3. After you have customized the appeal 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.

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 contact name]
[Payer contact title]
[Street address]
[City, State, zip code]
[Fax]

Re: Request for Appeal of Denial for Coverage of Spinal Cord Stimulation (SCS) therapy for Pain of Trunk and/or Limb.

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 #: [XXXXXXXXXX]
Group # [XXXXXXXXXX]
Claim #: [XXXXXXXXXX]
Phone #: [XXX-XXX-XXXX]

To Whom It May Concern:

This letter is in response to your recent denial of coverage for spinal cord stimulation therapy and a request for reconsideration for my patient's pain condition. Attached is a copy of your notice, dated [insert date of denial letter], in which the reason given for denial is, "*the request does not meet medical necessity criteria.*"

It is my professional medical opinion that a) spinal cord stimulation therapy ***is*** medically necessary to treat [name of patient]'s chronic pain condition and that b) spinal cord stimulation therapy ***is*** a covered [name of payer] Medicare Advantage plan benefit.

Medicare Advantage plans are ***required*** to offer the same coverage as original Medicare. The Medicare.gov website is clear; *"If you're in a Medicare Advantage Plan or other Medicare plan, your plan may have different rules. But, your plan must give you at least the same coverage as Original Medicare. Some services may only be covered in certain facilities or for patients with certain conditions."*[1] *"While a Medicare Advantage plan may offer additional coverage as a supplemental benefit, it may not limit the original Medicare coverage. Medicare Advantage plans must provide their enrollees with all basic benefits covered under original Medicare. Consequently, plans may not impose limitations, waiting periods or exclusions from coverage that are not present in original Medicare."*[2]

[1] What Medicare Covers. https://www.medicare.gov/what-medicare-covers/what-part-b-covers
[2] Medicare Advantage Plans Cover All Medicare Services. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c04.pdf

A second source reiterates this same edict. An excerpt from page 65 of the Medicare Managed Care Manual[3]:

As discussed in section 10.2 of this chapter, an item or service classified as an original Medicare benefit must be covered by every Medicare Advantage plan if:

- *Its coverage is consistent with general coverage guidelines included in original Medicare regulations, manuals and instructions (unless superseded by written CMS instructions or regulations regarding Part C of the Medicare program).*
- *It is covered by CMS' national coverage determinations (see sections 90.3 and 90.4, below); or,*
- *It is covered by written coverage decisions of local Medicare Administrative Contractors (MACs) with jurisdiction for claims in the geographic area in which services are covered under the MA plan, as described in section 90.2.*

[Please provide any additional narrative demonstrating patient medical necessity and include medical record documentation to support request.]

I am requesting an expedited review.

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
63685	Implantation or replacement neurostimulator generator

Medical Necessity defined**:**

At least 6 months of conservative treatment; with no improvement or failure	
Pharmacotherapy	
Physical therapy	
Surgical interventions	
Psychological evaluation performed, confirmed pain is physiological	
No contraindications identified	
Temporary trial performed and indicated greater than 50% pain relief	

Approved Therapy

Spinal cord stimulation is not a new therapy for the treatment of chronic pain. The U.S. Food and Drug Administration (FDA) first approved SCS therapy in 1989 to relieve chronic pain from nerve damage in the trunk and/or limbs.[4] Spinal Cord Stimulation therapy is *approved by Medicare* as a medically appropriate treatment for chronic, intractable pain.[5]

[3] Medicare Managed Care Manual Rev. 121 2016 Chapter 4 - Benefits and Beneficiary Protections. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c04.pdf pg. 65 of 111

[4] Thomson S. https://www.neuromodulation.com/spinal-cord-stimulation#:~:text=The%20U.S.%20Food%20and%20Drug,the%20trunk%2C%20arms%20or%20legs.

[5] Medicare National Coverage Determination (Coverage Guidelines) 160.7. NCD - Electrical Nerve Stimulators (160.7) (cms.gov)

Dorsal Column (Spinal Cord) Neurostimulation-the surgical implantation of neurostimulator electrodes within the spinal cord or the percutaneous insertion of electrodes in the epidural space is covered when ALL of the conditions listed below have been met:

a. Documentation supports that the implantation is a late resort (if not a last resort) in the treatment of chronic intractable pain of trunk and/or limbs.
b. Other treatment modalities (pharmacological, surgical, physical, or psychological therapies) have been tried and did not prove satisfactory or are judged to be unsuitable or contraindicated for the given patient.
c. Documentation shows evidence of careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation. (Such screening must include psychological, as well as physical evaluation).
d. Documentation that demonstrates pain relief from a temporarily implanted electrode prior to permanent implantation

Description of the Therapy and Chronic Pain

Spinal cord stimulation therapy uses an implanted, programmable neurostimulator and stimulation leads that deliver small electrical impulses to the spinal column. This stimulation interrupts the pain signals to the brain. The objective of SCS therapy is to reduce a patient's pain to a manageable level so that the patient can return to a more normal lifestyle and resume a role as a functioning member of his or her family and community.

Patients who are candidates for spinal column stimulation undergo a trial prior to permanent implantation. The trial allows the physician and patient to determine if SCS therapy provides meaningful pain relief to warrant a permanent placement (standard of care is 50% or greater).

Based upon my patient's current clinical situation, other potential options for treatment were considered, tried, and exhausted. Clinical evidence supports the use of spinal column stimulation for patients in this predicament.[6,7] I believe this is the best treatment for [Patient's Name] at this time and therefore should be a Medicare Advantage covered benefit based upon medical necessity.

Given the above information, I request an immediate approval for the spinal column stimulation procedure for your beneficiary, [Patient Name]. I appreciate your reconsideration of this denial. If you have any questions, I can be reached at the contact information listed below.

I have included medical records and literature supporting safety and efficacy of spinal column stimulation.

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]

[6] Deer TR, Neuromodulation 2018. Sunburst Study. http://onlinelibrary.wiley.com/doi/10.1111/ner.12698/ful
[7] Abbott. Clinical Summaries for Spinal Cord Stimulation Systems Clinician's Manual. 2023.

APPENDIX

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Kemler MA, Barendse GA, van Kleef M, de Vet HC, et al. Spinal cord stimulation in patients with reflex sympathetic dystrophy. NEJM 2000; 343: 618-624.

Krames E. Controversies in pain control: The use of implantable technologies, part 1. Pain Medicine Network 1998; 12:6:3-5. Cited by: Clinical Notes. Pain Medicine Network; January 1998:3-5.

Kumar K, Toth C. The role of spinal cord stimulation in the treatment of chronic pain post laminectomy. Current Review of Pain 1998:2:85-92.

North RB, Kidd DH, Lee MS, Piantodosi S. A prospective, randomized study of spinal cord stimulation versus reoperation for failed back syndrome: Initial results. Stereotactic Functional Neurosurgery 1994; 62:267-72.

Taylor RS, Taylor RJ, Van Buyten, Buchser E, North R, Baylis S. The cost effectiveness of spinal cord stimulation in the treatment of pain: a systematic review of the literature. J Pain Symptom Manage April 2004:370-378

National Institute for Health and Care Excellence (NICE). *Spinal Cord Stimulation for Chronic Pain of Neuropathic or Ischemic Origin*. 2008. https://www.nice.org.uk/guidance/ta159/chapter/1-Guidance.