



**Implantable Spinal Cord Stimulator (SCS) for Treatment of Neuropathic Pain**

Quality and Utilization Improvement Dept. Procedures - Medical Policy	Telephone # (888)-467-0774 Fax # (952) 853-8713
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Member Name:	Date of Birth: / /	Member #:
Form Completed by:	Phone #: ( )	Fax #: ( )

Surgeon: \_\_\_\_\_ Date Form Faxed: \_\_\_\_/\_\_\_\_/\_\_\_\_

TAX ID # \_\_\_\_\_ Facility \_\_\_\_\_

Diagnosis (es) \_\_\_\_\_

ICD 9 or ICD 10 code(s): \_\_\_\_\_

Procedure (CPT) Code(s) \_\_\_\_\_

Procedure being requested:

Trial Insertion  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent Placement  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please note each of the above requires a separate authorization

**Written documentation submitted must include:**

**For Trial Insertion:**

1. Diagnosis and date of onset.
2. Therapies tried and effectiveness (i.e. pharmacological management, injection therapies, physical therapy, surgery and psychological treatment if indicated).
3. Oswestry Disability Index (ODI) scores from the first and last therapy visits prior to implantation of SCS, and percentage of improvement achieved.
4. Preoperative psychiatric/psychological evaluation conducted by a licensed psychiatrist, psychologist or other licensed mental health professional who has a working knowledge of the psychological issues involved in chronic pain syndromes.

**For Permanent Placement:**

1. All of the documentation listed above for trial insertion; AND
2. Response to the trial insertion of a minimum of three days including percentage of pain relief and improvement of function.
3. Post-trial ODI score.