Noridian Healthcare Solutions
4510 13th Ave. S., Fargo, ND 58103

JF PRIOR AUTHORIZATION CHECKLIST- IMPLANTED SPINAL NEUROSTIMULATORS

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

Policy Reference

- LCD Policy (L35136) - Spinal Cord Stimulators for Chronic Pain
- Billing and Coding Article (A57791) - Spinal Cord Stimulators for Chronic Pain

Documentation Reference

- Implanted Spinal Neurostimulators - JF Part A
- Spinal Neurostimulator Implantation - JF Part A
- Part A Prior Authorization Request Coversheet

General Documentation Requirements

☐Documentation is for the correct beneficiary and date of service.

☐Indicate if the request is for trial or permanent.

☐Documentation supports patient has been evaluated by a multidisciplinary team prior to implantation.

☐In-person physical examination supporting a condition requiring treatment

☐Psychological examination

☐Documentation must support patient does not have an active substance abuse issue.

☐Documentation must support proper patient education, discussion and disclosure including an extensive discussion of the risk and benefits of this therapy.

☐Treatments trialed and failed to support the spinal cord stimulator is a late option.

Permanent Implantation Requirements

☐For permanent placement include all the above documentation as well as:

- Documentation to support a successful trial associated with at least 50% reduction of target pain or 50% reduction of analgesic medications.