Dorsal Column Spinal Cord Neurostimulation or Depth Brain Neurostimulation for Chronic Intractable Pain Documentation Worksheet (Based on National Coverage Determination (NCD) 160.7 for Electrical Nerve Stimulators)

Patient Name:_____Procedure:_____

Diagnoses/Clinical Reason(s) for implanting neurostimulator:_____

- Describe other treatment modalities that have been tried and did not prove satisfactory, or were judged unsuitable or contraindicated for the patient, including trial electrical nerve stimulation [e.g., transcutaneous (TENS), percutaneous (PENS)].
  NOTE: Include applicable physician office documentation of previous treatment(s) in the facility medical record.
  - Analgesics/NSAIDS and duration of treatment:_____
    _____
  - Supervised physical therapy with frequency and duration:_____
    _____
  - Therapeutic spinal injections:_____
    _____
  - Previous spinal surgery to alleviate pain:_____
    _____
  - Other:_____
    _____

- Did the patient have a psychological evaluation? □ YES □ NO
  NOTE: Include documentation of evaluation with diagnosis/treatment (if applicable) in the facility medical record.

- Did the patient have a temporary stimulator implant trial? □ YES □ NO
- What percent of pain relief did the patient experience from the trial neurostimulation? _____
  NOTE: Include physician documentation of pain evaluation prior to trial and trial follow up prior to permanent implant in the facility medical record.

Physician Signature_____ Date_____

Print Physician Name_____ Time_____

FOR HOSPITALS WHOSE MEDICARE CONTRACTOR IS NOVITAS SOLUTIONS: Review Novitas LCD (Spinal Cord Stimulation (Dorsal Column Stimulation)). This LCD includes specific indications, including covered diagnosis codes, which must be met in addition to the NCD requirements for the procedure to be covered by Medicare.

FOR HOSPITALS WHOSE MEDICARE CONTRACTOR IS FIRST COAST: Review First Coast LCD (Spinal Cord Stimulation for Chronic Pain). This LCD includes specific indications including a list of covered diagnosis codes. In addition, documentation is required of a face-to-face assessment with or without psychological questionnaires and/or testing that reveals no evidence of an inadequately controlled mental health problem that would negatively impact the success of a spinal cord stimulator or contradict its placement. Documentation must be present that the patient had a successful trial (at least 50% reduction of target pain, or 50% reduction of analgesic medications, and some element of functional improvement).

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