NOTE TO PHYSICIAN: This sample letter is not meant to be used as a form letter. You should customize the letter to reflect the particular background, medical history and diagnosis of the specific patient, as well as any special requirements of the payer involved. You are responsible for providing true, accurate and complete information concerning the applicable diagnosis and procedure codes and the patient's medical record, and ensuring the medical necessity of the procedure.

SAMPLE LETTER TO APPEAL
PRIOR AUTHORIZATION DENIAL

[Date]
[Insurer Name]
[Address]
[City, ST, Zip Code]

RE: APPEAL
Patient Name:
Insurance ID Number:
Group Number:
Date of Birth:

Dear Dr. [Name of Medical Director],

I am writing on behalf of [Patient Name] to appeal the decision to deny my patient access to Spinal Cord Stimulation therapy. The purpose of this letter is to request an appeal and to provide additional information in support of this appeal. My understanding is that you have denied coverage of Spinal Cord Stimulation therapy because: [Choose from the following denial reasons, or insert any other that may be applicable]:

- a formal non-coverage decision has been established for this therapy;
- you are not familiar with this procedure;
- you consider this procedure to be investigational or experimental;
- you do not have sufficient documentation to support coverage of this procedure for this patient;
- you have decided this procedure is not medically necessary for the patient.

Attached are the clinical history and supporting documentation for appealing the initial denial.

Patient Need / Clinical Justification

[Patient Name] is a [XX year old, male/female] who has suffered with chronic pain for [X years]. [Please insert and describe exact diagnosis, treatments tried and failed, impact of continuing pain on work/caregivers/family, etc.] Spinal cord stimulation is a therapy that is appropriate for my patient because it is an FDA approved procedure that has been proven to yield positive results for patients with chronic, intractable pain.

Procedure Description

Spinal cord stimulation works by sending electrical impulses to the spinal cord. The impulses block the pain signals from reaching the brain, and replace the pain sensations with a paresthesia (tingling) feeling. Unlike corrective surgeries, stimulation is non-destructive and reversible. With stimulation, patients may experience pain reduction, improved Activities of Daily Living, independence, and less need for oral medications to manage pain. The efficacy, safety and cost-effectiveness of spinal cord stimulation has been established in the medical literature for over 25 years, and the procedure is covered nationally by many payers, including Medicare.

We request approval for a Spinal Cord Stimulator (SCS) System, made by Boston Scientific Neuromodulation Corporation. This system includes a re-chargeable battery within the implanted stimulator, allowing the physician and patient to optimize pain control. The Boston Scientific SCS System is FDA-approved. Candidates for Spinal Cord Stimulator therapy undergo a two-phase approach to treatment which is consistent with standard SCS procedures.

The Phase I trial takes place in the outpatient setting and involves the percutaneous insertion of one (1) or more leads into the epidural space. During this trial phase, the patient returns home and receives stimulation via an external power supply to evaluate the impact over the affected pain areas.

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If Phase I is successful, in Phase II, the patient would be implanted with a permanent Spinal Cord Stimulator System (SCS), made by Boston Scientific Neuromodulation Corporation.

I appreciate your reconsideration of this denial in reviewing the enclosed information. If you have any questions, I can be reached directly at [insert physician's phone number]. Your decision can be faxed to my attention at [insert office fax number].

Sincerely,

[Physician Name]

Enclosures