



Spinal Cord Stimulation (SCS)/Dorsal Root Ganglion (DRG) Trial Pre-Procedure Checklist

General Information

Your healthcare provider has determined that you have met all the relevant criteria to proceed forward with a trial of spinal cord stimulation/dorsal root ganglion stimulation. **This decision is based on all the information they have gathered to the best of their ability in conjunction with information you have provided.**

Today, you will be scheduled for your upcoming trial procedure. Below are a few items to verify and remember before your procedure:

Pre-Procedure Checklist

- ◊ Take a bath with Hibiclens soap the night PRIOR to the trial
 - Soap can be purchased from our DME store or from local pharmacies (CVS/Walgreens)
- ◊ Obtain elastic abdominal binder and bring it with you on the day of your procedure
 - May be obtained from our DME store or ordered online (NYOrtho Abdominal Binder Lower Waist Support Belt - Compression Wrap for Men and Women; choose appropriate size based on abdominal circumference)
- ◊ Pick up prescription for valium or other oral anxiolytic as prescribed by your healthcare provider
 - Take medications as directed. Bring at least 1 of the tablets with you to take once you arrive at the office for the procedure
- ◊ Pick up a prescription for oral antibiotics. Your first dose will be 4-6 hours AFTER your procedure once you return home
- ◊ You will need a driver to accompany you on the day of trial because you will have taken benzodiazepines (valium or other anxiolytics)
- ◊ Make your follow up appointments
 - Mid trial evaluation (Day 2 or 3 of trial). We will obtain x-rays to check position of your electrodes, check your dressing and adjust your stimulation settings (if needed). You do not need a driver for this visit
- ◊ End of trial evaluation (Day 5 - 7 of trial). We will remove your trial electrodes at this time. You do not need a driver for this visit

Verification of Benefits/Cost of Procedure

Our office staff will submit all relevant paperwork to your insurance company to obtain prior authorization/predetermination/verification of benefits as required. We may use the assistance of the neurostimulator company (Abbott, Medtronic, Nevro, Boston Scientific etc.) to verify benefits. To the best of our knowledge, this procedure is being submitted under an **approved** diagnosis code to the and all appropriate work up (imaging studies, conservative management, medication management options, interventional pain procedures, psychological evaluation) have been pursued by our office or previous providers.

If written documentation of verification is sent to us by your insurance company or obtained from the neurostimulator company's verification process, we will do our best to provide you with a copy prior to your procedure or on the day of your procedure. This documentation may outline your expected out-of-pocket expense for the trial procedure.

Please note, obtaining the above authorization prior to the procedure **DOES NOT guarantee that the insurance company will pay for the procedure.**

You WILL BE responsible for co-pay, co-insurance, outstanding amount until your yearly deductible is met (per your insurance plan) and any outstanding balance not covered by primary and secondary insurance for the procedure. You may contact your insurance company for further verification of benefits or additional questions you may have.

If the trial is successful, similar co-pay, co-insurance, outstanding balance may be incurred due to consultation by the implanting surgeon and subsequent facility charges where the device will be implanted.

If you have any questions, please contact our office (815) 398-9491.