

# **ABC Pain Management Clinic**

123 Medical Plaza, San Diego, CA 92101 | Tel: (555) 123-4567 | Fax: (555) 123-4568

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## **Physician Order / Prescription for PNS Trial**

Patient Name: John Doe DOB: 01/01/1950 Patient ID: 00012345  
Insurance: UnitedHealthcare Medicare Advantage

Order Date: 11/01/2025

Referring Physician: Samantha Smith, MD (Pain Medicine) NPI: 1234567890

ORDER: Peripheral Nerve Stimulation (PNS) Trial - Outpatient percutaneous PNS lead placement (left sciatic distribution).

Indication: Chronic neuropathic left lower extremity pain consistent with Complex Regional Pain Syndrome (CRPS I).

Procedure: Percutaneous implantation of a peripheral nerve stimulator lead for a 7-day trial. If trial achieves >=50% pain relief, consider permanent implant.

Notes: Patient has had failure of conservative treatments: PT, neuropathic meds ( gabapentin, pregabalin), nerve blocks with short-lived benefit. Psychological evaluation completed and cleared.

Provider contact: ABC Pain Management Clinic | (555) 123-4567

Physician Signature

A handwritten signature consisting of three stylized, upward-sloping lines. Below the first line, the initials "S. Smith, M.D." are written in a smaller, cursive font.

Signed electronically by Samantha Smith, MD | NPI: 1234567890 | Date: 11/02/2025

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## **Clinical Consultation & Justification Note**

Clinic: ABC Pain Management Clinic -- Pain Consultation Note

Patient: John Doe MRN: 00012345 DOB: 01/01/1950

Date of Service: 10/15/2025

Provider: Samantha Smith, MD (Pain Medicine)

### **Subjective:**

Chief complaint: Chronic left leg pain (post-traumatic); pain rated 8-9/10, burning and allodynia.

History: 2-year history after ankle fracture 2023; progressive pain, limited mobility, poor sleep.

### **Objective:**

Exam: Left lower extremity - trophic skin changes, hypersensitivity to light touch, mild edema around ankle.

Assessment: Chronic neuropathic pain (CRPS I) - patient refractory to multiple conservative therapies.

Plan: Proceed with percutaneous PNS lead placement for a 7-day trial. Trial success >=50% pain reduction for permanent implant consideration.

Medications: Gabapentin 300 mg TID; Duloxetine 60 mg daily.

Physician Signature

A handwritten signature consisting of three distinct strokes. The first stroke is a short, curved line starting from the left. The second stroke is a larger, more prominent curve that rises to a peak and then descends. The third stroke is another shorter, curved line to the right of the main peak.

S. Smith, M.D.

Signed electronically by Samantha Smith, MD | NPI: 1234567890 | Date: 11/02/2025

# CPT / ICD-10 Coding Sheet

|                |                    |
|----------------|--------------------|
| Patient Name:  | John Doe           |
| MRN:           | 00012345           |
| DOS (Planned): | 11/10/2025         |
| Provider:      | Samantha Smith, MD |

| CPT Code | Description   | Units       |
|----------|---|-------------|
| 64555    | Percutaneous implantation of neurostimulator electrode array; peripheral nerve              | 1 (if used) |
| 77002    | Fluoroscopic guidance for needle placement  | 1 (if used) |
| 64590    | Insertion/replacement of pulse generator (permanent implant) N/A (post-trial if successful) |             |

| ICD-10 Code | Description   |
|-------------|---|
| G90.522     | Complex regional pain syndrome I of left lower limb |
| M79.2       | Neuralgia and neuritis, unspecified                 |

**Notes:** Attach operative note, psychological clearance, prior therapy documentation, and trial plan.

# **UnitedHealthcare**

Medicare Advantage (Sample Member ID Card)

## **Member Name: John Doe**

Member ID: UHC-MA-00012345

Group Number: MA-555-001

Plan: UnitedHealthcare Medicare Advantage HMO

Primary Care Copay: \$0 | Specialist Copay: \$25 | Emergency: \$90

Payer ID (for electronic claims): 87726

This card is for identification only and not a guarantee of benefits.

## **UnitedHealthcare - Member & Provider Resources**

Member Services: 1-800-555-0100

Provider Services / Prior Authorization: 1-800-555-0200 (Fax: 1-800-555-0201)

Claims Submission Address: UnitedHealthcare Claims, P.O. Box 12345, Chicago, IL 60601

For prior authorization for implantable devices (e.g., PNS), call Provider Services before performing the procedure.

Note: Presentation of this card is not a guarantee of coverage. Verify eligibility and benefits at time of service.

## Payer Policy Summary: Peripheral Nerve Stimulation (PNS)

UnitedHealthcare (Sample Policy UHC-NEURO-1234) - Effective Jan 1, 2025

- Coverage: PNS is medically necessary for chronic, refractory neuropathic pain with documented failure of conservative therapy.
- Requirements: Trial stimulation with >=50% pain reduction required before permanent implant; psychological clearance required.
- Prior Authorization: Required for both trial and permanent implant for UHC MA and Commercial plans.

Medicare (NCD 160.7 and sample LCD L34328)

- Coverage: PNS covered when reasonable and necessary for chronic intractable pain after failure of conservative treatment.
- Requirements: Pain >=3 months, documented failure of therapies, psychological evaluation, and successful trial (>=50% pain reduction).
- Prior Authorization: Original Medicare generally does not require PA, but Medicare Advantage plans do; maintain thorough documentation.

Common Denial Reasons:

- Missing documentation of prior conservative therapies (dates/outcomes).
- No documented trial or trial failure/success criteria unmet.
- Lack of psychological clearance or active substance abuse.
- Procedure billed without prior authorization when payer requires it.

Provider Guidance:

- Include operative note, trial report (pain diaries), psych evaluation, and detailed prior therapy history with PA request.
- Use CPT 64555 for trial lead placement; CPT 64590 for permanent generator insertion (bill only after successful trial).
- For Medicare, include ICD-10 codes reflecting neuropathic pain condition (e.g., G90.522).