



Patient Access Program for
the SPR® SPRINT® PNS System

Provider Brochure



Register in a Few Easy Steps

- 1 Complete and sign**
New Provider Registration Form
- 2 Submit**
Completed Registration Form via fax or email
- 3 Receive**
You will receive access to the SPRcare Provider Portal and a welcome email that includes the following:
 - Introduction to SPRcare
 - Portal guide and login information
 - New Case Submission Checklist

Case Submission Process

- 1 Log into the SPRcare Portal**
SPRPainRelief.com/hcp/reimbursement
- 2 Click on "New Patient Intake (Submit Case)" and enter details into the case**
- 3 Attach required documents**
 - Signed SPRcare Patient Consent
 - Clinical notes
 - Payer correspondence (if applicable)
 - Insurance card(s) front and back (if available)
- 4 Submit**



Frequently Asked Questions

How does my staff ask SPRINT PNS related coding, coverage, and payment questions?

Contact the SPRcare team at:
• phone: **833.SPR AUTH (833.777.2884)**
• email: SPRcare@SPRPainRelief.com

How does my staff register for the SPRcare Patient Access Program?

Complete, Sign, and Submit a New Provider Registration Form for each provider.

Is there an online portal I can use to submit cases and/or view case status?

Yes. Once you have registered for SPRcare, you will receive a SPRcare Portal Guide and login information. You can access the portal via SPRPainRelief.com/hcp/reimbursement

Are there fees associated with SPRcare?

There are no additional fees or costs associated with the SPRcare Patient Access Program.

Does our office need a BAA?

No, SPRcare does not operate as a Business Associate; accordingly, we require a HIPAA compliant patient authorization and consent form signed by every patient prior to providing support.

What can my staff expect from SPRcare?

Real-time case status and updates can be viewed on the SPRcare Provider Portal. The SPRcare Team is also available if additional details or questions arise.

It is important to remember, SPRcare works in collaboration with you and payers. If a patient is seen by you, the physician, while there is an active SPRcare case, please provide copies of the new records to be used to establish medical necessity to the payer. Occasionally, payers will ask for additional information and/or records. Payers often have a short turn around time for the requested information. To ensure a submission is not canceled by the payer, please send the requested information as soon as it is available.

What if I need to make a change to our Registration or an active Case?

All change requests must be received in writing from your office. Please email SPRcare your request.

What are the turnaround times?

SPRcare will determine insurance and pre-service review requirements/availability within 2-3 business days of receiving a completed Case and required documents.

If a pre-service review is required/available, the average turnaround time to receive an initial determination is 15-20 business days after submission of a complete case. SPRcare will check the status until a determination is received.

Turnaround times vary by payer, plan type, and number of appeals required. For approved cases, our track-record indicates the average time to approval is 21 business days, ranging from 15 days for approvals obtained at the prior authorization stage vs. 60+ days for approvals obtained at a level 2 appeal or later.

Our staff does our own authorization requests. Can SPRcare support facilitation of available appeal rights if we receive a denial?

Yes, when you submit a case, you will indicate you are requesting appeal support and you will be prompted to attach a copy of the denial letter(s) you received.

We do not use outside vendors; can you still support our patient with appeals?

Yes, SPRcare can provide advocacy support to your patients in requesting an appeal. To do so, you will need to submit a prior authorization request to the payer and provide a copy of denial letter(s). Please have your patient contact the SPRcare Team directly to obtain support.

NOTE: SPRcare required forms must be completed in their entirety. Upon completed Registration, the only form required for case submissions is a HIPAA authorization and consent signed by the patient. Please ensure a completed and signed authorization and consent form is provided at the time of case submission. Incomplete form(s) will be returned for completion resulting in a delay in processing your case(s). Without a signed and completed consent form on file, we are unable to begin processing your request.

For more information or to speak to an SPRcare Case Manager, call:
833.SPR AUTH (833.777.2884) or email: SPRcare@SPRPainRelief.com

Access the SPRcare Provider Portal at:
SPRPainRelief.com/hcp/reimbursement

Available Support

Coding, Coverage, and Payment

Answer any SPRINT PNS coding, coverage, and payment inquiries you may have (Registration is not required).

Insurance Verification

Verification of insurance plan type and pre-service review requirements/availability upon completed Registration.

Prior Authorization and Appeals

Prior authorization (pre-determination) and appeal facilitation in collaboration with providers and patients upon completed Registration.

Physician Advocacy

SPR collaborates with physicians to advocate for better coverage and improvements in complex medical policies. If you are interested in advocating for better access to SPRINT PNS for your patients, please contact SPRMarketAccess@SPRPainRelief.com.

For more information or to speak to an SPRcare Case Manager, call **833.SPR AUTH (833.777.2884)** or email **SPRcare@SPRPainRelief.com**



Patient Access Program for
the SPRINT PNS System

The SPRcare Team is available Monday through Friday : 8am-5pm CST.

PHONE: 833.SPR AUTH (833.777.2884) | **FAX:** 216.649.0635 | **EMAIL:** SPRcare@SPRPainRelief.com

Registered Providers may access the SPRcare Provider Portal at:
SPRPainRelief.com/hcp/reimbursement

The SPRINT PNS System is indicated for up to 60 days for: (i) Symptomatic relief of chronic, intractable pain, post-surgical and post-traumatic acute pain; (ii) Symptomatic relief of post-traumatic pain; and (iii) Symptomatic relief of post-operative pain. The SPRINT PNS System is not intended to be placed in the region innervated by the cranial and facial nerves. Physicians should use their best judgment when deciding when to use the SPRINT PNS System. For more information see the SPRINT PNS System IFU.

Most common adverse events are skin irritation and erythema. Results may vary. Rx only.

Disclaimer: Coverage is based on patient eligibility, specific plan benefits, medical necessity, individual contracts and local coverage policies. Verification of benefits and/or prior authorization approval are not a guarantee of payment. Providers must submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper place of service, and to submit appropriate codes, charges and modifiers for services rendered.

SPR does not promote the use of SPRINT PNS outside of the FDA Labeled Indications.

The SPRcare Program cannot support patient cases which fall outside of the FDA Labeled indications for treatment. Please refer to the SPRINT PNS System's instructions for use (IFU) for labeled indications. By participating in the SPRcare program you are acknowledging your awareness of the above statements.

For additional information regarding how your personal data is used or collected (including your rights and notice for California residents), please see SPR's Privacy Policy at <https://www.SPRPainRelief.com/consumer-health-data-and-information-privacy-policy>

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