

# Spinal Cord Stimulation Pre-Authorization Form for Outpatient Hospital

CONFIDENTIAL - Complete and return via fax 877-835-2520 or email PreAuthSupport@bsci.com.  
Call 1-866-287-0778 with questions.



Section 1		Patient Information			
Patient's Full Name:	DOB:	Procedure Date:			
Patient Address:	City:	State:	Zip:		
Primary Phone:	Home/Mobile:				
Primary Insurance:	ID:	Group:			
Secondary Insurance:	ID:	Group:			

Section 2		Physician & Facility Information			
Physician Name:	NPI#:	TIN#:	P-TAN#:	CMS Cert#:	
Facility Name:	NPI#:	TIN#:	P-TAN#:	CMS Cert#:	
SCS Procedure:	SCS Trial	SCS Implant	Revision	Replacement	Removal

Section 3		Diagnosis Codes			
Primary ICD Code: (required) _____		Secondary ICD Code(s) _____			

Section 4		Codes/Units			
Include the number of units for each code requested.					

Trial					
CPT®*	Description	Units	CPT®*	Description	Units
63650	Percutaneous implantation of neurostimulator electrode array, epidural		95972	Electronic analysis of implanted neurostimulator pulse generator system (Complex)	
95971	Electronic analysis of implanted neurostimulator pulse generator system (Simple)				

Implant or Revision/Removal					
CPT®*	Description	Units	CPT®*	Description	Units
63650	Percutaneous implantation of neurostimulator electrode array, epidural		63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural		63662	Removal of spinal neurostimulator electrode plate/paddle(s) via laminotomy or laminectomy, including fluoroscopy, when performed	
95971	Electronic analysis of implanted neurostimulator pulse generator system (Simple)		63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
95972	Electronic analysis of implanted neurostimulator pulse generator system (Complex)		63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminectomy, including fluoroscopy, when performed	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling		63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	

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Section 5		Disclaimer			
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By submitting this request to Boston Scientific, the provider identified in this request represents that they completed this in its entirety (or reviewed it carefully after it was completed by an employee under their direction), and the information provided by the staff, including the patient diagnosis, codes selected, and supporting medical documentation is true, accurate, and complete to the best of their knowledge. The provider also certifies that this procedure is medically necessary. It is the responsibility of the provider to verify appropriate coding with the payer.

Boston Scientific encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services, and to submit appropriate codes, charges, and modifiers for services rendered. It is also always the provider's responsibility to comply with Medicare national coverage determinations (NCD), Medicare local coverage determinations (LCD), and any other coverage requirements established by relevant payers which can be updated frequently. Boston Scientific recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters. Boston Scientific does not promote the use of its products outside their FDA-approved label.

The coding options listed are commonly used codes and are not intended to be an all-inclusive list. We recommend consulting your relevant manuals for appropriate coding options. This coding information may include codes for procedures for which Boston Scientific currently offers no cleared or approved products. In those instances, such codes have been included solely in the interest of providing users with comprehensive coding information and are not intended to promote the use of any Boston Scientific products for which they are not cleared or approved. The Health Care Provider (HCP) is solely responsible for selecting the site of service and treatment modalities appropriate for the patient based on medically appropriate needs of that patient and the independent medical judgement of the HCP.