

Boston Scientific Spinal Cord Stimulation Pre-Authorization Form

Section 1	Patient Information			
Patient's Full Name:	DOB:	Procedure Date:		
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#			
Facility:	NPI#	TIN#			
Facility Type:	Physician Office	ASC	Outpatient Hospital	Independent Clinic	
SCS Procedure:	SCS Trial <input type="checkbox"/>	SCS Implant <input type="checkbox"/>	Revision <input type="checkbox"/>	Replacement <input type="checkbox"/>	Removal <input type="checkbox"/>

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	Analyze neurostimulator (Complex)	
95971	Analyze neurostimulator (Simple)				

Implant					
CPT®*	Description	Units	CPT®*	Description	Units
63650	Percutaneous implantation of neurostimulator electrode array, epidural		63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	
63685	Insert/replace spinal neurostimulator pulse generator		95971	Analyze neurostimulator (Simple)	
95972	Analyze neurostimulator (Complex)				

Revision/Removal					
CPT®*	Description	Units	CPT®*	Description	Units
63661	Removal of neurostimulator electrode (percutaneous array)		63662	Removal of neurostimulator plate/paddle laminectomy	
63663	Revision including replacement of electrode(s) percutaneous		63664	Revision including replacement electrode plate/ paddle	
63685	Insert/replace spinal neurostimulator pulse generator		63688	Revision (pocket rev) or removal of implantable pulse generator	
95971	Analyze neurostimulator (Simple)		95972	Analyze neurostimulator (Complex)	

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Section 5	Physician Certification
<p>By submitting this request to Boston Scientific, the account identified in this request represents that the physician identified in this request 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 physician/physician's staff, including the patient diagnosis, codes selected, and supporting medical documentation is true, accurate, and complete to the best of their knowledge. The physician also certifies that this procedure is medically necessary. It is the responsibility of the provider to verify appropriate coding with the payer.</p> <p>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.</p> <p>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.</p>	