CONFIDENTIAL - Fax or email completed form and supporting clinical documentation to:1-877-835-2520 or BSN.INTAKEUNIT@BSCI.COM

Section 1 — Pre-Authorization Form

Patient's Full Name:		Patient's DOB:		Surgery Date:
Physician Name:		NPI#	TIN#	State:
Name of Surgery Site:		NPI#	TIN#	
Site of Surgery:	Physician Office	ASC	Outpatient Hospital	Independent Clinic
SCS Procedure Type:	SCS Trial	SCS Permanent Implant	Revision/ Replacement	Removal

Section 2 — PRIMARY DIAGNOSIS CODE(S)

Primary ICD Code: (required) _____ List All Secondary ICD Code(s)_____

Please Note: The following is used to identify the procedures and device to the insurance company as part of the authorization process—the codes below may not always reflect the codes used for billing purposes. Please indicate the maximum number of units for each procedure and device anticipated.

Reference of Electrodes per Boston Scientific Lead

- ◊ **Percutaneous Linear™ lead (8 electrodes per lead)**
- ◊ **Percutaneous Infinion™ lead (16 electrodes per lead)**
- ◊ **Percutaneous Avista™ MRI lead (8 electrodes per lead)**
- ◊ **Paddle/Surgical Artisan™lead (16 electrodes per lead)**
- ◊ **Paddle/Surgical CoverEdge™ lead (32 electrodes per lead)**

TRIAL — SCS Trial Procedure - Please indicate the appropriate number of units for selected codes

CPT/HCPCS	Description	Units	CPT/HCPCS	Description	Units
*63650	Implant neuroelectrodes		L8680	Implantable neurostimulator electrode, each	
*95971	Analyze neurostimulator (Simple)				
*95972	Analyze neurostimulator (Complex)				

IMPLANT — SCS Implant Procedure - Please indicate the appropriate number of units for selected codes

CPT/HCPCS	Description	Units	CPT/HCPCS	Description	Units
*63650	Implant neuroelectrodes		L8680	Implantable neurostimulator electrode, each	
*63655	Implant neuroelectrodes		**L8679	Implantable neurostimulator. pulse generator, any type	
*63685	Insert/replace spinal neurostimulator. pulse generator		**L8687	Implantable neurostimulator. pulse generator - dual array, rechargeable	
*95971	Analyze neurostimulator (Simple)		**L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	
*95972	Analyze neurostimulator (Complex)				

REV/REM — SCS Revision or Removal Procedure - Please indicate the appropriate number of units for selected codes

CPT/HCPCS	Description	Units	CPT/HCPCS	Description	Units
*63661	Removal of neurostimulator electrode (percutaneous array)		L8680	Implantable neurostimulator electrode, each	
*63662	Removal of neurostimulator plate/paddle laminectomy		**L8679	Implantable neurostimulator pulse generator, any type	
*63663	Revision including replacement of electrode(s) percutaneous		**L8687	Implantable neurostimulator pulse generator dual array, rechargeable	
*63664	Revision including replacement electrode plate/paddle		**L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	
*63685	Insert/replace spinal neurostimulator. pulse generator		*95971	Analyze neurostimulator (Simple)	
*63688	Revision (pocket rev) or removal of implantable pulse generator		*95972	Analyze neurostimulator (Complex)	

** Three codes exist to describe the Boston Scientific neurostimulator implantable pulse generators. L8679 is a more general code created effective January 1, 2014 and describes any type implantable neurostimulator. L8687 describes the more specific dual array, rechargeable implantable neurostimulator. L8688 describes dual array, non– rechargeable. For an implant procedure, only one of these codes is needed. The provider is responsible for verifying payer policy/contracts as to the appropriate code used for describing each type of implantable neurostimulation.

Section 3 — Physician Certification Section

By submitting this form to Boston Scientific, the account identified in the first section of this document represents that the physician identified in the first section of this document completed this document 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 medical documentation supporting SCS 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.

Providers must 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 that are rendered. Boston Scientific recommends that providers consult their 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.

Please fax or email patient clinical documentation (e.g., treatment history & psych. evaluation) and insurance information along with the pre-authorization form.

Boston Scientific's Spinal Cord Stimulator Systems are indicated as an aid in the management of chronic intractable pain of the trunk and/ or limbs, including unilateral or bilateral pain associated with the following: failed back surgery syndrome, intractable low back pain, and leg pain.