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:				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 — Diagnosis Code: Please supply appropriate ICD-9 Diagnosis Code.

Primary ICD-9 Code: (required)		Secondary ICD-9 Code:	
Secondary ICD-9 Code:		Secondary ICD-9 Code:	
Secondary ICD-9 Code:		Secondary ICD-9 Code:	
Secondary ICD-9 Code:		Secondary ICD-9 Code:	

Physician's Order: Check applicable boxes for services, supplies and units requested.

Section 3 — SCS Trial Procedure

CPT Code*	Description	Units	CPT Code*	Description	Units
☐ 63650	Implant neuroelectrodes		☐ L8680	Implantable neurostimulator electrodes, each	
☐ 95971	Analyze neurostimulator		☐ L9900	O&P supply/accessory/service	
☐ 95972	Analyze neurostimulator		☐ Other	Specify:	
☐ 95973	Analyze neurostimulator		☐ Other	Specify:	

Section 4 — SCS Permanent Procedure

CPT Code*	Description	Units	CPT Code*	Description	Units
☐ 63650	Implant neuroelectrodes		☐ L8679**	Implantable neurostim. pulse generator, any type	
☐ 63655	Implant neuroelectrodes		☐ L8680	Implantable neurostimulator electrode, each	
☐ 63685	Insert/replace spinal neurostim. pulse generator		☐ L8687**	Implt neurostim. pulse gen, dual array, recharge.	
☐ 95971	Analyze neurostimulator		☐ L8699	Prosthetic implant NOS-Specify below	
☐ 95972	Analyze neurostimulator		☐ Other	Specify:	
☐ 95973	Analyze neurostimulator		☐ Other	Specify:	

** The provider is responsible for verifying payer policy as to the appropriate code used for describing each type of implantable pulse generator.

Notes: (***If revision, replacement or removal please describe intended procedure):

Section 5 — 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. eval.) 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.