

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	Implant neuroelectrodes		95972	Analyze neurostimulator (Complex)	
95971	Analyze neurostimulator (Simple)				

Implant					
CPT*	Description	Units	CPT*	Description	Units
63650	Implant neuroelectrodes		63655	Implant neuroelectrodes	
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)	

* CPT Copyright 2017 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Section 5	Physician Certification			
<p>By submitting this form to Boston Scientific, the account identified in the second section of this document represents that the physician identified in the second 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.</p>				
<p><small>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.</small></p>				
<p>Please fax or email patient clinical documentation (e.g., treatment history & psych. evaluation) and insurance information along with the pre-authorization form.</p>				
<p>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.</p>				