**CONFIDENTIAL - Fax or email completed form and supporting clinical documentation to:1-877-835-2520 or** [**PreAuthSupport@bsci.com**](mailto:PreAuthSupport@bsci.com)**.**

**Call 1-866-287-0778 with questions.**

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| **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: |  |

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| **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 | SCS Implant | Revision | Replacement | Removal |

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| **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) | |  |  |  |  |

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| **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) |  |  |  |  |

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| **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** |
| 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.  Boston Scientific encouragesproviders 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. | |

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