

**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** **PRIMARY DIAGNOSIS CODE**

**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)
  - ◇ 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 Code*	Description	Units	CPT Code*	Description	Units
63650	Implant neuroelectrodes		95973	Analyze neurostimulator (Each addtl 30 mins.)	
95971	Analyze neurostimulator (Simple)		L8680	Implantable neurostimulator electrode, each	
95972	Analyze neurostimulator (Complex) ( 1st Hour)				

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

CPT Code*	Description	Units	CPT Code*	Description	Units
63650	Implant neuroelectrodes		95973	Analyze neurostimulator (Each addtl 30 mins.)	
63655	Implant neuroelectrodes		**L8679	Implantable neurostim. pulse generator, any type	
63685	Insert/replace spinal neurostim. pulse generator		L8680	Implantable neurostimulator electrode, each	
95971	Analyze neurostimulator (Simple)		**L8687	Implantable neurostim. pulse generator - dual array, rechargeable	
95972	Analyze neurostimulator (Complex) ( 1st Hour)				

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

CPT Code*	Description	Units	CPT Code*	Description	Units
63661	Removal of neurostim electrode (percutaneous array)		L8680	Implantable neurostimulator electrode, each	
63662	Removal of neurostim 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	
63664	Revision including replacement electrode plate/paddle		95971	Analyze neurostimulator (Simple)	
63685	Insert/replace spinal neurostim. pulse generator		95972	Analyze neurostimulator (Complex) ( 1st Hour)	
63688	Revision (pocket rev) or removal of implantable pulse generator		95973	Analyze neurostimulator (Each addtl 30 mins.)	

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\*\* Two 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. 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 neurostimulator.

**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.