

Medicare Hospital Outpatient Department (OPD) Prior Authorization Request (PAR) Information: Spinal Cord Stimulation (SCS) & Dorsal Root Ganglion (DRG)

Hospital Outpatient Prior Authorization - CPT[‡] 63650

As of July 1, 2021, CPT[‡] code 63650 will require prior authorization in the Hospital Outpatient setting.

- If SCS trial and permanent lead implant are both done in Hospital Outpatient department, only one prior-authorization is required.*
- If the SCS trial is done at an alternative site (ASC or Physician office), then a prior authorization will be required for 63650, permanent lead placement, if performed in a Hospital Outpatient setting.

① Requestors have the option to include the following data elements and documentation (see following page) in the PAR to avoid potential processing delays. The Medicare Administrative Contractor (MAC) may request additional items for submission.

② Requestors have the following options for submitting documentation for the prior authorization request (PAR) to their respective MAC. (Please note: Hospitals who are part of a national chain may file with an alternate MAC.)

MAIL

FAX

MAC'S PORTAL

ELECTRONIC SUBMISSION OF MEDICAL DOCUMENTATION (ESMD)

* To avoid a claim denial, it is advised that the hospital outpatient requestor place the Unique Tracking Number (UTN) received for the trial procedure on the claim submitted for the permanent implantation procedure.

Source:

<https://www.cms.gov/files/document/opd-operational-guide.pdf>
<https://www.cms.gov/files/document/opd-frequently-asked-questions.pdf>

Rx Only

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General Documentation Requirements for trial or permanent Implanted Spinal Neurostimulators using CPT[‡] code 63650 in the hospital OPD

Disclaimer: The items listed below are general documentation requirements.

Please check with your specific MAC which may require additional information and/or have their own unique procedural requirements.

- Beneficiary's name
- Medicare Beneficiary Identifier (MBI)
- Date of birth
- Facility information, including:
 - Name
 - Address
 - National Provider Identifier (NPI)
 - Provider Transaction Access Number (PTAN) /CMS Certification number (CCN)
- Physician information, including:
 - Name
 - Address
 - NPI
 - PTAN
- Requestor's information, including:
 - Name
 - Telephone number
 - Address
- Anticipated date of service
- CPT[‡] codes appropriate for procedure
- ICD-10 diagnosis codes appropriate for procedure
- Type of request:
 - Indicate whether this is an initial or resubmission review (if resubmission include Unique Tracking Number (UTN))
- Indicate if this request is for a trial or permanent percutaneous placement
- Anticipated date of service
- Physician office notes including:
 - Condition requiring procedure
 - Physical evaluation
 - Treatments tried and failed including but not limited to:
 - Spine surgery, physical therapy, medication, injection, psychological therapy
- Documentation of Psychological Evaluation
- For Permanent Procedure, include documentation of pain relief with a trial
 - At least 50% reduction of target pain, or 50% reduction of analgesic medications

Source:

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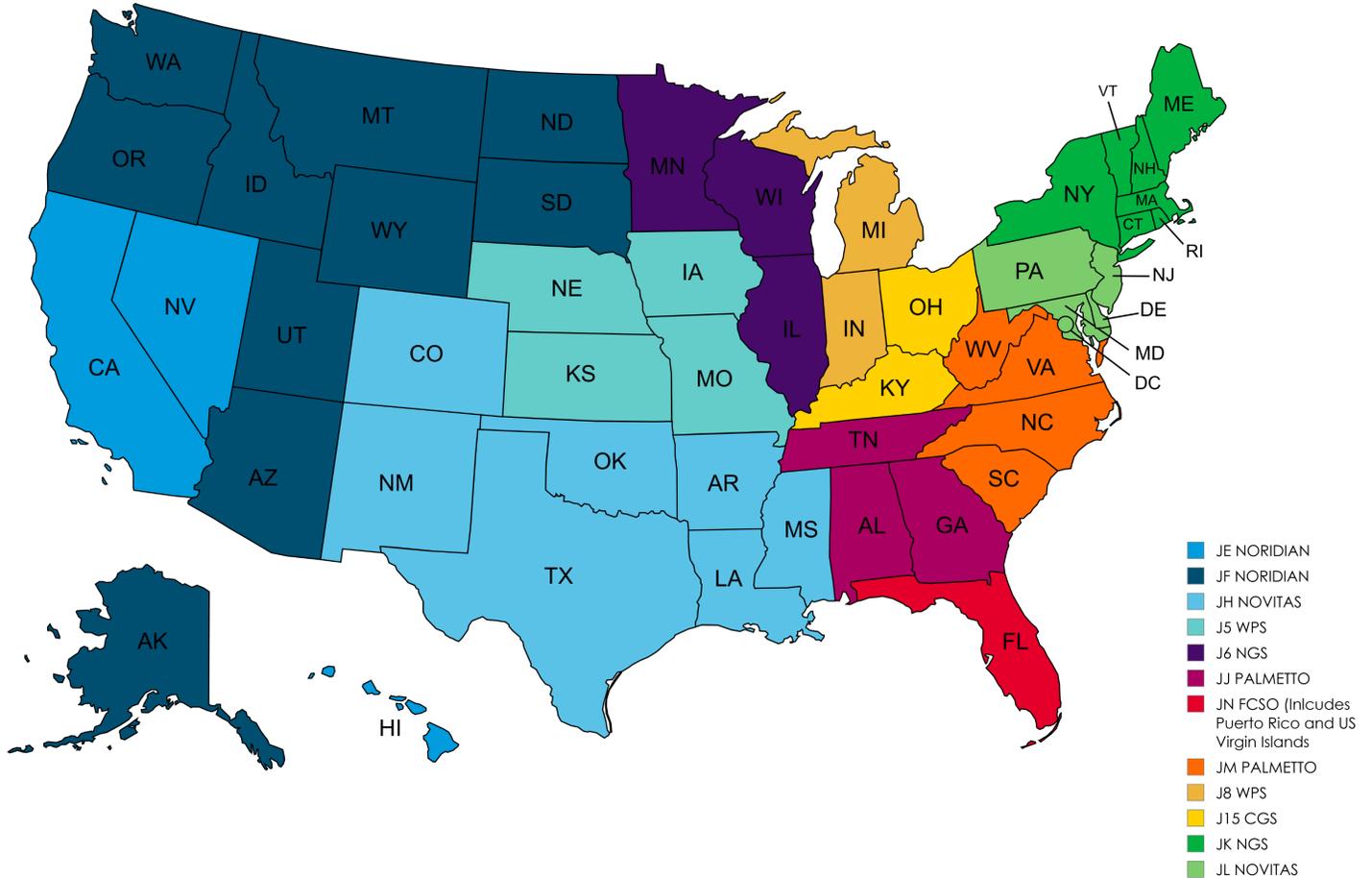
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MAC JURISDICTIONS MAP



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CGS Medicare

Jurisdiction 15 (J15)

Customer Service: 1-866-590-6703

PROCESSES CLAIMS FOR

- Kentucky
- Ohio



CGS Prior Authorization for Implanted Neurostimulators Coversheet

Prior Authorization request may be submitted via ONE of the following methods:

MAIL	CGS Administrators, LLC J15 Part A Prior Authorization Requests 26 Century Blvd., Suite ST610 Nashville, TN 37214-3685
FAX	615-782-4486
esMD	Learn More about esMD
PORTAL	myCGS

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
PTAN	What is a PTAN?

Source:
<https://www.cms.gov/files/document/opd-operational-guide.pdf>
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First Coast Service Option (FCSO)

Jurisdiction JN

Phone: 855-340-5975



PROCESSES CLAIMS FOR

- Florida
- Puerto Rico
- U.S. Virgin Islands

First Coast Prior Authorization Request Cover Sheet

Prior Authorization request may be submitted via ONE of the following methods:

MAIL	First Coast Services Options, Inc. JN Prior Authorization PO Box 3033 Mechanicsburg, PA 17055-1804
FAX	855-815-3065
esMD	Learn More about esMD

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
PTAN	What is a PTAN?

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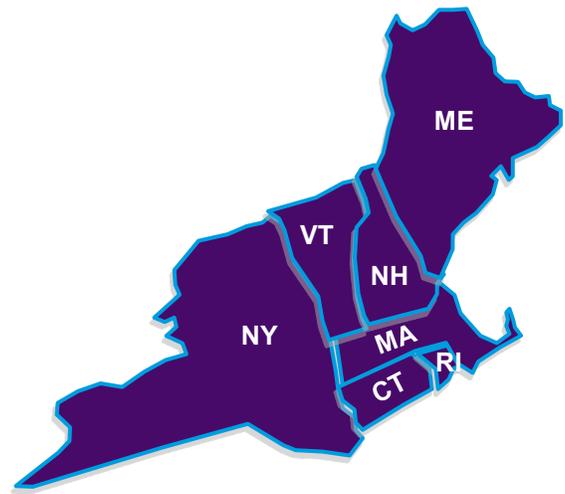
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National Government Services (NGS)

Jurisdiction K

Phone: 888-855-4356



PROCESSES CLAIMS FOR

- Connecticut
- New York
- Maine
- Massachusetts
- Rhode Island
- Vermont
- New Hampshire

Prior Authorization request may be submitted via ONE of the following methods:

MAIL	National Government Services (NGS) PO Box 1708 Indianapolis, IN 46207-7108
FAX	317-841-4530
esMD	Learn More about esMD
PORTAL	NGSCONNEX

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
PTAN	What is a PTAN?

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National Government Services (NGS)

Jurisdiction 6

Phone: 877-702-0990

PROCESSES CLAIMS FOR

- Illinois
- Wisconsin
- Minnesota



Prior Authorization request may be submitted via ONE of the following methods:

MAIL	National Government Services (NGS) PO Box 1708 Indianapolis, IN 46207-7108
FAX	317-841-4528
esMD	Learn More about esMD
PORTAL	NGSCONNEX

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
PTAN	What is a PTAN?

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Noridian

Jurisdiction E

Customer Service: 855-609-9960

PROCESSES CLAIMS FOR

- American Samoa
- California
- Guam
- Hawaii
- Nevada
- North Marina Islands



Noridian Part A Prior Authorization Request Coversheet

Prior Authorization request may be submitted via ONE of the following methods:

MAIL	Noridian Healthcare Solutions LLC PO Box 6782 Fargo, ND 58103
FAX	701-277-2903
esMD	Learn More about esMD
PORTAL	Noridian Medical Portal (NMP)

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
LCD	Local Coverage Determination (LCD) L35136
PTAN	What is a PTAN?

Source:
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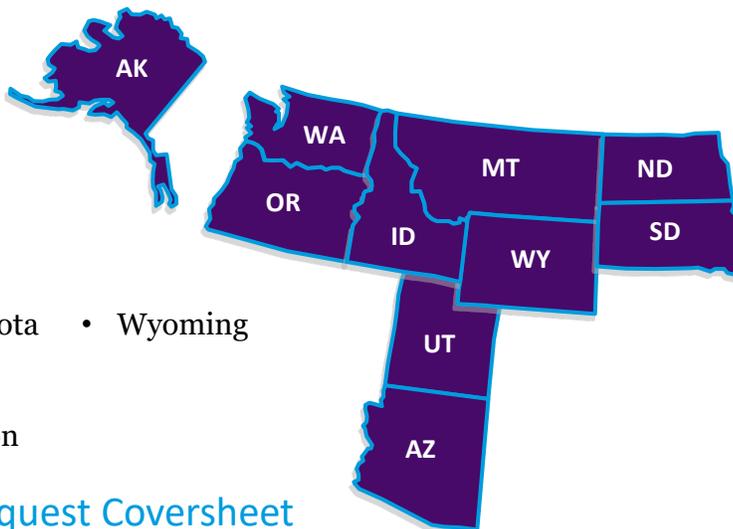
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Noridian

Jurisdiction JF

Customer Service: 877-908-8431



PROCESSES CLAIMS FOR

- Alaska
- Montana
- South Dakota
- Wyoming
- Arizona
- North Dakota
- Utah
- Idaho
- Oregon
- Washington

[Noridian Part A Prior Authorization Request Coversheet](#)

Prior Authorization request may be submitted via ONE of the following methods:

MAIL	Noridian Healthcare Solutions LLC PO Box 6722 Fargo, ND 58103
FAX	701-277-2903
esMD	Learn More about esMD
PORTAL	Noridian Medicare Portal (NMP)

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
LCD	Local Coverage Determination (LCD) L36204
PTAN	What is a PTAN?

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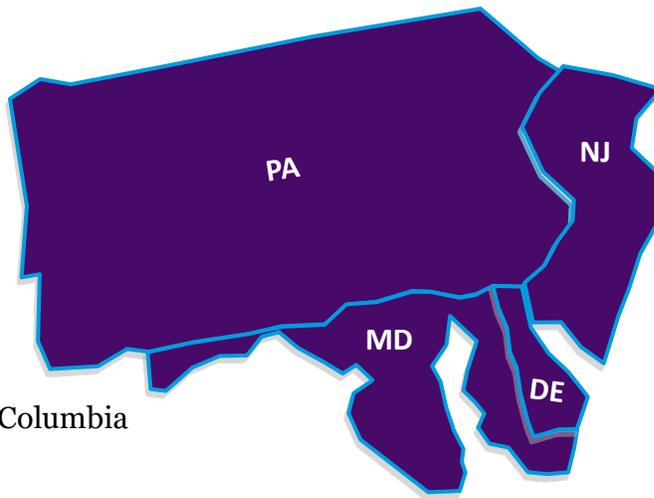


Novitas

Jurisdiction L

Prior Auth Customer Service:

1-855-340-5975



PROCESSES CLAIMS FOR

- Delaware
- Pennsylvania
- District of Columbia
- New Jersey
- Maryland

Novitas Prior Authorization Request Hospital Outpatient Procedures

Prior Authorization request may be submitted via ONE of the following methods:

MAIL	Novitas Solutions JL Prior Authorization Requests PO BOX 3702 Mechanicsburg, PA 17055
FAX	1-877-439-5479
esMD	Learn More about esMD
PORTAL	Novitasphere

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
PTAN	What is a PTAN?

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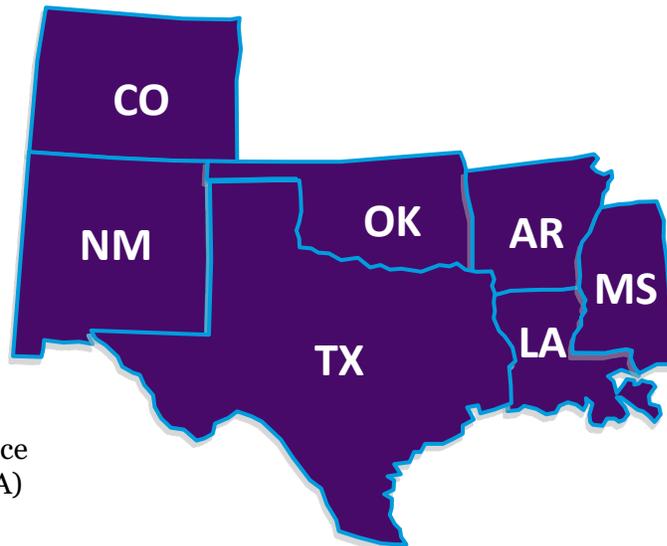


Novitas

Jurisdiction H

Prior Auth Customer Service:

855-340-5975



PROCESSES CLAIMS FOR

- Arkansas
- Colorado
- Louisiana
- Mississippi
- New Mexico
- Oklahoma
- Texas
- Indian Health Service
- Veterans Affairs (VA)

Novitas Prior Authorization Request Hospital Outpatient Procedures

Prior Authorization request may be submitted via ONE of the following methods:

MAIL	Novitas Solutions JH Prior Authorization Requests PO BOX 3702 Mechanicsburg, PA 17055
FAX	877-439-5479
esMD	Learn More about esMD
PORTAL	Novitasphere

Medicare Resource Documents

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PTAN	What is a PTAN?

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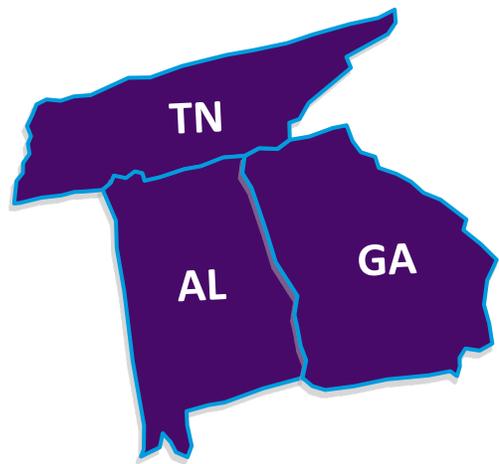
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Palmetto

Jurisdiction J

Phone: 877-567-7271



PROCESSES CLAIMS FOR

- Alabama
- Georgia
- Tennessee

[Outpatient Prior Authorization Form \(palmettogba.com\)](http://palmettogba.com)

[Prior Authorization - Spinal Cord Stimulator Checklist \(palmettogba.com\)](http://palmettogba.com)

Prior Authorization request may be submitted via ONE of the following methods:

MAIL	Palmetto GBA Part A – Prior Authorization PO BOX 100212 Columbia, SC 29202-3212
FAX	803-462-7313
esMD	Learn More about esMD
PORTAL	eServices

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
LCD	Local Coverage Determination (LCD) L37632
PTAN	What is a PTAN?

Source:
<https://www.cms.gov/files/document/opd-operational-guide.pdf>
<https://www.cms.gov/files/document/opd-frequently-asked-questions.pdf> -AB-Jurisdiction-Map_03.28.2023

Rx Only
Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use.

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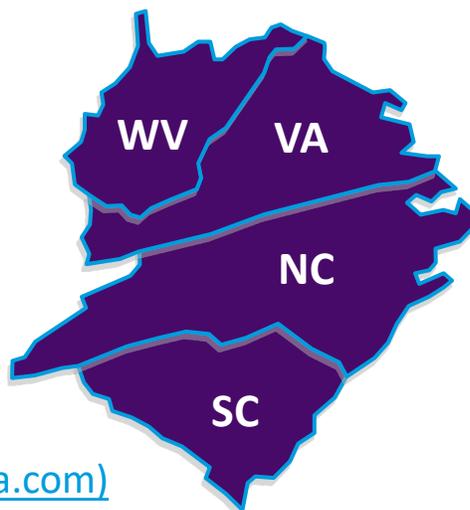
Palmetto

Jurisdiction M

Phone: 877-567-7271

PROCESSES CLAIMS FOR

- North Carolina
- South Carolina
- Virginia
- West Virginia



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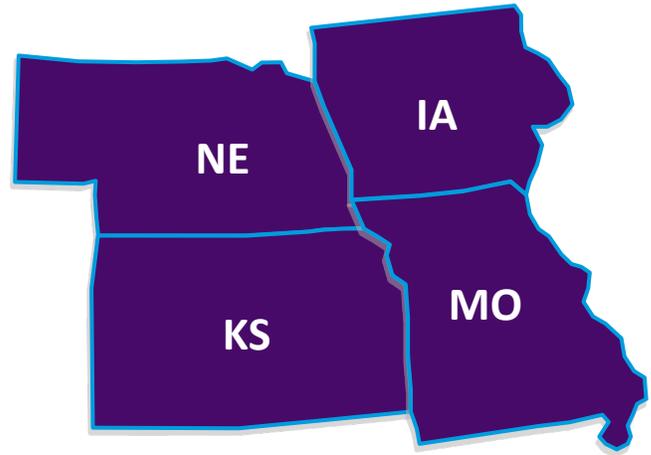
WPS

Jurisdiction J5

Phone: 866-518-3285

PROCESSES CLAIMS FOR

- Iowa
- Kansas
- Missouri
- Nebraska



[Prior Authorization \(PA\) Request Form \(wpsgha.com\)](https://wpsgha.com)

KY

Prior Authorization request may be submitted via ONE of the following methods:

MAIL	WPS GHA PO Box 7953 Madison, WI 53707-7953
FAX	608-223-7553
esMD	Learn More about esMD
PORTAL	WPS GHA Web Portal

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
PTAN	What is a PTAN?

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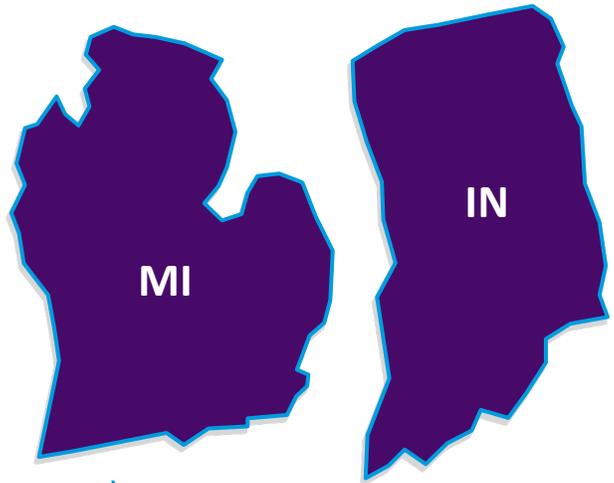
WPS

Jurisdiction J8

Phone: 866-518-3285

PROCESSES CLAIMS FOR

- Indiana
- Michigan



[Prior Authorization \(PA\) Request Form \(wpsgha.com\)](https://wpsgha.com)

Prior Authorization request may be submitted via ONE of the following methods:

MAIL	WPS GHA PO Box 7954 Madison, WI 53707-7954
FAX	608-224-3508
esMD	Learn More about esMD
PORTAL	WPS GHA Web Portal

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