



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 are encouraged to include the following data elements and documentation (see following page) in the PAR in order 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>

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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:

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

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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	<u>Learn More about esMD (PDF)</u>
PORTAL	<u>myCGS</u>

Medicare Resource Documents

NCD	<u>National Coverage Determination (NCD) 160.7</u>
PTAN	<u>MLN Matters: What is a PTAN?</u>

Source:

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

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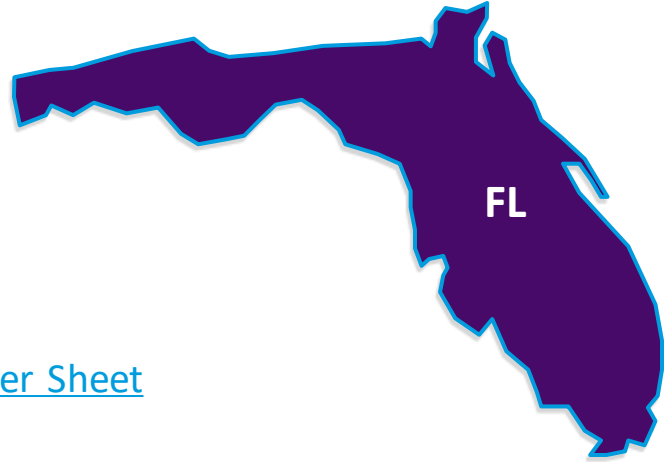
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First Coast Service Option (FCSO)

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
<u>esMD</u>	Learn More about esMD (PDF)

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
LCD	Local Coverage Determination (LCD) L36035
PTAN	MLN Matters: 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>

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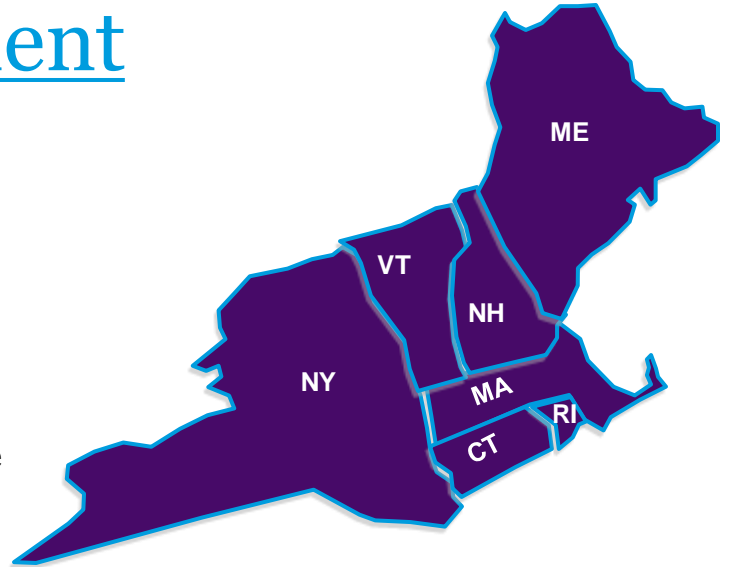
National Government Services (NGS)

Jurisdiction K

Phone: 888-855-4356

PROCESSES CLAIMS FOR

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



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 (PDF)
PORTAL	NGSCONNEX

Medicare Resource Documents

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

Source:

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

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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 (PDF)
PORTAL	NGSCONNEX

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
PTAN	MLN Matters: 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 (PDF)
PORTAL	Noridian Medical Portal (NMP)

Medicare Resource Documents

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

Source:

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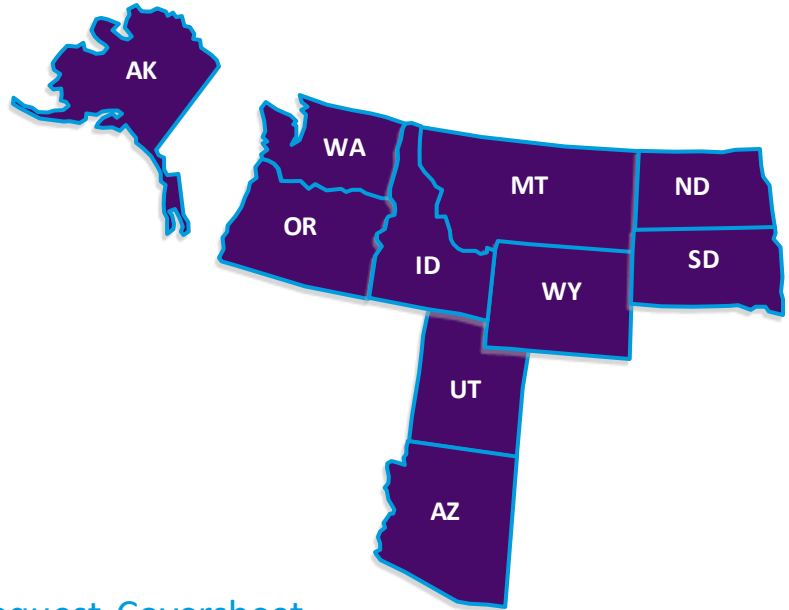
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Noridian

Jurisdiction JF

Customer Service: 877-908-8431



PROCESSES CLAIMS FOR

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

[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 (PDF)
PORTAL	Noridian Medicare Portal (NMP)

Medicare Resource Documents

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

Source:

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Novitas

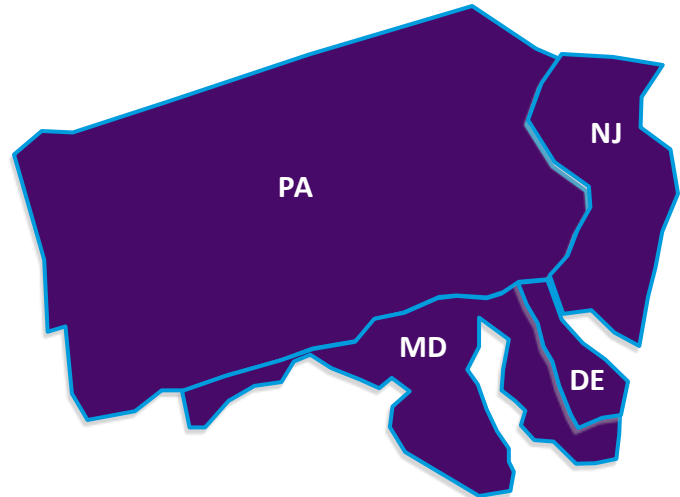
Jurisdiction L

Prior Auth Customer Service:

1-855-340-5975

PROCESSES CLAIMS FOR

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



[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 (PDF)
PORTAL	Novitasphere

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
LCD	Local Coverage Determination (LCD) L35450
PTAN	MLN Matters: What is a PTAN?

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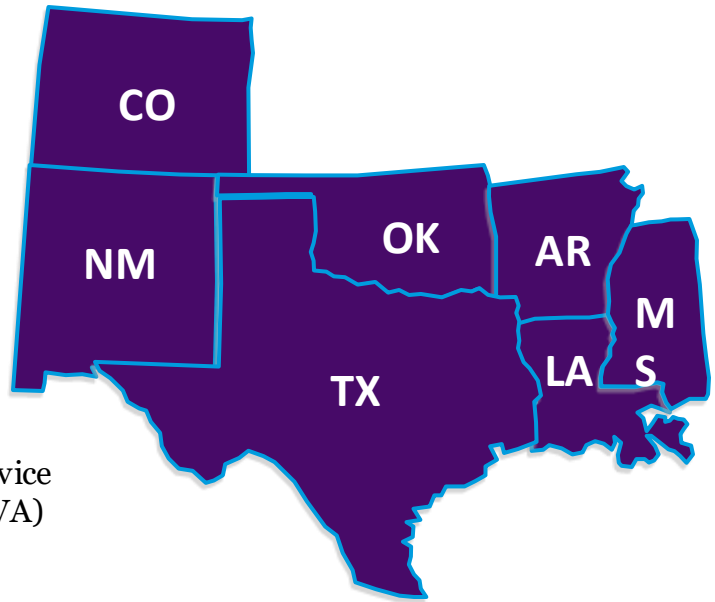
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Novitas

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 (PDF)
PORTAL	Novitasphere

Medicare Resource Documents

NCD	National Coverage Determination (NCD) 160.7
LCD	Local Coverage Determination (LCD) L35450
PTAN	MLN Matters: What is a PTAN?

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Palmetto

Jurisdiction J

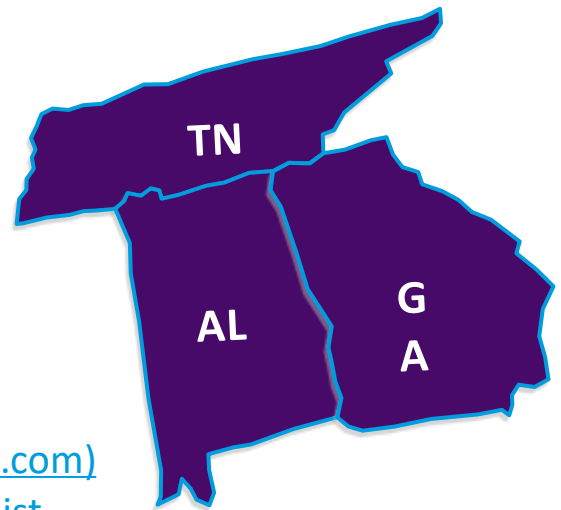
Phone: 877-567-7271

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 (PDF)
PORTAL	eServices

Medicare Resource Documents

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

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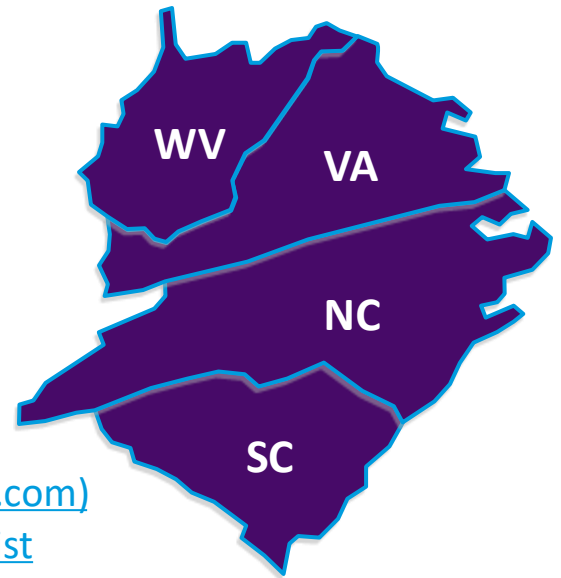
Palmetto

Jurisdiction M

Phone: 877-567-7271

PROCESSES CLAIMS FOR

- North Carolina
- South Carolina
- Virginia
- West Virginia



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

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

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FAX	803-462-7313
esMD	Learn More about esMD (PDF)
PORTAL	eServices

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

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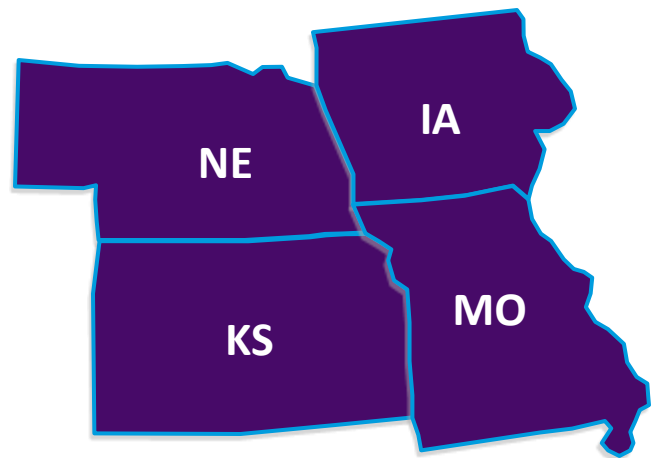
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Jurisdiction J5

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PROCESSES CLAIMS FOR

- Iowa
- Kansas
- Missouri
- Nebraska



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

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FAX	608-223-7553
esMD	Learn More about esMD (PDF)
PORTAL	WPS GHA Web Portal

Medicare Resource Documents

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

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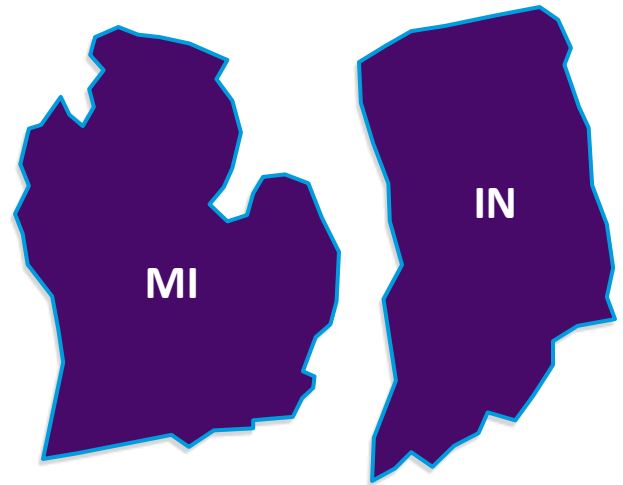
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Jurisdiction J8

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PROCESSES CLAIMS FOR

- Indiana
- Michigan



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Medicare Resource Documents

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