**Spinal cord stimulator**

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *63650, *63655, *63663, *63685

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See below for the questions you'll encounter in the e-referral system.

<table>
<thead>
<tr>
<th>Question</th>
<th>Possible answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the patient have chronic intractable pain?</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Is this request for a trial of a temporary electrode spinal cord stimulator?</td>
<td>□ Yes □ No □ N/A</td>
</tr>
<tr>
<td>Did the patient have a temporary device implanted AND the patient’s pain decreased?</td>
<td>□ Yes □ No □ N/A</td>
</tr>
</tbody>
</table>
Have all other treatment modalities (A-D) been tried and failed to decrease the patient’s pain; OR are judged to be unsuitable or contraindicated? A. Pharmacological. B. Surgical. C. Physical therapy. D. Psychological therapies.

Possible answers: ☐ Yes ☐ No ☐ N/A

Has the patient had careful screening, evaluation and diagnosis by a multidisciplinary team prior to implantation including BOTH a psychological and physical evaluation?

Possible answers: ☐ Yes ☐ No ☐ N/A