



Prior Authorization Request for Outpatient Services Coversheet Implanted Spinal Neurostimulators

Please ensure each **REQUIRED** field is completed correctly. Any missing information marked **REQUIRED** could result in case rejection.

Please provide direct phone numbers for clinical and support staff questions.

FAX to JK: 317-841-4530 or J6: 317-841-4528

Request Date:	Number of pages including coversheet:
Submission Type - REQUIRED <input type="checkbox"/> Initial Request <input type="checkbox"/> Resubmission: A <i>REQUEST IN RESPONSE TO A NON-AFFIRM</i> , <i>*Resubmissions must include all initially submitted documentation in addition to additional records requested.</i>	
<input type="checkbox"/> Expedited Review with Rationale:	

Beneficiary Information (see Medicare card)

Last name - REQUIRED	First - REQUIRED	Male <input type="checkbox"/> Female <input type="checkbox"/>	Medicare ID - REQUIRED	Date of Birth
Mailing Address, City, State, Zip - REQUIRED <i>**Note: The beneficiary listed will receive a decision letter**</i>				

Hospital Outpatient Department Information

**** Decision letters will be faxed or mailed to the Hospital Outpatient Department ****

Hospital/Facility Name - REQUIRED	NPI - REQUIRED	PTAN - REQUIRED
ATTN (outpatient contact) - REQUIRED	Hospital Fax number:	
Address, City, State, Zip - REQUIRED		
Claim Type of Bill (TOB) Code - REQUIRED	Anticipated Dates of Service/Surgery	

Physician Information

Physician Name - REQUIRED	NPI - REQUIRED
Address, City, State, Zip - REQUIRED	

Requestor Information

Requestor Name - REQUIRED	Requestor Email Address - REQUIRED
Requester phone number - REQUIRED	Requester FAX number:
Non-PHI passcode created by the <u>requester</u> that allows NGS staff to communicate via email without the use of PHI. - OPTIONAL	

Requested Outpatient Services - REQUIRED 63650 Temporary Permanent

Note: Providers who plan to perform both the trial and permanent implantation procedures using CPT 63650 in the same HOPD with the same physician, will only be required to submit a PAR for the trial procedure. To avoid a claim denial, providers must place the Unique Tracking Number (UTN) received for the trial procedure on the claim submitted for the permanent implantation procedure, unless the date of service falls outside of the trial validation period.