HealthPlans, Inc.

HPI is a Harvard Pilgrim company

Implantable Neurostimulators

Prior Authorization Request Form

Effective Date: July 1, 2015

ONLY COMPLETED FORMS CAN BE PROCESSED
Health Plans, Inc. reserves the right to request additional clinical information.

Member Name:	**DOB:**
Member ID #:	**Requesting Provider Name:**
Requesting Provider TIN #:	**Requesting Provider Phone #:**
Requesting Provider Fax #:	**Requested Setting:** **SDC** **Other (describe):**
Facility Name/Location:	**Facility TIN #:**
Planned Date of Service:	**Diagnosis:**

Requested Procedure (check all codes that apply)					
43647	61864	61880	63655	64561	64595
43881	61867	61885	63685	64575	95970
43882	61868	61886	64550	64581	95971
61850	61870	61888	64553	64585	95972
61860	61875	63650	64555	64590	95973
61863					

Stimulator	Criteria (check all that apply)
Deep Brain Stimulator	Member with medically refractory essential tremor Member age 7 years or older requires treatment of intractable primary dystonia, including generalized and/or segmental dystonia, hemidystonia, and cervical dystonia (torticollis) Member with medically intractable Parkinson's disease Levadopa responsive Motor complications refractory to pharmacologic therapy Score of 30+ points on motor portion of the Unified Parkinson Disease Rating Scale when without medication for approximately 12 hours
Gastric Stimulation for Gastroparesis	Condition is refractory to prokinetic and antiemetic medications Use of prokinetic and antiemetic medications is contraindicated (documentation required.) Scintigraphy confirms delayed gastric emptying
Sacral Nerve Stimulation Temporary Permanent	**For urinary incontinence:** Urinary incontinence or frequency (confirmed by documentation) Positive peripheral nerve evaluation test for urinary urge incontinence and urinary urgency/frequency Diagnosis of refractory urge incontinence, urge/frequency incontinence, non-obstructive urinary retention unrelated to a neurologic condition Failure of, or symptoms refractory to, at least two types of conservative therapies, (e.g. medication, exercises) Trial of a temporary sacral nerve stimulator with at least a 50% reduction in (check all that apply): Urinary retention (catheter volume/catheterization) Daily incontinence episodes Severity of the episodes or the number of pads/diapers used per day Number of voids daily Volume per void Frequency per void **For fecal incontinence:** Two or more episodes of fecal incontinence per week for 6 months Two or more episodes of fecal incontinence per week for 12 months following vaginal childbirth Failure of conservative therapies, (e.g. medication, dietary modification) Symptoms refractory to conservative therapies Successful trial of a temporary sacral nerve stimulator defined as at least a 50% improvement in symptoms (if requesting permanent)

Stimulator	Criteria (check all that apply)
Spinal Cord Stimulation for Pain Temporary Permanent	Chronic intractable neuropathic pain of trunk and limbs Failure of at least 6 months of conservative treatment (e.g., pharmacotherapy, physical therapy, and/or surgery) Contraindication to conservative treatment (documentation required) Neuropathic pain (e.g., failed back surgery syndrome, complex regional pain syndrome, phantom limb/stump pain and peripheral neuropathy) Successful trial of a temporary spinal cord stimulator defined as at least a 50% improvement in pain relief (if requesting permanent)
Vagal Nerve Stimulator	Member with refractory seizures and persistent seizures Intolerable side effects after trials of 2 or more antiepileptic mediations Failed resective surgery or is not a candidate for resective surgery (documentation required)

Describe previous treatments, contraindications and outcomes, if applicable.

I attest that this form has been completed by me or my designee and that all information is true and correct.	MD Name

Please complete and fax your request and form to Care Management Services at 508-756-1382.

If you have any questions about this process, please contact Care Management Services at 866-325-1550.