



Authorization for Spinal Cord Stimulator (SCS)

For commercial SI products, fax completed forms to HealthPartners at (952)853-8713 or submit through HealthPartners' Provider Portal. For Medicare Advantage, MSHO, Medicaid and commercial FI products, submit PA requests to Cohere through HealthPartners' Provider Portal or visit coherehealth.com/register to register for an account. [Submit clinical documentation](#) to support your request. Incomplete forms will be returned. Sign in at healthpartners.com/provider and use the Authorizations and referrals link to check the status of your authorization request. Call Utilization Management (UM) at (952)883-6333 with questions.

Member information

First name MI Last name

HealthPartners ID # DOB

Requester information

Form completed by: first name Last name

Your business name

Your business street address

Your business city Your business state Your business zip

Phone* Fax**

Ordering provider information

Provider first name Provider last name

Specialty NPI

Clinic name

Clinic street address

Clinic city Clinic state Clinic zip

Clinic tax ID (claim may be rejected if incorrect)

Email Phone* Fax**

Procedural provider information

*check box if same as **Ordering provider information** above*

Provider first name Provider last name

Specialty NPI

Clinic name

Clinic street address

Clinic city Clinic state Clinic zip

Clinic tax ID (claim may be rejected if incorrect)

Email Phone* Fax**

Facility site for procedure or surgery

Facility name

Facility street address

Facility city Facility state Facility zip

Billing tax ID (claim may be rejected if incorrect) NPI

Phone* Fax**

*Confidential voicemail required

**For outcome notification



Procedure or surgery

Only include codes requiring authorization; other codes will not be addressed.

Primary diagnosis code Description

Secondary diagnosis code Description

Procedure code(s)

Unit(s)

Procedure(s) or surgery description

Proposed date of procedure or TBD

Will waiting the standard review time seriously jeopardize member's health, life or ability to regain maximum functioning? Yes No

Clinical reason for urgency (not scheduling issues)

Trial Insertion

Permanent Placement

Trial Insertion Date **Inserted**

Trial Insertion Date **Removed**