

Neurostimulator Prior Authorization Requirement

CountyCare Health Plan is committed to providing efficient, consistent and high-quality utilization management (UM) experiences for both members and providers. This communication serves as advance notice of upcoming prior authorization (PA) requirements for neurostimulator services.

Requests for implantable neurostimulator devices (HCPCS codes) must be submitted in conjunction with the applicable procedure code(s) and will not be authorized independently.

Effective Sept. 1, 2026, the following procedure codes will require prior authorization:

Code Type	Code	Description
HCPCS – Device / Generator Codes		
HCPCS	C1767	Generator, neurostimulator (implantable), non-rechargeable
HCPCS	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
HCPCS	L8679	Implantable neurostimulator, pulse generator, any type
HCPCS	C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all components, with rechargeable battery and charging system
HCPCS	C1827	Generator, neurostimulator (implantable), non-rechargeable, with implantable stimulation lead and external paired stimulation controller
HCPCS	C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)
HCPCS	C1822	Generator, neurostimulator (implantable), high-frequency, with rechargeable battery and charging system
HCPCS	C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads
CPT – Procedure Codes		
CPT	63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver
CPT	63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
CPT	63663	Revision, including replacement of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
CPT	63664	Revision, including replacement of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy
CPT	63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
CPT	63650	Percutaneous implantation of neurostimulator electrode array, epidural

Provider Notice

June 2026

Requests will be reviewed for medical necessity using nationally recognized criteria (InterQual). The CountyCare prior authorization form (found on countycare.com/providers under prior authorization) should be completed and include supporting clinical documentation, such as:

- Diagnosis and clinical indication for neurostimulator therapy
- History of conservative treatment and response (e.g., medication management, physical therapy)
- Pain or symptom severity and functional impairment documentation
- Evidence of a successful trial stimulation, when required

This notice is intended to provide guidance for in-network providers. All out-of-network requests are subject to prior authorization. Out-of-network requests may be redirected to an in-network provider whenever possible and will be subject to physician review.

How to Request Prior Authorization

- **Provider portal (preferred method – in-network providers only):** Submit requests via the [CountyCare provider portal](#) for a quicker response.
- Phone: Call 312-864-8200, option 3 or 855-444-1661, option 3.
- Fax: Please review the provider manual available at www.countycare.com for fax numbers and details.

Information on authorization codes is available on CountyCare's Prior Authorization Look-Up Tool at www.countycare.com/providers.

Contact Us

Thank you for working with us to ensure that CountyCare members receive quality care. If you have any questions or would like additional information, please contact CountyCare Provider Services at countycareproviderservices@cookcountyhhs.org or your assigned provider relations representative. You can also reach CountyCare Provider Services by phone at 312-864-8200, option 3.