



**Utilization Management**  
**Phone: 1-877-284-0102      Fax: 1-800-510-2162**

**Durable Medical Equipment – Neuromuscular Stimulator Precertification Review**

Date: \_\_\_\_\_ Reference #: \_\_\_\_\_ (provided after initial review)  
*A Utilization Management representative will fax you a notification number by the next business day after receiving this completed form. This notification number does not indicate an approval or denial of benefits, but only proof that the Plan has been notified. This information will be forwarded to the Plan's Managed Care Department. If you have any questions, please call HealthLink at 1-877-284-0102.*

**Provider Information**

Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Patient's DOB: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Ordering Physician Information**

Ordering Physician Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 TIN: \_\_\_\_\_

**Treatment Information**

Primary Procedure: \_\_\_\_\_  
 Diagnosis (ICD-9) Code(s): \_\_\_\_\_  
 Procedure (CPT) Code (s): \_\_\_\_\_  
 Anticipated Treatment Date(s): \_\_\_\_\_

- Is an FDA approved neuromuscular stimulator devices being prescribed?       YES  NO
- Is muscular atrophy present in the area of an intact nerve supply to the muscle; including brain, spinal cord and peripheral nerves?  YES  NO
- Is the Neuromuscular Stimulator being used as a component of post-operative rehabilitation?       YES  NO
- Was muscular atrophy present before an orthopedic intervention (i.e., repair of anterior cruciate ligament)?  
 YES  NO
- Will the neuromuscular stimulation be initiated immediately in the post-op phase as an adjunct to physical therapy?  
 YES  NO
- Has muscular atrophy developed in the post-operative period?  YES  NO
- If yes, is the patient participating in a physical therapy program?       YES  NO

Benefits depend upon the eligibility of the patient at the time of admission, subject to all other Plan limitations, pre-admission review requirement and prior related claims. Verification of eligibility and description of benefits are based upon the information we have on file and does not guarantee payment.

Has the patient experienced complications related to the surgery, which preclude successful physical therapy?

YES  NO

Is the Neuromuscular Stimulator being used as a treatment for muscular atrophy related to other medical conditions, such as disuse atrophy?  YES  NO

Is a Neuromuscular Stimulator garment being considered for the patient?  YES  NO

If yes, is the Neuromuscular Stimulator garment being considered for the following:

- A large area or many sites to be stimulated that use of conventional electrodes, adhesive tapes and lead wires is not feasible
- The areas or sites to be stimulated are inaccessible with the use of conventional electrodes, adhesive tapes and lead wires
- A documented medical condition such as skin problems that preclude the application of conventional electrodes, adhesive tapes and lead wires
- Other \_\_\_\_\_
- None of the above

Is the Neuromuscular Stimulator being requested for any of the following:

- Used for *Prevention* of muscle atrophy, e.g., following an orthopedic procedure
- The treatment of pain for various musculoskeletal conditions, including, but not limited to patellofemoral syndrome, spinal stenosis, lumbago, muscle strains/sprains
- As a technique to increase circulation
- Other \_\_\_\_\_
- None of the above

**Please provide any additional clinical information**

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**Provider Contact Information**

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_