



Utilization Management
Phone No.: 1-877-284-0102 Fax No.: 1-800-510-2162

Request for TENS Unit Precertification Review

Date: _____ Notification # _____ (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.

Facility Information

Facility Name: _____
Address _____
Phone No. _____ Fax: (Required) _____

Patient's Information

Patient's Name: _____
ID Number _____ Patient's DOB: _____
Address _____
Height _____ Weight _____ Daytime Phone No. _____

Physician's Information

Ordering Physician's Name: _____
Address _____
Phone: _____ Fax: _____
TIN: _____

Treatment Information

Start Date: _____ Anticipated length of use: _____
DX/ICD-9 Code: _____ DME Code: _____

Related HX/Current Signs/Symptoms: _____

History of Trauma: YES NO
Does member complain of musculoskeletal pain: YES NO
Please Describe: _____

Conservative management tried: YES NO
Please Describe: _____

Is this initial rental or Re-certification
Does the member use the TENS unit: YES NO
Does the member get relief from the TENS unit: YES NO
Does the TENS allow for decreased pain medications: YES NO
Does the TENS allow for increased activity: YES NO

Please explain: _____

Additional Comments:

Contact Information

Contact Person _____
Phone No.: _____ Fax No.: _____

Staff Signature/Title: _____ Date: _____

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.