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-10) 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

_____

_____

_____

Provider Contact Information

Contact Person: _____

Title: _____

Phone: _____

Fax: _____