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REBUILDER TENS MEDICAL NECESSITY VALIDATION

Patient's Name: _____

Medicare requires that Durable Medical Equipment Suppliers have narrative documentation in the customer's file that supports medical necessity.

Per the Medicare National Coverage Determination Manual:

“TENS is a type of electrical nerve stimulator that is employed to treat chronic intractable pain.”

Please check ALL that apply:

_____ Patient has had chronic pain for longer than 3 months.

_____ Other treatment modalities have been tried and failed, including medications.

_____ The pain is primarily Neuropathic Pain.

Please provide any other information that supports the medical necessity for this patient to obtain a ReBuilder unit:

Physician's Signature

Date

IMPORTANT: The information contained in this facsimile message is privileged and confidential information intended for the use of the individual or entity named above. Health Care Information is personal and sensitive and should only be read by authorized individuals. Failure to maintain confidentiality is subject to penalties under state and federal law.