COLORADO
Department of Health Care Policy & Financing

Kepro

Prior Authorization Request 2810 N. Parham Road Suite 305 Henrico, VA 23219	**ColoradoPAR Program** Medical Review Department	Phone: 1-720-689-6340 Fax: 1-800-922-3508

QUESTIONNAIRE #9
TRANSCUTANEOUS (TENS) OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR (NMES)

Member Name		Health First Colorado ID #	

Height		Weight	

TENS or NMES is an acceptable treatment modality for some types of chronic intractable pain. Generally, a physician should be able to assess if a member is likely to derive a significant therapeutic benefit from continuous use of a TENS or NMES unit within a trial period of two (2) months.

The information requested below is required to determine medical necessity. Complete this form and attach to the completed Prior Authorization Request (PAR).

1. What is the complete diagnosis with complicating factors?	
2. List used or prescribed analgesics (drug/dose/route/frequency) prior to using TENS or NMES.	
3. Provision of a TENS unit is considered the final alternative in pain management. Explain the trigger point, traction, drug, and/or if appropriate, include the clinical results of each. This information is required to establish medical necessity. **Note**: Failure to respond fully will result in denial of this request.	
4. Identify any of the above medications that were reduced/discontinued dosage/frequency as a result of the use of TENS or NMES.	
5. If a convert to purchase request during the trial period, did the TENS or NMES:	□ Produce no relief □ Produce greater discomfort than the original pain □ Significantly alleviate pain
6. If unit will be used on a contracted extremity, describe how this will be useful in addressing member's needs.	
7. Supply any additional information that will assist us in determining **medical necessity** for this request:	

Print Prescriber Name _____

Prescriber Signature _____

Date _____

Revised July 2021