



# T.E.N.S. Prescription/Letter of Medical Necessity/Assignment of Benefits

## PATIENT INFORMATION / Assignment of Benefits / Release of Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Policy Claim #: \_\_\_\_\_ Group#: \_\_\_\_\_

By signing below, I hereby authorize MSP (Medical Science Products, Inc.) to submit a claim for such product(s) to my insurer on my behalf and assign the benefits payable by my insurer to MSP. I authorize my healthcare provider and MSP to release any of my medical information required by my insurer to process the claim. I authorize any holder of Medical Information about me to release to MSP, my physician(s), caregiver, CMS or its agents. I understand that MSP does not waive patient balances and that I am responsible for and agree to pay any portion of the amount due for such product(s) not paid for by my insurer, whether resulting from deductibles, co-pays, determination of non-coverage or otherwise. MSP may contact me by telephone or mail. I understand that the Patient Bill of Rights and Responsibilities, Medicare Supplier Standards, Complaint, Warranties and the MSP Notice of Privacy Practices are included in the device package and that I can contact customer service at 1-800-456-1971 if I have any questions about the documents.

**X** \_\_\_\_\_  
 PATIENT (OR RESPONSIBLE PARTY) SIGNATURE DATE

## DEVICE PRESCRIBED

\_\_\_\_\_ MSP-T.E.N.S. Serial Number: \_\_\_\_\_

\_\_\_\_\_ Other Device: \_\_\_\_\_

\*Please check one of the following conditions when prescribing a stimulation garment.  
 Stimulation garment prescribed because conventional electrodes cannot be used due to:

- Patient has skin condition/allergies
- Stimulation treatment area is too large and/or multiple treatment sites required
- Treatment site is inaccessible/not feasible for patient

MSP-T.E.N.S. use for Chronic Intractable Pain # of \_\_\_\_\_ months of pain. Estimated Length of Need: # \_\_\_\_\_ months (99=lifetime)

DIAGNOSIS/CODE: \_\_\_\_\_ Treatment Frequency:  BID  TID  Other

## PATIENT TREATMENT HISTORY

<input type="checkbox"/> Prior Surgery	<input type="checkbox"/> Pain Medications	<input type="checkbox"/> Injections
<input type="checkbox"/> NSAIDS	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Other:

## COMPLETION REQUIRED

◆ Patient Next Appointment Date: \_\_\_\_\_ Patient is seen every \_\_\_\_\_ days.

◆ Indicate why your patient requires a 4 Lead (4 electrodes) T.E.N.S. Device.

- Patients pain covers a large area and 4 electrodes are needed to surround or treat throughout the area of pain.
- 4 electrodes are needed to treat 2 different areas.
- Patient has a radiating pain pattern; 4 electrodes are needed to utilize an overlap technique along the pain pattern.
- OTHER (please explain) \_\_\_\_\_

*Please make sure the information above is consistent with your patients medical record.*

◆ Medical notes must include diagnosis specifically for TENS device, frequency of TENS treatments, and have physician's signature and date in order for Medicare to recognize medical necessity. Medical notes must be received with prescription form before device can be dispensed to patient.

Physician name (Print): \_\_\_\_\_ NPI#: \_\_\_\_\_

*I certify that the medical necessity information provided on this form is accurate and complete, to the best of my knowledge. DAW.*

Physician Signature **X** \_\_\_\_\_ Date \_\_\_\_\_  
 Signature Stamps are not permitted



**Medical Science Products, Inc.**

FAX: 1-330-854-1953.

*Please include  
 patient demographics and  
 appointment chart note with this form*

Clinic Name, Address, City, State, Zip (stamp Accepted)

**Conditions Commonly Treated with T.E.N.S.\***

\*This partial list of ICD9 codes is intended for reference only.

<b>Spinal Conditions</b>	721.0.....Cervical Spondylosis	<b>Extremity Conditions</b>	715.96.....Osteoarthritis/ Leg
	722.2.....Cervical Disc Displacement		719.41.....Joint Pain / Shoulder
	722.4.....Cervical Disc Degeneration		719.45.....Joint Pain / Pelvis
	723.1.....Cervicalgia		719.46.....Joint Pain / Leg
	723.4.....Brachial Neuritis		726.2.....Shoulder Region DIS NEC
	724.1.....Pain in Thoracic Spine		728.9.....Muscle/ Ligament DIS NEC
	724.5.....Backache (Cervical / Thoracic)		729.5.....Pain in Limb
	724.8.....Other Back Symptoms		840.4.....Sprain / Rotator Cuff
	847.1.....Sprain / Thoracic Spine		840.6.....Sprain / Supraspinatus
			844.2.....Sprain / Cruciate Ligament (Knee)
<b>Other Common Conditions</b>	250.6.....Diabetes with Neurological Manifestations	338.4.....Chronic Pain Syndrome	
	250.7.....Diabetes with Peripheral Circulatory Disorders	729.1.....Myalgia / Myositis	
	338.0.....Central Pain Syndrome	729.2.....Neuralgia / Neuritis NOS	
	338.29.....Chronic Pain NEC		

**Diagnosis Codes Disallowed by MEDICARE for T.E.N.S.\***

\*As of 6/8/12.

353.4..... Lumbosacral root lesions, NEC (not elsewhere classified)	724.3..... Sciatica
720.2..... Sacroilitis, NEC	724.4..... Thoracic or lumbosacral neuritis or radiculitis, unspecified, radicular syndrome of lower extremities
721.3..... Lumbosacral spondylosis without myelopathy	738.4..... Acquired spondylolisthesis
721.42..... Thoracic or lumbar spondylosis with myelopathy	739.3..... Non-allopathetic lesions NEC - lumbar region
722.10..... Lumbar intervertebral disc without myelopathy	756.11..... Spondylosis, lumbosacral region
722.52..... Lumbar intervertebral disc degeneration	756.12..... Spondylolisthesis
722.73..... Intervertebral disc disorder myelopathy - lumbar region	805.4..... Fracture of vertebral column without mention of spinal cord injury, lumbar, closed
722.83..... Post laminectomy syndrome - lumbar region	806.4..... Fracture of vertebral column with mention of spinal cord injury, lumbar, closed
722.93..... Other and unspecified disc disorders - lumbar region	846.0..... Sprains and strains of sacroiliac region - lumbosacral
724.02..... Spinal stenosis, lumbar region without neurogenic claudication	846.1..... Sprains and strains of sacroiliac ligament
724.03..... Spinal stenosis, lumbar region with neurogenic claudication	847.2..... Sprains and strains of other and specified parts of back, lumbar
724.2..... Lumbago	953.2..... Injury to nerve roots and spinal plexus, lumbar root

To Order...Fax prescription, medical notes and demographics to:

**1-330-854-1953**

**Other Fine Products available from Medical Science Products, Inc.**

**T.E.N.S. Supplies and Accessories:**

- Electrodes available in: Single Use, Reusable, Cloth (Multiple sizes)
- Leadwires, Adaptors, and Splitters
- Adhesive Remover Pads and Batteries
- Vitamin E Skin Lotion
- Pre-Tac Conductive Skin Prep
- Glacier Rub Conductive Analgesic

**Devices:**

- MSP-TENS
- MSP Digital TENS
- MSP Stim N.M.E.S.
- Mini TENS/EMS with Stim Belt
- Premier TENS/EMS
- Micro-Z Mini Microcurrent
- Interferential

**Conductive Stim Garments for use with T.E.N.S.**

- Full-back Stim Vest
- Deluxe Stim Belt
- Universal Stim Belt with light support
- LSO Brace with Stim
- Stim Glove
- Stim Elbow Sleeve
- Stim Knee Sleeve
- Stim Sock

**Orthotics/Traction/Diabetic Supplies:**

- MSP-LSO Brace with E-Stim
- LSO Brace
- TLSO Brace
- ACL Max Knee Brace
- Universal Wrist Splint
- Cervical Traction



**Medical Science Products, Inc.**

PO Box 381, Canal Fulton, OH 44614 1-800-456-1971