



Authorization Request Form - **Part 2**

Neuromuscular Stimulators (Other Injury)

Complete and fax the clinical worksheet immediately following the Part 1 authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

i Please fill in each question option completely →

Question 1	<p>Has the patient been diagnosed with one of the following? (Required, fill in all that apply)</p> <ul style="list-style-type: none"><input type="radio"/> Hemiplegia or hemiparesis with foot drop after chronic stroke<input type="radio"/> New York Heart Association grade III or IV heart failure and inability to exercise<input type="radio"/> Muscle atrophy (Nerve supply intact)<input type="radio"/> Dysmenorrhea (No response to medical treatment)<input type="radio"/> Postoperative pain (Conventional pain control techniques fail to adequately reduce pain)<input type="radio"/> Postoperative pain (Medication-related adverse events are unacceptable)<input type="radio"/> Postoperative pain (Opioid dosage reduction is needed)<input type="radio"/> Scoliosis<input type="radio"/> Osteoarthritis of the knee (Non-surgical candidate)<input type="radio"/> Post-injury pain<input type="radio"/> None of the above
Question 2	<p>Has the patient had at least 3 months of conservative therapy? (Required, fill in one option)</p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No
Question 3	<p>Does the surgeon have a preference for where the patient is discharged for post-acute care (if still appropriate at the time of discharge)? (Required, fill in one option)</p> <ul style="list-style-type: none"><input type="radio"/> Discharge home, no post-acute services required<input type="radio"/> Discharge home, outpatient Physical Therapy services required<input type="radio"/> Discharge home, Home Health Agency (HHA) services required<input type="radio"/> Discharge to Skilled Nursing Facility<input type="radio"/> No discharge preference indicated