



# Pain Rehab Products, Inc.

2339 Weldon Parkway  
St. Louis, MO 63146  
Phone: (314)832-7246 Fax: 314-832-1430  
www.painrehabproducts.com

## Prescription & Certificate of Medical Necessity

Patient's Name: \_\_\_\_\_ Patient's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Address: \_\_\_\_\_

Diagnosis Codes ICD-10 Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

### Bone Growth Stimulator

- Long Bone Stim - E0747                       Spinal Stim - E0748

Brand: \_\_\_\_\_

Item #: \_\_\_\_\_

**Length of Need:**     9 months

A non-spinal electrical osteogenesis stimulator (E0747) is covered only if any of the following criteria are met:

- Nonunion of a long bone fracture (see Appendices section) defined as radiographic evidence that fracture healing has ceased for three or more months prior to starting treatment with the osteogenesis stimulator, or
- Failed fusion of a joint other than in the spine where a minimum of nine months has elapsed since the last surgery, or
- Congenital pseudarthrosis.

A spinal electrical osteogenesis stimulator (E0748) is covered only if any of the following criteria are met:

- Failed spinal fusion where a minimum of nine months has elapsed since the last surgery, or
- Following a multilevel spinal fusion surgery (see Appendices section), or
- Following spinal fusion surgery where there is a history of a previously failed spinal fusion at the same site.

### APPENDICES

A multilevel spinal fusion is one which involves 3 or more vertebrae (e.g., L3-L5, L4-S1, etc).

A long bone is limited to a clavicle, humerus, radius, ulna, femur, tibia, fibula, metacarpal, or metatarsal.

### Physician Information

**I certify that the equipment and supplies I prescribed are Medically Necessary for this patient's well being. In my professional opinion, the equipment is both reasonable and necessary in reference to the accepted standards of medical practice and treatment for this patient's condition. It is NOT prescribed as convenience equipment.**

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Stamped Signatures are not acceptable)

Printed Physicians Name: \_\_\_\_\_ NPI # \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Chart Notes & Rx must be submitted together. Include chart notes supporting Medical Necessity (clinical documentation must support the continued need, use and benefit the device provides)

**Along with this copy, please fax the patient's medical records, insurance card and demographics to (314) 832-1430. Pain Rehab Products, Inc. will provide the insurance pre-certification, patient fitting and follow-up (if needed)**