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 Medically Necessity

Patient's Name: _____ *Patient's DOB:* _____/_____/_____

Patient's Address: _____

Diagnosis Codes ICD-10 Primary: _____ Secondary: _____

Cervical Traction

☐ **E0849 Saunders Cervical Traction Model # 199594**

Start Date: _____/_____/_____

Length of Need _____ Months (99 = lifetime)

Please indicate the following conditions that apply to the patient. (Both items A & B are necessary requirements and 1 of items 1, 2, or 3 are necessary requirements)

☐ A. The patient has a musculoskeletal or neurologic impairment requiring traction, and

☐ B. The appropriate use of home cervical traction device has been demonstrated to the patient and the patient tolerated the selected device

☐ 1. The patient has a diagnosis of temporomandibular joint (TMJ) dysfunction, and has received treatment for the TMJ condition.

☐ 2. The patient has distortion of the lower jaw or neck anatomy (e.g. radical neck dissection) such that a chin halter is unable to be utilized

☐ 3. The treating physician orders and/or documents the medically necessity for greater than 20 pounds of cervical traction in the home setting

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. Substitution for this device is not allowed without my written approval.

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

Printed Physicians Name: _____ NPI #_____

Physician's Address: _____

Required for ALL Medicare Patients:
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)

Free standing pneumatic cervical traction ordered must be documented in the medical record and all indications above that are applicable above must ALSO be documented in the medical records.

Along with this RX, 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, measuring, fitting and follow-up.