



M E D I C A L C L E A R A N C E F O R M

TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR) UNIT

A TENS unit may be authorized for rental or purchase by the Indiana Medicaid Program. The following questions must be answered completely before a determination can be made. Telephone authorizations will not be given for this item.

1. What is clinical history in relation to pain source?

2. What medications are currently being prescribed for this condition? How frequently are they taken?

3. Has a trial period of TENS rental been utilized? How long? What objective signs of improvement were seen?

4. What is the patient's current activity level? (ambulatory; with or without assistance; is a walker, cane, crutches, or wheelchair necessary?)

5. What are the anticipated goals after TENS use?

6. In your judgment, what period of time will this patient require the use of the TENS unit?
Check one: Days Weeks Months

7. Your comments