

Fax Cover Sheet

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Fax to: Oregon Clinical Massage Fax from: _____

Fax #: 503/281-0008 Pages: _____ Comments: _____

Phone: 503/891-9654 _____

Physician Referral/Prescription: Medical Necessity for Massage & Manual Therapy

Referring Physician & Facility: _____

Date of Prescription: _____ Phone: _____ Fax: _____

Patient: _____ Phone: _____ DOI: _____

Diagnosis Codes: The following diagnoses are related to: MVA WC Other:
For Claims: Insurance Company and Claim Number: _____

For manual therapy prescriptions, all diagnosis codes provided must reflect soft tissue pathologies.

- | | | |
|---|---|--|
| <input type="checkbox"/> G44.319 acute post-traumatic HA not intractable | <input type="checkbox"/> S33.5XX (A D S) lumbar sprain/strain | <input type="checkbox"/> M75.4 R (1) L (2) shoulder impingement syndrome |
| <input type="checkbox"/> G43.029 acute post-traumatic HA intractable | <input type="checkbox"/> M54.9 dorsalgia/back pain | <input type="checkbox"/> S43.42 (A D S) R (1) L (2) rotator cuff sprain/strain |
| <input type="checkbox"/> G44.329 chronic post-traumatic HA not intractable | <input type="checkbox"/> M54.5 lumbago/low back pain | <input type="checkbox"/> M75.0 R (1) L (2) adhesive capsulitis of shoulder |
| <input type="checkbox"/> S06.0X0 (A D S) concussion w/o loss of consciousness | <input type="checkbox"/> S33.XX (A D S) sacral sprain/strain | <input type="checkbox"/> M25.51 R (1) L (2) pain in shoulder |
| <input type="checkbox"/> M54.2 cervicgia | <input type="checkbox"/> S33.8XX (A D S) sacro-iliac sprain/strain | <input type="checkbox"/> S56.919 (A D S) forearm sprain/strain |
| <input type="checkbox"/> M54.12 cervical radiculopathy | <input type="checkbox"/> S33.8XX (A D S) pelvic sprain/strain | <input type="checkbox"/> S53.409 (A D S) elbow sprain/strain |
| <input type="checkbox"/> S13.4XX (A D S) cervical sprain/strain | <input type="checkbox"/> M54.3 R (1) L (2) sciatica | <input type="checkbox"/> G56.0 R (1) L (2) carpal tunnel syndrome |
| <input type="checkbox"/> M54.14 thoracic radiculopathy | <input type="checkbox"/> S73.10 (A D S) R (1) L (2) hip sprain/strain | <input type="checkbox"/> M77. med R (01) L (02) or lat R (11) L (12) epicondy... |
| <input type="checkbox"/> S23.3XX (A D S) thoracic sprain/strain | <input type="checkbox"/> S14.3XX (A D S) brachial plexus injury | <input type="checkbox"/> M79.60 L (2) R (1) arm and/or L (5), R (4) leg pain |
| <input type="checkbox"/> S33.8XX (A D S) abdominal sprain/strain | <input type="checkbox"/> G43.0 thoracic outlet syndrome | <input type="checkbox"/> G57.5 R (1) L (2) tarsal tunnel syndrome |
| <input type="checkbox"/> M54.16 lumbar radiculopathy | <input type="checkbox"/> S43.41 (A D S) R (1) L (2) gleno-humeral sprain/strain | <input type="checkbox"/> R52 generalized pain <input type="checkbox"/> M62.9 myofascitis |

Other soft tissue diagnosis codes with descriptions: _____

Evaluation and Treatment Plan: Treatment is medically necessary. Please evaluate (97001, 97002) and treat patient using procedures and modalities which are within the scope of practice for a Licensed Massage Therapist in Oregon, including but not limited to massage therapy (97124), moist heat, cryotherapy, application of topical pain relief preparations (97010), deep tissue massage, trigger point therapy, direct and indirect myofascial release techniques, positional release techniques, and muscle energy techniques such as proprioceptive neuromuscular facilitation (97140). The use of each procedure for each treatment shall be determined by the diagnosis, patient's presenting complaints/symptoms, range of motion considerations, and patient tolerance. If symptoms of myofascial pain syndrome are detected during evaluation or treatment (the presence of trigger points located along taut/tender bands within the muscle fiber) please check global posture and gait for possible remote and local perpetuating factors and treat to correct them.

Please do not instruct patient regarding self-stretches. Please do not instruct patient to increase water intake following treatment.

There are precautions or contraindications for this patient: _____

Prescription/Plan:

Number of visits per week: _____ Total number of visits: _____ PRN

Physician's Signature: _____ NPI Enumerator: _____