

ALPHA MEDICAL MASSAGE & REHABILITATION

Physician's Prescription/Referral/Medical Necessity

From Doctor: _____ Date: _____

Phone: _____ Fax: _____

To: Alpha Medical Massage & Rehabilitation 595 Round Rock West Dr. STE601 Round Rock TX 78681

Regarding Patient: _____

TREATMENT IS MEDICALLY NECESSARY, Please treat the patient for diagnosis Indicated below.

Times PER WEEK _____ # OF WEEKS: _____ # TOTAL VISITS: _____

Number of visits _____ x number of units per visit _____ (One unit equals 15-18 minutes)= _____

Areas to be worked on (Circle ALL that may apply, add any additional ICD-9 codes if needed)

If the code is incorrect, would you please correct the code. THANK YOU!

307.81 Headaches, tension 353.Thoracic Outlet Syndrome 354.Oarpal Tunnel Syndrome 524.6 TMJ Disorder 715.9 Osteoarthritis 716.9 Arthritis NOS 719.41 Shoulder Pain 719.42 Elbow Pain 719.43 Wrist Pain 719.45 Hip Pain 719.46 Knee Pain 719.48 Joint pain– Multiple Areas 719.50 Joint Stiffness 719.56 Knee Stiffness 722.11 Displacement of thoracic 723.1 Cervicalgia (Neck Pain) 726.10 Rotator cuff synd NOS	723.4 Cervical 723.5 Neck Stiffness 724.1 thoracic Pain 724.2 Lumbar Back Pain (Myofascial pain, low back) 724.3 Sciatica 724.4 Lumbar Pain 724.5 Back pain: unspecified Strain/Spain 724.6 Back strain sacroiliac (Chronic) 840.0 Wrist 843.0 Illiofemoral 843.8 Hamstring 845.0 Ankle/Foot 847.0 Cervical 847.1 Thoracic 847.2 Lumbar 846.0 Lumbosacral 846.1 Sacroiliac 848.9 Strain/Sprain NOS	726.0 Frozen Shoulder 726.10 Disorder of bursae and /or tendons of shoulder 726.30 Elbow Tendonitis 728.85 Spasm of Muscle 729.1 Cervical and Thoracic Fibro-Myalgia/MYofascitis/Myositis 729.4 Fasciitis NOS 729.52 Leg/Foot Pain 729.82 Cramp 780.7 Fatigue 784.0 Headache Pain 839.0 Cervical Subluxation 913.8 Forearm Injury, unspecified 959.3 Wrist Injury CPT 97124 Massage Therapy CPT 97001 Therapy Evaluation CPT 97140 Manual Therapy
List ICD-9 code/ codes		

Patient's Name : _____

Authorized By: _____

Date Issued: _____

Expires: _____

MESSAGE IS A COMPLIMENTERY TREATMENT

USED TO ASSIST IN THE RELIEF AND

MANAGEMENT OF PAIN.

Working with you , and your doctor to help you on a road to 100% total wellness!

To schedule your Evaluation and massage call (512) 363-5946 or (512)366-5483 Fax (512) 377-1102