

**PHYSICIAN'S PRESCRIPTION/ REFERRAL/ MEDICAL NECESSITY**

**Healing Hands Massage Therapy Center  
518 Main Street  
Bethlehem, PA 18018  
Phone: 484-821-2967/ Fax: 610-928-0227**

FROM DOCTOR: \_\_\_\_\_ DATE: \_\_\_\_ - \_\_\_\_ 20\_\_

PHONE( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ - \_\_\_\_\_

REGARDING PATIENT \_\_\_\_\_, TREATMENT IS MEDICALLY NECESSARY. Please treat the patient for diagnoses indicated below, using the modalities/procedures check marked below that are within your scope of practice.

MODALITIES/ PROCEDURES

- 97110 \_\_\_ THERAPEUTIC EXERCISE (R.O.M)
- 97112 \_\_\_ NEUROMUSCULAR RE-EDUCATION
- 97140 \_\_\_ MASSAGE THERAPY

DX CODES

Upper Extremity

- S46.919A \_\_\_ SHOULDERS-UPPER ARMS SPRAIN / STRAIN
- S43.80XA \_\_\_ SPRAIN OF SPECIFIC PARTS OF UNSPECIFIED SHOULDER GIRDLE R\_\_L\_\_
- S56.919A \_\_\_ ELBOW & FOREARM R\_\_L\_\_
- S66.919A \_\_\_ WRIST R\_\_L\_\_
- G56.00 \_\_\_ CARPAL TUNNEL SYNDROME
- M54.13 \_\_\_ UPPER EXTREMITIES: BRACHILA NEURITIS/ RADICULITIS

Head,Spine, and Pelvis

- S03.4XXA \_\_\_ T.M.J SPRAIN / STRAIN R\_\_L\_\_
- R51 \_\_\_ HEADACHE
- S33.8XXA \_\_\_ LUMBOSACRAL SPRAIN /STRAIN
- M54.15 \_\_\_ LUMBOSACRAL / THORACIC NEURITIS OR RADICULITIS (Lower Extremities)
- S13.4XXA \_\_\_ CERVICAL SPRAIN / STRAIN
- S33.9XXA \_\_\_ SACROILIAC REGION
- S23.3XXA \_\_\_ THORACIC SPRAIN / STRAIN
- S33.5XXA \_\_\_ LUMBAR SPRAIN / STRAIN
- G43.109 \_\_\_ MIGRAINES
- M54.2 \_\_\_ CERVICALGIA
- M54.30 \_\_\_ SCIATICA
- M79.7 \_\_\_ FIBROMYALGIA

Lower Extremity

- S76.919A \_\_\_ HIP & THIGH R\_\_L\_\_
- S86.919A \_\_\_ KNEE OR LEG R\_\_L\_\_
- S96.919A \_\_\_ ANKLE/FOOT R\_\_L\_\_

Other Dx Codes

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

LICENSE# \_\_\_\_\_ NPI# \_\_\_\_\_

# OF VISITS \_\_\_\_\_ # OF TIMES PER WEEK \_\_\_\_\_ # OF WEEKS \_\_\_\_\_