



Physician Referral/Prescription:
Medical Necessity for Massage Therapy

From (Physician's name): \_\_\_\_\_

Date of Prescription: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

To: Harrington Massage Therapy 5401 College Blvd Ste. 110
Timmetha Harrington LMT, NMT, BCTMB Overland Park, KS 66211
Phone: 214-532-5975

Patient: \_\_\_\_\_ Phone: \_\_\_\_\_

TREATMENT IS MEDICALLY NECESSARY. Please treat the patient for the diagnoses indicated below, using the procedures that are within your scope of practice, unless otherwise noted.

Diagnosis Codes:

All diagnosis codes provided must reflect soft tissue pathologies.

Trunk:

- 784.0 Headache
848.1 TMJ Sprain/Strain
723.1 Cervicalgia
847.0 Cervical Sprain/Strain
847.1 Thoracic Sprain/Strain
847.2 Lumbar Sprain/Strain
847.3 Sacral Sprain/Strain
847.4 Coccyx Sprain/Strain
724.5 Back Pain

Extremities:

- 723.4 Upper Extremities: Brachial Neuritis/Radiculitis
840.9 Shoulder and/or Upper Arm Sprain/Strain
840.4 Rotator Cuff Sprain/Strain
841.9 Elbow or Forearm Sprain/Strain
354.0 Carpal Tunnel Syndrome
729.5 Arm Pain
843.9 Hip or Thigh Sprain/Strain
724.3 Sciatica
729.5 Leg Pain

Other Diagnosis Codes with Descriptions: \_\_\_\_\_

Procedures/Modalities:

The procedures listed are within the scope of practice for a Licensed Massage Therapist. The use of each procedure for each session will be determined by the diagnosis, patient's presenting complaints/symptoms and patient tolerance.

- 97001, 97002 Evaluation and Re-Evaluation
97010 Hot/Cold Packs or Topical Preparations
97124 Massage (effleurage, petrissage and tapotement)
97110 Therapeutic Exercise (Assisted Stretching)
97140 Manual Therapy (includes, but is not limited to: Trigger Point Therapy and Myofascial Release)

There are precautions or contraindications for this patient regarding these procedures/modalities: \_\_\_\_\_

Prescription

PRN Number of Visits per Week: \_\_\_\_\_ Total Number of Visits: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

License #: \_\_\_\_\_ UPIN: \_\_\_\_\_