



12th Avenue Massage Therapy Group

MM#9764

Prescription Referral Form

REGARDING PATIENT: _____, treatment is medically necessary for diagnosis indicated below using the following modalities and procedures:

MODALITIES / PROCEDURES

- 97124 MASSAGE THERAPY
- 97112 NEUROMUSCULAR RE-EDUCATION
- 97140 MANUAL THERAPY TECHNIQUES
- 97010 HOT OR COLD PACKS
- 97110 THERAPEUTIC EXERCISE (R.O.M.)

DX CODES

- | | |
|--|---|
| __307.81 TENSION HEADACHE | __840.3 INFRASPINATUS (MUSCLE)(TENDON)SPRAIN |
| __346.00 MIGRAINE | __840.4 ROTATOR CUFF SPRAIN |
| __354.0 CARPAL TUNNEL SYNDROME | __840.5 SUBSCAPULARIS (MUSCLE) SPRAIN |
| __355.5 TARSAI TUNNEL SYNDROME | __840.6 SUPRASPINATUS (MUSCLE)(TENDON) SPRAIN |
| __526.9 UNSPECIFIED DISEASE OF JAW; JAW PAIN | __840.8 SPRAIN OF OTHER SPECIFIED SITES OF SHOULDERS\$/UP ARM |
| __714.0 RHEUMATOID ARTHRITIS | __840.9 SPRAIN OF UNSPECIFIED SITE OF SHOULDER & UPPER ARM |
| __715.90 OSTEOARTHRITIS NOS | __841.9 SPRAIN OF UNSPECIFIED SITE OF ELBOW & FOREARM |
| __716.90 ARTHRITIS NOS; UNSPECIFIED ARTHROPATHY | __842.00 SPRAIN OF UNSPECIFIED SITE OF WRIST |
| __719.50 STIFFNESS OF JOINT; UNSPECIFIED SITE | __842.10 SPRAIN OF UNSPECIFIED SITE OF HAND |
| __722.4 DDD; CERVICAL | __843.9 SPRAIN OF UNSPECIFIED SITE OF HIP AND THIGH |
| __722.51 DDD; THORACIC | __844.9 SPRAIN OF UNSPECIFIED SITE OF KNEE AND LEG |
| __722.52 DDD; LUMBAR | __845.00 SPRAIN OF UNSPECIFIED SITE OF ANKLE |
| __722.6 DDD; NOS | __845.10 SPRAIN OF UNSPECIFIED SITE OF FOOT |
| __723.1 CERVICALGIA; PAIN IN NECK | __846.0 LUMBOSACRAL (JOINT)(LIGAMENT) SPRAIN |
| __724.1 PAIN IN THORACIC SPINE | __847.0 NECK SPRAIN; WHIPLASH INJURY |
| __724.2 LUMBAGO; PAIN IN LOW BACK | __847.1 THORACIC SPRAIN |
| __724.3 SCIATICA | __847.2 LUMBAR SPRAIN |
| __724.4 THORACIC OR LUMBOSACRAL NEURITIS/RADICULITIS, UNSP | __847.3 SACRUM SPRAIN |
| __724.5 BACKACHE UNSPECIFIED | __847.4 COCCYX SPRAIN |
| __728.2 MYOFIBROSIS | __847.9 SPRAIN OF UNSPECIFIED AREA OF THE BACK |
| __728.85 MUSCLE SPASMS | __848.9 UNSPECIFIED SPRAIN OR STRAIN |
| __728.9 UNSPEC DISORDER OF MUSCLES/LIG/FASCIA | |
| __729.1 MYALGIA & MYOSITIS;FIBROMYOSITIS NOS | __E812.0 COLLISION WITH MOTOR VEHICLE (DRIVER) |
| __784.0 HEADACHE; FACIAL PAIN; PAIN IN HEAD NOS | __E812.1 COLLISION WITH MOTOR VEHICLE (PASSENGER) |

OTHER DIAGNOSIS CODES NOT LISTED

OF TREATMENTS _____

NUMBER OF TIMES PER WEEK _____ FOR _____ WEEKS

PHYSICIAN SIGNATURE _____ DATE _____