

**PRESCRIPTION / LETTER OF REFERRAL**



DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PATIENT:** \_\_\_\_\_

**PHYSICIAN:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

REFERRED TO: Somatic Massage Therapy, P.C.  
516-686-9557. 516-216-1833-Fax. *Mailing Address:* 2050 Lakeville Rd. New Hyde Park, NY 11040.  
Email: info@somaticmassagepc.com.

**PROCEDURES and MODALITIES**

- 97010  HOT/COLD PACKS (as necessary)
- 97124  MASSAGE THERAPY
- 97140  MANUAL THERAPY TECHNIQUES
- 97039  UNLISTED MODALITY, by report
- 97139  UNLISTED PROCEDURE, by report

**PHYSICIAN'S DIAGNOSIS OF PATIENT**

- 346.  MIGRAINES
- 307.81  HEADACHES
- 847.0  CERVICAL, Inc. Whiplash Injury Sprain / Strain
- 848.1  JAW (TMJ & Ligament) Sprain / Strain R \_ L \_
- 723.1  CERVICALGIA (pain in neck)
- 840.3  INFRASPINATUS Sprain / Strain R \_ L \_
- 840.5  SUBSCAPULARIS Sprain / Strain (muscle) R \_ L \_
- 840.6  SUPRASPINATUS Sprain / Strain (muscle) R \_ L \_
- 840.9  SHOULDER & ARM (unspecified site) R \_ L \_
- 726.0  FROZEN SHOULDER R \_ L \_
- 841.9  ELBOW & FOREARM (unspecified site) R \_ L \_
- 726.0  TENNIS ELBOW R \_ L \_
- 842.00  WRIST Sprain / Strain (unspecified site) R \_ L \_
- 354.0  CARPAL TUNNEL SYNDROME R \_ L \_
- 842.10  HAND Sprain / Strain (unspecified site) R \_ L \_
- 724.1  PAIN IN THORACIC SPINE
- 847.1  THORACIC (DORSAL) Sprain / Strain
- 847.2  LUMBAR Sprain / Strain
- 848.9  PELVIS (unspecified site) Sprain / Strain
- 843.9  HIP & THIGH (unspecified site)
- 846.9  SACROILIAC REGION (unspecified site) Spr/Str
- 847.3  SACRUM Sprain / Strain
- 724.4  LUMBOSACRAL RADICULITIS R \_ L \_
- 724.3  SCIATICA (neuralgia, neuritis) R \_ L \_
- 844.9  KNEE OR LEG Sprain/Strain R \_ L \_
- 845.00  ANKLE (unspecified site) Sprain/Strain R \_ L \_
- 845.10  FOOT (unspecified site) Sprain/Strain R \_ L \_
- 728.2  MYOFIBROSIS; muscles, ligament, fascia
- 728.85  SPASM OF MUSCLE \_\_\_\_\_
- 729.1  MYALGIA & MYOSITIS (Fibromyositis)
- 728.9  Unspecified Disorder Of Muscle, Ligament, Fascia
- Other  \_\_\_\_\_

**Times Per Week:** \_\_\_\_\_ **for** \_\_\_\_\_ **Weeks**      **Total for** \_\_\_\_\_ **Months**      **Total Visits This Script** \_\_\_\_\_

**TREATMENT GOALS**

- DECREASE PAIN
- DECREASE MUSCLE TENSION/SPASMS
- RESTORE FUNCTION
- ALL OF THE ABOVE
- DECREASE INFLAMMATION
- INCREASE MOBILITY
- RESTORE POSTURE
- OTHER \_\_\_\_\_
- DECREASE COMPENSATORY PATTERNS
- INCREASE STRENGTH
- PATIENT EDUCATION

**Patient to return or call, prior to renewal of prescription**

**PLAN OF CARE / COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_

**NPI#** \_\_\_\_\_



Somatic Massage Therapy, P.C.  
516-686-9557, 516-216-1833 Fax  
info@somaticmassagepc.com

---

Dear Client:

Medical Massage Therapy is a relatively new addition for insurance companies. However, in order to get your insurance to pay for your massage treatments, the following must be done.

1. Find out through your Claims Rep if they will pay for your Therapeutic Massage Treatments.
2. Get a script from your referring doctor authorizing Therapeutic Massage for up to but not including 12 weeks 2x weekly. Using either one or more of the following Massage Therapy CPT Codes:

<i>Therapeutic Exercise</i>	<i>97110</i>	• <i>Application of Hot/Cold</i>	<i>97010</i>
<i>Therapeutic Massage</i>	<i>97124</i>	• <i>Soft Tissue Mobilization</i>	<i>97140</i>

3. Be sure your doctor's **NPI** number is on your script do not confuse this number with his License or DEA number.

4. Have your doctor or his staff fill out the **Prescription/ Letter of Referral Form**. Along with a script stating "**Massage Therapy 2x Weekly**" and for how many weeks with any of the above code(s). Return *ALL* paper work completely filled out by you and your doctor to us for review.

Keep in mind your treatments cannot commence on the same day you seek care from another health care provider. This is known as Concurrent Care. For example, you visit your chiropractor or acupuncturist today for treatment then seek Massage Therapy the same day.

Any questions, always feel free to contact us at the number above.

Warm regards,

Somatic Massage Therapy