

Southwest Therapy & Rehab LLC

www.southwesttherapy.com

EIN 27-3506899 NPI 1134299555

Phone: 505-239-9644 Fax: 505-896-2958

NM/AZ/OR/CA

Physician's Prescription of Medical Necessity

Referring Physician: _____

Phone: _____ Fax #: _____

NPI #: _____ Address: _____

Regarding Patient _____ DOB _____ M or F circle

TREATMENT IS MEDICALLY NECESSARY. Please treat the patient for diagnoses indication below, using the modalities/procedures check marked below that are within your scope of practice. We at SW Therapy & Rehab do NOT evaluate.

MODALITIES/PROCEDURES

97124

DX CODES ICD 9 TO ICD10

G56.00 ___ Carpal Tunnel Syndrome
M54.2 ___ Cervicalgia
M54.12 ___ Brachial Neuritis/Radiculitis (UE)
M54.30 ___ Sciatica
M54.14 ___ Lumbosacral/Thoracic Neuritis or Radiculitis (LE)
M79.7 ___ Fibromyalgia
M79.1 ___ Myalgia
M60.9 ___ Myositis
R51 ___ Headache
S 43.409A ___ Shoulders-Upper Arms Strain/Sprain
S33.8XXA ___ Lumbosacral Strain/Sprain
S13.4XXA ___ Cervical Strain/Sprain
S23.3XXA ___ Thoracic Strain/Sprain
S33.5XXA ___ Lumbar Strain/Sprain
S33.8XXA ___ Sacral Strain/Sprain/Coccyx Strain/Sprain
S03.4XXA ___ T.M.J. Strain/Sprain

Other Dx Codes: 1. _____ 2. _____

Of Visits _____ # Of Times Per Week _____ # Of Weeks _____ 12 weeks max

Special Notes _____

Dr. Signature _____ Date: _____

10/01/2015