

*Physician Referral/Prescription: Medical Necessity for Massage & Manual Therapy*

Referring Physician/Facility: \_\_\_\_\_  
Date of Prescription: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Patient: \_\_\_\_\_ Phone: \_\_\_\_\_ DOI: \_\_\_\_\_



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TREATMENT IS MEDICALLY NECESSARY. Please evaluate and treat the patient for the diagnoses indicated below, using the procedures that are within your scope of practice as listed in the Evaluation and Treatment Plan section of this prescription.

*Diagnosis Codes:* The following diagnoses are related to:  MVA  WC  Other: \_\_\_\_\_

One diagnosis code will allow for up to 30 minutes of treatment. Two or more codes involving the trunk and extremities will allow for up to 60 minutes of treatment. 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 Soft Tissue Diagnosis Codes with Descriptions: \_\_\_\_\_  
\_\_\_\_\_

*Evaluation & Treatment Plan:*

Please evaluate (97001, 97002) and treat patient using procedures and modalities which are within the scope of practice for a Licensed Massage Therapist in Oregon, including but not limited to massage therapy (97124), moist heat, cryotherapy, application of topical pain relief preparations (97010), deep tissue massage, trigger point therapy, direct and indirect myofascial release techniques, positional release techniques, and muscle energy techniques such as proprioceptive neuromuscular facilitation and reciprocal inhibition therapies (97140). The use of each procedure for each treatment is to be determined by the diagnosis, patient's presenting complaints/symptoms, range of motion considerations, and patient tolerance. Unless otherwise indicated, please instruct patient to increase water intake and to stretch between visits.

There are precautions or contraindications for this patient: \_\_\_\_\_  
\_\_\_\_\_

- Please do not instruct patient regarding self-stretches.
- Please do not instruct patient to increase water intake following treatment.

*Prescription*

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

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

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