

# PHYSICIAN PRESCRIPTION FOR MEDICAL MASSAGE THERAPY

## IDAHO MEDICAL MASSAGE

[www.idahomedicalmassage.com](http://www.idahomedicalmassage.com)

*Clinically Focused & Outcome-Based Treatment*

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## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Member ID: \_\_\_\_\_

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## REFERRING PHYSICIAN/PROVIDER INFORMATION

Physician Name: \_\_\_\_\_

NPI: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Signature (if required): \_\_\_\_\_ Date: \_\_\_\_\_

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## DIAGNOSIS CODES (ICD-10)

*Please check all applicable musculoskeletal codes for the patient's condition (examples):*

- M54.5 Low back pain
  - M54.50 Low back pain, unspecified
  - M54.2 Cervicalgia (Neck pain)
  - M54.6 Pain in thoracic spine
  - M25.51 Pain in shoulder (Left/Right/Bilateral)
  - M79.1 Myalgia / Myofascial pain
  - M79.7 Fibromyalgia
  - G44.209 Tension-type headache
  - M54.3 Sciatica (Left/Right/Bilateral)
  - S13.4 Sprain of ligaments of cervical spine (Whiplash)
  - G56.0 Carpal tunnel syndrome
  - M77.9 Enthesopathy, unspecified (Tendonitis/Bursitis)
  - Other ICD-10 Code(s): \_\_\_\_\_
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## PRESCRIBED TREATMENT & PROCEDURES (CPT CODES)

*The following services are prescribed to manage pain, restore mobility, and address musculoskeletal dysfunction through clinical intervention (check all that apply):*

### Treatment (CPT) Selection:

- 97124 Massage Therapy
- 97140 Manual Therapy
- 97112 Neuromuscular Re-education
- 97010 Hot/Cold Packs

Frequency & Duration (required): \_\_\_ visit(s) per week for \_\_\_ week(s) (or \_\_\_ total visits)

Additional Instructions / Areas to Treat: \_\_\_\_\_

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## CLINICAL NECESSITY & GOALS

Idaho Medical Massage provides outcome-based, structured treatment plans for chronic conditions and acute injuries. The goal of the prescribed treatment is:

- Decrease muscle hypertonicity and trigger point activity.
- Increase range of motion and functional mobility.
- Reduce inflammation and edema.
- Management of chronic pain and reduction of neuromuscular dysfunction.

Precautions / Contraindications:

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## PHYSICIAN AUTHORIZATION

I certify that the above-prescribed massage therapy is medically necessary for the treatment of the diagnosis listed above.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Provider Note:** Idaho Medical Massage accepts health insurance and coordinates care with referring physicians. Please fax this completed prescription to 844-440-2161 or provide a copy to the patient for their initial assessment. Documented clinical progress reports will be available upon request.