

LETTER OF MEDICAL NECESSITY AND PERTINENT DOCTOR NOTES

Patient Name: Joseph Clark

1. Period of Necessity:  Indefinite,  one year,  6 months

2. ICD 9 Diagnosis Codes: Carpal tunnel syndrome / DeQuervain's

Chronic / Intractable Pain [ Mild - Moderate Severe ] THUMB - NUMP

3. Symptoms: (B) Hands burning / tingling weakness

4. Objective Findings: (A) KYPHOSIS posture w/ SCOLIOSIS  
DeQuervain's Nump.

5. Assessment: DeQuervain's nump / THUMB KYPHOSIS /  
BIOTERM CARPAL TUNNEL SYNDROME

6. Prognosis: (Excellent) (Good) (Fair) (Guarded)

7. Date first Diagnosed: 7/13/13 Date Last Seen: 5/5/15

8. Area to be treated: THUMB SPINE / (B) WRISTS

9. Previous Treatments Rendered: TRACTION, BRACING, WRIST EXERCISE,  
REST

I certify that the above prescribed ROLLING and Deep muscle therapy  
is medically necessary as part of my treatment program for this Patient. The unit is reasonable and necessary for the treatment of this Patient's condition and progress. NO substitution allowed.

Physician's Signature [Signature] Date 5/5/15

(Please print below)

Physician's Name: Thomas A Gallosky

Address: 5324 E 20th  
WILMINGTON, CA 94093

Telephone: (902) 933-2443

Date 5/6/15 DOB \_\_\_\_\_

Patient's Name JOSEPH CLARK

Address \_\_\_\_\_

SS # \_\_\_\_\_

Insured's Name \_\_\_\_\_

Insured's Address \_\_\_\_\_

SSN 568-41-3684

SS # \_\_\_\_\_

**PROFESSIONAL SERVICES**

**DIAGNOSIS CODES**

New Patient	Estab. Patient
99201 _____	99211 _____
99202 _____	99212 _____
99203 _____	99213 _____
99204 _____	99214 _____
99205 _____	99215 _____
<u>97260</u> Spinal Manipulation	<u>42-</u> _____
A2000 Medicare Manipulation	_____
97200 OV/One Mod./One Proc.	_____
97201 Add. Time	_____
97010 Cryo./Hydroc.	_____
97128 Ultrasound	_____
97014 Electro. Stim.	_____
97012 Traction	_____
97124 Deep Muscle Therapy 15 min.	_____
97124-52 Deep Muscle Therapy 60 min.	_____
29515 Orthotic Casting	_____
97500 Orthotic Training	_____
29525 Taping	_____
97531 Kinetic Activities	_____
99070 Custom Fxn'l Orthotic	_____
99070 Cerv. Txn. Unit	_____
99070 Cerv. Pillow (Sm.)	_____
99070 Cerv. Pillow (Lg.)	_____
99070 Cerv. Collar	_____
99070 Back Support Cushion	_____
99070 Flex Gel Pack	_____
99080 Report _____ page(s)	_____
99080 Narrative Report	_____
_____	_____
_____	_____
_____	_____

___ 723.4 Brachial Radiculitis	___ 355.1 Lower Extremity Paresthesia
___ 723.8 Cerv. Facet Imbric.	___ 724.4 Lower Extremity Radiculitis
___ 784.0 Cephalgia	___ 729.1 Sacroiliac Myofascitis
___ 724.8 Cerv. Facet Synd.	___ 724.4 Lumbosacral Neuritis
___ 847.0 Cerv. Hyperflex/Ext.	___ 756.11 Lumbar Spondylolisthesis
___ 737.42 Cerv. Hypolordosis	___ 721.3 Lumbar Spondylosis
___ 722.4 Cerv. Disc. Deg.	___ 722.52 Lumbar Disc Deg.
___ 723.3 Cervicobrachial Synd.	___ 737.2 Lumbar Hyperlordosis
___ 729.1 Cerv./Thor. Myofascitis	___ 724.8 Lumbar Facet Synd.
___ 723.9 HA C-Spine Related	___ 756.15 Lumbar Sacralization
___ 721.2 Thor. Arthritis	___ 724.3 Sciatica
___ 805.2 Thor. Compress. Fx.	___ 724.19 Coccydya
___ 722.51 Thor. Disc. Deg.	___ 727.3 Hip Bursitis
___ 737.10 Thor. Kyphosis	___ 726.5 Trochanteric Tendonitis
___ 729.1 Thor. Myofasc.	___ 726.71 Calcaneal Bursitis
___ 739.6 Thor. Rib Sublux.	___ 728.71 Plantar Fascitis
___ 755.3 Leg Length Inequality	___ 734 Pes Planus
___ 847.1 Thoracic Sprain/Strain	___ 737.30 Scoliosis
___ 847.2 Lumbar Spine Sprain/Strain	___ 729.4 Fibromyalgia
___ 847.3 Cervical Sprain/Strain	___ 726.19 Shoulder Bursitis
_____	_____
_____	_____

**X-RAYS**

76040 Orthoroentgenogram	73560 Knee AP/LAT
72020 Cerv. 1 View	73562 Knee Complete
72040 Cerv. AP/LAT	73610 Ankle Complete
72050 Cerv. Complete	73630 Foot Complete
72052 Cerv. Davis Series	76140 Outside Radiological Consult.
72070 Thor. AP/LAT	_____
72020 Thor. 1 View	_____
72100 Lumbosacral AP/LAT	_____
72105 Lumbar 1 View	_____
72110 Lumbar 5 Views	_____
72220 Sacrum & Coccyx	_____
73020 Shoulder 1 View	_____
73080 Elbow Complete	_____
73100 Wrist AP/LAT	_____
73110 Wrist 3 Views	_____
73120 Hand 2 Views	_____
73500 Hip 1 View	_____
73510 Hip Complete	_____

**FEES**

Prev. Balance	_____
Today's Balance	<u>42-</u>
TOTAL	<u>42-</u>
Payment	<u>42-</u>
Balance	<u>0</u>



Attending Physician's Signature  
License No. 21975 CA 3543 CO

Date 4/1/15 DOB \_\_\_\_\_  
 Patient's Name Joseph Clark  
 Address \_\_\_\_\_  
 SS # \_\_\_\_\_  
 Insured's Name \_\_\_\_\_  
 Insured's Address \_\_\_\_\_  
 SS # \_\_\_\_\_

SSN 568-41-3684

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A2000 Medicare Manipulation	_____
97200 OV/One Mod./One Proc.	_____
97201 Add. Time	_____
97010 Cryo./Hydroc.	_____
97128 Ultrasound	_____
97014 Electro. Stim.	_____
97012 Traction	_____
97124 Deep Muscle Therapy 15 min.	_____
97124-52 Deep Muscle Therapy 60 min.	_____
29515 Orthotic Casting	_____
97500 Orthotic Training	_____
29525 Taping	_____
97531 Kinetic Activities	_____
99070 Custom Fxn'l Orthotic	_____
99070 Cerv. Txn. Unit	_____
99070 Cerv. Pillow (Sm.)	_____
99070 Cerv. Pillow (Lg.)	_____
99070 Cerv. Collar	_____
99070 Back Support Cushion	_____
99070 Flex Gel Pack	_____
99080 Report _____ page(s)	_____
99080 Narrative Report	_____
_____	_____
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**DIAGNOSIS CODES**


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___ 723.8 Cerv. Facet Imbric.	___ 724.4 Lower Extremity Radiculitis
___ 784.0 Cephalgia	___ 729.1 Sacroiliac Myofascitis
___ 724.8 Cerv. Facet Synd.	___ 724.4 Lumbosacral Neuritis
___ 847.0 Cerv. Hyperflex/Ext.	___ 756.11 Lumbar Spondylolisthesis
___ 737.42 Cerv. Hypolordosis	___ 721.3 Lumbar Spondylosis
___ 722.4 Cerv. Disc. Deg.	___ 722.52 Lumbar Disc Deg.
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___ 805.2 Thor. Compress. Fx.	___ 724.19 Coccydydia
___ 722.51 Thor. Disc. Deg.	___ 727.3 Hip Bursitis
___ 737.10 Thor. Kyphosis	___ 726.5 Trochanteric Tendonitis
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73110 Wrist 3 Views	_____
73120 Hand 2 Views	_____
73500 Hip 1 View	_____
73510 Hip Complete	_____

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Prev. Balance \_\_\_\_\_  
 Today's Balance 42-  
 TOTAL 42-  
 Payment 42-  
 Balance 0

  
 Attending Physician's Signature  
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Date 1/29/15 DOB \_\_\_\_\_

Patient's Name Joseph Clark

Address \_\_\_\_\_

SS # \_\_\_\_\_

Insured's Name \_\_\_\_\_

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97124 Deep Muscle Therapy 15 min.	_____
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29515 Orthotic Casting	_____
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99070 Custom Fxn'l Orthotic	_____
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*[Handwritten Signature]*

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