

**Dr. Sample, M.D.**

XXXX Embassy Parkway, Suite XXXA

XXXXXX, USA XXXXX

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**Appt Date / Time**

## Physical Medicine Treatment – Super bill

<b>Patient Name:</b>	<b>SSN:</b>	<b>DOB:</b>
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Lumbar Pain		Muscle Pain		Cervical Pain	
M54.5	Low back pain	R07.1	chest pain on breathing	M54.2	cervical pain
M51.36	lumbar disc degeneration	M79.7	Fibromyalgia	M50.30	cervical disc degeneration
M51.26	lumbar disc displacement	M76.2?	Iliac crest spur; hip	M54.12	Cervical radiculopathy
M47.816	lumbar spondylosis	M79.1	Myalgia	M50.20	cervical disc displacement
M54.16	lumbar radiculopathy	M25.56?	Knee pain	M47.812	cervical spondylosis
M53.3	Sacroilitis pain	M79.60?	limb pain	M43.12	cervical spondylolisthesis
M48.061	stenosis with	M25.51?	shoulder pain		
M48.062	stenosis with	R07.81	Pleurodynia	<b>Other</b>	
M43.16	lumbar spondylolisthesis	<b>Arthritis</b>		G50.1	Atypical facial pain
M54.30	Sciatica	M17.0	Knee osteoarthritis	G56.00	Carpal Tunnel syndrome
M96.1	Post laminectomy	M16.?	Hip osteoarthritis	G56.20	Ulnar nerve
		M19.01?	Shoulder osteoarthritis		
		M19.07?	Foot/Ankle osteoarthritis		
				M62.838	Muscle Spasm
				R60.9	Edema
Thoracic Pain		Nerve Pain		Headache	
M54.14	thoracic radiculopathy	G60.9	Peripheral Neuropathy	M94.0	chondrocostal junction(Tietze)
M51.34	thoracic disc degeneration	G57.7?	Causalgia lower limb	G43.711	w/o aura/intractable/with status migrainosus
M51.24	thoracic disc displacement	G56.4?	Causalgia upper limb	R51	Headache
M47.814	thoracic spondylosis	G90.51?	CRPS upper limb	G43.819	migraine/ intractable/ w/o status migainosus
M48.04	thoracic stenosis	G90.52?	CRPS lower limb	G97.1	spinal headache
M43.14	spondylolisthesis	B02.29	Post herpetic neuropathy	G44.209	Tension-type headache not intractable
		E11.42	Diabetic Neuropathy	M26.609	TMJ unspecified
				G44.1	Vascular headache

Procedures					
<b>97014</b>	\$	Electrical Stimulation – un-attended	<b>G0283*</b>	\$	Electrical Stimulation (Medicare)
<b>97112</b>	\$	Neuromuscular re-education	<b>97112*</b>	\$	Neuromuscular re-education
<b>97016</b>	\$	Vasopneumatic Device	<b>97016*</b>	\$	Vasopneumatic Device
<b>E1399</b>	\$\$\$ \$ \$ +/-	Supplies (personal electrodes)	<b>*Note:</b>	Use GP	Modifier with code (Medicare)

Treatment Regimen:  daily treatments for the first week  every other day, 2-3 times per week

Treatment Plan: \_\_\_\_\_

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

Schedules re-evaluation after 5 treatments  Continue Treatment  Discharge

Rev: 01/05/18

I affirm that the medical information indicated on this form is derived from and supported by my clinic documentation in the medical record. I direct that this information be billed on my