

(Date)

Insurance carrier  
Street Address  
City, St. Zip

RE: Changes in Utilization Profile (Physical Medicine Codes)

To Whom It May Concern:

The purpose of this letter is to place the carrier on notice we will be reporting physical medicine and rehabilitation services (CPT Codes) from our practice. The license to practice medicine is unlimited; therefore our credentials do not limit our scope of practice to a specific specialty. In fact, it is far more convenient and cost effective for multiple services to be offered out of one facility.

Our patient population includes a large number of patients which present to the office with numerous acute, chronic, or complex pain syndromes. It is the physician's duty to work through differential diagnosis's to determine if the complaint is the result of musculoskeletal, nerve, circulatory, metabolic, or psychological injuries or pathologies. It is then our duty to utilize the most cost effective manner of treatment to achieve the best possible results for the individual patient. All devices used for treatment are FDA approved for clinical use.

Numerous major published medical journals tout the efficacy and safety of physical medicine modalities. In fact, they are far safer and in many cases equally effective as pharmaceutical intervention with minimal chances for addiction. The majority of Medicare's local coverage determinations for the treatment of pain demand the use of conservative measures prior to more invasive treatment. It is our goal to provide the patient with the highest quality of care in the most cost effective manner.

Please make note of the reporting of physical medicine and rehabilitation services being provided in our office and update our profile if necessary. We will be following CMS statutes and policies unless otherwise directed by carrier specific policies. We are more than willing follow your suggestions or recommendations on the appropriate reporting of the physical medicine services. Please feel free to contact our office with any additional questions or concerns relative to any services being offered in our facility.

Respectfully submitted,

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Dr. (Name)  
For: (Company)