

Physician Name and Tax ID Number: _____

Office Number (____) _____ Fax Number (____) _____

TRIAD Certification Number: _____ (from prior determination letter)

1. Begin date of service for THIS EXTENSION: ____/____/____
2. Patient Name: _____ Member ID No.: _____
3. Date Patient was last seen prior to the date entered in question 1 above: ____/____/____
4. Number of Visits to date for this episode: _____
5. Present Chief Complaints: C T L S Pelvic Non Spinal
6. Spine Pain Radiation:
 Level I: Pain localized to spine
 Level II: Pain radiating to the head, elbow or knee
 Level III: Pain radiating below the elbow or knee
 N/A
7. Numeric Pain Rating Scale (NPRS):
(No pain) 0 1 2 3 4 5 6 7 8 9 10 (unbearable pain)
8. Restrictions of Activities of Daily Living / Functional Index:
(no limitations) 0 1 2 3 4 5 6 7 8 9 10 (totally disabled)
9. Physical Work Capabilities as it relates to the patients current condition:
 No work limitations Some work limitations Unable to work
 N/A (Children, F/T student, Retirees, Permanent total disability)
10. To date how does the patient describe their overall improvement since the initial visit for this episode on a scale of 0 to 100:
(none) 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% (Totally recovered)

If there has been a CHANGE in the original diagnoses, please list below:

Resolved diagnoses since last care plan:

ICD9 No.: _____ Describe: _____

ICD9 No.: _____ Describe: _____

Additional Diagnoses identified since last care plan:

ICD 9 No. _____ Describe: _____

ICD 9 No.: _____ Describe: _____

11. Exam Codes:

- 99211 - 99212 - 99213

- Other* (numeric): _____ *copy of exam narrative required



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12a. Treatment: CMT

- Activator Diversified Flexion/distraction Gonstead Thompson
 Pierce SOT Toggle Other: _____

12b. Treatment: Physical Modalities

- US - 97035 EMS Unattended – 97014 Diathermy - 97024
 EMS Attended - 97032 Traction – 97012 Other CPT code: _____

12c. Treatment: Therapeutic Procedures

- Massage – 97124 Manual Therapy Technique - 97140 Therapeutic exercise – 97110
 Neuromuscular Re-education – 97112 Other CPT code: _____

13. How many combined physical modalities and/or therapeutic procedures will be used per visit?

- 0 1 2 3 Other (numeric): _____

14. 1-2 Regions – 98940 3-4 Regions – 98941 5 Regions - 98942

- Extra Spinal more than one region – 98943 N/A

15. Requested Treatment Plan: Total number of visits requested _____

- Therapeutic/Rehabilitative Care – 30 Days

OR

- Supportive Care - 30 days 60 days 90 days 120 days 150 days 180 days

16. I have attached additional objective clinical information to describe concurrent conditions co-morbidities, contraindications, clinical alerts and or relevant clinical issues.

Comments: _____

The Physician acknowledges that this Care Plan has been personally reviewed, contains information, which is truthful and accurate, and has been submitted by authorized staff on behalf of Physician.