

Provider _____

VERIFICATION WORKSHEET

Patient Name _____ Date _____

Date of Injury _____ ID#/DOB _____

Verify and Authorize Physical Medicine and Rehabilitation Services
 (Common modality codes and procedure codes for manual therapists.)

Authorized?	Code #	Description	Restrictions	Max Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No	95831	Muscle testing, ROM, manual, with report		
<input type="checkbox"/> Yes <input type="checkbox"/> No	97010	Hot or cold packs		
<input type="checkbox"/> Yes <input type="checkbox"/> No	97012	Mechanical traction		
<input type="checkbox"/> Yes <input type="checkbox"/> No	97039	Unlisted modality, Specify:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	97110	Therapeutic exercise		
<input type="checkbox"/> Yes <input type="checkbox"/> No	97112	Neuromuscular reeducation		
<input type="checkbox"/> Yes <input type="checkbox"/> No	97113	Aquatic therapy		
<input type="checkbox"/> Yes <input type="checkbox"/> No	97116	Gait training		
<input type="checkbox"/> Yes <input type="checkbox"/> No	97124	Massage therapy		
<input type="checkbox"/> Yes <input type="checkbox"/> No	97139	Unlisted therapeutic procedure, Specify:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	97140	Manual therapy: eg, mobilization/manip., MLD, MFR, manual traction		
<input type="checkbox"/> Yes <input type="checkbox"/> No	97050	Therapeutic procedure(s), group (2 or more)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	99056	Home/Hospital visit		
<input type="checkbox"/> Yes <input type="checkbox"/> No	99075	Medical testimony		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Other:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Other:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Other:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Other:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Other:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Other:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Other:		

See CPT codebook for detailed descriptions of modalities and procedures listed above and for additional modalities and therapeutic procedures not listed on worksheet.