

**CERTIFICATE OF MEDICAL NECESSITY**

**FAX TO: (888) 357 - 1253**

Name of Patient: \_\_\_\_\_

Date of Last Examination \_\_\_\_\_

Symptom Onset  Sudden  Gradual Duration \_\_\_\_\_ Accident/Injury  Yes  No Prior NCV/EMG/US Tests?  Yes  No

	Arm/shoulder /elbow		Hand/Wrist		Thigh/knee Leg		Foot/Ankle	
	LT	RT	LT	RT	LT	RT	LT	RT
Coldness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numbness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tingling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pain in Limb 729.5

**COMPLETE FOR NERVE CONDUCTION STUDIES**

Each section must be checked

- Abnormal muscle stretch or superficial reflexes
- Loss of muscle power
- Loss of muscle tone
- Muscle atrophy
- Sensory loss
- Radiating Pain
- Other \_\_\_\_\_

**Generalized Neuropathy Exists Or Is Suspected:**

- No  Yes (Indicate disease below)
- Diabetic  Alcoholic  Uremic  Ischemic
- Immune  \_\_\_\_\_

**Present Findings Indicate The Following Diagnosis(es)**

- Carpal tunnel/med. nerve 354.0  Plexopathy, brachial 353.0
- Neuropathy, median nerve 354.1  Plexopathy, lumbosacral 353.1
- Neuropathy, ulnar nerve 354.2  Thoracic outlet syndrome 353.0
- Neuropathy, radial nerve 354.3  Mononeuritis multiplex 354.5
- Neuropathy, sciatic 355.0  Neuroma, plantar 355.6
- Neuropathy, peroneal 355.3  Cervicobrachial syndrome 723.3
- Neuropathy, tibial 355.4  Radiculopathy, cervical 723.4
- Tarsal tunnel syndrome 355.5  Wrist drop 736.05
- Entrapment, sural nerve 355.7  Foot drop 736.79
- Neuropathy, upper limb 354.9  Radiculopathy, lumbar 724.4
- Neuropathy, lower limb 355.8  Compression, nerve root 724.9
- Neuropathy, peripheral 356.9  Diabetes (specify type) 250.6\_\_
- \_\_\_\_\_ (\_\_\_\_\_)  Disturbance/skin sensation 782.0

*Diagnostic procedures include Nerve Conduction Velocity Studies and Somatosensory Evoked Potentials,*

- Upper Series  Lower Series  Full Series

*Diagnostic procedures include Musculoskeletal Ultrasound*

- Upper Series  Lower Series  Full Series

Based on the patient's examination, history and diagnoses, it is my professional opinion that these tests are medically necessary for diagnosis and treatment.

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

**COMPLETE FOR SPINAL/EXTREMITY ULTRASOUND**

**Neck Pain**  Dull  Sharp  Burning  Boring

Intermittent  Constant  Localized to Neck

- 721.0 Cervical spondylosis without myelopathy
- 721.1 Cervical spondylosis with myelopathy
- 723.1 Cervical Pain
- 723.0 Cervical Spinal Stenosis

**Back Pain**  Dull  Sharp  Burning  Boring

Intermittent  Constant  Localized to Back

- 721.2 Thoracic spondylosis without myelopathy
- 721.41 Thoracic spondylosis with myelopathy
- 724.1 Thoracic Pain
- 724.01 Thoracic spinal stenosis

- 721.3 Lumbar spondylosis without myelopathy
- 721.42 Lumbar spondylosis with myelopathy
- 724.2 Lumbar Pain
- 724.02 Lumbar spinal stenosis

**Extremities**

- 720.2 Sacroillitis inflammation of S.I. Joint (S.I. Joint)
- 726.10 Supraspinatus syndrome (shoulder)
- 726.31 Medial epicondylitis (Elbow)
- 726.32 Lateral epicondylitis (Elbow)
- 726.4 Bursitis of hand or wrist (Wrist)
- 354.0 Carpal tunnel/med. nerve
- 726.5 Bursitis of hip (Hip)
- 726.61 Pes Anserinus tendonitis / bursitis (Knee)
- 726.62 Tibular / Collateral L bursitis (Knee)
- 726.63 Fibular/Collateral L bursitis (Knee)
- 726.64 Patellar tendonitis (Knee)
- 726.71 Achilles bursitis / tendonitis (Ankle)
- 726.72 Tibialis tendonitis (Ankle)
- 726.73 Calcaneal spur (Ankle)