## Musculoskeletal Program: Massage Therapy Clinical Worksheet

**By EVERNORTH** 

**EviCore** 

These worksheets are used to collect the information needed for treatment request determinations. The determinations are made in accordance with the eviCore Massage Therapy Services Clinical Guidelines found at evicore.com

Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on eviCore.com under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.

## URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE

Previous Reference/Auth Number (If Continued Care):	Date of Submission:	
Place of Service:		

Female
Cell
-

	First Name:		Last Name:			
ЦЦ	Primary Specialty:	TIN:		١	NPI:	
	Physician Phone:		Physician Fax:			
0	Address:				Suite #	:
PR	City:		Stat	te:		Zip:
	Office Contact:	Ext		Ema	ail:	

Code	Description		Code	Description	
Start Date for this Req					
Has the patient been evaluated by their medical doctor for this condition?			Please provide the most recent date of the medical doctor's evaluation: Medical Doctor's Diagnosis:		
Primary Treatment Area/Condition: Choose only one.         Musculoskeletal:       Headache / Migraine       Cervical / Upper Thoracic       L         Shoulder / Arm       Elbow / Forearm       Heiger Arm         Hip / Thigh       Knee       And         Musculoskeletal:       Cancer Pain       Fibromyalgia         Other       Other       Headache / Migraine					
Musculoskeletal:	Headache / Migraine		Cervical / Upper Thoracic	Lower Thoracic / Lumbosacra	
	Shoulder / Arm		Elbow / Forearm	Hand / Wrist	
	🔲 Hip / Thigh		Knee	Ankle / Foot / Leg	
Non- Cancer Pain			🗌 Fibromyalgia		
Musculoskeletal:	Other				
Secondary Treatment Area/Condition: Choose only one.			being treated		
Musculoskeletal:	Headache / Migraine		Cervical / Upper Thoracic	Lower Thoracic / Lumbosacra	
	Shoulder / Arm		Elbow / Forearm	Hand / Wrist	
	🔲 Hip / Thigh		Knee	Ankle / Foot / Leg	
Non-	Cancer Pain		Fibromyalgia		
Musculoskeletal:	Other				
	CONT		ON NEXT PAGE		

Member Name:	Member ID:	Provider Name:	

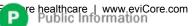
Date of current findings:

## Please ONLY complete the following section(s) based upon the Treatment Area/Conditions(s) selected above. Information specific to the Primary Treatment Area MUST be completed.

	OUTCOME ASSESSMENT: MUSCULOSKELETAL					
	Complete the following section for initial or follow-up care as appropriate					
	Indicate which patient reported outcome score was used from the selection below. If not done, select "None Used": None Used					
		Initial	Follow-Up			
	Headache Disability Index (HDI)	(0-100 score)	Current: Initial:			
Ļ	Neck Disability Index (NDI)	% (0-100 score)	Current:% Initial:%			
TAL	Oswestry Disability Index (ODI)	% (0-100 score)	Current:% Initial:%			
Ë	Roland Morris Disability Questionnaire (RMDQ)	(0-24 score)	Current: Initial:			
OSKE	Disabilities of Arm, Shoulder, and Hand (DASH/QuickDASH)	(0-100 score)	Current: Initial:			
Ч	More than 3 blank answers?	🗌 Yes 🗌 No				
MUSC	Shoulder Pain and Disability Index (SPADI)	(0-100 score)	Current: Initial:			
МU	Lower Extremity Functional Scale (LEFS)	(0-80 score)	Current: Initial:			
-	Hip Disability and Osteoarthritis Outcome Score (HOOS Jr)	(0-100 score)	Current: Initial:			
	☐ Knee Disability and Osteoarthritis Outcome Score (KOOS Jr)	(0-100 score)	Current: Initial:			
	Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)	(0-96 score)	Current: Initial:			
	Numeric Rating Scale (NRS)	(0-10 score)	Current: Initial:			

	OUTCOME ASSESSMENT: NON-MUSCULOSKELETAL				
	Complete the following section for initial or follow-up care as appropriate				
i	Indicate which patient reported outcome score was used from the selection below. If not done, select "None Used":				
	N	lone Used			
NC		Initial	Follow-Up		
ž	Fibromyalgia Impact Questionnaire (FIQ)	(0-100 score)	Current: Initial:		
	Numeric Rating Scale (NRS)	(0-10 score)	Current: Initial:		
	Quality of Life Questionnaire Core 30 (QLQ-C30)	(30-126 score)	Current: Initial:		
	Quality of Life Scale (QOLS)	(16-112 score)	Current: Initial:		

RESPONSE TO CARE			
	Initial	Follow-Up	
This care is expected to result in progressive improvement as described in the eviCore Massage Therapy Clinical Guidelines. Please mark <b>if</b> progress has been affected by the following:	N/A – Leave Blank for Initial Request	<ul> <li>N/A - Progress is not affected by any of the below listed options</li> <li>"Overdid it" causing increase in symptoms</li> <li>Symptoms progressed despite treatment</li> <li>Suffered a new injury resulting in significant change</li> <li>Unable to complete clinical visits</li> <li>Current care is maintenance, preventive, or palliative in nature</li> </ul>	



Date of initial evaluation: