MPOWERHealth

FAX OR EMAIL REQUEST: Include INSURANCE CARD, DEMO SHEET, and H&P

NORMAL BUSINESS HOURS: (CST): 8:00 am to 5:00 pm Mon – Fri

Select Service/s: o **IOM**   o **PA**

Surgeon:_____

Facility: _____

Patient: _____

DOB: _____

DOS:

Time :   AM   PM

Duration: H   M

Reschedule?   Y

Procedure and Levels:

_____

_____

_____

.   Inpatient   Outpatient

Insurance Provider (Send Ins. Card)

_____

Policy #: _____

Group #: _____

Cervical

o M47.12 Spondylosis
o M50.20 Myelopathy Cervical Herniation (HNP)
o M50.00 Cervical HNP w/ Myelopathy
o M50.30 Cervical Disc Degeneration
o M48.02 Cervical Stenosis
o M54.12 Cervical Radiculopathy
o M47.812 Cervical Spondylosis w/o Myelopathy

Lumbar

o M47.817 Lumbosacral Spondylosis w/o myelopathy
o M47.16 Lumbosacral Spondylosis w/ myelopathy
o M51.26 Lumbar Disc Displacement (HNP)
o M43.27 Lumbar Fusion- Painful Hardware
o M96.1 Lumbar Post. Surgical Syndrome
o M48.06 Spinal Stenosis, Lumbar
o S32.009A Vertebra Fx

Thoracic

o M51.24 Thoracic Disc Displacement
o M51.04 Thoracic Disc Disorder
o M40.00 Kyphosis Acquired: NOS
o M96.3 Post Laminectomy Kyphosis
o M41.20 Idiopathic Scoliosis
o M41.80 Scoliosis: NEC
o J80 Thoracic Insufficiency

o M51.06 Lumbar Disc Disorder
o M43.00 Acquired Spondylolisthesis
o Q76.2 Spondylolisthesis
o M54.14 Lumbosacral Neuritis/ Radiculopathy
o M54.30 Sciatica
o R20.8 Dist. Of Skin Sensation
o R26.89 Abnormality of Gait

Other DX Codes

o_____

o_____

o_____

o_____

o T81.9xxa HW Failure
o T84.81x4 Symptomatic HW
o Q67.5 Congenital Scoliosis
o Q76.0 Tethered Spinal Cord
o M19.90 Osteoarthritis, unsp.
o M15.8 Degenerative Joint Disease
o Q77.8 Jeunes Syndrome
o Q89.8 VATER Syndrome
o Q76.6 Fused Rib

_____   _____
Physician Signature   Date