



17761

PLEASE COMPLETELY FILL IN THE ONE CIRCLE THAT BEST DESCRIBES YOUR ANSWER. (Example: ●) V:PalladianDCTreatment(2.1)20150901

Section A. Provider information

Form for Section A: Provider information including fields for First Name, Last Name, Facility Name, Service Add., NPI, State, and Zip.

Section B. Patient information

Form for Section B: Patient information including fields for First Name, Last Name, Health Plan, Member ID, Date of Birth, Onset, Last Visit, and Requested Start.

Section C. Primary region of complaint (select only 1 region) and primary diagnosis (ICD-10 number or text description)

Form for Section C: Primary region of complaint and primary diagnosis. Includes radio button options for Cervical, C/S+radiculopathy, Thoracic, Lumbosacral, L/S+radiculopathy, Shoulder, Elbow, Wrist, Hand, Hip, Knee, Ankle, Foot, Headache, and Other. Includes ICD-10 field and Authorization Request for: Treatment only, X-ray only, Both.

Section D. Red flags (i.e. signs or symptoms that may indicate potentially serious pathology) and X-rays

Form for Section D: Red flags and X-rays. Includes questions about red flags, contraindications, X-rays, and rule out conditions.

Section E. Neurologic involvement associated with any spine condition

Form for Section E: Neurologic involvement. Includes questions about symptoms/signs of neurologic involvement and overall severity.

Section F. Evaluation

Form for Section F: Evaluation. Includes a table for evaluating symptoms, physical function, overall health, and prognosis.

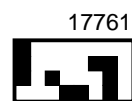
Section G. Management plan (i.e. how you plan on managing this patient's complaint)

Form for Section G: Management plan. Includes a table for management options like Education about, Home/self-care, Supervised exercise, Modalities, and Manual therapy.

Form for Section G continuation: Number of DC visits used since last DC Treatment Form was submitted.

Form for Phone and Fax numbers.

Form for Provider signature and Date.



Note: By completing and signing this form, the provider indicates that they: 1. provided all services, and 2. are a participating provider, and 3. provided all services in a credentialed practice.