

# FAX



#5b

Date \_\_\_\_\_

Number of pages including cover sheet \_\_\_\_\_

**TO:** REFERRING PROVIDER

**Phone**

**Fax Phone**

**FROM:** A BETTER WAY  
MASSAGE &  
ACUPUNCTURE

12 BELLWETHER  
WAY, SUITE 219,  
BELLINGHAM, WA 98225

**Phone** 360-366-4216

**Fax Phone** 360-366-4241

**CC:** \_\_\_\_\_

**REMARKS:**  Urgent  For your review  Reply ASAP  Please Comment

Regarding Your Patient

Dear Doctor,

As of October 2017, Labor and Industry has activated an Acupuncture Pilot Project for claimants with lower back pain (1582M).

I am a provider for Labor and Industry and accepting acupuncture patients with Labor and Industry claims. I have included a referral sheet for your convenience which includes all the requirements for me to begin treatments with your patient. Please fax back to me at your convenience.

Thank you for your trust and I look forward in working with your patient.

Sincerely,

Shannon Freeman, LAC, EAMP, LMP

A Better Way Massage & Acupuncture

[www.abwmassage.com](http://www.abwmassage.com)

enclosure: Prescription/Referral/Letter of Medical Necessity

**LABOR AND INDUSTRY ACUPUNCTURE PILOT PROJECT**

**PHYSICIAN'S PRESCRIPTION / REFERRAL / MEDICAL NECESSITY**

FROM DOCTOR:

DATE:

PHONE:

FAX:

TO LNI ACUPUNCTURE PROVIDER:

**12 BELLWETHER WAY**

SUITE 201

BELLINGHAM, WA 98225

**SHANNON FREEMAN, LAC, EAMP**

**A BETTER WAY MASSAGE & ACUPUNCTURE**

PH: 360-366-4216

FAX MEDICAL RECORDS: 360-366-4241

REGARDING PATIENT: \_\_\_\_\_

PATIENT DATE OF BIRTH: \_\_\_\_\_

LNI CLAIM NUMBER: \_\_\_\_\_

TREATMENT IS MEDICALLY NECESSARY. Please treat the patient for diagnoses indicated below

PROCEDURE CODES: 97810, 97811, 97813, 97814 ACUPUNCTURE/ELECTROACUPUNCTURE

DX CODES: 1582M LOWER BACK PAIN

- Acupuncture treatment must be for low back pain related to an accepted condition on an open workers' compensation claim.
- Acupuncture treatments will **only** be provided when referred by the worker's attending medical provider.
- Providers are expected to continue treatment only if **clinically meaningful improvement is documented** midway through treatment. Only the medically necessary number of acupuncture treatments should be provided.
- **No other acupuncture codes can be billed for this referral.**
- Maximum of 10 treatments allowed per injured worker's claim
- Once patient returns back to work, including modified duty, **acupuncture treatments are to be discontinued**, per LNI acupuncture pilot program.
- Referring provider **MUST BE** the claimant's attending provider.
- Please note, self-insured employers are not required to participate in the pilot or cover acupuncture treatment during the pilot, though they may choose to cover acupuncture under the terms of the pilot. The patient and provider should ensure participation of the self-insured employer prior to initiating acupuncture treatment.

PHYSICIAN'S SIGNATURE \_\_\_\_\_

LICENSE# \_\_\_\_\_ # OF VISITS 10

START DATE: \_\_\_\_\_

This Prescription/Referral may be faxed to medical records: 360-366-4241,  
A Better Way Massage & Acupuncture