


# Referral

<b>Rendering Facility:</b> Ritualuna Wellness 1611 SE Bybee Blvd Portland, OR 97202 Phone: (971) 279-5638 Fax: (866) 473-0398 office@ritualunawellness.com 	<b>Referring Provider:</b> _____ Clinic: _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____
---	--

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Treatment Is Medically Necessary.** Please treat the patient for diagnoses listed below, using modalities/procedures that are within your scope of practice.

**Diagnosis Codes (ICD-10): \***

\_\_\_\_\_

**Modalities/Procedures: \***

- Massage Therapy (97124)     Manual Therapy (97140)

**Duration and Frequency of Treatment: \***

- 60 minute visits     90 minute visits     120 minute visits

# \_\_\_\_\_ visits \*     total     per week     per month     per \_\_\_\_\_

Referral is valid from \_\_\_\_\_ to \_\_\_\_\_ \*  
Date Date

**Treatment Goals:**

- Decrease Pain     Decrease Muscle Spasms / Tension     Other:  
 Decrease Inflammation     Increase Mobility / Range of Motion

Referring Provider Signature: \_\_\_\_\_

NPI#: \_\_\_\_\_ Date: \_\_\_\_\_

\*required



## Referral Information

### When a referral is required

Health insurance: [ritualunawellness.com/health-insurance-massage](https://ritualunawellness.com/health-insurance-massage)

Auto insurance: [ritualunawellness.com/automotive-insurance-massage](https://ritualunawellness.com/automotive-insurance-massage)

### Who can refer to massage for rehabilitation

Plans based in Oregon: Physician (MD), Doctor of Osteopathy (DO), Physician Assistant (PA, PA-C), Nurse Practitioner (NP, ANP, PNP, FNP, GNP), Naturopath (ND), Chiropractor (DC), Podiatrist (DP) - lower extremity problems only, Dentist (DDS, DMD) - craniomandibular disorders only

Plans based in Washington: Physician (MD), Doctor of Osteopathy (DO), Physician Assistant (PA, PA-C), Nurse Practitioner (NP, CRNP, ARNP), Naturopath (ND), or Osteopathic Physician Assistant (OA).

### Diagnosis

Referral must specify a diagnosis that massage therapists are authorized to treat, typically musculoskeletal pain with an ICD-10 diagnosis code that begins with "M," such as "M25.551: pain in right hip."

### Effective Date Span

Oregon auto insurance: a date span of 4-8 weeks is typical.

For commercial private health insurance, up to 1 year is typical.

Regence PPO plans have no limit on the effective date span.

### Retroactive Referrals

A retroactive referral has an effective date in the past, and a signed date in the present. Please note that a retroactive referral is not a backdated referral. We would never ask for a backdated document.

Regence PPOs permit retroactive referrals, with no limit on effective date.

### Number or Treatments or Frequency of Treatment

A referral is required to have either a prescribed number of visits or frequency of treatment.

### Treatment Duration

Oregon auto insurance: 60-minute visits are the default. 90- and 120-minute sessions are covered only when explicitly prescribed on the referral as medically necessary.

Regence PPO plans tend to limit 60 minutes per visit, per day.