

SUPERBILL

CrossFunction Sports Massage
16030 Bothell-Everett Hwy, Ste 140, Mill Creek, WA 98012
billing@crossfunctionrecovery.com
Call/text: 425-595-3436
Fax: 425-332-7010

Tax ID: 82-1455744
Group NPI: 1316476112

Client Name: _____

Date of Service: _____

Payment at time of service: _____

Place of Service (POS): 11 - Office

Billing CPT Code: (check one)

- _____ **97124** Massage Therapy
_____ **97140** Manual Therapy (for Premera)

Units: Length of session (check one)

- _____ **2 units** = 30 minutes
_____ **4 units** = 60 minutes
_____ **6 units** = 90 minutes

Massage Therapist: (check one)

- _____ **Cindy C** – NPI: 1649608589
_____ **Gretchen Y** – NPI: 1154685535
_____ **Jenny M** – NPI: 1275949349
_____ **Joy H** – NPI: 1790535474
_____ **Natalie F** – NPI: 1023813623
_____ **Said Y** – NPI: 1750471892
_____ **Tahoe T** – NPI: 1609347616

Diagnosis (ICD-10) Code(s): Areas worked on that day.

Codes can be found on your Dr RX/referral. Your LMT is not allowed to diagnose.
(check any/all that apply)

- _____ Back Pain - Lower (lumbar): **M54.50**
_____ Back Pain - Mid (thoracic): **M54.6**
_____ Hip Pain (right): **M25.551**
_____ Hip Pain (left): **M25.552**
_____ Leg Pain (right): **M79.661**
_____ Leg Pain (left): **M79.662**
_____ Neck Pain (cervicalgia): **M54.2**
_____ Shoulder Pain (right): **M25.511**
_____ Shoulder Pain (left): **M25.512**
_____ Other (fill in any other codes): _____

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