



December 17, 2024

**TO: ACCELERATED - WORKERS COMP
RE: BILLS REPROCESSING DEPARTMENT
33 E BLACKWELL ST.
DOVER, NJ 07801-3976**

RE: MALLOY, CHRISTOPHER

CLAIM # IWC086824

DOI: 02/01/2024

DOS: Please refer to the letter below for all outstanding dos

Provider of Service: SPORTSMED PT, LLC TIN#824913997

Dear Adjuster/Reconsiderations Department:

Thank you for your prior payments for services rendered in our office on behalf of Christopher Malloy. This is my formal request for reprocessing of our claim for payment for Physical Therapy DOS:

DOS 04/17/2024, CHARGE AMOUNT: \$1,035.00

DOS 04/23/2024, CHARGE AMOUNT: \$1,035.00

DOS 04/25/2024, CHARGE AMOUNT: \$1,035.00

We ask for reconsideration of the above aforementioned date of service. Our patient came seeking our specialists' help with the current condition, and the patient gradually demonstrated progress through the course of treatment. We strongly feel that our requested services are warranted and necessary in the management of the above patient's condition, please review accordingly and process for payment (please review all the pertinent documentation attached) Physical therapy treatment, as part of an individual's health care, is considered medically necessary and is provided for the purpose of minimizing or eliminating impairments, activity limitations, and/or participation restrictions.

Treating a condition as provided in Article 136 or 156 of the Education Law, in the Workers' Compensation Law, and the Rules of the Chair relative to Occupational/Physical Therapy Practice, all medical treatments costing less than \$1000 are pre-authorized.

Chapter 6 of the Laws of 2007, the 2007 workers' compensation reform legislation, amended this statutory provision to increase the threshold for prior authorization from \$500 to \$1,000. The reform legislation also amended the section to add a provision directing the Chair to issue and maintain a list of pre-authorized procedures costing more than \$1,000.



All medical records pertaining to these claims are attached to this remittance and were previously submitted and on file. Please review this additional information and kindly process our claim for payment.

As you can see from our records, treatment was medically necessary and appropriate.

Please feel free to contact me with any questions you might have.

Respectfully,

Sharon Vasquez

Worker's Comp Medical Billing Specialist
SportsMed Physical Therapy
TEL:(551)288-1488 EXT: 488
FAX:(201) 514-1588
svasquez@spineandsportsmed.com



ACCELERATED INC.-WORKERS COMP

33 E BLACKWELL ST,
DOVER, NJ 07801-3976

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CARRIER

PICA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> (Medicare#) (Medicaid#) (ID#/DoD#) Member (ID#) <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) IWC086824							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) MALLOY, CHRISTOPHER										3. PATIENT'S BIRTH DATE MM DD YY SEX 11 10 1988 M <input type="checkbox"/> F <input checked="" type="checkbox"/>							
5. PATIENT'S ADDRESS (No., Street) 37 ELM PLACE										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>							
CITY IRVINGTON, US STATE NJ					8. RESERVED FOR NUCC USE					CITY IRVINGTON, US STATE NJ							
ZIP CODE 07111		TELEPHONE (Include Area Code) () -			ZIP CODE 07111		TELEPHONE (Include Area Code) () -										
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO:							
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO _____							
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO _____							
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. CLAIM CODES (Designated by NUCC)							
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX 11 10 1988 M <input type="checkbox"/> F <input checked="" type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME ACCELERATED INC.-WORKERS COMP							
										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 9a. and 9d.							
SIGNED Signature on File										SIGNED Signature on File							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 02 01 24 QUAL 431					15. OTHER DATE MM DD YY QUAL: _____					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN JEFFERY LEE					17a. _____ 17b. NPI 1710085097					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO _____							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. S39012A B. S8391XA C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										22. RESUBMISSION CODE ORIGINAL REF. NO.							
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS D. MODIFIER E. DIAGNOSIS POINTER 1 04 17 24 04 17 24 11 97110 AB 540 00 3 NPI 1629347562 2 04 17 24 04 17 24 11 97112 AB 155 00 1 NPI 1629347562 3 04 17 24 04 17 24 11 97140 AB 150 00 1 NPI 1629347562 4 04 17 24 04 17 24 11 97014 AB 120 00 1 NPI 1629347562 5 04 17 24 04 17 24 11 97010 AB 70 00 1 NPI 1629347562 6										F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. # NPI							
25. FEDERAL TAX I.D. NUMBER SSN EIN 824913997 <input type="checkbox"/> <input checked="" type="checkbox"/>					26. PATIENT'S ACCOUNT NO. 1755008Z67010					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 1035 00		29. AMOUNT PAID \$ 0 00		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Signature on File ALLAN F SANTOALLA, DPT SIGNED 12/17/24 DATE					32. SERVICE FACILITY LOCATION INFORMATION SPORTSMED PT, LLC 1225 STUYVESANT AVENUE UNION, NJ 07083-3837					33. BILLING PROVIDER INFO & PH# (201) 345-6173 SPORTSMED PT, LLC 266 HARRISTOWN ROAD, SUITE 304 GLEN ROCK, NJ 07452-3354							
					a. 1841787645 b.					a. 1841787645 b.							

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



Patient Name: MALLOY, CHRISTOPHER

Date of Birth: 11/10/1988

Diagnosis: ICD10: S39.012A: Strain of muscle, fascia and tendon of lower back, initial encounter, S83.91XA: Sprain of unspecified site of right knee, initial encounter

Visit No.: 5

Workers' Comp Claim: IWC086824

Date of Daily Note: 04/17/2024

Injury/Onset/Change of Status Date: 02/01/2024

Date of Original Eval: 03/14/2024

Treatment Diagnosis: ICD10: S39.012A: Strain of muscle, fascia and tendon of lower back, initial encounter, S83.91XA: Sprain of unspecified site of right knee, initial encounter

Subjective

Current Complaints / Gains: Patient reports he experienced increased low back pain this past weekend 8-9/10 which made it difficult for him to move, however, today patient's pain has decreased to 7/10. Patient's R knee pain is 4/10.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Current Functional Limitations:

Mobility: Walking & Moving Around: IADLs; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment

Complicating/Personal Factors: Mechanism of injury/ Illness, Multiple Treatment Areas (knee and back.)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise (40 min.) Upright bike x 10 min SLR 10 x 3 x 2lb Standing back ext 10 x 3 Calf stretch 30" x3 double Leg press 10 x 3 x 40lb LAQ with ball squeeze 10 x 3 x 2lb Palloff press 10 x 3 x 20lb	3
97112	Neuromuscular Re-Education (10 min.) tandem walk 1' x 3 tandem static balance training 1' x 3 BOSU squats 10 x 3	1
97140	Manual Therapy (15 min.) STM right knee, patellar mob. STM to L/S paraspinals	1
CPT® Code	Untimed Codes	Units
97010	Hot/Cold Packs (10 min.) Hot MHP on low back area and MHP on right knee	1
G0283	E-Stim Medicare Non-Wound Unattended (10 min.) Interferential right knee	1

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Assessment

Assessment/Diagnosis: Patient was able to complete all exercises, received therapeutic modalities and tolerated manual therapy provided with no adverse effect noted. Patient will continue to benefit in skilled physical therapy to manage symptoms, improve functional mobility and to achieve goals.

Rehab Potential: Good

Patient Problems:

- Lower Extremity Functional Scale score of 14/80
- pain

SportsMed PT, LLC - Union
200
200, 200
Union, NJ 07083-3837
Phone: (908)481-5100
Fax: (908)258-0168

Patient Name: MALLOY, CHRISTOPHER
Date of Birth: 11/10/1988
Document Date: 04/17/2024

Daily Note / Billing Sheet

Short Term Goals:

- 1: (4 Weeks) | Pt will report decrease pain to PS 2/10 or better on his back and on his knee. |
- 2: (2 Weeks) | Lower Extremity Functional Scale score will improve to >40/80. |

Long Term Goals:

- 1: (4 Weeks) | Pt will have no pain in right knee when walking for at least 10 minutes. |
- 2: (4 Weeks) | Pt will tolerate lifting 20lb from floor to waist level without back pain. |
- 3: (4 Weeks) | Pt will improve Modified Oswestry Low Back Pain score to < 30%. |

Documentation and services listed above were reviewed and approved by the therapist supervising treatment and deemed to be medically indicated and necessary.

Plan

Instructions: Progressing Patient Next Visit



Almira Churchill, PTA
License #40QB00248100
Initiated by Almira Churchill, PTA on April 17, 2024 at 3:18 pm



Allan F Santoalla, DPT
License #40QA01438500
Electronically Signed by Allan F Santoalla, DPT on April 17, 2024 at 7:18 pm



FAX COVER SHEET

TO

COMPANY

FAX NUMBER 19082580168

FROM Providers Edge Scheduling

DATE 2024-04-16 17:37:12 GMT

RE RE: MALLOY, CHRISTOPHER- NEW AUTH SCRIPT 04-12-2024

COVER MESSAGE

Please find attached new authorized script dated 04-12-2024, 6 visits, for Christopher Malloy, Workers Comp Claim.

Authorized for PT 6 visits: 2 times a week for 3 week/Lumbar/Dr. Cassilly

Thank you,

Charline A. Hines
chines@pesgweb.com
973-874-0500 ext. 103

Email BILL To: claims@pesgweb.com
Provider's Edge Scheduling Group
33 E. Blackwell Street, Dover, NJ 07801
www.pesgweb.com
973-965-9333 fax



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To:

Page: 2 of 3

2024-04-16 17:37:26 GMT

973-965-9333

From: Providers Edge Scheduling

please immediately notify the sender by telephone or e-mail and delete the original e-mail
and all copies of it from your computer system.

Order Form

GSOA - Fair Lawn
♀ 28-04 BROADWAY,
FAIR LAWN, NJ, 07410-3920
📞 201-791-4434 📞 201-791-9377

Req/Ctr# (CD-): 116057
Ryan T. Cassilly, MD
NPI: 1235455924
Orthopedic Surgery

Malloy, Christopher, Male, 11/10/1988 ID: 536675
♀ 37 ELM PL, IRVINGTON, NJ 07111-2219

Today: 04/12/2024 01:17 PM
Order Date: 04/12/2024 11:00 AM

Primary Insurance Name: DH ALTERNATIVE RISK SOLUTIONS
Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0068
Subscriber Number: IVC086824
Insured Name: Irvington Township,
Address: 1 CIVIC SQ, IRVINGTON, NJ 07111-2957

Priority	Test Name
Routine	PHYSICAL THERAPY Notes: Vachon, Andrea 04/12/2024 01:17:09 PM EDT > Twice per week for 8 weeks. The following PT/OT has been ordered: Hot Packs, Cold Packs, Tens, Hill Rollers Therapeutic Exercise: Passive, Active, Resistive, Eccentric, Free Weights, Theraband

Assessment(s)	Instructions
- S39.012D, Strain of muscle, fascia and tendon of lower back.	subsequent encounter


Electronically Signed By: Ryan T. Cassilly, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Malloy, Christopher, M, 11/10/1988



APPROVED BY NATIONAL INSURANCE CLAIM COMMITTEE (NUCC) 02/12

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICARD TRICARE CHAMPVA GROUP PLAN HEALTH PLAN OTHER		4. INSURER'S NAME (Last Name, First Name, Middle Initial) 111 10 1988 M F X		5. PATIENTS ADDRESS (No., Street) 111 10 1988 M F X	
2. PATIENTS NAME (Last Name, First Name, Middle Initial) (For Program Item 1)		6. PATIENT RELATIONSHIP TO INSURED 7. INSURER'S ADDRESS (No., Street)		37 ELM PLACE	
ZIP CODE TELEPHONE (Include Area Code) 07111 () -		STATE CITY 8. RESERVED FOR NUCC USE 37 ELM PLACE		37 ELM PLACE	
9. OTHER INSURER'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURER'S POLICY GROUP OR FECA NUMBER		a. EMPLOYMENT (Current or Previous) 8. INSURER'S DATE OF BIRTH MM DD YY SEX 111 10 1988 M F X		b. RESERVED FOR NUCC USE b. AUTO ACCIDENT? c. OTHER ACCIDENT? d. IS THERE ANOTHER HEALTH BENEFIT PLAN? e. INSURANCE PLAN NAME d. INSURANCE PLAN NAME OR PROGRAM NAME	
12. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) 13. OTHER DATE QUALE 14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) 15. OTHER DATE QUALE 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION		f. FROM MM DD YY TO MM DD YY g. FROM MM DD YY TO MM DD YY h. FROM MM DD YY TO MM DD YY		17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES DN JEFFREY LEE 17A. NPI 1710085097	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES		21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD-10 0 22. RESUBMISSION CODE ORIGINAL REF. NO.	
23. PRIOR AUTHORIZATION NUMBER		24. A. DATES(S) OF SERVICE To B. PROVIDER, SERVICE, OR SUPPLIES C. PROCEDEDURES, SERVICES, OR SUPPLIES D. EXPLAIN UNUSUAL Circumstances E. DIAGNOSIS F. MM DD YY G. H. I. J. MM DD YY H. I. J. MM DD YY I. J. MM DD YY		25. FEDERAL TAX ID, NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. RSD for NUCC use	
26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. RSD for NUCC use		31. ACUTE FACILITY LOCATION INFO & PH# (201) 345-6173 32. SPORTSMED PT, LLC 33. BILLING PROVIDER INFO & PH# (201) 345-6173		34. CARLO O DE LARA, D SIGNATURE OF PHYSICIAN OR SUPPLIER (certify that the statements on the reverse apply to this bill and are made a part hereof) 35. SIGNATURE OF CREDITORS OR CREDENTIALS (certify that the statements on the reverse apply to this bill and are made a part hereof) 36. NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-1197 FORM 1500 (02-12)	

Patient Name: MALLOY, CHRISTOPHER

Date of Birth: 11/10/1988

Diagnosis: ICD10: S39.012A: Strain of muscle, fascia and tendon of lower back, initial encounter, S83.91XA: Sprain of unspecified site of right knee, initial encounter

Visit No.: 7

Workers' Comp Claim: IWC086824

Subjective

Current Complaints / Gains: Patient reports pain in the lower back 6/10 PS.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Current Functional Limitations:

Mobility: Walking & Moving Around: IADLs; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment

Complicating/Personal Factors: Mechanism of injury/ Illness, Multiple Treatment Areas (knee and back.)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise (45 min.) <ul style="list-style-type: none"> Upright bike x 10 min SLR 10 x 3 x 2lb Standing back ext 10 x 3 Calf stretch 30" x3 double Leg press 10 x 3 x 40lb LAQ with ball squeeze 10 x 3 x 2lb Pallof press 10 x 3 x 20lb kneeling lunge stretch for hip flexors 30" x 3 	3
97112	Neuromuscular Re-Education (15 min.) <ul style="list-style-type: none"> tandem walk 1' x 3 tandem static balance training 1' x 3 BOSU squats 10 x 3 	1
97140	Manual Therapy (10 min.) <ul style="list-style-type: none"> STM right knee. patellar mob. (NT) STM to L/S paraspinals 	1
CPT® Code	Untimed Codes	Units
97010	Hot/Cold Packs (10 min.) <ul style="list-style-type: none"> Hot MHP on low back area and MHP on right knee 	1
G0283	E-Stim Medicare Non-Wound Unattended (10 min.) <ul style="list-style-type: none"> Interferential LS 	1

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Assessment

Assessment/Diagnosis: Pt completed all physical therapy interventions provided today including therapeutic exercises, manual therapy and therapeutic modalities with no adverse effect noted and no pain aggravation. Pt will continue to benefit from skilled physical therapy.

Rehab Potential: Good

Patient Problems:

- Lower Extremity Functional Scale score of 14/80
- pain

SportsMed PT, LLC - Union
200
200, 200
Union, NJ 07083-3837
Phone: (908)481-5100
Fax: (908)258-0168

Patient Name: MALLOY, CHRISTOPHER
Date of Birth: 11/10/1988
Document Date: 04/23/2024

Daily Note / Billing Sheet

Short Term Goals:

- 1: (4 Weeks) | Pt will report decrease pain to PS 2/10 or better on his back and on his knee. |
- 2: (2 Weeks) | Lower Extremity Functional Scale score will improve to >40/80. |

Long Term Goals:

- 1: (4 Weeks) | Pt will have no pain in right knee when walking for at least 10 minutes. |
- 2: (4 Weeks) | Pt will tolerate lifting 20lb from floor to waist level without back pain. |
- 3: (4 Weeks) | Pt will improve Modified Oswestry Low Back Pain score to < 30%. |

Plan

Instructions: Progressing Patient Next Visit



Gian Carlo O. De Lara, DPT
License #40QA01837100
Electronically Signed by Gian Carlo O. De Lara, DPT on April 29, 2024 at 2:47 pm



ACCELERATED INC.-WORKERS COMP
33 E BLACKWELL ST,
DOVER, NJ 07801-3976

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER <input type="checkbox"/> (Medicare#) <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#) <input checked="" type="checkbox"/> (ID#)												1a. INSURED'S I.D. NUMBER (For Program in Item 1) IWC086824								
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) MALLOY, CHRISTOPHER												3. PATIENT'S BIRTH DATE SEX MM DD YY <input type="checkbox"/> M <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/>								
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CITY IRVINGTON, US				STATE NJ				8. RESERVED FOR NUCC USE				CITY IRVINGTON, US				STATE NJ				
ZIP CODE 07111		TELEPHONE (Include Area Code) () -										ZIP CODE 07111		TELEPHONE (Include Area Code) () -						
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)												10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
												b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) _____								
												c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
d. INSURANCE PLAN NAME OR PROGRAM NAME												11. INSURED'S POLICY GROUP OR FECA NUMBER ACCELERATED INC.-WORKERS COMP								
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												10d. CLAIM CODES (Designated by NUCC) READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.								
SIGNED Signature on File												DATE 12/17/24								
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 02 01 24 QUAL 431				15. OTHER DATE QUAL. 17a.				MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY								
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A. S39012A		B. S8391XA		C. _____		D. _____		23. PRIOR AUTHORIZATION NUMBER												
E. _____		F. _____		G. _____		H. _____														
I. _____		J. _____		K. _____		L. _____														
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY				B. PLACE OF SERVICE EMG				C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS				E. MODIFIER		F. DIAGNOSIS POINTER		\$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	04	25	24	04	25	24	11	97110				AB		540 00	3			NPI	1629347562	
2	04	25	24	04	25	24	11	97112				AB		155 00	1			NPI	1629347562	
3	04	25	24	04	25	24	11	97140				AB		150 00	1			NPI	1629347562	
4	04	25	24	04	25	24	11	97014				AB		120 00	1			NPI	1629347562	
5	04	25	24	04	25	24	11	97010				AB		70 00	1			NPI	1629347562	
6																				
25. FEDERAL TAX I.D. NUMBER SSN EIN 824913997 <input checked="" type="checkbox"/>				26. PATIENT'S ACCOUNT NO. 1768735Z67010				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 1035 00		29. AMOUNT PAID \$ 0 00		30. Rsvd for NUCC Use				
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ALLAN F SANTOALLA, DPT SIGNED 12/17/24 DATE				a. 1841787645 b.				a. 1841787645 b.				APPROVED OMB-0938-1197 FORM 1500 (02-12)								



Patient Name: MALLOY, CHRISTOPHER

Date of Birth: 11/10/1988

Diagnosis: ICD10: S39.012A: Strain of muscle, fascia and tendon of lower back, initial encounter, S83.91XA: Sprain of unspecified site of right knee, initial encounter

Visit No.: 7

Workers' Comp Claim: IWC086824

Subjective

Current Complaints / Gains: Pt reports he is back on the field for work and feels increase pain to (R) Knee due to uneven surfaces when working on potholes.

Before the injury/onset/change of status date, the patient was able to perform the following activities:

Mobility: Walking & Moving Around: IADLs; Use of an Assistive Device; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Current Functional Limitations:

Mobility: Walking & Moving Around: IADLs; Walking; Moving Around; Moving Around in Different Locations; Negotiate Obstacles

Home Health Care: No

Medical History: No Known Significant PMH To Affect Treatment

Complicating/Personal Factors: Mechanism of injury/ Illness, Multiple Treatment Areas (knee and back.)

Mental Status/Cognitive Function Appears Impaired? No

Objective

CPT® Code	Direct Timed Codes	Units
97110	Therapeutic Exercise (40 min.) <ul style="list-style-type: none"> Upright bike x 10 min SLR 10 x 3 x 2lb Standing back ext 10 x 3 Calf stretch 30" x3 double Leg press 10 x 3 x 40lb LAQ with ball squeeze 10 x 3 x 2lb Pallof press 10 x 3 x 20lb kneeling lunge stretch for hip flexors 30" x 3 	3
97112	Neuromuscular Re-Education (15 min.) <ul style="list-style-type: none"> tandem walk 1' x 3 tandem static balance training 1' x 3 BOSU squats 10 x 3 	1
97140	Manual Therapy (15 min.) <ul style="list-style-type: none"> STM right knee, patellar mob. STM to L/S paraspinals 	1
CPT® Code	Untimed Codes	Units
97010	Hot/Cold Packs (15 min.) <ul style="list-style-type: none"> Hot MHP on low back area and MHP on right knee 	1
G0283	E-Stim Medicare Non-Wound Unattended (15 min.) <ul style="list-style-type: none"> Interferential right knee 	1

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Assessment

Assessment/Diagnosis: Pt completed therapeutic exercises, manual therapy and therapeutic modalities with no complaints/exacerbations. Pt reported symptom relief to (R) Knee and lower back post treatment session. Pt will continue to benefit from skilled physical therapy to decrease pain and improve function. Continue POC as per PT.

Rehab Potential: Good

Patient Problems:

- Lower Extremity Functional Scale score of 14/80
- pain

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Patient Name: MALLOY, CHRISTOPHER
Date of Birth: 11/10/1988
Document Date: 04/25/2024

Daily Note / Billing Sheet

Short Term Goals:

- 1: (4 Weeks) | Pt will report decrease pain to PS 2/10 or better on his back and on his knee. |
- 2: (2 Weeks) | Lower Extremity Functional Scale score will improve to >40/80. |

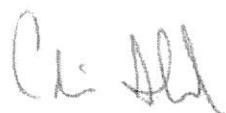
Long Term Goals:

- 1: (4 Weeks) | Pt will have no pain in right knee when walking for at least 10 minutes. |
- 2: (4 Weeks) | Pt will tolerate lifting 20lb from floor to waist level without back pain. |
- 3: (4 Weeks) | Pt will improve Modified Oswestry Low Back Pain score to < 30%. |

Documentation and services listed above were reviewed and approved by the therapist supervising treatment and deemed to be medically indicated and necessary.

Plan

Instructions: Progressing Patient Next Visit



Christopher Almendral, PTA
License #40QB00352600
Initiated by Christopher Almendral, PTA on April 25, 2024 at 6:55 pm



Allan F Santoalla, DPT
License #40QA01438500
Electronically Co-Signed by Allan F Santoalla, DPT on April 26, 2024 at 10:38 am