

CLIENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ PRESCRIBED SERVICE(S): \_\_\_\_\_ PT \_\_\_\_\_ OT \_\_\_\_\_ AQUATIC PT \_\_\_\_\_ AQUATIC OT \_\_\_\_\_  
 PRESCRIPTION DATES: \_\_\_\_\_

**F00-F99 Mental, Behavioral and Neurodevelopmental Disorders**

F41.1 Generalized Anxiety Disorder  
 F80.1 Expressive Language Disorder  
 F80.2 Mixed Expressive-Receptive Language Disorder  
 F80.89 Other developmental disorders of speech/ language (semantic, pragmatic, NEC)  
 F80.9 Developmental disorder of speech and language, unspec.  
 H93.25 Central Auditory Processing Disorder  
 F82 Specific Developmental Disorder of Motor Function (clumsiness, developmental coordination, dyspraxia)  
 F84.0 Autistic Disorder  
 F84.2 Rett's syndrome  
 F84.5 Asperger's syndrome  
 F84.8 Other pervasive developmental disorders  
 F84.9 Pervasive developmental disorder, unspecified  
 F88 Other disorders of psychological development (global, mixed developmental delay, sensory integration dis.)  
 F89 Unspecified disorder of psychological development (only used if no other dx is known)  
 F90. Attention Deficit Disorder - MUST SPECIFY  
 - With hyperactivity/without hyperactivity  
 - Primarily inattentive component/primarily activity component/mixed

OTHER - BE SPECIFIC: \_\_\_\_\_

**G00-G99 Diseases of the Nervous System**

**G40. Epilepsy and recurrent seizures**

Focal/partial with simple partial seizures - MUST SPECIFY:  
 - Idiopathic/symptomatic  
 - Intractable/not intractable  
 - With status epilepticus/without status epilepticus  
 Focal/partial w/ complex partial seizures- MUST SPECIFY:  
 - Idiopathic/symptomatic  
 - Intractable/not intractable  
 - With status epilepticus/without status epilepticus  
 Generalized idiopathic - MUST SPECIFY:  
 - Intractable/not intractable  
 - With status epilepticus/without status epilepticus  
 Other generalized epilepsy & epileptic syndromes- MUST SPECIFY  
 - Intractable/not intractable  
 - With status epilepticus/without status epilepticus

**Primary disorders of muscles**

G71.0 Muscular dystrophy  
 G71.11 Myotonic muscular dystrophy  
 G71.12 Myotonia congenita  
 G71.19 Other specified myotonic disorders  
 G71.2 Congenital myopathies  
 G71.3 Mitochondrial myopathy, not elsewhere classified

**Cerebral palsy (select below):**

G80.0 Spastic quadriplegic cerebral palsy  
 G80.1 Spastic diplegic cerebral palsy  
 G80.2 Spastic hemiplegic cerebral palsy- MUST SPECIFY:  
 - Left/Right and dominant/non-dominant  
 G80.3 Athetoid cerebral palsy  
 G80.4 Ataxic cerebral palsy

G80.8 Other cerebral palsy (includes hypotonic cp)  
 G80.9 Cerebral palsy, unspecified

OTHER - BE SPECIFIC: \_\_\_\_\_

**M00-M99 Diseases of musculoskeletal and connective tissue**

M25.6 Stiffness of Joint - location(s): \_\_\_\_\_  
 M62.81 Muscle Weakness, generalized  
 M62.89 Other specified disorder of muscle (deformity, degeneration, fatigue, tightness, etc.)  
 M62.830 Muscle spasm of back  
 M62.831 Muscle spasm of calf  
 M62.838 Other muscle spasm - location(s): \_\_\_\_\_  
 M62.5 Muscle Wasting category - location(s): \_\_\_\_\_  
 M62.4 Muscle Contracture category - location(s): \_\_\_\_\_  
 M79.6 Pain in hand, limb, fingers, and toes - location(s): \_\_\_\_\_  
 M43.6 Torticollis

OTHER - BE SPECIFIC: \_\_\_\_\_

**Q00-Q99 Congenital malformations, deformations, and chromosomal abnormalities**

Q02 Microcephaly

**Congenital Hydrocephalus or malformations**

Q03.0 Malformations of aqueduct of Sylvius  
 Q03.1 Atresia of foramina of Magendie & Luschka  
 Q03.9 Congenital hydrocephalus, unspecified  
 Q04.0 Congenital malformations of corpus callosum  
 Q04.1 Arhinencephaly  
 Q04.2 Holoprosencephaly  
 Q04.3 Other reduction deformities of brain  
 Q04.5 Megalencephaly  
 Q04.6 Congenital cerebral cysts  
 Q04. Other congenital malformations of brain - specify: \_\_\_\_\_

**Spina Bifida**

Q05. Spina Bifida - CIRCLE DESCRIPTORS  
 - cervical/thoracic/lumbar/sacral  
 - hydrocephalus/no hydrocephalus

Q68.0 Congenital deformity sternocleidtomastoid muscle  
 Other congenital musculoskeletal deformity - MUST SPECIFY: \_\_\_\_\_

**Trisomy:**

Q90.1 Trisomy 21, nonmosaicism  
 Q90.2 Trisomy 21, translocation  
 Q90.9 Down syndrome, unspecified  
 Q91. Trisomy 18 - SPECIFY:  
 Nonmosaicism/ mosaicism /translocation/ unspecified  
 Q91. Trisomy 13 - SPECIFY:  
 Nonmosaicism/ mosaicism /translocation/ unspecified  
 Q92 Other and partial trisomies of the autosomes, not elsewhere classified (must describe): \_\_\_\_\_

Q99. Other chromosomal abnormality - MUST SPECIFY: \_\_\_\_\_

**R00-S99 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified**

R20.9 Unspecified disturbances of skin sensation  
 R25. Tremor or other involuntary movement (describe): \_\_\_\_\_  
 R26.0 Ataxic Gait  
 R26.89 Other abnormalities of Gait (weakness, pain, postural instability, toe walking)  
 R27.8 Other lack of coordination (incoordination)  
 R29.3 Abnormal Posture  
 R47.1 Dysarthria and anarthria  
 R62.0 Delayed milestone in childhood (0-17 years only)  
 R62.50 Unspecified lack of normal physiological development in childhood (0-17 years only)  
 R62.51 Failure to thrive (child) (failure to gain weight; less than normal growth)  
 R63.3 Feeding Difficulties  
 K21.0 Gastro-esophageal reflux with esophagitis  
 K21.9 Gastro-esophageal reflux without esophagitis  
 S14.3XXS Brachial plexus disorders

OTHER - BE SPECIFIC: \_\_\_\_\_

I certify that these prescribed services are medically necessary.

Provide/Continue to provide services per plan of care.  
 Adhere to the following Precautions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Revise Plan of Care as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_

Discontinue services.

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

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

PHYSICIAN NAME:  
 ADDRESS:  
 CITY/STATE/ZIP:  
 PHONE:  
 FAX: