



INTEGRATED THERAPY

Integrated Therapy, LLC

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To Schedule: 404-846-0899

To Fax Demographics: 404-846-0886

Patient Name _____ Date _____

Diagnosis _____ DOB _____

Precautions or Special Instructions _____

Frequency & Duration of Treatment _____

○ Evaluate and Treat

○ Aquatic Physical Therapy

- Bad Ragaz
- Watsu
- Buoyancy Assist/Resist Rxs
- Trunk Stabilization
- Endurance/Conditioning
- Stretching & Flexibility
- Neuromuscular Re-ed
- Aquatic HEP

○ Specialized Training

- Back School
- Pre-Post Surgical
- Pain Management
- Hot Packs
- Contrast Bath
- Cold Packs
- Parafin
- Posture
- Work Conditioning
- Cardiac Rehab
- Spinal Stabilization
- Williams/McKenzie

○ Gait Training

- Balance Re-education

○ Mobilization

- Manual Traction
- Myofascial Release
- Scar Tissue Management
- Soft Tissue
- Trigger Point
- Joint Mobilization

ICD-9 DIAGNOSIS CODES THAT LINK TO CPT CODE 97113 (AQUATIC PHYSICAL THERAPY)

V43.61-V43.69	Joint Replacement	806.00-806.9	FX of Vertebral Column with Spinal Cord Injury
V49.61-V49.67	Upper Limb Amputation Status	810.11-810.13	FX of Clavicle
V49.71-V.49.77	Lower Limb Amputation Status	811.00-811.19	FX of Scapula
V51.10-V54.29	Aftercare for Healing Traumatic or Pathologic Fracture	812.00-812.59	FX of Humerus
330.0-337.9	Hereditary & Degenerative Diseases of the CNS	813.00-813.93	FX of Radius and Ulna
340.345.91& 348.0-349-9	Other Disorders of the CNS	820.00-820.09	FX of Neck and Femur
		821.00-821.39	FX of Other Unspecified Parts of Femur
353.0-359.9	Disorders of the PNS	828.0-828.1	Multiple FX Involving Both Lower Limbs, Lower with Upper Limb & Lower Limb(s) with Rib(s) and Sternum
430-438.9	Cerebrovascular Disease		
715.09	Osteoarthritis & Applied Disorders, Multiple Sites	830.0-839.9	Dislocations
715.11	Osteoarthritis, Localized, Primary, Shoulder Region	851.00-854.19	Intracranial Injury, excluding those with Skull Fracture
715.15	Osteoarthritis, Localized, Primary, Pelvic Region, Thigh	885.0-887.7	Traumatic Amputation, Thumb(s), Finger(s), Arm & Hand (Complete) (Partial)
715.16	Osteoarthritis, Localized, Primary, Lower Leg		
715.91	Osteoarthritis, Unspecified If Gen, or Local, Shoulder	895.0-897.7	Traumatic Amputation, Toe(s), Foot/Feet, Leg(s) (Complete) (Partial)
715.96	Osteoarthritis, Unspecified If Gen, or Local, Lower Leg		
718.49	Contracture Joint, Multiple Sites	952.00-952.9	SCI without Evidence of Spinal Bone Injury
719.7	Difficulty Walking	953.00-953.8	Injury to Nerve Roots & Spinal Plexus
726.10-726.19	Rotator Cuff Disorder & Allied Syndromes	959.01	Head Injury, Unspecified
727.61-727.62	Rupture of Tendon, Non-traumatic		
733.0	Osteoporosis	FX - Fracture SCI - Spinal Cord Injury	
781.2	Abnormality of Gait	CNS - Central Nervous System PNS - Peripheral Nervous System	
781.3	Lack of Coordination		

Doctor's Signature _____

I hereby certify that the services indicated are medically necessary.