



Patient: _____

Therapist: _____

Account #: _____

Insurance: _____ / Expiration Date: _____

OT EVAL: LOW Complexity 44900216	97165
Date:	

OT EVAL: MODERATE Complexity 44900217	97166
Date:	

OT EVAL: HIGH Complexity 44900218	97167
Date:	

OT RE-EVAL 44900219	97168
Date:	

Bill Code	Description		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
44900221	Ex Strength/Flex	97110																		
44900222	Ex Coord/Bal/Prop/Neuro	97112																		
44900224	Functional Act. 1/1	97530																		
44900226	Hot or Cold Pack	97010																		
44900223	Manual Therapy	97140																		
44900225	Self Care & Home Management	97535																		
44900227	Orthotic Training Initial Encounter	97760																		
44900362	Prosthetic Training Initial Encounter	97761																		
44900361	Orthotic/Prosthetic Subsequent Encounter	97763																		
44900228	Paraffin Bath	97018																		
44900229	Ultrasound	97035																		