

**McLAREN NEUROLOGIC REHABILITATION INSTITUTE – OCCUPATIONAL THERAPY SERVICES**

Patient: \_\_\_\_\_

Therapist: \_\_\_\_\_

Account #: \_\_\_\_\_

Insurance: \_\_\_\_\_ / Expiration Date: \_\_\_\_\_

OT EVAL: LOW Complexity 46400546	97165
Date: _____	

OT EVAL: MODERATE Complexity 46400547	97166
Date: _____	

OT EVAL: HIGH Complexity 46400548	97167
Date: _____	

OT RE-EVAL 46400037	97168
Date: _____	



870b

Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
46400047	EX STRENGTH/FLEX	97110																	
46400049	EX COORD/BAL/PROP/NEURO 1/4 HOUR	97112																	
46400057	FUNCTIONAL ACT. 1/1	97530																	
46400100	HOT OR COLD PACK	97010																	
46400059	COGNITIVE TRAINING	97127																	
46400063	SENSORY INTEGRATION	97533																	
46400067	COMM/WORK RE-INT./PREDRIVING	97537																	
46400065	SELF CARE/HOME MGT.	97535																	
46400071	W/C MANAGEMENT	97542																	
46400052	GAIT TRAINING	97116																	
46400054	MASSAGE	97124																	
46400074	ORTHOTIC TRAINING INITIAL ENCOUNTER	97760																	
46400076	PROSTHETIC TRAINING INITIAL ENCOUNTER	97761																	
46400554	ORTHOTIC/PROSTHETIC SUBSEQUENT ENCOUNTER	97763																	
46400082	TEAM CONFERENCE WITH PATIENT/FAMILY	99366																	
46400083	TEAM CONFERENCE WITHOUT PATIENT/FAMILY	99368																	
46400078	UNLISTED OT SERVICE	97799																	
46400094	E STIM UNATTENDED	GO283																	
46400043	E STIM ATTENDED	97032																	
46400102	NO CHARGE																		
46400529	MANUAL THERAPY	97140																	
46400530	PARAFFIN BATH - 15 MIN	92291																	