

**OCCUPATIONAL THERAPY CHARGES
DOWNTIME SLIP**



Patient Name _____

Patient FIN Number _____

Date of Birth _____

Therapy Code	Therapy Description	Date/Time		Date/Time		Date/Time	
		Therapy Minutes	Therapy Units	Therapy Minutes	Therapy Units	Therapy Minutes	Therapy Units
97165	OT Evaluation Low Complexity						
97166	OT Evaluation Moderate Complexity						
97167	OT Evaluation High Complexity						
97168	OT Re-Evaluation						
97010	Hot or Cold Packs Therapy						
97014: G0283	Electrical Stimulation (Unattended)						
97018	Paraffin Bath						
97022	Whirlpool						
97035	Ultrasound (15 minutes)						
97110	Therapeutic Exercise						
97112	Neuromuscular Re-Education						
97113	Aquatic Therapy with Therapeutic Exercises						
97116	Gait Training						
97124	Massage Therapy						
97129	Therapeutic Interventions that Focus on Cognitive						
97130	Therapeutic Interventions that Focus on Cognitive; Each Additional 15 minutes						
97140	Manual Therapy						
97150	Group Therapy						
97530	Therapeutic Activities						
97533	Sensory Integrative Techniques; Each 15 Minutes						
97535	Self-Care/Home Management Training; Each Additional 15 Minutes						
97537	Community/Work Reintegration Training; Each 15 Minutes						

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97542	Wheelchair Management						
97545	Work Hardening/Conditioning; Initial 2 Hours						
97546	Work Hardening/Conditioning; Each Additional Hour						
97550	Caregiver Training Face to Face; Initial						
97551	Caregiver Training Face to Face; Each Additional 15 Minutes						
97552	Group Caregiver Training						