

**OCCUPATIONAL THERAPY CHARGES
ACUTE CARE DOWNTIME SLIP**



DOS

THERAPIST NAME

				OT Eval Low	OT Eval Mod	OT Eval High	OT Re-Eval	Hot/Cold Packs	Thera Exercise	NeurMusc Re-Educ	Manual Therapy Add'l 15	Thera Activity	SC/HM each	WC Mgmt	
Patient Name	FIN	DOB	Modifer	Min/Unit	97165	97166	97167	97168	97010	97110	97112	97140	97530	97535	97542
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