

**MONTHLY TREATMENT RECORD
OCCUPATIONAL THERAPY**

Unit _____

MONTH/ YEAR _____

- Eval Reason:
- New Admit
 - Re-Admit
 - Consult
 - MDS
 - Other

- Program:
- Med A
 - Med B
 - Other
 - Evaluation Only
- (State reason on back)

Resident: _____

1 unit=15min+/- 7
2 units=30min+/- 7
3 units=45min+/- 7

DOB: _____

CPT	Treatment	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Units			
397018-flat	Paraffin																																			
397110-unit	Therapeutic Ex																																			
397112-unit	Balance Training																																			
397530-unit	Functional Act																																			
97532-unit	Cog/Percep Train																																			
397535-unit	Self care/ADL																																			
97537-unit	Comm/Tech Train																																			
397542-unit	W/C Mob/Train/Fit																																			
397750-unit	PP Test/Measure																																			
397760-unit	Orthotic Fit/Train																																			
397762-unit	P&O Check Out																																			
97003-flat	OT Evaluation																																			
97004-flat	OT Re-Evaluation																																			
G-Code	For All E, RE, PR, DC																																			
C-Modifier	For All E, RE, PR, DC																																			
Totals:		(Do not include time for non-billable items below)																																		
Direct Contact Minutes																																				
Units																																				U
Visits (1)																																				V
√ if no tx (list reason on back)																																				No Tx
Initials																																				Init

Medical Dx / ICD-9 Code: _____ Onset Date of Illness: _____
 Initial Eval / Start of Care Date: _____
 Date of Last MD Cert / _____
 Therapy Tx Dx / ICD-9 Code: _____ Progress Report Date(s): _____

G-Codes: Mobility (C: G8978; G:G8979; D:G8980); Body Position (C:G8981; G: G8982; D:G8983); Carry/Move: (C:G8984; G:G8985; D:G8986); Self-Care: (C:G8987; G:G8988; D:G8989); Other Pri (C: G8990; G:G8991; D:G8992); Other Sub: (C:G8993; G:G8994; D:G8995)

C-Modifiers=% Impairment:
 CH=0% Imp; CI=1-19% Imp;
 CJ=20-39% Imp; CK=40-59% Imp;
 CL=60-79% Imp; CM=80-99% Imp; CN=100% Imp

Therapist has determined resident meets Automatic Exception for Therapy Cap (Med B) and KX Modifier is Needed:

Therapist Signature: _____