



Therapists will be documenting charges within the documentation forms. This flyer will display what charges can be documented by each of the Member Organizations by Occupational Therapists.

Time Spent with Patient Charge Section

The first column of the table displays the charge name. The remaining columns are for each of the Member Organizations.

NOTE: If a treatment was performed that has a charge documentation field for it and the column in this flyer for your facility has a NO in it, this treatment is not charged for by your facility. Documenting a *Units* charge will result in a suspended charge which will need to be corrected if you charge for it.

NOTE: Each Member Organization should only document a charge if there is a YES or their location in the column for their facility. Documentation of a charge with a NO in the column will result in a suspended charge and will need to be corrected.

Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Untimed Codes							
Evaluation, Low Complexity	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Evaluation, Moderate Complexity	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Evaluation, High Complexity	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Re-Evaluation	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Unna Boot	Yes	Yes	Yes	Yes	Yes	Yes	Yes
E Stim unattended, Woundcare	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hot/Cold Pack	No	Yes	No	No	No	Outpatient	Yes
Unattended E-Stim	No	Yes	Yes	No	No	No	No

Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Massage	Yes	No	Yes	No	Yes	Yes	No
Manual Therapy	Yes	Yes	Yes	Union Street	Yes	Yes	Yes
Therapeutic Activity	Yes	Yes	Yes	Yes	Yes	Except Lymphedema	Yes
Unlisted Modality	Yes	No	No	No	No	No	No
Cognitive Function Therapeutic Interventions- Initial 15 Minutes	Yes	No	No	Yes	Waterville & Unity	Except Lymphedema	No
Cognitive Function Therapeutic Interventions- Additional 15 Minutes	Yes	No	No	Yes	Waterville & Unity	Except Lymphedema	No
Sensory Integrative Techniques	Yes	Yes	Yes	Union Street	Yes	Except Lymphedema	Pittsfield
Self Care/ Home Management	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community/ Work Reintegration	Yes	Yes	Yes	Yes	Yes	Except Lymphedema	Yes
Wheelchair Management	No	Yes	Yes	No	Yes	Except Lymphedema	No
Work Hardening/ Conditioning Initial 2 hours	Yes	No	No	No	Skowhegan	Except Lymphedema	No

Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Work Hardening/ Conditioning Each Addl Hour	Yes	No	No	No	Skowhegan	Except Lymphedema	No
Orthotic Management/ Training, Initial	Yes	Yes	Yes	Hospital	Yes	Except Lymphedema	Yes
Prosthetic Management/ Training, Initial	Yes	No	Yes	Union Street	Yes	No	Yes
Orthotic/ Prosthetic Management/ Training, Subsequent	Yes	No	No	No	Yes	Except Lymphedema	Yes
Physical Performance Test	Yes	No	No	No	Yes	Lymphedema	Yes
Developmental Testing 1 st Hr.	No	No	Yes	No	No	No	No
Developmental Testing Physical	No	No	Yes	No	No	No	No
Gait 15 Minutes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Neurobehavioral Status Exam	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Additional OT Untimed Codes Specific to Outpatient							
Wound Care 20 cm or Less	Yes	No	Yes	No	No	No	No
Wound Care Greater than 20 cm	Yes	No	Yes	No	No	No	No
Wound(s) Care, Non-Select	Yes	No	Yes	No	No	No	No

Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Aquatic with Exercise	No	No	No	No	No	Except Lymphedema	Pittsfield
Phonophoresis	Yes	No	Yes	Yes	Yes	No	No
Strapping/Casting/Orthotics							
Strapping Shoulder	No	No	Yes	No	No	Except Lymphedema	No
Strapping Hand/Finger	No	No	Yes	No	No	Except Lymphedema	No
Strapping Elbow/Wrist	No	No	Yes	No	No	Except Lymphedema	No
Long Arm Cast	Yes	No	No	No	No	No	No
Hand/Lower Forearm Cast	No	No	No	No	No	No	No
Short Arm Cast	No	No	No	No	No	No	No
Finger Cast	No	No	No	No	No	No	No
Finger Dynamic Splint	Yes	No	Yes	No	No	No	No
Finger Static Splint	Yes	No	Yes	No	Except Unity	No	No
Long Arm Splint	Yes	Yes	Yes	No	No	No	No
Short Arm Dynamic Splint	Yes	Yes	Yes	No	No	No	No
Short Arm Splint	Yes	Yes	Yes	No	No	No	No
Orthotic L Codes							
OT Elbow Orthosis Left	No	No	No	No	No	Except Lymphedema	No
OT Elbow Orthosis Right	No	No	No	No	No	Except Lymphedema	No
OT WHFO Orthosis Left	Yes	Yes	No	Union Street	No	Except Lymphedema	No
OT WHFO Orthosis Right	Yes	Yes	No	Union Street	No	Except Lymphedema	No

Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
OT WHFO Orthosis Left Prefab	Yes	No	No	Yes	No	Except Lymphedema	No
OT WHFO Orthosis Right Prefab	Yes	No	No	Yes	No	Except Lymphedema	No
OT WHFO Orthosis Left Static	Yes	No	No	Yes	No	Except Lymphedema	Pittsfield
OT WHFO Orthosis Right Static	Yes	No	No	Yes	No	Except Lymphedema	Pittsfield
OT Wrist Hand Orthosis Left	Yes	No	No	Yes	No	Except Lymphedema	No
OT Wrist Hand Orthosis Right	Yes	No	No	Yes	No	Except Lymphedema	No
OT Hand Finger Orthosis Left	Yes	No	No	Union Street	No	Except Lymphedema	Pittsfield
OT Hand Finger Orthosis Right	Yes	No	No	Union Street	No	Except Lymphedema	Pittsfield
OT Hand Orthosis Left	No	No	No	No	No	Except Lymphedema	No
OT Hand Orthosis Right	No	No	No	No	No	Except Lymphedema	No
OT Finger Orthosis Left	Yes	No	No	Union Street	No	Except Lymphedema	No
OT Finger Orthosis Right	Yes	No	No	Union Street	No	Except Lymphedema	No
OT Finger Orthosis Lt	No	No	No	No	No	Except Lymphedema	No
OT Finger Orthosis Rt	No	No	No	No	No	Except Lymphedema	No

Hybrid Time Based Charges

UI PT Charges							
Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
UI Attended E-Stim	No	No	No	No	Hospital Only	No	No
UI Evaluation, High Complexity	No	No	No	No	Hospital Only	No	No
UI Evaluation, Moderate Complexity	No	No	No	No	Hospital Only	No	No
UI Evaluation, Low Complexity	No	No	No	No	Hospital Only	No	No
UI Re-Evaluation	No	No	No	No	Hospital Only	No	No
UI Manual Therapy	No	No	No	No	Hospital Only	No	No
UI Neuromuscular Re-education	No	No	No	No	Hospital Only	No	No
UI Physical Performance	No	No	No	No	Hospital Only	No	No
UI Therapeutic Exercise	No	No	No	No	Hospital Only	No	No