UCSF Benioff Children's Hospital Oakland

OCCUPATIONAL THERAPY PATIENT REFERRAL & PRESCRIPTION FORM

747 52nd St., Oakland, CA 94609 510-428-3000 • www.childrenshospitaloakland.org

PATIENT INFORMATION

Patient's First Name _____

Last Name _____

DOB _____/_____/_____ Gender ☐ Female ☐ Male

Parent/Guardian Name _____

DOB _____/_____/_____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone ( ) _____

Alternate Phone ( ) _____

Interpreter needed? ☐ No ☐ Yes: Language _____

INSURANCE INFORMATION

Subscriber Name _____

DOB _____/_____/_____

Health Plan _____

Authorization # _____

Group # _____

Member ID _____

Secondary Insurance, if any _____

DATE _____

REFERRING MD CONTACT INFORMATION

Referring MD _____

Best way to reach me is by ☐ Phone ☐ Fax ☐ Pager

Phone ( ) _____

Fax ( ) _____

Office Name _____

Office Street Address _____

City _____ State _____ Zip _____

Pager ( ) _____

DIAGNOSIS

Diagnosis ICD-10 code _____

Reason for visit:

☐ Feeding/Failure to thrive ☐ Fine motor delay

☐ Aspiration Concerns ☐ Other _____

_____

Brief Medical History _____

_____

PRECAUTIONS	No	Yes	If yes, please describe/define
Weight bearing precautions?			
Activity restrictions?			
Other medical considerations?			

☐ Occupational Therapy Evaluation & Treatment ☐ Feeding/Dysphagia Evaluation ☐ Video Swallow Study

☐ Other _____

Anticipated frequency/duration _____

Special instructions _____

_____

Physician Signature _____

Name of Physician (print) _____

LIcense # _____

COMMONLY USED CPT AND HCPCS CODES FOR OCCUPATIONAL THERAPY SERVICES:

CPT (Used for PPOs, HMOs, self-pay)		
	Code	**Description**
Occupational Therapy Evaluation	97003	Occupational therapy evaluation
OT Re-Evaluation	97004	Occupational therapy re-evaluation
Dysphagia Evaluation	92610	Evaluation of oral and pharyngeal swallowing function
Fluoroscopic Evaluation of Swallowing	92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording
Occupational Therapy Treatments	97110	Therapeutic procedure: Therapeutic exercise to develop strength and endurance, range of motion and flexibility, each 15 minutes
	97112	Therapeutic procedure: Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture &/or proprioception for sitting &/or standing activities, each 15 minutes
	97530	Therapeutic activities, direct (one on one) patient contact; use of dynamic activities to improve functional performance, each 15 minutes
	97535	Self-care/home management training (e.g., activities of daily living and compensatory training, meal preparation, safety procedures, and instruction in use of assistive technology devices/adaptive equipment, direct one-on-one, each 15 minutes
	97532	Cognitive skills: Development of cognitive skills to improve attention, memory, problem solving, direct one-on-one, each 15 minutes
	92526	Dysphagia treatment: Treatment of swallowing dysfunction and/or oral function for feeding
Modalities and less frequently used codes	97010	Application of modality, hot/cold
	97032	Electrical Stimulation, constant attendance, each 15 minutes
	97035	Ultrasound, each 15 minutes
	97537	Community/work reintegration training, each 15 minutes
	97542	Wheelchair management, each 15 minutes
	97760	Orthotic management & training, each 15 minutes
	97761	Prosthetic training, each 15 minutes
	97762	Checkout, orthotics/prosthetics, each 15 minutes
Wound care (hand therapy)	97597	Debridement, with instruments, first 20 sq cm or less
	97602	Debridement, non-selective, without instruments

HCPCS (Used for Medi-Cal, CCS, many government funded HMOs, etc)		
	Code	**Description**
Occupational Therapy Evaluation (need to request both codes)	X4100, and	Occupational Therapy Evaluation (need to request both codes)
	X4102	Evaluation, each additional 15 minutes
Occupational Therapy Treatments (need to request both codes)	X4110 and	Treatment, initial 30 minutes
	X4112	Treatment, each additional 15 minutes