

McLAREN FLINT - DAVISON PHYSICAL THERAPY MEDICARE CHARGE SHEET

Therapist: _____
 KX = _____ visit Threshold: _____ visit
 Cert. period from: _____ to: _____
 # of visits: _____

Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
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MUST CHECK BOX BELOW DATE WHEN REPORTED (see Medicare Fxnl Reporting Sheet)

Bill Code	Description	G-CODE									
45100001	PT Initial Eval (Medicare Requires G-Code)	97001									
45100002	PT Re-Eval (Medicare Requires G-Code)	97002									
45100016	Gait Training	97116									
45100021	Ther-Ex Fxnl Activity 1 On 1	97530									
45100013	Ther-Ex Strengthening/Flexibility	97110									
45100014	Ther-Ex Neur0/Balance/Coord/Prop	97112									
45100025	Wheelchair Management	97542									
45100029	Prosthetic Train	97761									
45100028	Orthotic Train	97760									
45100023	Self-Care/Home Management	97535									
45100017	Massage	97124									
45100003	Hot/Cold Pack	97010									
45100012	Ultrasound	97035									
45100033	Estim (Unattended)	97014									
45100006	Paraffin Bath	97018									
45100019	Manual Therapy (Jt Soft Tissue Mob)	97140									
45100009	E Stim (Attended)	97032									
45100004	Traction, Mechanical	97012									
45100011	Contrast Bath	97034									
45100030	Sensory Integration	97533									
45100010	Iontophoresis Each 15 Mins	97033									
45100036	Women's Health Maintenance										
45100034	No Charge Visit										
45100169	Canalith Repositioning	95992									

Visit Number (if Applicable)	1	2	3	4	5	6	7	8	9	10
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PT. _____
 MR./P.M. _____
 DR. _____

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