

## McLAREN FLINT - BRISTOL 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

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

Bill Code	Description	G-CODE	Date	Date	Date	Date	Date	Date	Date	Date
45000001	Pt Initial Eval (Medicare Requires G-Code)	97001								
45000003	Pt Re-Eval Periodic (Medicare Requires G-Code)	97002								
45000017	Gait Training	97116								
45000022	Ther-Ex Fxnl Activity 1 On 1	97530								
45000014	Ther-Ex Strengthening/Flexibility	97110								
45000015	Ther-Ex Neur0/Balance/Coord/Prop	97112								
45000027	Wheelchair Management	97542								
45000035	Prosthetic Train	97761								
45000034	Orthotic Train	97760								
45000033	Cybex/Test/Report	97750								
45000025	Self-Care/Home Management	97535								
45000018	Massage	97124								
45000004	Hot/Cold Pack	97010								
45000013	Ultrasound	97035								
45000039	Estim (Unattended)	97014								
45000007	Paraffin Bath	97018								
45000020	Manual Therapy (Jt Soft Tissue Mob)	97140								
45000010	E Stim (Attended)	97032								
45000005	Traction, Mechanical	97012								
45000012	Contrast Bath	97034								
45000026	Comm/Work Reintegration	97537								
45000036	Orthotic/Prosthetic Training	97762								
45000024	Sensory Integration	97533								
45000011	Iontophoresis Each 15 Mins	97033								
45000040	Women Health Maintenance									
45000041	No Charge Visit									
45000169	Canalith Repositioning	95992								

Visit Number (if Applicable)	1	2	3	4	5	6	7	8	9	10

**McLAREN BRISTOL PHYSICAL  
THERAPY MEDICARE  
CHARGING SHEET**

17851-1 (10/13)



870a

PT.  
MR./P.M.  
DR.

## McLAREN FLINT - BRISTOL 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
------	------	------	------	------	------	------	------	------	------

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

Bill Code	Description	G-CODE									
45000001	Pt Initial Eval (Medicare Requires G-Code)	97001									
45000003	Pt Re-Eval Periodic (Medicare Requires G-Code)	97002									
45000017	Gait Training	97116									
45000022	Ther-Ex Fxnl Activity 1 On 1	97530									
45000014	Ther-Ex Strengthening/Flexibility	97110									
45000015	Ther-Ex Neur0/Balance/Coord/Prop	97112									
45000027	Wheelchair Management	97542									
45000035	Prosthetic Train	97761									
45000034	Orthotic Train	97760									
45000033	Cybex/Test/Report	97750									
45000025	Self-Care/Home Management	97535									
45000018	Massage	97124									
45000004	Hot/Cold Pack	97010									
45000013	Ultrasound	97035									
45000039	Estim (Unattended)	97014									
45000007	Paraffin Bath	97018									
45000020	Manual Therapy (Jt Soft Tissue Mob)	97140									
45000010	E Stim (Attended)	97032									
45000005	Traction, Mechanical	97012									
45000012	Contrast Bath	97034									
45000026	Comm/Work Reintegration	97537									
45000036	Orthotic/Prosthetic Training	97762									
45000024	Sensory Integration	97533									
45000011	Iontophoresis Each 15 Mins	97033									
45000040	Women Health Maintenance										
45000041	No Charge Visit										
45000169	Canalith Repositioning	95992									

<b>Visit Number (if Applicable)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
-------------------------------------	----------	----------	----------	----------	----------	----------	----------	----------	----------	-----------

**McLAREN BRISTOL PHYSICAL  
THERAPY MEDICARE  
CHARGING SHEET**

PT.  
MR./P.M.  
DR.