

McLAREN FLINT OUTPATIENT PHYSICAL THERAPY CHARGING SHEET



Patient: _____ Therapist: _____

Account #: _____ Insurance: _____ / Expiration Date: _____

PT EVAL: LOW Complexity 44900213	97161
Date: _____	

PT EVAL: MODERATE Complexity 44900214	97162
Date: _____	

PT EVAL: HIGH Complexity 44900215	97163
Date: _____	

PT RE-EVAL 44900002	97164
Date: _____	

Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
44900016	GAIT TRAINING	97116																			
44900021	THER-EX FXNL ACTIVITY 1 ON 1	97530																			
44900013	THER-EX STRENGTH/FLEXIBILITY	97110																			
44900014	THER-EX NEURO/BAL/COORD/PROP	97112																			
44900026	WHEELCHAIR MANAGEMENT	97542																			
44900030	PROSTHETIC TRAINING	97761																			
44900029	ORTHOTIC TRAINING	97760																			
44900024	SELF-CARE/HOME MANAGEMENT	97535																			
44900017	MASSAGE	97124																			
44900003	HOT/COLD PAC	97010																			
44900006	VASOPENUMATIC DEVICES	97016																			
44900011	ULTRASOUND	97035																			
44900035	E STIM (UNATTENDED)	97014																			
44900007	PARAFFIN BATH	97018																			
44900019	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140																			
44900008	E STIM (ATTENDED)	97032																			
44900004	TRACTION, MECHANICAL	97012																			
44900010	CONTRAST BATH	97034																			
44900025	COMMUNITY/WORK REINTEGRATION	97537																			
44900031	ORTHOTIC/PROSTHETIC CHECK	97762																			
44900023	SENSORY INTEGRATION	97533																			
44900009	IONTOPHORESIS EACH 15 MINS.	97033																			
44900034	WOMENS HEALTH MAINTENANCE																				
44900212	CANALITH REPOSITIONING	95992																			
44900032	NO CHARGE																				

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