McLAREN FLINT - OCCUPATIONAL THERAPY MEDICARE CHARGE SHEET

OT EVAL: LOW 44900216	OT EVAL: LOW Complexity 44900216 97165 44900217			97166	OT EVAL: HIGH Complexity 44900218 97167						OT RE-EVAL 44900219 97168				
Date:	Date:				Date:					Date	Date:				
Therapist:															
KX =	X = visit Threshold: visit			D	ate	Date	Date	Date	Date	Date	Date	Date	Date	Date	
Cert. period from: to:															
# of visits:					JST C	HECK BO	X BELOV	V DATE W	HEN REP	ORTED (see Medi	care Fxna	I Reportin	g Sheet)	
Bill Code	Description			G-CODE											
44900221	THER-EX STRENGTHENING/FLEXIBILITY		97	'110											
44900222	THER-EX 1/4 NEUR0/BALANCE/COORD/PROP		ROP 97	'112											
44900223	MANUAL THERAPY		97	140											
44900224	FUNCTIONAL ACTIVITY 1 ON 1		97	530											
44900225	SELF-CARE/HOME MANAGEMENT		97	535											
44900226	HOT/COLD PACK		97	010											
44900227	ORTHOTIC TRAINING INITIAL ENCOUNTER		R 97	760											
44900362	PROSTHETIC TRAINING INITIAL ENCOUNTER		TER 97	761											
44900361	ORTHOTIC/PROSTHETIC SUBSEQUENT ENCOUNTER			763											
44900228	PARAFFIN BATH		97	018											
44900229	ULTRASOUND			035											
			Visit Num (if Applica	ber ble)	1	2	3	4	5	6	7	8	9	10	

MR.#/P.M.

DR.

PT.