McLAREN OAKLAND - OXFORD PHYSICAL THERAPY
MEDICARE CHARGE SHEET

Therapist: _____

KX = _____ visit Threshold: _____ visit

Cert. period from: _____ to: _____

from: _____ to: _____

Visits: _____ Copay: _____

Bill Code	Description		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
		G-CODE	MUST CHECK BOX BELOW DATE WHEN REPORTED (see Medicare Fxnal Reporting Sheet)									
374008	PT INITIAL EVAL LOW	97161										
374009	PT INITIAL EVAL MOD	97162										
374610	PT INITIAL EVAL HIGH	97163										
374006	PT RE-EVAL PERIODIC	97164										
374254	Gait Training	97116										
374255	Ther-Ex Fxnal Activity 1 On 1	97530										
374130	Ther-Ex Strengthening/Flexibility	97110										
374230	Ther-Ex Neur0/Balance/Coord/Prop	97112										
374520	Prosthetic Train - Initial Encounter	97761										
374504	Orthotic Train - Initial Encounter	97760										
374505	Orth/Pros Mgmt Subsequent-Initial Encounter	97763										
374028	Hot/Cold Pack	97010										
374084	Ultrasound	97035										
374048	Estim (Unattended)	97014										
374064	Paraffin Bath	97018										
374080	Manual Therapy (Jt Soft Tissue Mob)	97140										
374052	E Stim (Attended)	97032										
374004	Traction, Mechanical	97012										
374053	Iontophoresis Each 15 Mins	97033										
374011	No charge visit											
		Visit Number (if Applicable)	1	2	3	4	5	6	7	8	9	10

McLAREN OAKLAND
OXFORD PHYSICAL THERAPY
MEDICARE CHARGING SHEET

17851-14 (9/18)

870a

PT.

MR.#/P.M.

DR.