

# FENTON PHYSICAL THERAPY CHARGING SHEET

Patient: \_\_\_\_\_ Insurance: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Insurance Expiration Date: \_\_\_\_\_  
 Therapist: \_\_\_\_\_



870

Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
45400001	PT INITIAL EVAL	97001																					
45400002	PT-EVAL PERIODIC	97002																					
45400015	GAIT TRAINING	97116																					
45400020	THER-EX FXNL ACTIVITY 1 ON 1	97530																					
45400012	THER-EX STRENGTH/FLEXIBILITY	97110																					
45400013	THER-EX NEURO/BAL/COORD/PROP	97112																					
45400024	WHEELCHAIR MANAGEMENT	97542																					
45400028	PROSTHETIC TRAINING	97761																					
45400027	ORTHOTIC TRAINING	97760																					
45400007	WHIRLPOOL	97022																					
45400022	SELF-CARE/HOME MANAGEMENT	97535																					
45400026	CYBEX/TEST/REPORT	97750																					
45400016	MASSAGE	97124																					
45400003	HOT/COLD PACK	97010																					
45400005	VASOPNEUMATIC DEVICES-JOBST PUMP	97016																					
45400011	ULTRASOUND	97035																					
45400033	E STIM (UNATTENDED)	97014																					
45400006	PARAFFIN BATH	97018																					
45400018	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140																					
45400008	E STIM (ATTENDED)	97032																					
45400004	TRACTION, MECHANICAL	97012																					
45400010	CONTRAST BATH	97034																					
45400029	AMPUTEE CHECK	97762																					
45400031	SENSORY INTEGRATION	97533																					
45400009	IONTOPHORESIS EACH 15 MINS.	97033																					
45400169	CANALITH REPOSITIONING	95992																					
45400034	NO CHARGE VISIT																						