

## McLAREN FLINT - NRI OCCUPATIONAL THERAPY MEDICARE CHARGE SHEET

OT EVAL: LOW Complexity 46400546 <span style="float: right;">97165</span>
Date: _____

OT EVAL: MODERATE Complexity 46400547 <span style="float: right;">97166</span>
Date: _____

OT EVAL: HIGH Complexity 46400548 <span style="float: right;">97167</span>
Date: _____

OT RE-EVAL 46400037 <span style="float: right;">97168</span>
Date: _____

Therapist: \_\_\_\_\_

KX = \_\_\_\_\_ visit      Threshold: \_\_\_\_\_ visit

Cert. period from: \_\_\_\_\_ to: \_\_\_\_\_

# of visits: \_\_\_\_\_

Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
<b>MUST CHECK BOX BELOW DATE WHEN REPORTED (see Medicare Fxnl Reporting Sheet)</b>									

Bill Code	Description	G-CODE	Date	Date	Date	Date	Date	Date	Date
46400047	THER-EX STRENGTHENING/FLEXIBILITY	97110							
46400049	THER-EX 1/4 NEURO/BALANCE/COORD/PROP	97112							
46400057	FUNCTIONAL ACTIVITY 1 ON 1	97530							
46400100	HOT/COLD PACK	97010							
46400557	COGNITIVE TRAINING	G0515							
46400064	SENSORY INTEGRATION	97533							
46400067	COMM/WORK REINTEGRATION	97537							
46400065	SELF-CARE/HOME MANAGEMENT	97535							
46400071	W/HEELCHAIR MANAGEMENT	97542							
46400052	GAIT TRAINING	97116							
46400054	MASSAGE	97124							
46400074	ORTHOTIC TRAINING INITIAL ENCOUNTER	97760							
46400076	PROSTHETIC TRAINING INITIAL ENCOUNTER	97761							
46400554	ORTHOTIC/PROSTHETIC SUBSEQUENT ENCOUNTER	97763							
46400082	TEAM CONFERENCE WITH PATIENT/FAMILY	99366							
46400083	TEAM CONFERENCE WITHOUT PATIENT/FAMILY	99368							
46400078	UNLISTED OT SERVICES	97799							
46400094	ESTIM (UNATTENDED)	97014							
46400043	E STIM (ATTENDED)	97032							
46400099	CONSULTATION - 1/2 HR								
46400530	PARAFFIN BATH - 15 MIN	92291							
46400529	MANUAL THERAPY	997140							

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

MR.#/P.M.

DR.