

McLAREN FLINT - CLARKSTON PHYSICAL THERAPY MEDICARE CHARGE SHEET

Therapist: _____
 KX = _____ visit Threshold: _____ visit
 Cert. period from: _____ to: _____
 # of visits: _____

Date	Date	Date	Date	Date	Date	Date	Date	Date	Date

G-CODE MUST CHECK BOX BELOW DATE WHEN REPORTED (see Medicare Fxnl Reporting Sheet)

Bill Code	Description	G-CODE	Date	Date	Date	Date	Date	Date	Date	Date
45300001	Pt Initial Eval (Medicare Requires G-Code)	97001								
45300002	Pt Re-Eval Periodic (Medicare Requires G-Code)	97002								
45300015	Gait Training	97116								
45300020	Ther-Ex Fxnl Activity 1 On 1	97530								
45300012	Ther-Ex Strengthening/Flexibility	97110								
45300013	Ther-Ex Neur0/Balance/Coord/Prop	97112								
45300025	Wheelchair Management	97542								
45300030	Prosthetic Train	97761								
45300029	Orthotic Train	97760								
45300023	Self-Care/Home Management	97535								
45300016	Massage	97124								
45300003	Hot/Cold Pack	97010								
45300011	Ultrasound	97035								
45300035	Estim (Unattended)	97014								
45300006	Paraffin Bath	97018								
45300018	Manual Therapy (Jt Soft Tissue Mob)	97140								
45300008	E Stim (Attended)	97032								
45300004	Traction, Mechanical	97012								
45300010	Contrast Bath	97034								
45300021	Sensory Integreation	97533								
45300009	Iontophoresis Each 15 Mins	97033								
45300033	Women's Health Maintenance									
45300031	No Charge Visit									
45300169	Canalith Repositioning	95992								

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



PT. _____
 MR.#/P.M. _____
 DR. _____

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