McLAREN OAKLAND - 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)									
45300170	PT INITIAL EVAL LOW	97161										
45300171	PT INITIAL EVAL MOD	97162										
45300172	PT INITIAL EVAL HIGH	97163										
45300002	PT RE-EVAL PERIODIC	97164										
45300015	Gait Training	97116										
45300020	Ther-Ex Fxnal Activity 1 On 1	97530										
45300012	Ther-Ex Strengthening/Flexibility	97110										
45300013	Ther-Ex Neuro/Balance/Coord/Prop	97112										
45300025	Wheelchair Management	97542										
45300030	Prosthetic Training	97761										
45300029	Orthotic Training	97760										
45300023	Self-Care/Home Management	97535										
45300024	Community Re-integration	97537										
45300003	Hot/Cold Pack	97010										
45300011	Ultrasound	97035										
45300008	Estim (Attended)	97032										
45300006	Paraffin Bath	97018										
45300018	Manual Therapy (Jt Soft Tissue Mob)	97140										
45300178	E Stim (non-wound)	G0283										
45300004	Traction, Mechanical	97012										
45300022	Cognitive training	G0515										
45300009	Iontophoresis Each 15 Mins	97033										
45300169	Canalith Repositioning	95992										
45300173	Orthotic/Prosthetic Mgmt SBSQ Enc	97763										
		Visit Number (if Applicable)	1	2	3	4	5	6	7	8	9	10

McLAREN OAKLAND
PHYSICAL THERAPY
MEDICARE CHARGING SHEET

17851-4 (11/18)

870a

PT.

MR.#/P.M.

DR.