

McLAREN FLINT – FLUSHING 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
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MUST CHECK BOX BELOW DATE WHEN REPORTED (see Medicare Fxnl Reporting Sheet)

Bill Code	Description	G-CODE								
45200001	Pt Initial Eval (Medicare Requires G-Code)	97001								
45200002	Pt Re-Eval Periodic (Medicare Requires G-Code)	97002								
45200013	Aquatic Therapy	97113								
45200014	Gait Training	97116								
45200019	Ther-Ex Fxnl Activity 1 On 1	97530								
45200011	Ther-Ex Strengthening/Flexibility	97110								
45200012	Ther-Ex Neuro/Balance/Coord/Prop	97112								
45200024	Wheelchair Management	97542								
45200028	Prosthetic Train	97761								
45200027	Orthotic Train	97760								
45200026	Cybex/Test/Report	97750								
45200007	Whirlpool	97022								
45200031	Wound Care Debridement Non-Selective	97602								
45200022	Self-Care/Home Management	97535								
45200015	Massage	97124								
45200003	Hot/Cold Pack	97010								
45200010	Ultrasound	97035								
45200032	E Stim (Unattended)	97014								
45200006	Paraffin Bath	97018								
45200017	Manual Therapy (Jt Soft Tissue Mob)	97140								
45200008	E Stim (Attended)	97032								
45200004	Traction, Mechanical	97012								
	Contrast Bath	97034								
45200029	Amputee Check	97762								
45200021	Sensory Integration	97533								
45200009	Iontophoresis Each 15 Mins	97033								
45200033	No Charge									
45200169	Canalith Repositioning	95992								

Visit Number (if Applicable)	1	2	3	4	5	6	7	8	9	10
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**McLAREN FLUSHING
PHYSICAL THERAPY
MEDICARE CHARGING SHEET**

17851-6 (10/13)



870a

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

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