

# MCLAREN FLINT FLUSHING OCCUPATIONAL 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
<b>Bill Code</b>	<b>Description</b>											
	G-CODE - <input checked="" type="checkbox"/> on date reported (see Medicare Fxnl Reporting sheet)											
4740001	OT INITIAL EVAL (Medicare requires Gcode reporting)	97003										
4740002	OT REASSESS/DC (Medicare requires Gcode reporting)	97004										
47400014	GAIT TRAINING	97116										
47400018	THER-EX FXNAL ACTIVITY 1 ON 1	97530										
47400011	THER-EX STRENGTHENING/FLEXIBILITY	97110										
47400012	THER-EX NEURO/BALANCE/COORD/PROP	97112										
47400022	WHEELCHAIR MANAGEMENT	97542										
47400025	PROSTHETIC TRAIN	97761										
47400024	ORTHOTIC TRAIN	97760										
47400006	WHIRLPOOL	97022										
47400020	SELF-CARE/HOME MANAGEMENT	97535										
47400003	HOT/COLD PACK	97010										
47400004	VASOPENUMATIC DEVICES-JOBST PUMP	97016										
47400010	ULTRASOUND	97035										
47400030	ESTIM (UNATTENDED)	G-0283										
47400005	PARAFFIN BATH	97018										
47400016	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140										
47400007	E STIM (ATTENDED)	97032										
47400019	COGNITIVE TRAINING	97532										
47400009	CONTRAST BATH	97034										
47400021	COMM/WORK REINTEGRATION	97537										
47400026	AMPUTEE CHECK	97762										
47400028	SENSORY INTEGRATION	97533										
47400008	IONTOPHORESIS EACH 15 MINS	97033										
47400031	NO CHARGE											
	<b>Visit #</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>



PT.

MR.#/RM.

DR.

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