

McLAREN FLINT OUTPATIENT PHYSICAL THERAPY CHARGING SHEET



Patient: _____ Therapist: _____

Account #: _____ Insurance: _____ / Expiration Date: _____

PT EVAL: LOW Complexity 44900213	97161
Date: _____	

PT EVAL: MODERATE Complexity 44900214	97162
Date: _____	

PT EVAL: HIGH Complexity 44900215	97163
Date: _____	

PT RE-EVAL 44900002	97164
Date: _____	

Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
44900016	GAIT TRAINING	97116																		
44900021	THER-EX FXNL ACTIVITY 1 ON 1	97530																		
44900013	THER-EX STRENGTH/FLEXIBILITY	97110																		
44900014	THER-EX NEURO/BAL/COORD/PROP	97112																		
44900026	WHEELCHAIR MANAGEMENT	97542																		
44900030	PROSTHETIC TRAINING INITITAL ENCOUNTER	97761																		
44900029	ORTHOTIC TRAINING INITIAL ENCOUNTER	97760																		
44900360	ORTHOTIC/PROSTHETIC SUBSEQUENT ENCOUNTER	97763																		
44900024	SELF-CARE/HOME MANAGEMENT	97535																		
44900017	MASSAGE	97124																		
44900003	HOT/COLD PAC	97010																		
44900006	VASOPENUMATIC DEVICES	97016																		
44900011	ULTRASOUND	97035																		
44900035	E STIM (UNATTENDED)	97014																		
44900007	PARAFFIN BATH	97018																		
44900019	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140																		
44900008	E STIM (ATTENDED)	97032																		
44900004	TRACTION, MECHANICAL	97012																		
44900010	CONTRAST BATH	97034																		
44900025	COMMUNITY/WORK REINTEGRATION	97537																		
44900023	SENSORY INTEGRATION	97533																		
44900009	IONTOPHORESIS EACH 15 MINS.	97033																		
44900034	WOMENS HEALTH MAINTENANCE																			
44900212	CANALITH REPOSITIONING	95992																		
44900032	NO CHARGE																			

McLAREN FLINT OUTPATIENT PHYSICAL THERAPY CHARGING SHEET

Patient: _____ Therapist: _____

Account #: _____ Insurance: _____ / Expiration Date: _____

PT EVAL: LOW Complexity 44900213	97161
Date: _____	

PT EVAL: MODERATE Complexity 44900214	97162
Date: _____	

PT EVAL: HIGH Complexity 44900215	97163
Date: _____	

PT RE-EVAL 44900002	97164
Date: _____	

Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
44900016	GAIT TRAINING	97116																			
44900021	THER-EX FXNL ACTIVITY 1 ON 1	97530																			
44900013	THER-EX STRENGTH/FLEXIBILITY	97110																			
44900014	THER-EX NEURO/BAL/COORD/PROP	97112																			
44900026	WHEELCHAIR MANAGEMENT	97542																			
44900030	PROSTHETIC TRAINING	97761																			
44900029	ORTHOTIC TRAINING	97760																			
44900024	SELF-CARE/HOME MANAGEMENT	97535																			
44900017	MASSAGE	97124																			
44900003	HOT/COLD PAC	97010																			
44900006	VASOPENUMATIC DEVICES	97016																			
44900011	ULTRASOUND	97035																			
44900035	E STIM (UNATTENDED)	97014																			
44900007	PARAFFIN BATH	97018																			
44900019	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140																			
44900008	E STIM (ATTENDED)	97032																			
44900004	TRACTION, MECHANICAL	97012																			
44900010	CONTRAST BATH	97034																			
44900025	COMMUNITY/WORK REINTEGRATION	97537																			
44900031	ORTHOTIC/PROSTHETIC CHECK	97762																			
44900023	SENSORY INTEGRATION	97533																			
44900009	IONTOPHORESIS EACH 15 MINS.	97033																			
44900034	WOMENS HEALTH MAINTENANCE																				
44900212	CANALITH REPOSITIONING	95992																			
44900032	NO CHARGE																				