

McLAREN FLINT INPATIENT PT THERAPY CHARGING SHEET - DEPT. 6089



Patient: _____
 Account #: _____
 Therapist: _____

Schedule: _____
 Insurance: _____

Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
44800001	PT INITIAL EVAL	97001																				
44800002	REASSESS / DC	97002																				
44800015	GAIT TRAINING	97116																				
44800019	THER-EX FXNL ACTIVITY	97530																				
44800013	THER-EX STRENGTH/FLEXIBILITY	97110																				
44800014	THER-EX NEURO/BAL/COORD/PROP	97112																				
44800023	WHEELCHAIR MANAGEMENT	97542																				
44800029	PROSTH TRAIN	97761																				
44800028	ORTHOT TRAIN	97760																				
44800021	SELF-CARE/HOME MANAGEMENT	97535																				
44800016	MASSAGE	97124																				
44800003	HOT/COLD PAC	97010																				
44800005	VASOPENUMATIC DEVICES-JOBST PUMP	97016																				
44800011	ULTRASOUND	97035																				
44800038	E STIM (UNATTENDED)	97014																				
44800006	PARAFFIN	97018																				
44800017	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140																				
44800008	E STIM (ATTENDED)	97032																				
44800004	TRACTION, MECHANICAL	97012																				
44800020	COGNITIVE RETRAINING	97532																				
44800010	CONTRAST BATH	97034																				
44800022	COMM/WORK REINTEGRATION	97537																				
44800033	WOUNDCARE	97139																				
44800024	WOUNDCARE DEBRIDEMENT	G0169																				
44800036	IN ROOM THERAPY																					
44800037	SENSORY INTEGRATION	97533																				
44800009	IONTOPHORESIS EACH 15 MINS.	97033																				
44800035	NO CHARGE																					

Patient Name: _____ Therapist: _____

Treatment Days/Time: _____

<u>TX</u> <u>Changes</u>	<u>Order</u> <u>Of TX</u>	<u>Modalities:</u>
		Moist Heat
		Ultrasound
		Cold Pack
		Paraffin
		Cervical Traction
		Lumbar Traction
		Other:

CONTACT THERAPIST / ASSISTANT:

Patient to exercise in gym after modalities Yes No

Patient to be stretched in modality room Yes No

