

McLAREN PHYSICAL THERAPY CHARGING SHEET – SPINE CENTER

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



Bill Code	Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	
46300001	PT INITIAL EVAL	97001																		
46300003	PT REASSESS / DC	97002																		
46300017	GAIT TRAINING	97116																		
46300022	THER-EX FXNL ACTIVITY 1 ON 1	97530																		
46300014	THER-EX STRENGTH/FLEXIBILITY	97110																		
46300015	THER-EX NEURO/BAL/COORD/PROP	97112																		
46300026	WHEELCHAIR MANAGEMENT	97542																		
46300034	PROSTH TRAIN	97761																		
46300033	ORTHOT TRAIN	97760																		
46300024	SELF-CARE/HOME MANAGEMENT	97535																		
46300030	CYBEX/BIODEX/BALANCE/BTE	97750																		
46300018	MASSAGE	97124																		
46300004	HOT/COLD PACK	97010																		
46300006	VASOPNUMATIC DEVICES-JOBST PUMP	97016																		
46300013	ULTRASOUND	97035																		
46300039	E STIM (UNATTENDED)	G0283																		
46300010	E STIM (ATTENDED)	97032																		
46300020	MANUAL THERAPY (JT SOFT TISSUE MOB)	97140																		
46300007	PARAFFIN BATH	97018																		
46300005	TRACTION, MECHANICAL	97012																		
46300023	COGNITIVE TRAINING	97532																		
46300012	CONTRAST BATH	97034																		
46300025	COMM/WORK REINTEGRATION	97537																		
46300019	WOUND CARE	97139																		
46300029	WOUND CARE DEBRIDEMENT	97597																		
46300037	SENSORY INTEGRATION	97533																		
46300011	IONTOPHORESIS EACH 15 MINS.	97033																		
46300035	AMPUTEE CHECK	97762																		
46300040	NO CHARGE VISIT																			

Patient Name: _____
 Treatment Days/Time: _____
 Therapist: _____
 Order Of TX _____
 Changes _____
 Modalities: _____

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

