

PHYSICAL THERAPY SPINE FCE CHARGING SHEET



Client: _____ Schedule: _____
 Account #: _____ Insurance: _____
 Therapist: _____

Functional Capacity Evaluation / Treatment

Bill Code	Description	CPT	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
9200395	FCE - 1 DAY	97550												
9200387	FCE - 2 HOUR	97550												
9200403	WORK CONDITIONING INITIAL 2 HOUR	97545												
9200411	WORK CONDITIONING EACH ADD'L HOUR	97546												

Patient Name: _____ Therapist: _____

Treatment Days/Time: _____

TX
Changes

Order
Of TX

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

