

Mobility Physical Therapy

19232 Seaciff Drive

Edmonds, WA 98002-

Phone (425) 555-7890 **Fax** (425) 555-3454**Tax ID** 78-12903**Visit Slip****Patient** **Roe, Jane****Account** 98178**Claim** 98178.1**Onset** 4/6/2009**Phone** (206) 555-7823

(206) 555-9034

Dx 846.0

728.85

Don Rather, PT**07-Jul-09****10:15 AM A**

| <i>Code</i> | <i>Description</i> | <i>Units</i> | <i>Fee</i> | <i>Code</i> | <i>Description</i> | <i>Units</i> | <i>Fee</i> |
|-------------|--|--------------|------------|-------------|---|--------------|------------|
| 64550 | Application of TENS | ___ | 37.00 | 97116 | Gait training (incl. stair climbing) | ___ | ___ |
| 90901 | Biofeedback training - any mod. | ___ | 15.15 | 97124 | Massage | ___ | ___ |
| 90911 | Biofeedback training - incontinence | ___ | 24.00 | 97139 | Unlisted therapeutic procedure | ___ | ___ |
| 95831 | Man mus test - trunk or extremity (w/ rpt) | ___ | ___ | 97140 | Manual therapy techniques | ___ | 44.00 |
| 95832 | Man mus test - hand (w/ rpt) | ___ | ___ | 97150 | Therapeutic procedure(s) - group | ___ | ___ |
| 95833 | Man mus test - entire body excl. hand (w/ rpt) | ___ | ___ | 97530 | Therapeutic Activities (dynamic one-on-one) | ___ | ___ |
| 95834 | Man mus test - entire body w/ hand (w/ rpt) | ___ | ___ | 97532 | Dev. of cognitive skills | ___ | 10.00 |
| 95851 | ROM - extremity or trunk (w/ rpt) | ___ | ___ | 97533 | Sensory reintegrative techniques | ___ | ___ |
| 95852 | ROM - hand (w/ rpt) | ___ | ___ | 97535 | Self care training (ADLs) | ___ | ___ |
| 97001 | Physical therapy initial evaluation | ___ | 96.00 | 97537 | Community/work integration training | ___ | ___ |
| 97002 | Physical therapy re-evaluation | ___ | 45.00 | 97542 | Wheelchair management/propulsion training | ___ | ___ |
| 97003 | Occupational therapy initial evaluation | ___ | ___ | 97545 | Work hardening/conditioning | ___ | ___ |
| 97004 | Occupational therapy re-evaluation | ___ | ___ | 97546 | Work hardening - each additional hour | ___ | ___ |
| 97005 | Athletic training evaluation | ___ | 30.00 | 97597 | Selective wound debridement (<= 20 cm) | ___ | ___ |
| 97006 | Athletic training re-evaluation | ___ | ___ | 97598 | Selective wound debridement (> 20 cm) | ___ | ___ |
| 97010 | Hot or cold packs | ___ | 35.00 | 97602 | Non-selective wound debridement | ___ | ___ |
| 97012 | Traction - mechanical | ___ | ___ | 97605 | Wound therapy - neg. press (<= 50 sq. cm) | ___ | ___ |
| 97014 | Electrical stim (unattended) | ___ | 20.00 | 97606 | Wound therapy - neg. press (> 50 sq. cm) | ___ | ___ |
| 97016 | Vasopneumatic devices | ___ | ___ | 97750 | Physical perf. Test or measurement w/ rpt | ___ | ___ |
| 97018 | Paraffin bath | ___ | ___ | 97755 | Assistive technology assessment | ___ | 23.00 |
| 97022 | Whirlpool bath | ___ | ___ | 97760 | Orthotic(s) management and training | ___ | ___ |
| 97024 | Diathermy (e.g., microwave) | ___ | ___ | 97761 | Prosthetic trng - U Ext and/or L Ext | ___ | ___ |
| 97026 | Infrared | ___ | ___ | 97762 | Checkout for orthotic/prosthetic use | ___ | ___ |
| 97028 | Ultraviolet | ___ | ___ | 97799 | Unlisted physical med/rehab procedure | ___ | ___ |
| 97032 | Electrical stim - manual | ___ | 32.00 | 97810 | Acupuncture w/o e-stim initial 15 minutes | ___ | ___ |
| 97033 | Iontophoresis | ___ | ___ | 97811 | Acupuncture w/o e-stim additional 15 minute | ___ | 23.00 |
| 97034 | Contrast baths | ___ | 36.00 | 97813 | Acupuncture w/ e-stim initial 15 minutes | ___ | 35.00 |
| 97035 | Ultrasound | ___ | ___ | 97814 | Acupuncture w/ e-stim additional 15 minutes | ___ | 21.00 |
| 97036 | Hubbard tank | ___ | ___ | 98966 | Telephone assessment and mgmt: 5 - 10 min | ___ | ___ |
| 97039 | Unlisted modality - const. attend. | ___ | ___ | 98967 | Telephone assessment and mgmt: 11 - 20 min | ___ | ___ |
| 97110 | Therapeutic exercise | ___ | 42.00 | 98968 | Telephone assessment and mgmt: 21 - 30 min | ___ | ___ |
| 97112 | Neuro-muscular re-ed | ___ | 34.00 | 99070 | Materials | ___ | ___ |
| 97113 | Aquatic therapy w/ exercises | ___ | 23.00 | | | | |

Total Treatment Charge _____**Amount Paid** _____**Balance Due** _____