

Current status

Level of impairment is 80-100%

| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3 or 4 to item 24E if appropriate) |    |    |    |    |    |    |    |    |    |                     |    |              |    |                                  |                                           |                     |                       |            |                  |                 |                 |              |                 |            |                                  |                            |  |  |  |    |            |  |  |  |
|-----------------------------------------------------------------------------------------------------|----|----|----|----|----|----|----|----|----|---------------------|----|--------------|----|----------------------------------|-------------------------------------------|---------------------|-----------------------|------------|------------------|-----------------|-----------------|--------------|-----------------|------------|----------------------------------|----------------------------|--|--|--|----|------------|--|--|--|
| 1. 847 2                                                                                            |    |    |    |    |    |    |    |    |    |                     |    |              |    |                                  |                                           |                     |                       |            |                  |                 |                 |              |                 |            |                                  |                            |  |  |  |    |            |  |  |  |
| 2. 721 3                                                                                            |    |    |    |    |    |    |    |    |    |                     |    |              |    |                                  |                                           |                     |                       |            |                  |                 |                 |              |                 |            |                                  |                            |  |  |  |    |            |  |  |  |
| 23. PRIOR AUTHORIZATION NUMBER                                                                      |    |    |    |    |    |    |    |    |    |                     |    |              |    |                                  |                                           |                     |                       |            |                  |                 |                 |              |                 |            |                                  |                            |  |  |  |    |            |  |  |  |
| 24. A. DATES OF SERVICE                                                                             |    |    |    |    |    |    |    |    |    | B. PLACE OF SERVICE |    | C. DIAGNOSIS |    | D. PROCEDURE, SERVICE, OR SUPPLY |                                           | E. DIAGNOSIS PORTER |                       | F. CHARGES |                  | G. DATE OF LAST |                 | H. FROM DATE |                 | I. D. DATE |                                  | J. PROVIDING PROVIDER ID # |  |  |  |    |            |  |  |  |
| MM                                                                                                  | DD | YY | MM | DD | YY | MM | DD | YY | MM | DD                  | YY | MM           | DD | YY                               | MM                                        | DD                  | YY                    | MM         | DD               | YY              | MM              | DD           | YY              | MM         | DD                               | YY                         |  |  |  |    |            |  |  |  |
| 10                                                                                                  | 22 | 13 | 10 | 22 | 13 | 11 |    |    |    |                     |    | 97001        | GP |                                  |                                           |                     |                       | 1          |                  |                 |                 |              |                 | 150        | 00                               | 1                          |  |  |  | NP | 1234567778 |  |  |  |
| 10                                                                                                  | 22 | 13 | 10 | 22 | 13 | 11 |    |    |    |                     |    | 97110        | GP |                                  |                                           |                     |                       | 1          |                  |                 |                 |              |                 | 50         | 00                               | 1                          |  |  |  | NP | 1234567778 |  |  |  |
| 10                                                                                                  | 22 | 13 | 10 | 22 | 13 | 11 |    |    |    |                     |    | G8978        | GP | CM                               |                                           |                     |                       | 1          |                  |                 |                 |              |                 | 0          | 00                               | 1                          |  |  |  | NP | 1234567778 |  |  |  |
| 10                                                                                                  | 22 | 13 | 10 | 22 | 13 | 11 |    |    |    |                     |    | G8979        | GP | CI                               |                                           |                     |                       | 1          |                  |                 |                 |              |                 | 0          | 00                               | 1                          |  |  |  | NP | 1234567778 |  |  |  |
|                                                                                                     |    |    |    |    |    |    |    |    |    |                     |    |              |    |                                  |                                           |                     |                       |            |                  |                 |                 |              |                 |            |                                  |                            |  |  |  | NP |            |  |  |  |
|                                                                                                     |    |    |    |    |    |    |    |    |    |                     |    |              |    |                                  |                                           |                     |                       |            |                  |                 |                 |              |                 |            |                                  |                            |  |  |  | NP |            |  |  |  |
| 25. FEDERAL TAX ID NUMBER                                                                           |    |    |    |    |    |    |    |    |    |                     |    |              |    |                                  | 26. PATIENT'S ACCOUNT NO.                 |                     | 27. ACCEPT ASSIGNMENT |            | 28. TOTAL CHARGE |                 | 29. AMOUNT PAID |              | 30. BALANCE DUE |            |                                  |                            |  |  |  |    |            |  |  |  |
|                                                                                                     |    |    |    |    |    |    |    |    |    |                     |    |              |    |                                  |                                           |                     |                       |            |                  |                 |                 |              |                 |            |                                  |                            |  |  |  |    |            |  |  |  |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS                              |    |    |    |    |    |    |    |    |    |                     |    |              |    |                                  | 32. SERVICE FACILITY LOCATION INFORMATION |                     |                       |            |                  |                 |                 |              |                 |            | 33. BILLING PROVIDER INFO & PH # |                            |  |  |  |    |            |  |  |  |
|                                                                                                     |    |    |    |    |    |    |    |    |    |                     |    |              |    |                                  |                                           |                     |                       |            |                  |                 |                 |              |                 |            |                                  |                            |  |  |  |    |            |  |  |  |

Functional goal

1-20%

# G Codes Medicare Physical Therapy Example

**SA Adler**



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