



120 West Commercial Avenue, Moonachie, NJ 07074

CODES TO BE USED FOR PUMPING IN CLINIC, ETC.

*****MUST BE BILLED BY PT/OT - No other discipline will be authorized.*****

| | | |
|--------------|--|----------------------------------|
| 97535 | Training/Education | Billed in 15 minute units |
| | Instructions given to patient for the equipment/supplies described below | |
| 97504 | Fitting Garments | Billed in 15 minute units |
| 97750 | Measuring | |
| 97016 | Pump Therapy | Billed in 15 minute units |

*****SAMPLE** BILLING FORMAT**

Patient Name: _____ **Date:** _____

| <u>CPT CODE</u> | <u>DESCRIPTION</u> | <u>TIME/UNIT</u> <i>(Sample Charge)</i> | <u>CHARGE</u> |
|-----------------|--------------------|--|---------------|
| 97535 | Training/Education | _____X\$40 | _____ |
| 97504 | Fitting Garments | _____X\$35 | _____ |
| 97750 | Measuring | _____X\$40 | _____ |
| 97016 | Pump Trial | _____X\$35 | _____ |

Description of equipment used. Units may be combined for multiple products.

New form to be completed with each home/office visit with the patient for equipment and/or supplies.

Patient must still sign the Assignment of Benefits.

| <u>Product Description</u> | <u>Custom Measuring</u> | <u>New Set Up</u> <i>(Date)</i> | <u>Follow Up</u> <i>(Date)</i> |
|----------------------------|-------------------------|------------------------------------|-----------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Signature of Service Provider: _____