Certified Occupational Therapy Assistant (COTA)

# Tip Sheet

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| **Procedure Code** | **Service Type/Description** |
| **Therapy -** Provider notes must include enough detail to allow reconstruction of what transpired for each service.  **Requires Monthly Progress Summary -** Must include evaluation of progress and summarize the services reported during the month & must be dated in the month the services were provided - *using the last school day of the month is recommended*  *Occupational therapy (OT) must be rehabilitative, active or restorative and designed to correct or compensate for a medical problem interfering with age-appropriate functional performance.*  *A licensed occupational therapy assistant (OTA) must be under the direction of a licensed occupational therapist (OT).*  *NOTE: The OTA's services must follow the evaluation and treatment plan developed by the OT. The OT must supervise and monitor the OTA's performance with continuous assessment of the beneficiary’s progress. All documentation must be reviewed and signed by the supervising OT.* | |
| * COTA Individual Therapy [97110 GO] | * Therapeutic procedure, one or more areas, each 15 minutes. Therapeutic exercises to develop strength, endurance, range of motion, and flexibility. |
| * COTA Group Therapy, 2-8 students [97150 GO] | * Therapeutic procedure(s), group (2 or more individuals, not more than 8). |
| **IEP Participation** | |
| * IEP Participation [97003 TM] | * Participation in the IEP/IFSP including the Manifestation IEP meeting. |
| **Assistive Technology Assessment and Therapy** | |
| * ATD – Neuromuscular COTA, [97112] | * Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities. |
| * ATD – Self-care/home management training COTA [97535] | * Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct one-on-one contact by provider, **each 15 minutes**. |
| * ATD – Wheelchair management COTA [97542] | * Wheelchair management (e.g., fitting, training), **each 15 minutes**. If wheelchair management services are provided for equipment that is covered under the Medicaid Durable Medical Equipment (DME) program, all policies and procedures applicable to that program must be adhered to by school based providers. |
| * ATD – Orthotics COTA [97760] | * Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, **each 15 minutes**. |
| * ATD – prosthetics COTA [97761] | * Prosthetic training, upper and/or lower extremity(s), **each 15 minutes**. |
| **Record Keeping Only** | |
| * Communication | * No School Day |
| * Other | * Consultation |
| * Provider Absent/Unavailable | * Student Absent/Unavailable |