Fully License Occupational Therapy (OT)

# 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. Occupational therapy services must require the skills, knowledge, and education of a licensed occupational therapist, licensed occupational therapy assistant, or Orientation and Mobility specialist.*  *Occupational therapy services must be prescribed by a physician and updated annually. A stamped physician signature is not acceptable.* | |
| * Individual Therapy [97110 GO] | * Therapeutic procedure, one or more areas, each 15 minutes. Therapeutic exercises to develop strength, endurance, range of motion, and flexibility. |
| * Group Therapy, 2-8 students [97150 GO] | * Therapeutic procedure(s), group (2 or more individuals, not more than 8). |
| **Evaluation/Developmental Assessments (Not related to MET or IEP)**  *Evaluations are formalized testing and reports for the development of the beneficiary's treatment plan. They may be completed by a licensed occupational therapist.* | |
| * Evaluation, Not related to MET or IEP [97003] | * Occupational Therapy evaluation NOT for a MET or IEP |
| **MET/Evaluation (Initial and 3-Year)- Encompasses all meetings, reports, and evaluations. The evaluation should be reported only once, even if the evaluation is administered over several days. The date of service is the date eligibility is determined (IEP meeting date).** | |
| * Initial/Re Evaluation, IDEA [97003 HT] | * MET Evaluation-An evaluation must have been done to use this code, it encompasses all observations, meetings (except the REED and IEP, which have separate codes below) and reports which culminate in a determination of eligibility for special education or Early-On services. The service date to record in Service Capture is the date of the MET meeting. |
| **REED- Participation in the Review of Existing Evaluation Data (REED). The date of service is the date the IEP team completes its review of data.** | |
| * REED- OT Evaluation [97003 TL] | * Participation in the Review of Existing Evaluation Data. |
| **IEP Participation** | |
| * IEP Participation [97003 TM] | * Participation in the IEP/IFSP including the Manifestation IEP meeting. |
| **Assistive Technology Assessment and Therapy** | |
| * ATD – AT Assessment [97755] | * Assistive technology assessment (e.g., to restore, augment or compensate for existing functional tasks and/or maximize environmental accessibility), direct one-on-one contact by providers, with written report, **each 15 minutes**. (If assessments are done 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 – Neuromuscular, [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 [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 [97542] | * Wheelchair management (e.g., assessment, 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 [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 [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 |

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| General Service Information |
| * **Provider Notes must include enough detail to allow reconstruction of what transpired for each service.** * Notes are vital in determining what actually occurred on the date of services and the result of the service. * Monthly progress notes are REQUIRED for all months for which Individual, and Group Therapy services are reported:   -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*   * Consult services **are not separately reimbursable**. If you are providing consult services, use the service type “Consultation” to document the service. * Group therapy must be provided in groups of 2-8 students – if the group is larger than 8, use the procedure “Other” to document the service. * Services provided as part of a regular classroom activity are not reimbursable. When regularly scheduled attention is provided to one student who is part of the class currently in session the service is not reimbursable. Service must be individualized per the IEP. |