OCCUPATIONAL THERAPIST

Rev. 12/06/2016

Please note, evaluation codes are changing effective 1/1/2017. Please see effective dates below.

Modifier Descriptions

HT: MET Evaluation – Initial or 3-yr Redetermination

Use the HT modifier with the evaluation code upon completion of an evaluation resulting in initial certification, recertification or change in certification (encompasses all observations, meetings (except REED & IEP) and reports. The date of service is the date eligibility is determined (IEP meeting).

TM: IEP Participation

Use the TM modifier with the evaluation code for participation in development, review, revision of IEP (IEP meeting attendance is not necessary if written input was provided prior to the meeting). The date of service is the IEP meeting date.

TL: REED

Use the TL modifier with the evaluation code for participation in the Review of Existing Evaluation Data (REED). The date of service is the date the IEP team completes its review of data.

No Modifier: No modifier is used for evaluations completed for purposes other than the IDEA Assessment. The date of service is the date the test is completed.

the test is completed.			
Procedure Code	Description	Unit Breakdown	
97003 Use for services dated through 12/31/2016	Use the appropriate modifier above, or no modifier when not related to MET, IEP, or REED. Occupational therapy evaluation.	Encounter: Complete one service record	
97165 Use for services dated on or after 1/1/2017	Occupational therapy evaluation, Low complexity, requiring these components: • An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; • An assessment(s) that identifies 1-3 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and • Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Encounter: Complete one service record	
97166 Use for services dated on or after 1/1/2017	Occupational therapy evaluation, moderate complexity, requiring these components: • An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; • An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and • Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	Encounter: Complete one service record	
97167 Use for services dated on or after 1/1/2017	Occupational therapy evaluation,		

patient to complete evaluation component.

Typically, 60 minutes are spent face-to-face with the patient and/or family.

97110	Individual Therapy Therapeutic procedure, one or more areas, each 15 minutes Therapeutic exercises to develop strength and endurance, range of motion and flexibility.	Each 15 min.
97112	Assistive Technology Device Services Neuromuscular re-education of movement, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.	Encounter: Complete one service record
97150	Group Therapy Therapeutic procedure(s), group 2-8 students.	Encounter: Complete one service record
97535	Self-Care/Home Management Training 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 min.	Each 15 min.
97542	Wheelchair Management Wheelchair management (e.g. assessment, fitting, training), each 15 minutes. (If wheelchair management services are provided for equipment that is covered under the Durable Medical Equipment (DME) program, all policies and procedures applicable to that program must be adhered to by school based providers.)	Each 15 min.
97755	Assistive Technology Assessment 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. (Do not use if assessments for durable medical equipment are billed by Medicaid medical supplier).	Each 15 min.
97760	Orthotic(s) Management & Training Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, each 15 min.	Each 15 min.
97761	Prosthetic Training Prosthetic training, upper and/or lower extremity(s), each 15 min.	Each 15 min.
Monthly Progress Summary	The monthly summation of the provider notes.	One required per student per month
Non-billable Procedures	Use non-billable procedures to document non-billable information, such as Student Absent, Provider Ab-Consultation, Communication, etc.	sent,

Occupational Therapy Services Include:

- Group therapy provided in a group of two to eight students;
- Manual therapy techniques (e.g. mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions;
- · Wheelchair management/propulsion training;
- Independent living skills training;
- Coordinating and using other therapies, interventions, or services with the ATD;
- Training or technical assistance for the student or, if appropriate, the student's parent/guardian;
- Training or technical assistance for professionals providing other education or rehabilitation services to the student receiving ATD services;
- Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities;
- Evaluating the needs of the student, including a functional evaluation of the student. ATD services are intended to directly assist a student with a disability in the selection, coordination of acquisition, or use of an ATD; or
- Selecting, providing for the acquisition of the device, designing, fitting, customizing, adapting, applying, retaining, or replacing the ATD, including orthotics.

Billing Requirements:

- Student must be under the age of 21;
- Signed Parent Consent to bill Medicaid must be on file;
- Occupational therapy services must be prescribed by a physician and updated annually; a stamped physician's signature is not acceptable;
- Therapy services are billable only if they are listed on the IEP as a Direct Service.

TIP SHEET OCCUPATIONAL THERAPIST Rev. 12/06/2016

Staff Qualifications: A licensed Occupational Therapist in Michigan

Service Documentation:

- The Michigan Department of Health and Human Services (MDHHS) has emphasized the importation of thoroughly documenting all services provided to Special Education students. For direct therapy services, documentation must include:
 - A provider note for each direct service which describes the goal of the service being rendered and the student's response to that day's service or treatment.
 - o A Progress Summary must be written monthly, or more frequently as appropriate, and must include:
 - Evaluation of the student's progress;
 - o Changes in medical or mental status; and
 - o Changes in treatment with rationale for changes.
- Documentation must include not only WHAT services are being rendered to meet the student's IEP goals, but HOW the student responded to each service. Be sure to include enough detail to allow reconstruction of what transpired for each service. Consultation or consultative services are an integral part or an extension of a direct medical service and are not separately reimbursable.