

114 - OCCUPATIONAL THERAPIST Tip Sheet

HABILITATIVE AND REHABILITATIVE SERVICES

The American Medical Association (AMA) created modifiers to identify services as habilitative or rehabilitative. This applies to the procedure codes below with a (*).

Modifier 96 - Habilitative Services: Habilitative services help an individual learn skills and functions for daily living that the individual has not yet developed, and then keep or improve those learned skills. Habilitative services also help an individual keep, learn, or improve skills and functioning for daily living.

Modifier 97 - Rehabilitative Services: Rehabilitative services help an individual keep, get back, or improve skills and functioning for daily living that have been lost or impaired because the individual was sick, hurt, or disabled.

MET/EVALUATION

Encompasses all meetings, reports, testing and observations completed for the IDEA Assessment. The evaluation should only be reported **once**, even if the evaluation is administered over several days (one log for all work done). The date of service is the date eligibility is determined (IEP/IFSP mtg). Note: An evaluation must be completed to use this code.

PROCEDURE CODE	SERVICE TYPE	START/END TIME
97165 HT*	Evaluation - Low Complexity, 30 min	Yes
97166 HT*	Evaluation - Moderate Complexity, 45 min	Yes
97167 HT*	Evaluation - High Complexity, 60 min	Yes
97168 HT*	Re-evaluation, 30 min	Yes

IEP/IFSP

Participation in the IEP/IFSP meeting. Encompasses all work done for the IEP. The date of service is the date of the IEP meeting.

PROCEDURE CODE	SERVICE TYPE	START/END TIME
97165 TM*	Evaluation - Low Complexity, 30 min	Yes
97166 TM*	Evaluation - Moderate Complexity, 45 min	Yes
97167 TM*	Evaluation - High Complexity, 60 min	Yes
97168 TM*	Re-evaluation, 30 min	Yes

REED

Participation in the Review of Existing Evaluation Data (REED). The date of service is the date the team complete its review of data.

PROCEDURE CODE	SERVICE TYPE	START/END TIME
97165 TL*	Evaluation - Low Complexity, 30 min	Yes
97166 TL*	Evaluation - Moderate Complexity, 45 min	Yes
97167 TL*	Evaluation - High Complexity, 60 min	Yes
97168 TL*	Re-evaluation, 30 min	Yes

EVALS NOT RELATED TO MET OR IEP

Evaluations completed for purposes other than the IDEA assessment. The date of service is the date the test is completed.

PROCEDURE CODE	SERVICE TYPE	START/END TIME
97165*	Evaluation – Low Complexity, 30 min	Yes
97166*	Evaluation – Moderate Complexity, 45 min	Yes
97167*	Evaluation – High Complexity, 60 min	Yes
97168*	Re-evaluation, 30 min	Yes

THERAPY

PROCEDURE CODE	SERVICE TYPE	START/END TIME
97110*	Individual Therapy Therapeutic exercises to develop strength and endurance range of motion, and flexibility, 15 min	Yes
97150	Group Therapy Therapeutic procedure(s), group (2-8 individuals), 15 min	Yes

ASSISTIVE TECHNOLOGY

PROCEDURE CODE	SERVICE TYPE	START/END TIME
97112*	ATD Neuromuscular Reeducation of movement, balance, coordination, kinesthetic sense, posture, and /or proprioception for sitting and/or standing activities, 15 min	Yes
97533*	Vision/O&M – Sensory Integration Techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact, each 15 min	Yes
97535*	ATD Self-care/Home Mgmt. Training Activities of daily living and compensatory training, meal prep, safety procedures, and instructions in the use of assistive technology/adaptive equipment, direct 1:1, 15 min	Yes
97542*	Wheelchair Management (Assessment, fitting, training), 15 min <ul style="list-style-type: none"> If services are provided for Durable Medical Equipment (DME), all policies for the DME program must be adhered to. 	Yes
97542*	<ul style="list-style-type: none"> Do not use if assessments for DME are billed by a Medicaid medical supplier 	Yes
97755	Assistive Technology Assessment To restore, augment, or compensate for existing function and/or maximize environmental accessibility: direct 1:1 provider contact required, 15 min <ul style="list-style-type: none"> If services are provided for Durable Medical Equipment (DME), all policies for the DME program must be adhered to. Do not use if assessments for DME are billed by a Medicaid medical supplier. 	Yes
97760*	ATD Orthotics Management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, initial encounter, 15 min	Yes
97761*	ATD Prosthetics Prosthetic training, upper and/or lower extremity(s), initial encounter, each 15 min	Yes
97763	Subsequent encounter orthotics/prosthetics management , each 15 min	Yes

Non-Billable Code

PROCEDURE	SERVICE TYPE	START/END TIME
Consult Only	Use for logging students with consult-only services listed in the programs/services section of their IEP	-
Behavior Plan	Use to log students with a behavior plan only	-
Communication	Use to log communications with parents, other providers, staff	-
Attendance	Use to log when a student is missing therapy(ies) due to absences	-
Observation	Use to document time observing students for evaluation purposes	-

EVALUATION COMPONENTS

Low Complexity

- History – 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
- Examination – An assessment that identifies 1-3 performance defects (i.e. relating to physical, cognitive, or psychosocial skills) that result in the activity limitations and/or participation restrictions
- Decision Making – Clinical decision making of low analytic 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 patient to complete evaluation component
- Time – Typically, 30 minutes are spent face-to-face with patient and/or family

Moderate Complexity

- History – An occupational profile and medical and therapy history, which includes an expanded brief review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance
- Examination – An assessment that identifies 3-5 performance defects (ie, relating to physical, cognitive, or psychosocial skills) that result in the activity limitations and/or participation restrictions
- Decision Making – 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 a several treatment options. Patients may present with co-morbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable the patient to complete evaluation component
- Time – Typically, 45 minutes are spent face-to-face with patient and/or family

High Complexity

- History – An occupational profile and medical and therapy history, which includes an expanded brief review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance
- Examination – An assessment that identifies 5 or more performance defects (ie, relating to physical, cognitive, or psychosocial skills) that result in the activity limitations and/or participation restrictions
- Decision Making – Clinical decision making of high analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of a several treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable the patient to complete evaluation component
- Time – Typically, 60 minutes are spent face-to-face with patient and/or family

GENERAL INFORMATION

Service History Notes:

1. **Describe** what occurred on the date of service. Ensure that the Service History Note (daily note) is sufficiently detailed to allow reconstruction of what transpired for each service billed.
2. **Describe** the “medical” goal of the service.
3. **Indicate** the result of the therapy session (student’s response).
4. **Avoid** discussing academic goals/issues or attendance

Example of Service Note Detail: Completed fine motor task with the use of the light board for visual cues. Was able to explore shape blocks with each hand and place them into the shape puzzle with minimal assistance.

Monthly History Notes:

1. **Summarize** (evaluate) the student’s monthly progress toward your medical/health-related goal.
2. **Include** any changes in medical/mental status and changes in treatment with rationale for change.
3. Service History Notes (Daily) and Monthly History Notes (Progress) **must not match**.

Example of Summary Note: Focused on fine motor and fastener tasks this month. Manipulated zipper, snaps, buckle, and buttons. Responded positively to light box when objects were placed on it to manipulate. Will continue to work on shape blocks and matching for consistency.

Annual Requirement:

1. Occupational therapy services must be prescribed by a physician, physician’s assistant, nurse practitioner, or clinical nurse practitioner and updated annually.
2. Schools must obtain the prescription and provide copies to the Wayne RESA Medicaid Department. If it’s 30 days from the date of the POC and no OT or O&M prescription was obtained, the school should request help from Wayne RESA.
3. Copies of **all prescriptions** and requests for help must be forwarded to Wayne RESA via the Medicaid secure email account.

Record Keeping:

Keep copies of all supporting documentation related to this service for a period of 8 years (FY+7) regardless of the change in ownership or termination of participation in Medicaid.