Certified Occupational Therapy Assistant

UNDERSTANDING MODIFIERS

GT/95: TeleHealth: Distribution of health-related services and information via electronic information and telecommunication technologies. Audio & Visual

96: Habilitative - Learning a new skill the student never possessed.

97: Rehabilitative - Regaining a skill the student lost.

ASSISTIVE TECHNOLOGY DEVICE (ATD) SERVICES

ATD services must be listed in a student's IEP with a doctor's prescription, in order to use ATD codes. If ATD is not in the student's IEP, please use a non-billable code to track your service.

0] SBS/C4S: Monthly Progress Summary [00000] End of month summation of all services for Medicaid eligible students. Must be dated last school day of the month. Use report on Home page: User Monthly Progress Summaries - CHECK MONTHLY

1] SBS: SPECIAL EDUCATION STUDENTS

1] SBS: ATD: ATD Assessment [97755]   Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report
1] SBS: ATD: Neuromuscular Re-education HABILITATIVE [97112 96]   **1] SBS: ATD: Neuromuscular Re-education REHABILITATIVE [97112 97]**   Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
1] SBS: ATD: Orthotic Management and Training HABILITATIVE [97760 96]   **1] SBS: ATD: Orthotic Management and Training REHABILITATIVE [97760 97]**   Training in use of orthotics (supports, braces, or splints) for arms, legs and/or trunk
1] SBS: ATD: Prosthetic Training [97761]   Training in us of prosthesis for arms and legs
1] SBS: ATD: Self-care Home Management Training HABILITATIVE [97535 96]   **1] SBS: ATD: Self-care Home Management Training REHABILITATIVE [97535 97]**   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
1] SBS: Tele-Health: ATD: Self-care Home Management Training HABILITATIVE [97535 95 96]   **1] SBS: Tele-Health: ATD: Self-care Home Management Training REHABILITATIVE [97535 95 97]**
1] SBS: ATD: Wheelchair Management HABILITATIVE [97542 96]   **1] SBS: ATD: Wheelchair Management REHABILITATIVE [97542 97]**   Wheelchair management (e.g., assessment, fitting, training)
1] SBS: COTA Group Therapy, 2-8 students [97150 GP] Therapeutic procedure(s), group (2-8 students)
1] SBS: Individual Occupational Therapy HABILITATIVE [97110 GO 96]   **1] SBS: Individual Occupational Therapy REHABILITATIVE [97110 GO 97]**   *Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility*

1] SBS: Occupational Therapy Sensory Integration Therapy HABILITATIVE [97533 96]
1] SBS: Occupational Therapy Sensory Integration Therapy REHABILITATIVE [97533 97]
Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider

1] SBS: Tele-Health: ATD: Neuromuscular Re-education HABILITATIVE [97112 95 96]
1] SBS: Tele-Health: ATD: Neuromuscular Re-education REHABILITATIVE [97112 95 97]

1] SBS: Tele-Health: Orthotic Management and Training HABILITATIVE [97760 95 96]
1] SBS: Tele-Health: ATD: Orthotic Management and Training REHABILITATIVE [97760 95 97]

1] SBS: Tele-Health: ATD: Prosthetic Training [97761 95]

1] SBS: Tele-Health: Individual Occupational Therapy HABILITATIVE [97110 95 96]
1] SBS: Tele-Health: Individual Occupational Therapy REHABILITATIVE [97110 95 97]

1] SBS: Tele-Health: Occupational Therapy Sensory Integration Therapy HABILITATIVE [97533 95 96]
1] SBS: Tele-Health: Occupational Therapy Sensory Integration Therapy REHABILITATIVE [97533 95 97]

2] NON-BILLABLE DOCUMENTATION

2] IEP: Consult - Use for logging students with Consult service listed in the Program & Services section of their IEP.

2] IEP: Monitoring - Use for logging students with Monitor service listed in the Accommodation section of their IEP.

2] Non-Billable: Communication - Use to log communication with parent, other providers, staff, etc.

2] Non-Billable: Early On Family Training: Group - Use to log family training provided in a group setting.

2] Non-Billable: Educational Accommodations Delivered – Use to document the student received an accommodation.

2] Non-Billable: Educational Group Accommodations Delivered – Use to document the group received an accommodation.

2] Non- Billable: Group [size 9+]

2] Non-Billable: Home Visit - Use to record Home Visits at the student's home.

2] Non-Billable: Manifestation Determination Review – Meeting determining if the behavior is related to the student's disability.

2] Non-Billable: No School Day – use to note no school day. Start time = time intended to work with student

2] Non-Billable: Other - Use to log any provided service that does not meet criteria of any other selection.

2] Non-Billable Parent and/or Staff Meeting – Do not use for IEP/IFSP meetings.

2] Non-Billable: Provider Absent - Use to note provider absence. Start time = time intended to work with student.

2] Non-Billable: Provider not Available - Use to note provider not available. Start time = time intended to work with student.

2] Non-Billable: Record Keeping - Use for any student record keeping purposes you want to track.

2] Non-Billable: Related Service Case Management - Use to track Case Management for students that you are the case manager.

2] Non-Billable: Report Writing – Use to document the time it takes to write evaluation/report

2] Non-Billable: Student Absent - Use to report Student Absent. Start Time = time you intended to work with the student.

2] Non-Billable: Student Not Available - Use to log when student was not available. Start Time = time you intended to work with the student.

2] Non-Billable: Student Observation– Use to document time observing students for evaluation purposes.

2] Non-Billable: Student Refused Service– Use to document student refusing service.

2] Non-Billable: Virtual Asynchronous Meeting – Assignment or goal work sent for student to complete and return to provider. No face time with student.

2] Non-Billable: Virtual Two-Way Educational Communication with Parent - Phone calls, texts, and/or emails of an educational nature with the parent/guardian regarding a student. Note: Parent and Provider must connect through the phone call, text and/or email.

2] Provided 1755 Services: Group- ONLY use this option if you are delivering services under Program 270.

2] Provided 1755 Services: Individual - ONLY use this option if you are delivering services under Program 270.

GENERAL SERVICE INFORMATION

- Consult services are an integral part or an extension of a direct medical service but are not separately reimbursable.
- Service entry is due within TEN days of service delivery.
- Provider Notes must include enough detail to allow reconstruction of what transpired for each service. SOAP is best practice.
- Therapy/Treatment are reportable only if the student's IEP/IFSP includes Direct services with a time and frequency.
- Assistive Technology Device (ATD) services are reportable only if the student's IEP/IFSP includes ATD services under Supplementary Aids/Program Modifications/Support for School Personal.

Service Documentation:

The Michigan Department of Health & Human Services (MDHHS) has emphasized the importance of thoroughly documenting all services provided to Special Education students. For direct services such as therapy, documentation must include a progress entry for each direct service describing the service rendered and the student's response to that day's service or treatment. **S.O.A.P. notes are best practice!** If not using the S.O.A.P. format be sure enough data is in your provider notes to support the service you are entering. There must be enough data for an auditor to "recreate" the service. Your documentation must indicate not only WHAT services are being rendered to meet the student's IEP/IFSP goals, but also HOW the student responded to service. Provider Note Example: Individual Therapy (97110 GP 96): *"Dan was positioned while wearing bilateral DAFOs in a supine stander at 80 degrees for upright weight bearing and hamstring stretching. Tolerated 30 minutes without complaints of discomfort."*

Monthly Progress Summaries are REQUIRED for each month that services are reported for Medicaid eligible students. A monthly progress summary summarizes all services provided to the student throughout a month. Monthly Progress Summary Example: "*Dan was able to tolerate positioning in weight bearing and non-weight bearing positions without discomfort. The use of myofascial techniques prior to positioning improves tolerance. Improving with mobility on even and uneven surfaces. Able to climb stairs with handrail using a step to pattern without hand held assist."*

Notes should use 'medical' rather than 'educational' terminology. For example, instead of "handwriting", a better note would be "Worked on visual motor skills or fine motor skills and student is making slow progress."

Annual Requirements:
Occupational therapy services must be prescribed by a physician and updated annually.

Staff Qualifications:
The services listed are reimbursable when provided by a Certified Occupational Therapist Assistant (COTA) currently licensed in Michigan. COTAs must be under the direction of a fully licensed Occupational Therapist.

Supervision & Under the Direction Of:
Michigan Department of Health and Human Services Provider Manual dated October 2019
1.4 UNDER THE DIRECTION OF
Certain specified services may be provided under the direction of or under the supervision of another clinician. For the supervising clinician, "under the direction of" means that the clinician is supervising the individual's care, which at a minimum, includes seeing the individual initially, prescribing the type of care to be provided, reviewing the need for continued services throughout treatment, assuring professional responsibility for services provided, and ensuring that all services are medically necessary. "Under the direction of" requires face-to-face contact by the clinician at least at the beginning of treatment and periodically thereafter.

Help Desk Contacts
General questions regarding Medicaid, Service Capture, or MiPSE (PowerSchool Special Education) can be answered by contacting:

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mipsehelp@eatonresa.org
517-541-8742

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