Documenting Occupational Therapy Services

EATON RESA

UNDERSTANDING MODIFIERS

GT: TeleHealth: Distribution of health-related services and information via electronic information and telecommunication technologies.

HT: Special Education: ELIGIBILITY RECOMMENDATION (IDEA Eval) –An evaluation must have been done, but it also encompasses all observations, meetings (except the IEP/IFSP, which has a separate code below) and reports which culminate in a determination or re-determination of eligibility for Special Education or Early On services. The service date is the date of the eligibility meeting.

TM: Special Education: IEP/IFSP MEETING – Participation in the IEP/IFSP meeting. Attendance is not necessary; participation includes written input submitted prior to the meeting. Date of service is the IEP meeting date.

No Modifier: Special Education: OTHER EVAL – Other evaluation completed for purposes other than the IDEA Assessment. The service date is the date the test was completed.

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

97: Rehabilitative - Regaining skill the student lost.

ASSISTIVE TECHOLOGY 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. ATD services are intended to directly assist with a disability in the selection, coordination of acquisition or use of an ATD; Selecting, providing for the acquisition of an ATD device, designing, fitting, customizing, adapting, applying, retaining or replacing the ATD, including orthotics.

1] SBS: SPECIAL EDUCATION STUDENTS	
97755	**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, each 15 minutes
97112 96 **97112 97**	**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
97760 96 **97760 97**	**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, per 15 minutes
97761	**1] SBS: ATD: Prosthetic Training [97761]** Training in use of prosthesis for arms and/or legs, per 15 minutes
97761 96 **97761 97**	**1] SBS: ATD: Prosthetic Training HABILITATIVE [97761 96]** **1] SBS: ATD: Prosthetic Training REHABILITATIVE [97761 97]** Training in use of prosthesis for arms and/or legs, per 15 minutes

97535 96 **97535 97**	**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; each 15 minutes.
97542 96 **97542 97**	**1] SBS: ATD: Wheelchair Management HABILITATIVE [97542 96]** **1] SBS: ATD: Wheelchair Management REHABILITATIVE [97542 97]** Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97150 GO	**1] SBS: Group Therapy, 2-8 students [97150 GO]** Therapeutic procedure(s), group (2-8 students)
97167 HT 96 **97167 HT 97**	**1] SBS: IDEA Eval: Occupational Therapy, High Complexity HABILITATIVE [97167 HT 96]** **1] SBS: IDEA Eval: Occupational Therapy, High Complexity REHABILITATIVE [97167 HT 97]** High Complexity Evaluation of occupational therapy, typically 60 minutes face to face with student • 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 (i.e., relating to physical, cognitive, or psychosocial skills) that result in the activity limitations and/or participation restrictions Evaluation 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
97165 HT 96 **97165 HT 97**	**1] SBS: IDEA Eval: Occupational Therapy, Low Complexity HABILITATIVE [97165 HT 96]** **1] SBS: IDEA Eval: Occupational Therapy, Low Complexity REHABILITATIVE [97165 HT 97]** Low Complexity Evaluation of occupational therapy, typically 30 minutes face to face with student • 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. Evaluation 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
97166 HT 96 **97166 HT 97**	**1] SBS: IDEA Eval: Occupational Therapy, Moderate Complexity HABILITATIVE [97166 HT 96]** **1] SBS: IDEA Eval: Occupational Therapy, Moderate Complexity REHABILITATIVE [97166 HT 97]** Moderate Complexity Evaluation of occupational therapy, approx 45 minutes face to face with student • 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 (i.e., relating to physical, cognitive, or psychosocial skills) that result in the activity limitations and/or participation restrictions Evaluation includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient 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

97167 TM 96 **97167 TM 97**	**1] SBS: IEP/IFSP Participation: Occupational Therapy, High Complexity HABILITATIVE [97167 TM 96]** **1] SBS: IEP/IFSP Participation: Occupational Therapy, High Complexity REHABILITATIVE [97167 TM 97]**
97165 TM 96 **97165 TM 97**	**1] SBS: IEP/IFSP Participation: Occupational Therapy, Low Complexity HABILITATIVE [97165 TM 96]** **1] SBS: IEP/IFSP Participation: Occupational Therapy, Low Complexity REHABILITATIVE [97165 TM 97]**
97166 TM 96 **97166 TM 97**	**1] SBS: IEP/IFSP Participation: Occupational Therapy, Moderate Complexity HABILITATIVE [97166 TM 96]** **1] SBS: IEP/IFSP Participation: Occupational Therapy, Moderate Complexity REHABILITATIVE [97166 TM 97]**
97110 GO 96 **97110 GO 97**	**1] SBS: Individual Occupational Therapy HABILITATIVE [97110 GO 96]** *Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility* **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*
97533 96 **97533 97**	**1] SBS: Occupational Therapy Sensory Integration Therapy HABILITATIVE [97533 96]** Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 mins. **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, each 15 mins.
97167 96 **97167 97**	**1] SBS: Other Eval: Occupational Therapy, High Complexity HABILITATIVE [97167 96]** **1] SBS: Other Eval: Occupational Therapy, High Complexity REHABILITATIVE [97167 97]** High Complexity Evaluation of occupational therapy, typically 60 minutes face to face with student • 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 (i.e., relating to physical, cognitive, or psychosocial skills) that result in the activity limitations and/or participation restrictions Evaluation 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
97165 96 **97165 97**	**1] SBS: Other Eval: Occupational Therapy, Low Complexity HABILITATIVE [97165 96]** **1] SBS: Other Eval: Occupational Therapy, Low Complexity REHABILITATIVE [97165 97]** High Complexity Evaluation of occupational therapy, typically 60 minutes face to face with student • 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 (i.e., relating to physical, cognitive, or psychosocial skills) that result in the activity limitations and/or participation restrictions Evaluation 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

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97166 HT GT 96 **97166 HT GT 97**	**1] SBS: Tele-Health: IDEA Eval: Occupational Therapy, Moderate Complexity HABILITATIVE [97166 HT GT 96]** **1] SBS: Tele-Health: IDEA Eval: Occupational Therapy, Moderate Complexity REHABILITATIVE [97166 HT GT 97]**
97112 GT 96 **97112 GT 97**	**1] SBS: Tele-Health: ATD: Neuromuscular Re-education HABILITATIVE [97112 GT 96]** **1] SBS: Tele-Health: ATD: Neuromuscular Re-education REHABILITATIVE [97112 GT 97]**
97165 HT GT 96 **97165 HT GT 97**	**1] SBS: Tele-Health: IDEA Eval: Occupational Therapy, Low Complexity HABILITATIVE [97165 HT GT 96]** **1] SBS: Tele-Health: IDEA Eval: Occupational Therapy, Low Complexity REHABILITATIVE [97165 HT GT 97]**
97165 GT 96 **97165 GT 97**	**1] SBS: Tele-Health: Other Eval: Occupational Therapy, Low Complexity HABILITATIVE [97165 GT 96]** **1] SBS: Tele-Health: Other Eval: Occupational Therapy, Low Complexity REHABILITATIVE [97165 GT 97]**
97166 HT GT 96 **97166 HT GT 97**	**1] SBS: Tele-Health: IDEA Eval: Occupational Therapy, Moderate Complexity HABILITATIVE [97166 HT GT 96]** **1] SBS: Tele-Health: IDEA Eval: Occupational Therapy, Moderate Complexity REHABILITATIVE [97166 HT GT 97]**
97166 GT 96 **97166 GT 97**	**1] SBS: Tele-Health: Other Eval: Occupational Therapy, Moderate Complexity HABILITATIVE [97166 GT 96]** **1] SBS: Tele-Health: Other Eval: Occupational Therapy, Moderate Complexity REHABILITATIVE [97166 GT 97]**
97167 HT GT 96 **97167 HT GT 97**	**1] SBS: Tele-Health: IDEA Eval: Occupational Therapy, High Complexity HABILITATIVE [97167 HT GT 96]** **1] SBS: Tele-Health: IDEA Eval: Occupational Therapy, High Complexity REHABILITATIVE [97167 HT GT 97]**
97167 GT 96 **97167 GT 97**	**1] SBS: Tele-Health: Other Eval: Occupational Therapy, High Complexity HABILITATIVE [97167 GT 96]** **1] SBS: Tele-Health: Other Eval: Occupational Therapy, High Complexity REHABILITATIVE [97167 GT 97]**
97535 GT 96 **97535 GT 97**	**1] SBS: Tele-Health: ATD: Self-care Home Management Training HABILITATIVE [97535 GT 96]** **1] SBS: Tele-Health: ATD: Self-care Home Management Training REHABILITATIVE [97535 GT 97]**
97760 GT 96 **97760 GT 97**	**1] SBS: Tele-Health: Orthoc Management and Training HABILITATIVE [97760 GT 96]** **1] SBS: Tele-Health: ATD: Orthoc Management and Training REHABILITATIVE [97760 GT 97]**
97110 GT 96 **97110 GT 97**	**1] SBS: Tele-Health: Individual Occupational Therapy HABILITATIVE [97110 GT 96]** **1] SBS: Tele-Health: Individual Occupational Therapy REHABILITATIVE [97110 GT 97]**
97533 GT 96 **97533 GT 97**	**1] SBS: Tele-Health: Occupational Therapy Sensory Integration Therapy HABILITATIVE [97533 GT 96]** **1] SBS: Tele-Health: Occupational Therapy Sensory Integration Therapy REHABILITATIVE [97533 GT 97]**

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

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: Behavior Plan Meeting – use to log for students with a behavior plan.
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: 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: REED-Use to document REED service.
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 that student was not available.
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 Therapy Group [2-8 students] – use when providing therapy virtually to a group.
2] Non-Billable: Virtual Therapy Individual – use when providing therapy virtually to an individual student.
2] Program 270 – Early On Work on Goals - ONLY use this option if you are delivering services under Program 270.
2] Program 270 – Early On Work on Goals Group- ONLY use this option if you are delivering services under Program 270.

3] C4S: GENERAL EDUCATION STUDENTS

Documentation of service delivery for general education students who have a parent signed consent to treat, 504 plan or Plan of Care, and an occupational therapy referral. If student is Medicaid eligible, and a referral is on file services can be billed. Proposed roll out for general education occupational therapy services in the future.

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.
* Provider Notes for Evaluations must indicate "Initial" or "Re-Eval."

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 ensure 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 an Occupational Therapist currently licensed in Michigan.

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 PowerSchool Special Education can be answered by contacting:

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