

Documenting Physical Therapy Services

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 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. 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]
97761 GT	1] SBS: Tele-Health: ATD: Prosthetic Training [97761 GT]
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.
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]
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
97116 96 97116 97	1] SBS: Gait Training, PT, Includes Stair Climbing HABILITATIVE [97116 96] 1] SBS: Gait Training, PT, Includes Stair Climbing REHABILITATIVE [97116 97]
97150 GP	1] SBS: Group Therapy, 2-8 students [97150 GP] Therapeutic procedure(s), group (2-8 students)
97163 HT 96 97163 HT 97	1] SBS: IDEA Eval: Physical Therapy, High Complexity HABILITATIVE [97163 HT 96] 1] SBS: IDEA Eval: Physical Therapy, High Complexity REHABILITATIVE [97163 HT 97] High Complexity Evaluation of physical therapy, typically 45 minutes face to face with student

	<ul style="list-style-type: none"> • History – A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care • Examination – An Examination of body systems using standardized tests and measures in addressing the total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions • Clinical Presentation – A clinical presentation with unstable and unpredictable characteristics <p>Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.</p>
97161 HT 96 97161 HT 97	<p>1] SBS: IDEA Eval: Physical Therapy, Low Complexity HABILITATIVE [97161 HT 96] 1] SBS: IDEA Eval: Physical Therapy, Low Complexity REHABILITATIVE [97161 HT 97]</p> <p>Low Complexity Evaluation of physical therapy, typically 20 minutes face to face with student</p> <ul style="list-style-type: none"> • History – A history of present problem with no personal factors and/or comorbidities that impact the plan of care • Examination – An Examination of body systems using standardized tests and measures in addressing 1 or 2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions • Clinical Presentation – An clinical presentation with stable and/or uncomplicated characteristics <p>Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.</p>
97162 HT 96 97162 HT 97	<p>1] SBS: IDEA Eval: Physical Therapy, Moderate Complexity HABILITATIVE [97162 HT 96] 1] SBS: IDEA Eval: Physical Therapy, Moderate Complexity REHABILITATIVE [97162 HT 97]</p> <p>Moderate Complexity Evaluation of physical therapy, approx. 30 minutes face to face with student</p> <ul style="list-style-type: none"> • History – A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care • Examination – An Examination of body systems using standardized tests and measures in addressing the total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions • Clinical Presentation – An evolving clinical presentation with changing characteristics <p>Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.</p>
97163 TM 96 97163 TM 97	<p>1] SBS: IEP/IFSP Participation: Physical Therapy, High Complexity HABILITATIVE [97163 TM 96] 1] SBS: IEP/IFSP Participation: Physical Therapy, High Complexity REHABILITATIVE [97163 TM 97]</p>
97161 TM 96 97161 TM 97	<p>1] SBS: IEP/IFSP Participation: Physical Therapy, Low Complexity HABILITATIVE [97161 TM 96] 1] SBS: IEP/IFSP Participation: Physical Therapy, Low Complexity REHABILITATIVE [97161 TM 97]</p>
97162 TM 96 97162 TM 97	<p>1] SBS: IEP/IFSP Participation: Physical Therapy, Moderate Complexity HABILITATIVE [97162 TM 96] 1] SBS: IEP/IFSP Participation: Physical Therapy, Moderate Complexity REHABILITATIVE [97162 TM 97]</p>
97110 GP 96 97110 GP 97	<p>1] SBS: Individual Physical Therapy HABILITATIVE [97110 GP 96] <i>Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</i></p> <p>1] SBS: Individual Physical Therapy REHABILITATIVE [97110 GP 97] <i>Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</i></p>
97163 96 97163 97	<p>1] SBS: Other Eval: Physical Therapy, High Complexity HABILITATIVE [97163 96] 1] SBS: Other Eval: Physical Therapy, High Complexity REHABILITATIVE [97163 97]</p> <p>High Complexity Evaluation of physical therapy, typically 45 minutes face to face with student</p> <ul style="list-style-type: none"> • History – A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care • Examination – An Examination of body systems using standardized tests and measures in addressing the total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions • Clinical Presentation – A clinical presentation with unstable and unpredictable characteristics <p>Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.</p>
97161 96 97161 97	<p>1] SBS: Other Eval: Physical Therapy, Low Complexity HABILITATIVE [97161 96] 1] SBS: Other Eval: Physical Therapy, Low Complexity REHABILITATIVE [97161 97]</p> <p>Low Complexity Evaluation of physical therapy, typically 20 minutes face to face with student</p>

	<ul style="list-style-type: none"> • History – A history of present problem with no personal factors and/or comorbidities that impact the plan of care • Examination – An Examination of body systems using standardized tests and measures in addressing 1 or 2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions • Clinical Presentation – An clinical presentation with stable and/or uncomplicated characteristics <p>Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.</p>
97162 96 97162 97	<p>1] SBS: Other Eval: Physical Therapy, Moderate Complexity HABILITATIVE [97162 96] 1] SBS: Other Eval: Physical Therapy, Moderate Complexity REHABILITATIVE [97162 97]</p> <p>Moderate Complexity Evaluation of physical therapy, approx. 30 minutes face to face with student</p> <ul style="list-style-type: none"> • History – A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care • Examination – An Examination of body systems using standardized tests and measures in addressing the total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions • Clinical Presentation – An evolving clinical presentation with changing characteristics <p>Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.</p>
97530 96 97530 97	<p>1] SBS: Physical Therapeutic Activities to Improve Functional Performance HABILITATIVE [97530 96] 1] SBS: Physical Therapeutic Activities to Improve Functional Performance REHABILITATIVE [97530 97]</p> <p>Therapeutic activities, direct one-on-one patient contact by provider (use of dynamic activities to improve functional performance)</p>
97112 GT 96 97112 GT 97	<p>1] SBS: Tele-Health: ATD: Neuromuscular Re-education HABILITATIVE [97112 GT 96] 1] SBS: Tele-Health: ATD: Neuromuscular Re-education REHABILITATIVE [97112 GT 97]</p>
97760 GT 96 97760 GT 97	<p>1] SBS: Tele-Health: ATD: Orthotic Management and Training HABILITATIVE [97660 GT 96] 1] SBS: Tele-Health: ATD: Orthotic Management and Training REHABILITATIVE [97660 GT 97]</p>
97116 GT 96 97116 GT 97	<p>1] SBS: Tele-Health: Gait Training, PT, Includes Stair Climbing HABILITATIVE [97116 GT 96] 1] SBS: Tele-Health: Gait Training, PT, Includes Stair Climbing REHABILITATIVE [97116 GT 97]</p>
97163 HT GT 96 97163 HT GT 97	<p>1] SBS: Tele-Health: Other Eval: Physical Therapy, High Complexity HABILITATIVE [97163 GT 96] 1] SBS: Tele-Health: Other Eval: Physical Therapy, High Complexity REHABILITATIVE [97163 GT 97]</p>
97161 HT GT 96 97161 HT GT 97	<p>1] SBS: IDEA Eval: Tele-Health: Physical Therapy, Low Complexity HABILITATIVE [97161 HT GT 96] 1] SBS: Tele-Health: IDEA Eval: Physical Therapy, Low Complexity REHABILITATIVE [97161 HT GT 97]</p>
97162 HT GT 96 97162 HT GT 97	<p>1] SBS: Tele-Health: IDEA Eval: Physical Therapy, Moderate Complexity HABILITATIVE [97162 HT GT 96] 1] SBS: Tele-Health: IDEA Eval: Physical Therapy, Moderate Complexity REHABILITATIVE [97162 HT GT 97]</p>
97710 GT 96 97710 GT 97	<p>1] SBS: Tele-Health: Individual Physical Therapy HABILITATIVE [97110 GT 96] 1] SBS: Tele-Health: Individual Physical Therapy REHABILITATIVE [97110 GT 97]</p>
97163 GT 96 97163 GT 97	<p>1] SBS: Tele-Health: Other Eval: Physical Therapy, High Complexity HABILITATIVE [97163 GT 96] 1] SBS: Tele-Health: Other Eval: Physical Therapy, High Complexity REHABILITATIVE [97163 GT 97]</p>
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97162 GT 96 97162 GT 97	<p>1] SBS: Tele-Health: Other Eval: Physical Therapy, Moderate Complexity HABILITATIVE [97162 GT 96] 1] SBS: Tele-Health: Other Eval: Physical Therapy, Moderate Complexity REHABILITATIVE [97162 GT 97]</p>
97530 GT 96 97530 GT 97	<p>1] SBS: Tele-Health: Physical Therapeutic Activities to Improve Functional Performance HABILITATIVE [97530 GT 96] 1] SBS: Tele-Health: Physical Therapeutic Activities to Improve Functional Performance REHABILITATIVE [97530 GT 97]</p>

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: Monitor - 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 Co-Visit** - use when service provided by a team member is NOT considered the child's PSP. Co-visits occur at the same place and time as the regularly scheduled service to support the primary provider.
- 2] **Non-Billable: Early On Evaluation** - Use to log evaluation for Early On services.
- 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: 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: 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] **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 a physical therapy prescription. If student is Medicaid eligible, and a prescription is on file services can be billed. Proposed roll out for general education physical 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.”*

Annual Requirements:

Physical therapy services must be prescribed by a physician and updated annually. If you have a prescription for service from the student’s doctor, please send to jblanchard@eatonresa.org

Staff Qualifications:

The services listed are reimbursable when provided by a Physical 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 one of the staff below:

Erin Burcham
eburcham@eatonresa.org
(517)541-8742

