School Based Services Tip Sheet for Occupational Therapists



Therapy - Provider notes must include enough detail to allow reconstruction of what transpired for each service.

Requires Monthly Progress Summary - Must include evaluation of progress and summarize the services reported during the month & must be dated in the month the services were provided - *using the last school day of the month is recommended.*

Modifier Descriptions

HT: MET (Multidisciplinary Evaluation Team) 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 (Review of Existing Evaluation Data) & IEP (Individualized Education Program) (Individualized Education Program)) 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 development, review, and revision of IEP (IEP meeting attendance is not needed if written input was provided before 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.

GO: Services delivered virtually per the Plan of Care (IEP)

No Modifier: No modifier is used for evaluations completed for purposes other than the IDEA (Individuals with Disabilities Education Act) Assessment. The date of service is the date the test is completed.

Procedure Code	Service Type	Description
97110	Individual Therapy	Therapeutic procedure, one or more areas, each 15 minutes Therapeutic exercises to develop strength and endurance, range of motion and flexibility.
97150	Group Therapy; 2-8 students	Therapeutic procedure(s), group (2 or more individuals, not more than 8). This means the number of students physically present, regardless of Medicaid eligibility.
ATD – Therapy	/Evaluations	
97112	ATD – Technology Device Services	Neuromuscular re-education of movement, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.
97535	ATD - Self-care/home management training	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.
97542	Wheelchair Management	Wheelchair management (e.g., assessment, fitting, training), 15 minutes each. If wheelchair management services are provided for equipment covered under the Durable Medical Equipment (DME) program, all policies, and procedures applicable to that program must be adhered to by school-based providers.
97760	Orthotic(s) Management & Training	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s),

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		and/or trunk, each 15 min.
97761	Prosthetic Training	Prosthetic training, upper and/or lower extremity(s), each 15 min.

MET/Evaluation (Initial and 3-Year) - Encompasses all meetings, reports, observations, assessments, tests, evaluations. The evaluation should be reported only once, even if the evaluation is administered over several days. The date of service is the date eligibility is determined (IEP (Individualized Education Program) meeting date). Occupational Therapy services do not need to be included on the IEP/IFSP to report the evaluation if the student receives a special education certification.

97166	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 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	Encounter: Complete one service record
	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, 45 minutes are spent face-to-face with the patient and/or family.	
97167	 Occupational therapy evaluation, high complexity, requiring these components: An assessment(s) that identifies 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 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, 45 minutes are spent face-to-face with the patient and/or family. 	Encounter: Complete one service record
Monthly Progress Summary	Monthly progress notes are REQUIRED for all months for which ATD, Individual, and Group Therapy services are reported: o Must include evaluation of progress and summarize the services reported during the month o Must be dated in the month the services were provided - using the last school day of the month is recommended	One required per student per month

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Non-Billable Procedures	Use non-billable procedures to document non-billable information, such as Student Absent, Provider Absent, Provider Absent, Consultation, Communication, etc.	
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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 ATDservices;
- 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 astudent 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.

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