

Procedure Code	Description	Time Requirement
<b>Evaluations</b>		
T1024:TM	IEP/IFSP evaluation	N/A
V2799	Vision Item or Service, Misc.	N/A
V2799:HT	MET – Vision Item or Service, Misc.	N/A
V2799:TL	REED – Vision Item or Service, Misc.	N/A
V2799:TM	IEP – Vision Item or Service, Misc.	N/A
<b>Non-Billable</b>	<p><b>Consult Only</b> – Use for logging students with consult only services listed in the Program &amp; Services section of their IEP</p> <p><b>Monitoring</b> – Use for logging students with monitoring service listed in the Accommodation section of their IEP</p> <p><b>Behavior Plan Meeting</b> – use to log for students with a behavior plan</p> <p><b>Communications</b> – Use to log communications with parent, other providers, staff,</p> <p><b>Attendance</b> - Use to log when a student is missing therapy(ies) due to absences</p> <p><b>No School Day</b> – Use to document snow days or other no school day</p> <p><b>Record Keeping</b> – Use for any student record keeping purposes you want to track</p> <p><b>Student Observation</b> – Use to document time observing students for evaluation purposes</p>	N/A

**Annual Requirements:**

- O&M services must be prescribed by a physician, physician’s assistant, or certified nurse practitioner and must be updated annually.
- An electronic signature is acceptable, but a stamped signature is not acceptable.

**SERVICE DETAIL (DAILY):**

1. Reference each type of service claimed including assessments and participation in the multi-disciplinary team assessment
2. Describe what actually occurred on the date of service. Ensure that the Service Detail Note (daily note) is sufficiently detailed to allow reconstruction of what transpired for each service billed.
3. Indicate the result of the therapy session (student’s response).

**Example of Service Note Detail:** Student worked on cane position in diagonal down in front, is very oriented to the building and was able to take me to the gym and library. Student response to questions are getting better, still a lot of echoing by will answer when pushed. Worked inside due to rain.

**MONTHLY SUMMARY (PROGRESS) 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 Detail (Daily) Notes and Monthly (Progress) Summary Notes must not match.

**Example of Summary Note:** Reviewing good can skills to be used throughout the school campus. Student has retained her orientation of the building, unfortunately, her proprioceptive skills are minimal and the can is for protection and identification. Will continue to work on proprioceptive skills.

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