

## Occupational Therapist - 114 Telemedicine

Procedure Code	Description	Time Requirement
<b>Evaluations</b>		
97165:GT:96	Eval Low Complex (habilitative) <b>(audio &amp; visual)</b>	N/A
97165:GT:97	Eval Low Complex (rehabilitative) <b>(audio &amp; visual)</b>	N/A
97166:GT:96	Eval Mod Complex (habilitative) <b>(audio &amp; visual)</b>	N/A
97166:GT:97	Eval Mod Complex (rehabilitative) <b>(audio &amp; visual)</b>	N/A
97167:GT:96	Eval High Complex (habilitative) <b>(audio &amp; visual)</b>	N/A
97167:GT:97	Eval High Complex (rehabilitative) <b>(audio &amp; visual)</b>	N/A
97168:GT	Re-Evaluation <b>(audio &amp; visual)</b>	N/A
<b>MET</b>		
97165:HT:GT:96	MET -Eval Low Complex (habilitative) <b>(audio &amp; visual)</b>	N/A
97165:HT:GT:97	MET -Eval Low Complex (rehabilitative) <b>(audio &amp; visual)</b>	N/A
97166:HT:GT:96	MET -Eval Mod Complex (habilitative) <b>(audio &amp; visual)</b>	N/A
97166:HT:GT:97	MET -Eval Mod Complex (rehabilitative) <b>(audio &amp; visual)</b>	N/A
97167:HT:GT:96	MET -Eval High Complex (habilitative) <b>(audio &amp; visual)</b>	N/A
97167:HT:GT:97	MET -Eval High Complex (rehabilitative) <b>(audio &amp; visual)</b>	N/A
<b>Therapy/Treatments</b>		
97110:GT:96	Indiv Therapeutic Procedure (habilitative) <b>(audio &amp; visual)</b>	Per 15 mins
97110:GT:97	Indiv Therapeutic Procedure (rehabilitative) <b>(audio &amp; visual)</b>	Per 15 mins
<b>Assistive Technology</b>		
97112:GT:96	ATD Service – Neuromuscular (habilitative) <b>(audio &amp; visual)</b>	Per 15 mins
97112:GT:97	ATD Service – Neuromuscular (rehabilitative) <b>(audio &amp; visual)</b>	Per 15 mins
97535:GT:96	ATD Service – ADL (habilitative) <b>(audio &amp; visual)</b>	Per 15 mins
97535:GT:97	ATD Service – ADL (rehabilitative) <b>(audio &amp; visual)</b>	Per 15 mins
97760:GT:96	ATD Service – Orthotic (habilitative) <b>(audio &amp; visual)</b>	N/A
97760:GT:97	ATD Service – Orthotic (rehabilitative) <b>(audio &amp; visual)</b>	N/A
97761:GT:96	ATD Service – Prosthetic (habilitative) <b>(audio &amp; visual)</b>	N/A
97761:GT:97	ATD Service – Prosthetic (rehabilitative) <b>(audio &amp; visual)</b>	N/A
97763:GT	Manage/training in use of orthotics <b>(audio &amp; visual)</b>	Per 15 mins
<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

**96-Habilitative:** The student is learning a NEW SKILL that they never possessed.

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**97-Rehabilitative:** The student is REGAINING a skill that they lost.

**Telehealth is modality of service using telecommunications and information technologies.**

**GT:** Telehealth services provided “via interactive audio and video telecommunications systems.”

### **SERVICE DETAIL (DAILY):**

1. 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.
2. Indicate the result of the therapy session (student’s response).

**Example of Service Note Detail:** Worked on completing fine motor tasks with the use of the light board for visual cues. Student was able to explore shape blocks with each hand and place them into the shape puzzle with minimal assistance.

**\*Add to your note “Services were provided (location of service) during the COVID-10 shutdown”**

### **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:** Focused on fine motor and fastener tasks this month, manipulated zippers, snaps, buckles, and buttons. Student responded positively to light box with objects were placed on the light box for manipulation. Student explored shape blocks and placed them into the appropriate puzzle holes independently. Will continue on shape matching to improve on consistency

**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.