

Orientation & Mobility Specialist - 137

Procedure Code	Description	Time Requirement
Evaluations		
V2799	Vision Assessment/Evaluation	No Requirement
V2799:HT	MET – Vision Assessment/Evaluation	No Requirement
V2799:TL	REED – Vision Assessment/Evaluation	No Requirement
V2799:TM	IEP – Vision Assessment/Evaluation	No Requirement
HABILITATIVE VERSUS REHABILITATIVE SERVICES:		
<ul style="list-style-type: none"> • Habilitative services help a student keep, learn or improve skills and functions that have not developed for daily living. The student is learning a NEW SKILL that they never possessed. • Rehabilitative services help a student keep, restore or improve skills for daily living that have been lost or impaired after an illness or injury. The student is REGAINING a skill that they lost. 		
Therapy/Treatments		
97533:96	Vision/O&M -Sensory Integration (habilitative)	Each 15 mins
97533:97	Vision/O&M -Sensory Integration (rehabilitative)	Each 15 mins
97535:96	Self-Care/Home Management/ADL Training (habilitative)	Each 15 mins
97535:97	Self-Care/Home Management/ADL Training (rehabilitative)	Each 15 mins
Non-Billable Code		
<ul style="list-style-type: none"> • Consult Only – Use for logging students with consult-only services listed in the Program & Services section of their IEP • Monitoring – Use for logging students with monitoring service listed in the Accommodation section of their IEP • Behavior Plan Meeting – use to log students with a behavior plan • Communications – Use to log communications with parents, other providers, staff • Attendance - Use to log when a student is missing therapy(ies) due to absences • No School Day – Use to document snow days or other no school day • Record-Keeping – Use for any student record-keeping purposes you want to track • Student Observation – Use to document time observing students for evaluation purposes 		

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. 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.

Orientation & Mobility Specialist - 137

2. Describe the “medical” goal of the service.
3. Indicate the result of the therapy session (student’s response).
4. Avoid discussing academic goals/issues or attendance

Example of Service Note Detail: Student worked on cane position in a diagonal down in front, is very oriented to the building, and was able to take me to the gym and library. Student responses to questions are getting better, still, a lot of echoing will answer when pushed. Worked inside due to the 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. The 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 the change in ownership or termination of participation in Medicaid.