

Occupational Therapist - 114

HABILITATIVE VERSUS REHABILITATIVE SERVICES:

- **Habilitative** services help a student keep, learn or improve skills and functions for daily living that have not developed. 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.

LOW, MODERATE, HIGH COMPLEXITY:

- **Low complexity** – Low complexity evaluations take place when the patient is stable and exhibits uncomplicated characteristics, and 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. **Typically 30 minutes** are spent face-to-face with the patient and/or family.
- **Moderate complexity** – Moderate complexity evaluations take place when the patient's condition has changing characteristics and an evolving clinical presentation. 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. **Typically 45 minutes** are spent face-to-face with the patient and/or family.
- **High complexity** – High complexity evaluations take place when the patient is unstable and exhibits unpredictable characteristics. An examination of body systems using standardized tests and measures in **addressing 4 or more elements** from any of the following: body structures and functions, activity limitations and/or participation restrictions. **Typically 60 minutes** are spent face-to-face with the patient and/or family.

Procedure Code	Description	Time Requirement
NON MET/IEP Evaluations		
97165:96	Evaluation Low Complexity (habilitative)	Typically 30 mins
97165:97	Evaluation Low Complexity (rehabilitative)	Typically 30 mins
97166:96	Evaluation Moderate Complexity (habilitative)	Typically 45 mins
97166:97	Evaluation Moderate Complexity (rehabilitative)	Typically 45 mins
97167:96	Evaluation High Complexity (habilitative)	Typically 60 mins
97167:97	Evaluation High Complexity (rehabilitative)	Typically 60 mins
97168:96	Re-Evaluation (habilitative)	Typically 30 mins
97168:97	Re-Evaluation (rehabilitative)	Typically 30 mins
Evaluations for the MET		
97165:HT:96	Evaluation Low Complexity (habilitative)	Typically 30 mins
97165:HT:97	Evaluation Low Complexity (rehabilitative)	Typically 30 mins
97166:HT:96	Evaluation Moderate Complexity (habilitative)	Typically 45 mins
97166:HT:97	Evaluation Moderate Complexity (rehabilitative)	Typically 45 mins
97167:HT:96	Evaluation High Complexity (habilitative)	Typically 60 mins
97167:HT:97	Evaluation High Complexity (rehabilitative)	Typically 60 mins
97168:HT:96	Re-Evaluation (habilitative)	Typically 30 mins
97168:HT:97	Re-Evaluation (rehabilitative)	Typically 30 mins
Evaluations for the REED		
97165:TL:96	Evaluation Low Complexity (habilitative)	Typically 30 mins
97165:TL:97	Evaluation Low Complexity (rehabilitative)	Typically 30 mins
97166:TL:96	Evaluation Moderate Complexity (habilitative)	Typically 45 mins
97166:TL:97	Evaluation Moderate Complexity (rehabilitative)	Typically 45 mins
97167:TL:96	Evaluation High Complexity (habilitative)	Typically 60 mins
97167:TL:97	Evaluation High Complexity (rehabilitative)	Typically 60 mins
97168:TL:96	Re-Evaluation (habilitative)	Typically 30 mins
97168:TL:97	Re-Evaluation (rehabilitative)	Typically 30 mins

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Evaluations for the IEP		
97165:TM:96	Evaluation Low Complexity (habilitative)	Typically 30 mins
97165:TM:97	Evaluation Low Complexity (rehabilitative)	Typically 30 mins
97166:TM:96	Evaluation Moderate Complexity (habilitative)	Typically 45 mins
97166:TM:97	Evaluation Moderate Complexity (rehabilitative)	Typically 45 mins
97167:TM:96	Evaluation High Complexity (habilitative)	Typically 60 mins
97167:TM:97	Evaluation High Complexity (rehabilitative)	Typically 60 mins
97168:TM:96	Re-Evaluation (habilitative)	Typically 30 mins
97168:TM:97	Re-Evaluation (rehabilitative)	Typically 30 mins
Therapy/Treatments		
97110:96	Individual Therapeutic Procedure (habilitative)	Each 15 mins
97110:97	Individual Therapeutic Procedure (rehabilitative)	Each 15 mins
97112:96	ATD Service- Neuromuscular (habilitative)	Each 15 mins
97112:97	ATD Service- Neuromuscular (rehabilitative)	Each 15 mins
97150	Group Therapy (2-8 Students)	Minimum 5 mins
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
ASSISTIVE TECHNOLOGY DEVICES		
97755	Assistive Technology Assessment	Each 15 mins
97542:96	Wheelchair Management (habilitative)	Each 15 mins
97542:97	Wheelchair Management (rehabilitative)	Each 15 mins
97760:96	First Encounter Orthotics (habilitative)	Each 15 mins
97760:97	First Encounter Orthotics (rehabilitative)	Each 15 mins
97761:96	First Encounter Prosthetics (habilitative)	Each 15 mins
97761:97	First Encounter Prosthetics (rehabilitative)	Each 15 mins
97763	Subsequent Encounter Orthotics/Prosthetics Management	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 		

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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. 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: Completed fine motor task with the use of the light board for visual cues. Was able to explore shape blocks with each hand and place them into the shape puzzle with minimal assistance.

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 zipper, snaps, buckle, and buttons. Responded positively to light box when objects were placed on it to manipulate. Will continue to work on shape blocks and matching for consistency.

RECORD KEEPING

In case of a State or Federal audit, 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.