

2.2 OCCUPATIONAL THERAPY (INCLUDES ORIENTATION AND MOBILITY SERVICES AND ASSISTIVE TECHNOLOGY DEVICE SERVICES)

2.2.A. OCCUPATIONAL THERAPY SERVICES

Definition	Occupational Therapy: Occupational therapy (OT) must be rehabilitative, active or restorative and designed to correct or compensate for a medical problem interfering with age-appropriate functional performance. Occupational therapy services must require the skills, knowledge, and education of a licensed occupational therapist, licensed occupational therapy assistant, or Orientation and Mobility specialist.
Prescription	Occupational therapy services must be prescribed by a physician and updated annually. A stamped physician signature is not acceptable.



Medicaid Provider Manual

Provider Qualifications	<p>OT services may be reimbursed when provided by:</p> <ul style="list-style-type: none">▪ A licensed occupational therapist (OT); or▪ A licensed occupational therapy assistant (OTA) under the direction of a licensed occupational therapist (OT). <p>NOTE: The OTA's services must follow the evaluation and treatment plan developed by the OT. The OT must supervise and monitor the OTA's performance with continuous assessment of the beneficiary's progress. All documentation must be reviewed and signed by the supervising OT.</p>
Evaluations for Occupational Therapies	<p>Evaluations are formalized testing and reports for the development of the beneficiary's treatment plan. They may be completed by a licensed occupational therapist.</p> <p>An evaluation includes:</p> <ul style="list-style-type: none">▪ The treatment diagnosis and the medical diagnosis, if different from the treatment diagnosis;▪ Current therapy being provided to the beneficiary in this and other settings;▪ Medical history as it relates to the current course of therapy;▪ The beneficiary's current functional status (functional baseline);▪ The standardized and other evaluation tools used to establish the baseline and to document progress;▪ Assessment of the beneficiary's performance components (strength, dexterity, range of motion, sensation, perception) directly affecting the beneficiary's ability to function;▪ Assessment of the beneficiary's cognitive skill level (e.g., ability to follow directions, including auditory and visual, comprehension); and▪ Evaluation of the needs related to assistive technology device services, including a functional evaluation of the beneficiary.
Assessments for Durable Medical Equipment	<p>If an ISD occupational therapist performs assessments for DMEPOS that are billed by a Medicaid medical supplier, the clinician must comply with all prior authorization policies and procedures regarding that DMEPOS item. For example, a physician must order the assessment. The clinician must comply with all requirements for the assessments specified in the Medical Supplier Chapter of this manual. For example, the clinician must perform and write his/her own evaluation and may not sign evaluations completed by a medical supplier. Three appropriate economical alternatives must be ruled out for some items. (Refer to the Medical Supplier Chapter of this manual for details.) If the child is also receiving physical therapy, occupational therapy, speech pathology or audiology services in another outpatient setting, it may be more appropriate for the outpatient clinician to perform the assessment. The ISD clinician must coordinate with all clinicians in other settings.</p>



Medicaid Provider Manual

Services	<p>Occupational therapy services include:</p> <ul style="list-style-type: none">▪ Group therapy provided in a group of two to eight beneficiaries;▪ 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 beneficiary or, if appropriate, the beneficiary's parent/guardian;▪ Training or technical assistance for professionals providing other education or rehabilitation services to the beneficiary receiving ATD services;▪ Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities;▪ Evaluating the needs of the beneficiary, including a functional evaluation of the beneficiary. ATD services are intended to directly assist a beneficiary 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.
Procedure Codes	<p>The following procedure codes may be used to bill for occupational therapy services:</p> <ul style="list-style-type: none">▪ 97003 – Occupational therapy evaluation. This code can be used by itself, or with the HT or TM modifiers.▪ 97110 – Therapeutic procedure, one or more areas, each 15 minutes. Therapeutic exercises to develop strength and endurance, range of motion, and flexibility.▪ 97150 – Therapeutic procedure(s), group (2 or more individuals).▪ 97542 – Wheelchair management (e.g., assessment, fitting, training), each 15 minutes. If wheelchair management services are provided for equipment that is covered under the Medicaid Durable Medical Equipment (DME) program, all policies and procedures applicable to that program must be adhered to by school based providers.▪ 97755 – Assistive technology assessment (e.g., to restore, augment or compensate for existing functional tasks and/or maximize environmental accessibility), direct one-on-one contact by providers, with written report, each 15 minutes. (If assessments are done for equipment that is covered under the Medicaid Durable Medical Equipment (DME) program, all policies and procedures applicable to that program must be adhered to by school based providers.)



Medicaid Provider Manual

2.2.B. ORIENTATION AND MOBILITY SERVICES

Definition	<p>Orientation and Mobility Services:</p> <p>Orientation and mobility services are services provided to blind or visually impaired students by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environment in the school, home and community. Services are based on the individual student's needs for assistance in compensatory skill development, visual efficiency, utilization of low vision aids/devices and technology, etc.</p> <p>Spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibration) to establish, maintain, or regain orientation and line of travel (for example, using sound at a traffic light to cross the street); to use the long cane, as appropriate, to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision; and to understand and use remaining vision and distance low vision aids/devices, as appropriate.</p>
Prescription	<p>Orientation and mobility services must be prescribed by a physician and updated annually. A stamped physician signature is not acceptable.</p>
Provider Qualifications	<p>Orientation and mobility services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ A certified orientation and mobility specialist with current certification from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP); or ▪ A licensed occupational therapist.
Evaluations	<p>Evaluations are formalized testing and reports for the development of the beneficiary's treatment plan. They may be completed by an Orientation and Mobility Specialist (O&M) or a licensed occupational therapist.</p> <p>An evaluation for Orientation and Mobility services includes:</p> <ul style="list-style-type: none"> ▪ The treatment diagnosis and the medical diagnosis, if different from the treatment diagnosis; ▪ Medical history as it relates to the current course of therapy; ▪ The beneficiary's current functional status (functional baseline); ▪ The standardized and other evaluation tools used to establish the baseline and to document progress; ▪ Assessment of the beneficiary's performance components (status of sensory skills, proficiency of use of travel tools, current age-appropriate independence, complexity or introduction of new environment, caregiver input, assessment in the home/living environment, assessment in the school environment, assessment in the residential/neighborhood environment, assessment in the commercial environment, and assessment in the public transportation environment); ▪ Assessment of the beneficiary's cognitive skill level (e.g., ability to follow directions, including auditory and visual, comprehension); and ▪ Evaluation of the needs related to assistive technology device services, including a functional evaluation of the beneficiary.



Medicaid Provider Manual

<p>Services</p>	<p>Orientation and mobility services include:</p> <ul style="list-style-type: none"> ▪ Providing assistance in the development of skills and knowledge that enable the child to travel independently to the highest degree possible, based on assessed needs and the IEP; ▪ Training the child to travel with proficiency, safety and confidence in familiar and unfamiliar environments; ▪ Preparing and using equipment and material, such as tactile maps, models, distance low vision aids/devices, and long canes, for the development of orientation and mobility skills; ▪ Evaluation and training performed to correct or alleviate movement deficiencies created by a loss or lack of vision; ▪ Communication skills training (teaching Braille is not a covered benefit); ▪ Systematic orientation training to allow safe movement within their environments in school, home and community; ▪ Spatial and environmental concept training and training in the use of information received by the senses (such as sound, temperature and vibration) to establish, maintain, or regain orientation; ▪ Visual training to understand and use the remaining vision for those with low vision; ▪ Training necessary to activate visual motor abilities; ▪ Training to use distance low vision aids/devices; and ▪ Independent living skills training.
<p>Procedure Codes</p>	<p>The following procedure codes may be used to bill for orientation and mobility services:</p> <ul style="list-style-type: none"> ▪ 97533 – Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes. ▪ 97535 – 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 minutes. ▪ G9041 – Rehabilitation services for low vision by qualified occupational therapist, direct one-on-one contact, each 15 minutes. ▪ G9042 – Rehabilitation services for low vision by certified orientation and mobility specialist, direct one-on-one contact, each 15 minutes. ▪ V2799 – Vision services, miscellaneous



Medicaid Provider Manual

2.2.C. ASSISTIVE TECHNOLOGY DEVICE SERVICES

Definition	<p>Assistive Technology Device Services General Description:</p> <p>Utilizing the description in Section 602(2) of the Individuals with Disabilities Education Act (IDEA), the term 'assistive technology device' means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability. Therapists should restrict their evaluations and services to those within the scope of their practice and consistent with their education and training.</p>
Prescription	<p>Assistive technology device services must be prescribed by a physician and updated annually. A stamped physician signature is not acceptable.</p>
Provider Qualifications	<p>Assistive technology device services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ A licensed occupational therapist (OT); or ▪ A licensed occupational therapy assistant (OTA).
Evaluations for Assistive Technology Devices	<p>Evaluations are formalized testing and reports for the development of the beneficiary's treatment plan. They may be completed by a licensed occupational therapist.</p> <p>An evaluation includes:</p> <ul style="list-style-type: none"> ▪ The treatment diagnosis and the medical diagnosis, if different from the treatment diagnosis; ▪ Current therapy being provided to the beneficiary in this and other settings; ▪ Medical history as it relates to the current course of therapy; ▪ The beneficiary's current functional status (functional baseline); ▪ The standardized and other evaluation tools used to establish the baseline and to document progress; ▪ Assessment of the beneficiary's performance components (strength, dexterity, range of motion, sensation, perception) directly affecting the beneficiary's ability to function; ▪ Assessment of the beneficiary's cognitive skill level (e.g., ability to follow directions, including auditory and visual, comprehension); and ▪ Evaluation of the needs related to assistive technology device services, including a functional evaluation of the beneficiary in the school environment and home.
Assessments for Durable Medical Equipment	<p>If an ISD occupational therapist performs assessments for DMEPOS that are billed by a Medicaid medical supplier, the clinician must comply with all prior authorization policies and procedures regarding that DMEPOS item. For example, a physician must order the assessment. The clinician must comply with all requirements for the assessments specified in the Medical Supplier Chapter of this manual. For example, the clinician must perform and write his/her own evaluation and may not sign evaluations completed by a medical supplier. Three appropriate economical alternatives must be ruled out for some items. (Refer to the Medical Supplier Chapter of this manual for details.) If the child is also receiving physical therapy, occupational therapy, speech pathology or audiology services in another outpatient setting, it may be more appropriate for the outpatient clinician to perform the assessment. The ISD clinician must coordinate with all clinicians in other settings.</p>



Medicaid Provider Manual

<p>Services</p>	<p>ATD services are intended to directly assist a beneficiary with a disability in the selection, coordination of acquisition, or use of an ATD. The direct acquisition of medical equipment, such as wheelchairs etc., is not a covered benefit of the SBS program; this service must be billed under the Medical Supplier program coverage. The direct acquisition of medical equipment is covered under the Medical Supplier Medicaid benefit.</p> <p>Assistive Technology Device Services include:</p> <ul style="list-style-type: none"> ▪ Coordinating and using other therapies, interventions, or services with the ATD. ▪ Training or technical assistance for the beneficiary or, if appropriate, the beneficiary's parent/guardian. ▪ Training or technical assistance for professionals providing other education or rehabilitation services to the beneficiary receiving ATD services. ▪ Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities. ▪ Evaluating the needs of the beneficiary, including a functional evaluation of the beneficiary. ATD services are intended to directly assist a beneficiary with a disability in the selection, coordination of acquisition, or use of an ATD. ▪ Selecting, providing for the acquisition of the device, designing, fitting customizing, adapting, applying, retaining or replacing the ATD, including orthotics. ▪ Wheelchair assessment, fitting, training. If the wheelchair assessment is for equipment billed by a Medicaid medical supplier, all prior authorization and coverage policies and procedures in the Medical Supplier Chapter of this manual must be adhered to by school based providers.
<p>Procedure Codes</p>	<p>The following procedure codes may be used to bill for ATD services:</p> <ul style="list-style-type: none"> ▪ 97112 – Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities. ▪ 97535 – 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 minutes. ▪ 97542 – Wheelchair management (e.g., assessment, fitting, training), each 15 minutes. If wheelchair management services are provided for equipment that is covered under the Medicaid 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 and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, each 15 minutes. ▪ 97761 – Prosthetic training, upper and/or lower extremity(s), each 15 minutes.