



Physical Therapist - 370

Procedure Code	Description	Time Requirement
Evaluations		
97161:96	Eval Low Complex (habilitative)	N/A
97161:97	Eval Low Complex (rehabilitative)	N/A
97162:96	Eval Mod Complex (habilitative)	N/A
97162:97	Eval Mod Complex (rehabilitative)	N/A
97163:96	Eval High Complex (habilitative)	N/A
97163:97	Eval High Complex (rehabilitative)	N/A
MET		
97161:HT:96	MET -Eval Low Complex (habilitative)	N/A
97161:HT:97	MET -Eval Low Complex (rehabilitative)	N/A
97162:HT:96	MET -Eval Mod Complex (habilitative)	N/A
97162:HT:97	MET -Eval Mod Complex (rehabilitative)	N/A
97163:HT:96	MET -Eval High Complex (habilitative)	N/A
97163:HT:97	MET -Eval High Complex (rehabilitative)	N/A
REED		
97161:TL:96	REED -Eval Low Complex (habilitative)	N/A
97161:TL:97	REED -Eval Low Complex (rehabilitative)	N/A
97162:TL:96	REED -Eval Mod Complex (habilitative)	N/A
97162:TL:97	REED -Eval Mod Complex (rehabilitative)	N/A
97163:TL:96	REED -Eval High Complex (habilitative)	N/A
97163:TL:97	REED -Eval High Complex (rehabilitative)	N/A
97164:TL:96	REED –Re-Eval (habilitative)	N/A
97164:TL:97	REED –Re-Eval (rehabilitative)	N/A
IEP		
97161:TM:96	IEP -Eval Low Complex (habilitative)	N/A
97161:TM:97	IEP -Eval Low Complex (rehabilitative)	N/A
97162:TM:96	IEP -Eval Mod Complex (habilitative)	N/A
97162:TM:97	IEP -Eval Mod Complex (rehabilitative)	N/A
97163:TM:96	IEP -Eval High Complex (habilitative)	N/A
97163:TM:97	IEP -Eval High Complex (rehabilitative)	N/A
97164:TM:96	IEP – Re-eval (habilitative)	N/A
97164:TM:97	IEP – Re-eval (rehabilitative)	N/A
Therapy/Treatments		
97110:96	Indiv Therapeutic Procedure (habilitative)	Per 15 mins
97110:97	Indiv Therapeutic Procedure (rehabilitative)	Per 15 mins
97116:96	Gait Training (habilitative)	Per 15 mins
97116:97	Gait Training (rehabilitative)	Per 15 mins
97150	Group Therapy	N/A
97530:96	Therapeutic Activities (habilitative)	Per 15 mins
97530:97	Therapeutic Activities (rehabilitative)	Per 15 mins
Assistive Technology		
97112:96	ATD Service – Neuromuscular (habilitative)	Per 15 mins
97112:97	ATD Service – Neuromuscular (rehabilitative)	Per 15 mins
97535:96	ATD Service – ADL (habilitative)	Per 15 mins
97535:97	ATD Service – ADL (rehabilitative)	Per 15 mins



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97755:96	Assistive Tech Assessment (habilitative)	Per 15 mins
97755:97	Assistive Tech Assessment (rehabilitative)	Per 15 mins
97542:96	Wheelchair Manage (habilitative)	Per 15 mins
97542:97	Wheelchair Manage (rehabilitative)	Per 15 mins
Assistive Technology cont...		
97760:96	ATD Service – Orthotic (habilitative)	N/A
97760:97	ATD Service – Orthotic (rehabilitative)	N/A
97761:96	ATD Service – Prosthetic (habilitative)	N/A
97761:97	ATD Service – Prosthetic (rehabilitative)	N/A
97763	Manage/training in use of orthotics	Per 15 mins
Non-Billable	Consultation – Use for logging students with consult only services listed in the Program & Services section of their IEP Communication – Use for logging phone or email contact with students/parent/guardian. Other – use to log service that does not qualify as a Medicaid billable services. Intern – Used by student intern to record direct service that will not be billed out to Medicaid. Group size more than 8 - Direct service to students in groups larger than 8. No School Day – Use to document snow days or other no school day Provider Absent or Student Absent Provider not Available or Student not Available	N/A

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

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

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 balance and strength activities. Slight progress on stepping over/climbing over objects and maneuvering around obstacles.

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: Student is improving with mobility on even and uneven surfaces. Is now able to climb stairs with handrail using a step-to pattern without hand held assistance. Will continue to work on goal of climbing stairs without hand held assistance.

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.

TELEPRACTICE: GT Modifier will follow standard CPT code for services provided via simultaneous audio and video virtual contact with student/family session through a HIPAA compliance virtual platform. Therapist will indicate in the provider note the virtual platform that was used.