

Tip Sheet

Orientation & Mobility Specialist

Procedure Code	Description												
IDEA ASSESSMENT PROCESS													
V2799 HT	Vision Assessment, report and MET meeting												
V2799 TM	Participation in the IEP/IFSP meeting. Attendance is not necessary if written input was submitted prior to the meeting.												
T1024 HT	Initial/Reeval/Other Evaluation MET												
T1024 TM	Participation in the development/revision/review of the IEP/IFSP treatment plan												
V2799 TL	Participation in the Review of Existing Evaluation Data (REED)												
OTHER EVALUATIONS (NOT RELATED TO THE MET OR IEP)													
V2799	Vision Assessment NOT for a MET or IEP/IFSP												
ORIENTATION AND MOBILITY TRAINING AND ATD SERVICES													
	<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. 												
97533	Sensory Integration Techniques: Vision Orientation and Mobility training, including communication skills training necessary to activate visual motor abilities, each 15 minutes												
97535:96	Habilitative - ATD - Self-care/home management training												
97535:97	Rehabilitative - ATD - Self-care/home management training												
97150	Group Therapy 2-8 students [97150]												
G9042	Rehabilitation for 1:1 low vision services [G9042]												
RECORD-KEEPING ONLY													
UNBILLABLE	<p>Choose this option from your procedure code drop-down box if you wish to create an entry for record-keeping purposes only. For example:</p> <ol style="list-style-type: none"> 1) A service was rendered that was not billable (could not be classified under one of the codes listed below) 2) Services were not rendered because a key participant was absent or not available. 3) You wish to make a record-keeping only entry into the system. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td>- Communication</td> <td>- No School Day</td> <td>- Student not available</td> </tr> <tr> <td>- Consultation</td> <td>- Other</td> <td>- Student absent</td> </tr> <tr> <td>- Group size more than 8</td> <td>- Provider not available</td> <td></td> </tr> <tr> <td>- Intern</td> <td>- Provider absent</td> <td></td> </tr> </table>	- Communication	- No School Day	- Student not available	- Consultation	- Other	- Student absent	- Group size more than 8	- Provider not available		- Intern	- Provider absent	
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Staff Qualifications:

The services listed above are reimbursable when provided by an Orientation and Mobility Specialist certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) or a licensed Occupational Therapist.

Annual Requirements:

Occupational therapy and O & M services must be prescribed by a physician and the prescription must be updated annually. An electronic signature is acceptable, but a stamped signature is not. Scripts are valid for one year from the signature date.

Therapy/Treatment and Assistive Technology Device services are reportable only if the student's IEP includes Direct or Direct/Consultation services with a time and frequency.

Service Documentation:

The Michigan Department of Health and Human Services (MDHHS) has emphasized the importance of thoroughly documenting all services provided to Special Education students. For direct services such as therapy and counseling, documentation must include:

- 1) A progress note for each direct service which describes the goal of the service being rendered and the student's response to that day's service or treatment.
- 2) A Monthly progress summary, which is a summation of the progress notes described above. For example: "Based on the six sessions held this month, we will continue to work on X", OR "we will adjust our focus to address Y."

Your documentation must indicate not only WHAT services are being rendered to meet the student's IEP goals, but HOW the student responded to each service. Service and monthly summary notes must be entered into the Service Tracker software.

Sample Service Note:

Trip to office, appropriate cane use. Student located all landmarks along the way and only needed prompts to maintain trailing.

Sample Summary Note:

Making some progress in moving faster in the hallways. Continues to be mostly reliant on others to maintain his orientation, but is still responding appropriately to obstacles in his path.