

2014-2015 Tip Sheet

Physical Therapist Therapists (PT) or Physical Therapist Asst. being supervised by a licensed PT.

Procedure Code	
IDEA ASSESSMENT PROCESS	
97001 HT	MET Evaluation. An evaluation must have been done to use this code, but it also encompasses all observations, meetings (except the REED and IEP, which have separate codes below) and reports which culminate in a determination of eligibility for Special Education or Early-On services. The service date to record in Service Capture is the date of the MET meeting.
97001 TM	IEP Participation: Participation in the IEP/IFSP including the Manifestation IEP meeting.
97001 TL	REED Participation: Participation in the Review of Existing Evaluation Data.
OTHER EVALUATIONS (NOT RELATED TO THE MET OR IEP)	
97001	Occupational Therapy evaluation NOT for a MET or IEP.
THERAPY / TREATMENT	
	Physical therapy services include: <ul style="list-style-type: none"> • Gait training; • Training in functional mobility skills (e.g., ambulation, transfers, wheelchair mobility); Stretching for improved flexibility; and • Modalities to allow gains (and maintenance) of function, strength or mobility.
97110: GP	Individual Therapy - one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility.
97150: GP	Group Therapy - 2 to 8 individuals
97116	Gait training (includes stair climbing.) each 15 minutes.
97530	Therapeutic activities, direct one-on-one patient contact by the provider (use of dynamic activities to improve functional performance.) each 15 minutes.
ASSISTIVE TECHNOLOGY DEVICE SERVICES	
97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, &/or proprioception for sitting &/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). Includes selecting or providing for the acquisition of an ATD, designing, fitting, customizing, adapting, applying, retaining, or replacing the ATD. Coordinating and using other therapies, interventions or services with the ATD. Training or technical assistance for the individual or, if appropriate, the individual's parent/guardian. Training or technical assistance for professionals providing other education or rehabilitation services to the individual receiving ATD services, each 15 minutes.
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes. Does not pertain to assessments for durable medical equipment that are billed by a Medicaid medical supplier.
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. Do not use if assessments for durable medical equipment are billed by a Medicaid medical supplier.
97760	Orthotic(s) management and training (including assessment and fitting), upper extremity(ies), lower extremity(ies) and/or trunk, each 15 minutes
97761	Prosthetic training, upper and/or lower extremities, each 15 minutes
AREAS COVERED / ASSESSED	
Must chose at	- ATD Coordinating - Evaluation - Motor Planning Activities
least one	- ATD Services - Mobility Training - Functional Performance
for record to save:	- ATD Training - Strength Training - IEP Development / Review
	- Developmental - Theraputic Exercise - Posture & Positioning Activities
	- Gait Training - Pulmonary Enhancement
	- Other (If Other Specify): <input type="text"/>

RECORD-KEEPING ONLY	
UNBILLABLE	Choose a service type from your drop-down box that does not have a numeric code at the end of the description when making an entry for record-keeping purposes only. For example:
	- Communication - No School Day - Student not available
	- Consultation - Other - Student absent
	- Group size more than 8 - Provider not available
	- Intern - Provider absent
GENERAL SERVICE INFORMATION	
<ul style="list-style-type: none"> The service record entered in TIEnet must be sufficiently detailed to allow reconstruction of what transpired for each service billed. The medical record must indicate the specific findings or results of diagnostic or therapeutic procedures. If an abbreviation, symbol, or other mark is used, it must be standard, widely accepted health care terminology. Symbols, marks, etc. unique to that provider MUST NOT BE USED. Consult services are an integral part or an extension of a direct medical service and are not separately reimbursable. DO NOT USE service types that show a "procedure code" at the end of the description. Billing is due on the 15th of each month. Group therapy must be provided in groups of 2-8 students – not billable if more than 8 Provider Notes must include enough detail to allow reconstruction of what transpired for each service. <ul style="list-style-type: none"> Notes are vital in determining what actually occurred on the date of services & the result of the service. Notes should STAND ALONE, so that individuals with basic knowledge can answer simple questions such as: Is the student making progress? How does the service relate to the goals & how will they be measured? Monthly progress notes are REQUIRED for all months for which services are reported: <ul style="list-style-type: none"> Must include evaluation of progress and summarize the services reported during the month Must be dated in the month the services were provided - <i>using the last school day of the month is recommended</i> If you have any questions, please contact the Medicaid department: <ul style="list-style-type: none"> Katy Irwin at 586-228-3343 or kirwin@mysd.net 	

Staff Qualifications:

The services listed are reimbursable when provided by a Licensed Physical Therapist (LPT) in Michigan or a Physical Therapist Assistant being supervised by a Licensed Physical Therapist in Michigan.

Annual Requirements:

Physical therapy services must be prescribed by a physician or licensed physician’s assistant and the prescription must be updated annually. A stamped physician signature is not acceptable.

IEP Requirements:

Therapy and treatment 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 Community Health (MDCH) has emphasized the importance of thoroughly documenting all services provided to Special Education students. For direct services such as therapy and counseling, two notes are required to be entered into Service Capture:

- 1) A progress note for each direct service (therapy or counseling) which describes the goal of the service being rendered and the student’s response to that day’s service or treatment. For example, instead of “exercise class”, a better note would be “Worked on improving flexibility and strength and student is making slow but steady progress”.
- 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.

Sample Service Note:

9/26/13: Balance and strength activities. Slight progress on stepping over/climbing over objects and maneuvering around obstacles.

Sample Summary Note:

9/26/13: Improving with mobility on even and uneven surfaces. Able to climb stairs with handrail using a step-to pattern without hand held assist.