**Service Record – School Based Occupational Therapy**

|  |  |  |
| --- | --- | --- |
| **Medicaid Number** | **Last Name** | **First Name** |
|  |  |  |
| **WVEIS #** | **Diagnosis Code** | **Date of Birth** |
|  |  |  |
| **County** | **1 Beginning Date** | **1 Ending Date** | **1 Procedure Code** | **Units** |
|  |  |  |  |  |
| **School** | **2 Beginning Date** | **2 Ending Date** | **2 Procedure Code** | **Units** |
|  |  |  |  |  |
| **Provider Name** | **3 Beginning Date** | **3 Ending Date** | **3 Procedure Code** | **Units** |
|  |  |  |  |  |

**Occupational Therapy: *Physician’s authorization on file. Must be identified on Service Plan.***

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| Code | Procedure | Service Unit |
| \*97165 GO | Occupational Therapy Evaluation Low Complexity | 1 event per calendar year |
| \*97166 GO | Occupational Therapy Evaluation Moderate Complexity | 1 event per calendar year |
| \*97167 GO | Occupational Therapy Evaluation High Complexity | 1 event per calendar year |
| 97168 GO | Occupational Therapy Re-evaluation | 2 events per calendar year |
| 97032 GO | Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes | 20 units per month |
| 97110 GO | Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility each 15 minutes | 20 units per month |
| 97112 GO | Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and/or standing activities, each 15 minutes | 20 units per month |
| 97113 GO | Aquatic Therapy with therapeutic exercises, each 15 minutes | 20 units per month |
| 97116 GO | Gait training (includes stair climbing) each 15 minutes | 20 units per month |
| 97150 GO | Therapeutic procedure(s), group (2 or more individuals), each 15 minutes. | 20 units per month |
| 97140 GO | Manual therapy techniques (mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions each 15 minutes | 20 units per month |
| 97530 GO | Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance) each 15 minutes | 20 units per month |
| 97532 GO | Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider each 15 minutes | 20 units per month |
| 97533 GO | 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 | 20 units per month |

\*May only use one of the three evaluation codes per calendar year.

Use 97150 GO for procedure(s) provided to a group (2 or more individuals)

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| Date 1 Start Time End TimeDate | 216 | 317 | 418 19 | 520 | 621 | 722 | 823 | 24 | 925 | 1026 | 1127 | 1228 | 1329 | 14 1530 31 |
| Start Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| End Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature/Credentials Date

WVDE – BMS – SBHS – Appendix F Effective Date: January 1, 2017