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.*

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)

Date	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15
Start Time																
End Time																

Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Time																
End Time																

_____   _____
Signature/Credentials   Date