### \_\_\_\_\_\_\_\_\_\_\_\_ COUNTY OCCUPATIONAL THERAPY PROGRESS NOTES/LOGS

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| **BEGINNING DATE:**   |  |  |  | | --- | --- | --- | | **LAST NAME FIRST NAME** | **BIRTHDATE** | **PROVIDER NUMBER** | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **MEDICAID NUMBER** | **DIAG. CODE** | **WVEIS#** | **SCHOOL** | **Proc. Code** | **UNITS** | **Proc. Code** | **UNITS** | |  |  |  |  |  |  |  |  | | See Attached IEP Goals and Objectives **Circle Future Goal**: A. Continue IEP until completion date B. Reconvene IEP Team to address change | | | |  |  |  |  | |  |  |  |  | | **ENDING DATE:** |

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| **Billing Code** | Procedure – 15 minute units | **Billing code** |  |
| 97003 | Therapy Evaluation (one per year) | 97150 GO | Therapeutic procedure(s), group (2 or more)- **billed by session** |
| 97004 | Therapy Re-evaluation (one per 6 mo) | 97530 GO | Therapeutic activities, direct (one on one) |
| 97110 GO | Therapeutic exercises | 97532 GO | Development of cognitive skills, direct (one on one) |
| 97112 GO | Neuromuscular Reeducation | 97533 GO | Sensory integrative techniques, direct (one on one) |
| 97116 GO | Gait Training (stair climbing, etc.) |  |  |