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

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

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|  OTR Signature:  |
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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.) |  |  |