

School Based Health Services
Medicaid Policy Manual
MODULE 6
**OCCUPATIONAL AND
PHYSICAL THERAPY
SERVICES**



BACKGROUND

- SCHOOL BASED HEALTH SERVICES ARE REGULATED BY THE CENTERS OF MEDICAID AND MEDICARE (CMS) AND ADMINISTERED BY THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (WVDHHR) THROUGH THE BUREAU FOR MEDICAL SERVICES (BMS).
- LOCAL EDUCATION AGENCIES (LEAS) ARE ENROLLED WITH MEDICAID TO BE A PROVIDER. IN DOING SO LEAS MUST CONFORM TO STATE AND FEDERAL RULES AND CONFIDENTIALITY REQUIREMENTS.
- LEAS MUST COOPERATE FULLY WITH THE BUREAU FOR CHILDREN AND FAMILIES (BCF) AND COURT SYSTEMS
- SERVICE PLANS ARE REQUIRED

Administrative Requirements

- ALL MEDICAID MEMBERS (STUDENTS WITH MEDICAID CARDS) AND/OR THEIR PARENTS OR GUARDIANS, HAVE THE RIGHT TO FREEDOM OF CHOICE WHEN CHOOSING A PROVIDER FOR TREATMENT
- ALL MEDICAID PROVIDERS SHOULD COORDINATE CARE IF A MEMBER HAS ADDITIONAL MEDICAID SERVICES AT DIFFERENT SITES
- APPROPRIATE RELEASES OF INFORMATION SHOULD BE SIGNED THAT ARE COMPLIANT WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
- FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

- **MEMBER ELIGIBILITY-SCHOOL BASED HEALTH SERVICES (SBSH) INCLUDES MEDICALLY NECESSARY COVERED HEALTH CARE SERVICES PURSUANT TO AN INDIVIDUAL EDUCATION PLAN (IEP) PROVIDED BY OR THROUGH THE WEST VIRGINIA DEPARTMENT OF EDUCATION (DOE) OR A LOCAL EDUCATION AGENCY (LEA).**

MEDICAL NECESSITY-

SERVICES AND SUPPLIES THAT ARE:

- APPROPRIATE AND NECESSARY FOR THE SYMPTOMS, DIAGNOSIS OR TREATMENT OF AN ILLNESS
- PROVIDED FOR THE DIAGNOSIS OR DIRECT CARE OF AN ILLNESS
- WITHIN THE STANDARDS OF GOOD PRACTICE
- NOT PRIMARILY FOR THE CONVENIENCE OF THE PLAN MEMBER OR PROVIDER
- THE MOST APPROPRIATE LEVEL OF CARE THAT CAN BE SAFELY PROVIDED

MEDICAL NECESSITY CONTINUED-

MUST BE DEMONSTRATED THROUGHOUT THE PROVISION OF SERVICES. FOR THESE TYPES OF SERVICES, THE FOLLOWING 5 FACTORS WILL BE INCLUDED AS PART OF THIS DETERMINATION:

- DIAGNOSIS (AS DETERMINED BY A PHYSICIAN OR LICENSED PSYCHOLOGIST)
- LEVEL OF FUNCTIONING
- EVIDENCE OF CLINICAL STABILITY
- AVAILABLE SUPPORT SYSTEM
- SERVICE IS THE APPROPRIATE LEVEL OF CARE

ROUNDING UNITS OF SERVICE

SERVICES COVERED BY MEDICAID ARE, BY DEFINITION, EITHER BASED ON THE TIME SPENT PROVIDING THE SERVICE OR EPISODIC. UNITS OF SERVICE BASED ON AN EPISODE OR EVENT CANNOT BE ROUNDED.

MANY SERVICES ARE DESCRIBED AS BEING “PLANNED”, “STRUCTURED”, OR “SCHEDULED”. IF A SERVICE IS PLANNED, STRUCTURED, OR SCHEDULED, THIS WOULD ASSURE THAT THE SERVICE IS BILLED IN WHOLE UNITS; THEREFORE, ROUNING IS NOT APPROPRIATE.

THE FOLLOWING SERVICES ARE ELIGIBLE FOR ROUNING:

SERVICES WITH 15 MINUTE UNITS

IN FILING CLAIMS FOR MEDICAID REIMBURSEMENT FOR A SERVICE ELIGIBLE FOR ROUNING, THE AMOUNT OF TIME DOCUMENTED IN MINUTES MUST BE TOTALED AND DIVIDED BY THE NUMBER OF MINUTES IN A UNIT. THE RESULT OF THE DIVISION MUST BE ROUNDED TO THE NEAREST WHOLE NUMBER IN ORDER TO ARRIVE AT THE NUMBER OF BILLABLE UNITS. AFTER ARRIVING AT THE NUMBER OF BILLABLE UNITS, THE LAST DATE OF SERVICE PROVISION MUST BE BILLED AS THE DATE OF SERVICE. THE BILLING PERIOD CANNOT OVERLAP CALENDAR MONTHS. ONLY WHOLE UNITS OF SERVICE MAY BE BILLED.

Services

Jan 1	Jan 2	Jan 3	Correct Billing
5 min -OT/PT	5 min - OT/PT	5 min- OT/PT	Bill 15 minutes OT/PT for January 3rd

Jan 1	Correct Billing
15 mi OT/PT	Bill 15 minutes OT/PT or Jan 1

Jan 29	Jan 30	Feb 1	Correct Billing
5 min- OT/PT	5 min- OT/PT	5 min- OT/PT	You cannot bill due to a new calendar month beginning

Jan 1	Jan 2	Jan 3	Correct Billing
5 min- OT/PT	10 min- OT/PT	10 min- OT/PT	Bill 15 min OT/PT on Jan 3 Cannot round up to 30 min for OT/PT

Jan 1	Jan 2	Jan 3	Correct Billing
5 min- OT/PT	Absent from School or No Service Provided	10 min- OT/PT	Bill 15 min OT/PT on Jan 3

TELEHEALTH

THE WEST VIRGINIA BUREAU FOR MEDICAL SERVICES ENCOURAGES PROVIDERS THAT HAVE THE CAPABILITY TO RENDER SERVICES VIA TELEHEALTH TO ALLOW EASIER ACCESS TO SERVICES FOR WV MEDICAID MEMBERS. TO UTILIZE TELEHEALTH PROVIDERS WILL NEED TO DOCUMENT THAT THE SERVICE WAS RENDERED UNDER THAT MODALITY. **WHEN FILING A CLAIM THE PROVIDER WILL BILL THE SERVICE CODE WITH A “GT” MODIFIER.** EACH SERVICE IN THE MANUAL IS IDENTIFIED AS “AVAILABLE” OR “NOT AVAILABLE” FOR TELEHEALTH. SOME SERVICES CODES GIVE ADDITIONAL INSTRUCTION AND/OR RESTRICTION FOR TELEHEALTH AS APPROPRIATE.

TELEHEALTH CONTINUED

- ALL MEDICAID CONDITIONS AND REGULATIONS APPLY TO TELEHEALTH SERVICES UNLESS OTHERWISE SPECIFIED IN THIS MANUAL
- THE PROVIDER MUST HAVE AN APPROPRIATELY TRAINED EMPLOYEE OF THE FACILITY AVAILABLE IN THE BUILDING AT ALL TELEHEALTH CONTACTS WITH A MEMBER. APPROPRIATELY TRAINED IS DEFINED AS TRAINED IN SYSTEMATIC DE-ESCALATION THAT INVOLVES PATIENT MANAGEMENT.
- THE HEALTH CARE AGENCY OR ENTITY THAT HAS THE ULTIMATE RESPONSIBILITY FOR THE CARE OF THE PATIENT AND ENROLLED AS A WV MEDICAID PROVIDER. THE PRACTITIONER PERFORMING SERVICES VIA TELEMEDICINE, WHETHER FROM WEST VIRGINIA OR OUT OF STATE, MUST MEET THE CREDENTIALING REQUIREMENTS CONTAINED WITHIN THIS MANUAL.
- TELEHEALTH PROVIDERS MUST HAVE IN PLACE A SYSTEMATIC QUALITY ASSURANCE AND IMPROVEMENT PROGRAM RELATIVE TO TELEHEALTH SERVICES THAT IS DOCUMENTED AND MONITORED.

TELEHEALTH CONTINUED

- THE PRACTITIONER WHO DELIVERS THE SERVICE TO A MEMBER SHALL ENSURE THAT ANY WRITTEN INFORMATION IS PROVIDED TO THE MEMBER IN A FORM AND MANNER WHICH THE MEMBER CAN UNDERSTAND USING REASONABLE ACCOMMODATIONS WHEN NECESSARY. MEMBER'S CONSENT TO RECEIVE TREATMENT VIA TELEHEALTH SHALL BE OBTAINED, AND MAY BE INCLUDED IN THE MEMBER'S INITIAL GENERAL CONSENT FOR TREATMENT.
- IF THE MEMBER (OR LEGAL GUARDIAN) INDICATES AT ANY POINT THAT HE OR SHE WISHES TO STOP USING THE TECHNOLOGY, THE SERVICE SHOULD CEASE IMMEDIATELY AND AN ALTERNATIVE METHOD OF SERVICE PROVISION SHOULD BE ARRANGED.

TELEHEALTH CONTINUED:

FOR FURTHER INFORMATION AND PROVIDER RESPONSIBILITIES
REGARDING TELEHEALTH SERVICES REFER TO THE
ADMINISTRATION TRAINING MODULE

OCCUPATIONAL AND PHYSICAL THERAPY SERVICES

TO BE COVERED, OCCUPATIONAL AND PHYSICAL THERAPY SERVICES MUST BE ORDERED BY A PARTICIPATING PHYSICIAN OR NURSE PRACTITIONER AND PROVIDED BY OR UNDER THE DIRECTION OF A REGISTERED LICENSED OCCUPATIONAL /PHYSICAL THERAPIST ON AN OUTPATIENT BASIS.

“UNDER THE DIRECTION OF” MEANS THAT THE THERAPIST IS ON THE PREMISES WHEN THE SERVICES ARE RENDERED AND IS AVAILABLE FOR ANY EMERGENCY OR QUESTION THAT MAY ARISE. AS CIRCUMSTANCES PERMIT, THE THERAPIST MUST BE INVOLVED IN PATIENT EDUCATION, INCLUDING BUT NOT LIMITED TO, TEACHING THE PATIENT EXERCISE, MANIPULATION, AND HOW TO USE DEVICES FOR THEIR OWN REHABILITATION.

CONTINUOUS PROGRESS/IMPROVEMENT MUST BE DOCUMENTED FOR COVERAGE OF THERAPY. THE MEMBER MUST SHOW COMPLIANCE WITH THERAPY.

Covered School Based Services

OCCUPATIONAL AND PHYSICAL THERAPY SERVICES CONTINUED

CONTINUATION OF SERVICES MAY BE CONSIDERED, WHEN AN EXACERBATED EPISODE OF A CHRONIC CONDITION IS CLEARLY DOCUMENTED

MEMBER'S REPRESENTATIVE HAVE THE FREEDOM TO CHOOSE SERVICES FROM MEDICAID PROVIDERS OUTSIDE THE SCHOOL SYSTEM. HOWEVER, WEST VIRGINIA CANNOT COVER THIS DUPLICATION OF SERVICES, THAT IS, PAY CLAIMS FOR THE SAME SERVICES PROVIDED IN THE SCHOOL SYSTEM AND ALSO OUTSIDE THE SCHOOL SYSTEM BY PRIVATE. THE LEA IS RESPONSIBLE TO HAVE THE MEDICAID MEMBER'S REPRESENTATIVE SIGN CONSENT FOR TREATMENT FORM FOR ANY OCCUPATIONAL OR PHYSICAL THERAPY SERVICES PROVIDED AT A SCHOOL THAT IS INTENDED TO BE BILLED TO MEDICAID.

WHEN SCHOOL IS NOT IN SESSION, CONTINUATION OF THERAPY SERVICES, IF NECESSARY, SHOULD BE COORDINATED WITH A QUALIFIED THERAPIST IN PRIVATE PRACTICE. THE TREATMENT PLAN ESTABLISHED BY THE SCHOOL SYSTEM SHOULD BE WRITTEN IN A WAY THAT THE PRIVATE PRACTITIONER CAN PICK UP WHERE THE SCHOOL THERAPIST ENDED.

OCCUPATIONAL AND PHYSICAL THERAPY SERVICES

PHYSICAL THERAPY ASSISTANTS (PTA) REGULATIONS TO BILL UNDER A LICENSED PHYSICAL THERAPIST:

ALL PHYSICAL THERAPY ASSISTANTS MUST MEET AND FOLLOW THE REGULATIONS UNDER WV STATE CODE §16-1-1 THRU §16-1-9

CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA) REGULATIONS TO BILL UNDER A LICENSED OCCUPATIONAL THERAPIST

ALL COTA'S CERTIFIED OCCUPATIONAL THERAPY ASSISTANTS MUST MEET AND FOLLOW THE REGULATIONS UNDER WV STATE CODE §30-28-1 THRU 30-28-21.

SERVICE EXCLUSIONS:

- OCCUPATIONAL / PHYSICAL THERAPY SERVICES THAT ARE RENDERED TO AN INPATIENT IN A HOSPITAL, SKILLED NURSING FACILITY, OR OTHER FACILITY.
- OCCUPATIONAL / PHYSICAL THERAPY SERVICES FURNISHED TO PERSONS WHO ARE NOT ELIGIBLE FOR SUCH SERVICES ON THE DATE THE SERVICES ARE RENDERED
- OCCUPATIONAL / PHYSICAL THERAPY SERVICES WILL NOT BE AUTHORIZED FOR MEMBERS WHO HAVE REACHED MAXIMUM REHABILITATION POTENTIAL
- SEPARATE PAYMENT FOR HOT OR COLD PACKS (CPT 97010). PAYMENT FOR THIS CODE HAS BEEN BUNDLED INTO THE PAYMENT FOR OTHER SERVICES.
- EXPERIMENTAL SERVICES OR DRUGS.

OCCUPATIONAL AND PHYSICAL THERAPY

PHYSICAL THERAPY EVALUATION

PROCEDURE CODE: 97001 GP

SERVICE UNIT: EVENT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: ONE PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED OCCUPATIONAL/PHYSICAL THERAPIST

DEFINITION: PHYSICAL THERAPY EVALUATION

OCCUPATIONAL AND PHYSICAL THERAPY

97001 GP DOCUMENTATION

DOCUMENTATION: DOCUMENTATION OF THE EVALUATION MUST BE COMPLETED WITHIN 20 DAYS OF THE DATE OF THE DATE OF SERVICE.

THE DOCUMENTATION MUST ALSO INCLUDE THE FOLLOWING:

- PT DIAGNOSIS
- RECENT PT THERAPY
- PRIOR FUNCTIONAL STATUS
- PLAN OF CARE
- PT PROFILE AND CONTEXT
- TOLERANCE TO IADLS
- TOLERANCE TO ACTIVITIES
- CURRENT SPLINT AND ORTHOSES
- RECOMMENDATIONS
- PROGNOSIS FOR TREATMENT
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

OCCUPATIONAL AND PHYSICAL THERAPY SERVICES

PHYSICAL THERAPY RE-EVALUATION

PROCEDURE CODE: 97002 GP

SERVICE UNIT: EVENT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TWO PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA
LICENSED PHYSICAL THERAPIST

DEFINITION: PHYSICAL THERAPY RE- EVALUATION

OCCUPATIONAL AND PHYSICAL THERAPY SERVICES CONTINUED

97002 GP DOCUMENTATION: DOCUMENTATION OF THE RE-EVALUATION MUST BE COMPLETED WITHIN 20 DAYS OF THE DATE OF THE DATE OF SERVICE.

THE DOCUMENTATION MUST ALSO INCLUDE THE FOLLOWING:

- CHANGE OR NO CHANGE OF PT DIAGNOSIS
- FREQUENCY OF PT
- DURATION OF PT
- PROGNOSIS TOWARD ESTABLISHED GOALS
- MEMBER COMPLIANCE TO TREATMENT
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

OCCUPATIONAL AND PHYSICAL THERAPY SERVICES

OCCUPATIONAL THERAPY EVALUATION

PROCEDURE CODE: 97003 GO

SERVICE UNIT: EVENT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: ONE PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA
LICENSED OCCUPATIONAL THERAPIST

DEFINITION: OCCUPATIONAL PHYSICAL THERAPY EVALUATION

Covered School Based Services

OCCUPATIONAL AND PHYSICAL THERAPY SERVICES CONTINUED

97003 GO DOCUMENTATION

DOCUMENTATION: DOCUMENTATION OF THE EVALUATION MUST BE COMPLETED WITHIN 20 DAYS OF THE DATE OF THE DATE OF SERVICE.

THE DOCUMENTATION MUST ALSO INCLUDE THE FOLLOWING:

- OT DIAGNOSIS
- PLAN OF CARE
- RECENT OT THERAPY
- PRIOR FUNCTIONAL STATUS
- WEIGHT BEARING ACTIVITIES
- OT PROFILE AND CONTEXT
- TOLERANCE TO IADLS
- TOLERANCE TO ACTIVITIES
- CURRENT SPLINT AND ORTHOSES
- RECOMMENDATION
- PROGNOSIS FOR TREATMENT
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

OCCUPATIONAL AND PHYSICAL THERAPY SERVICES

OCCUPATIONAL THERAPY RE-EVALUATION

PROCEDURE CODE: 97004 GO

SERVICE UNIT: EVENT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TWO PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED OCCUPATIONAL THERAPIST

DEFINITION: OCCUPATIONAL PHYSICAL THERAPY RE-EVALUATION

OCCUPATIONAL AND PHYSICAL THERAPY SERVICES

97004 GO DOCUMENTATION: DOCUMENTATION OF THE RE -EVALUATION MUST BE COMPLETED WITHIN 20 DAYS OF THE DATE OF THE DATE OF SERVICE.

THE DOCUMENTATION MUST ALSO INCLUDE THE FOLLOWING:

- CHANGE OR NO CHANGE OF OT DIAGNOSIS
- FREQUENCY OF OT
- DURATION OF OT
- PROGNOSIS TOWARD ESTABLISHED GOALS
- MEMBER COMPLIANCE TO TREATMENT
- UPDATE TO TOLERANCE TO IADLS
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

OCCUPATIONAL AND PHYSICAL THERAPY

PROCEDURE CODE: 97112 (GO FOR OT) OR (GP FOR PT)

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: SIXTEEN-15 MIN UNITS PER CALENDAR MONTH PER
DISCIPLINE

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PHYSICAL THERAPIST, PTA, LICENSED OCCUPATIONAL THERAPIST, OR COTA

DEFINITION: NEUROMUSCULAR REDUCTION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES

OCCUPATIONAL AND PHYSICAL THERAPY SERVICES CONTINUED

97112 (GO FOR OT) OR (GP OR PT) DOCUMENTATION

DOCUMENTATION: DOCUMENTATION MUST INCLUDE THE FOLLOWING

- OT/PT INTERVENTIONS UTILIZED
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

Covered School Based Services

OCCUPATIONAL AND PHYSICAL THERAPY SERVICES

PROCEDURE CODE: 97533 (GO FOR FOR OT) OR (GP FOR FOR PT)

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: SIXTEEN- 15 MIN. UNITS PER CALENDAR MONTH PER DISCIPLINE

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PHYSICAL THERAPIST, PTA, LICENSED OCCUPATIONAL THERAPIST, OR COTA

DEFINITION: SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSE TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES

DOCUMENTATION: DOCUMENTATION MUST INCLUDE THE FOLLOWING

- OT/PT INTERVENTIONS UTILIZED
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

Covered School Based Services

OCCUPATIONAL AND PHYSICAL THERAPY

PROCEDURE CODE: 97530 (GO FOR OT) OR (GP FOR PT)

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: SIXTEEN- 15 MIN UNITS PER CALENDAR MONTH PER DISCIPLINE

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PHYSICAL THERAPIST, PTA, LICENSED OCCUPATIONAL THERAPIST, OR COTA

DEFINITION: THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE)

DOCUMENTATION: DOCUMENTATION MUST INCLUDE THE FOLLOWING

- PT/OT INTERVENTIONS UTILIZED
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

Covered School Based Services

OCCUPATIONAL AND PHYSICAL THERAPY

PROCEDURE CODE: 97532 (GO FOR OT) OR (GP FOR PT)

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: SIXTEEN-15 MIN UNITS PER CALENDAR MONTH PER DISCIPLINE

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PHYSICAL THERAPIST, PTA, LICENSED OCCUPATIONAL THERAPIST, OR COTA

DEFINITION: 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

DOCUMENTATION: DOCUMENTATION MUST INCLUDE THE FOLLOWING

- PT/OT INTERVENTIONS UTILIZED
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

Covered School Based Services

OCCUPATIONAL AND PHYSICAL THERAPY

PROCEDURE CODE: 97116 (GO FOR OT) OR (GP FOR PT)

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: SIXTEEN-15 MIN UNITS PER CALENDAR MONTH PER DISCIPLINE

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PHYSICAL THERAPIST, PTA, LICENSED OCCUPATIONAL THERAPIST, OR COTA

DEFINITION: GAIT TRAINING AND STAIR CLIMBING

DOCUMENTATION: DOCUMENTATION MUST INCLUDE THE FOLLOWING

- PT/OT INTERVENTIONS UTILIZED
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

Covered School Based Services

OCCUPATIONAL AND PHYSICAL THERAPY

PROCEDURE CODE: 97113 (GO FOR OT) OR (GP FOR PT)

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: SIXTEEN-15 MIN UNITS PER CALENDAR MONTH PER DISCIPLINE

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PHYSICAL THERAPIST, PTA, LICENSED OCCUPATIONAL THERAPIST, OR COTA

DEFINITION: THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES

DOCUMENTATION: DOCUMENTATION MUST INCLUDE THE FOLLOWING

- PT/OT INTERVENTIONS UTILIZED
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

Covered School Based Services

OCCUPATIONAL AND PHYSICAL THERAPY

PROCEDURE CODE: 97032 (GO FOR OT) OR (GP FOR PT)

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: SIXTEEN-15 MIN UNITS PER CALENDAR MONTH PER DISCIPLINE

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PHYSICAL THERAPIST, PTA, LICENSED OCCUPATIONAL THERAPIST, OR COTA

DEFINITION: APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES

DOCUMENTATION: DOCUMENTATION MUST INCLUDE THE FOLLOWING

- PT/OT INTERVENTIONS UTILIZED
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

Covered School Based Services

OCCUPATIONAL AND PHYSICAL THERAPY

PROCEDURE CODE: 97140 (GO FOR OT) OR (GP FOR PT)

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: SIXTEEN-15 MIN UNITS PER CALENDAR MONTH PER DISCIPLINE

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PHYSICAL THERAPIST, PTA, LICENSED OCCUPATIONAL THERAPIST, OR COTA

DEFINITION: MANUAL THERAPY TECHNIQUES (E.G. MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), ONE OR MORE REGIONS, EACH 15 MINUTES

DOCUMENTATION: DOCUMENTATION MUST INCLUDE THE FOLLOWING

- PT/OT INTERVENTIONS UTILIZED
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

Covered School Based Services

OCCUPATIONAL AND PHYSICAL THERAPY

PROCEDURE CODE: 97110 (GO FOR OT) OR (GP FOR PT)

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: SIXTEEN-15 MIN UNITS PER CALENDAR MONTH PER DISCIPLINE

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PHYSICAL THERAPIST, PTA, LICENSED OCCUPATIONAL THERAPIST, OR COTA

DEFINITION: THERAPEUTIC PROCEDURE 1 OR MORE AREAS EACH 15 MINUTES THERAPEUTIC EXERCISE TO DEVELOP STRENGTH AND ENDURANCE RANGE OF MOTION AND FLEXIBILITY.

DOCUMENTATION: DOCUMENTATION MUST INCLUDE THE FOLLOWING

- OT/PT INTERVENTIONS UTILIZED
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

Covered School Based Services

OCCUPATIONAL AND PHYSICAL THERAPY

PROCEDURE CODE: 97150 (GO FOR OT) OR (GP FOR PT)

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: SIXTEEN-15 MIN UNITS PER CALENDAR MONTH PER DISCIPLINE

STAFF CREDENTIALS: MUST BE PERFORMED BY A WEST VIRGINIA LICENSED PHYSICAL THERAPIST, PTA, LICENSED OCCUPATIONAL THERAPIST, OR COTA

DEFINITION: THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)

DOCUMENTATION: DOCUMENTATION MUST INCLUDE THE FOLLOWING

- PT/OT INTERVENTIONS UTILIZED
- SIGNATURE WITH CREDENTIALS
- PLACE OF SERVICE
- DATE OF SERVICE
- START-AND-STOP TIMES

DOCUMENTATION:

- ORIGINAL DOCUMENTATION MUST BE MAINTAINED AT THE LEA BOARD OF EDUCATION CENTRAL OFFICE. THIS INCLUDES BILLING FORMS, PROGRESS NOTES AND EVALUATIONS. THE LEA MAY KEEP AN ELECTRONIC VERSION OF SUCH DOCUMENTATION.
- PROVIDERS MAY KEEP COPIES OF THE DOCUMENTATION FOR THEIR USE.
- DO NOT KEEP MEDICAID MEMBER RECORDS IN YOUR CAR OR HOME.
- FOR FURTHER INFORMATION REGARDING DOCUMENTATION REQUIREMENTS REFER TO THE ADMINISTRATION TRAINING MODULE.

School Based Health Services

MEDICAID PARTNERS

West Virginia Department of Education

Office of Federal Programs:

- Contact person-Terry Riley 304-558-1965
tjriley@k12.wv.us

Bureau of Medical Services (BMS):

<http://www.dhhr.wv.gov/bms/Programs/Pages/default.aspx>

Home and Community Based Services Unit

School Based Health Services

- Contact - Cynthia Parsons 304-356-4936
Cynthia.A.Parsons@wv.gov