

120 – Licensed Physical Therapy Assistant

HABILITATIVE AND REHABILITATIVE SERVICES

The American Medical Association (AMA) created modifiers to identify services as habilitative or rehabilitative. This applies to the procedure codes below with a (*).

Modifier 96 - Habilitative Services: Habilitative services help an individual learn skills and functions for daily living that the individual has not yet developed and then keep or improve those learned skills. Habilitative services also help an individual keep, learn, or improve skills and functioning for daily living.

Modifier 97 - Rehabilitative Services: Rehabilitative services help an individual keep, get back, or improve skills and functioning for daily living that have been lost or impaired because the individual was sick, hurt, or disabled.

THERAPY/TREATMENT

PROCEDURE CODE	SERVICE TYPE	START/END TIME
97110*	Individual Therapy Therapeutic exercises to develop strength and endurance range of motion, and flexibility, each 15 min	Yes
97150	Group Therapy Therapeutic procedure(s), group (2-8 individuals), minimum 5 min	Yes
97116*	Gait Training (including stair climbing), each 15 min	Yes
97530*	Therapeutic Activities Direct (1:1) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 min	Yes

ASSISTIVE TECHNOLOGY

PROCEDURE CODE	SERVICE TYPE	START/END TIME
97112*	Neuromuscular Reeducation Reeducation of movement balance, coordination, kinesthetic sense, posture, and /or proprioception for sitting and/or standing activities, each 15 min	Yes
97535*	Self-care/Home Management/ADL Training Activities of daily living and compensatory training, meal prep, safety procedures, and instructions in the use of assistive technology/adaptive equipment, direct 1:1, each 15 min	Yes
97542*	Wheelchair Management (Assessment, fitting, training for both manual and power wheelchairs) If services are provided for Durable Medical Equipment (DME), all policies for the DME program must be adhered to, each 15 min	Yes
97755	Assistive Technology Assessment To restore, augment, or compensate for existing function and/or maximize environmental accessibility: direct 1:1 provider contact required. If services are provided for Durable Medical Equipment (DME), all policies for the DME program must be adhered to, each 15 min	Yes
97760*	First Encounter Orthotics Management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, initial encounter, each 15 min	Yes
97761*	First Encounter Prosthetics Prosthetic training, upper and/or lower extremity(s), initial encounter, each 15 min	Yes
97763	Subsequent Encounter Orthotic/Prosthetics Management , each 15 min	Yes

Non-Billable Code

PROCEDURE CODE	SERVICE TYPE	START/END TIME
Consult Only	Use for logging students with consult-only services listed in the programs/services section of their IEP	-
Behavior Plan	Use to log students with a behavior plan only	-
Communication	Use to log communications with parents, other providers, staff	-
Attendance	Use to log when a student is missing therapy(ies) due to absences	-
Observation	Use to document time observing students for evaluation purposes	-

GENERAL BILLING INFORMATION

Service History Notes:

1. **Describe** what occurred on the date of service. Ensure that the Service History Note (daily note) is sufficiently detailed to allow reconstruction of what transpired for each service billed.
2. **Describe** the “medical” goal of the service.
3. **Indicate** the result of the therapy session (student’s response).
4. **Avoid** discussing academic goals/issues or attendance.

Example of Service Note Detail: Student was positioned while wearing bilateral DAFOs in a supine stander at 80 degrees for upright weight bearing and hamstring stretching. Tolerated 30 minutes without complaints of discomfort.

Monthly History Notes:

1. **Summarize** (Evaluate) the student’s monthly progress toward your medical/health-related goal.
2. **Include** any changes in medical/mental status and changes in treatment with rationale for change.
3. Service History Notes (Daily and Monthly History Notes (Progress) **must not match**.

Example of Summary Note: Student is making moderate progress and was able to tolerate positioning in weight-bearing positions without discomfort for 30 minutes. The use of myofascial techniques prior to positioning improves tolerance. No known changes in medical status or treatment plan. Will continue to try and increase tolerance of positioning next.

Annual Requirement:

1. Physical therapy services must be prescribed by a physician, physician’s assistant, nurse practitioner, or clinical nurse practitioner and updated annually.
2. Copies of **all prescriptions** must be forwarded to Wayne RESA via the Medicaid secure email account.

Record Keeping:

Keep copies of all supporting documentation related to this service for a period of 8 years (FY+7) regardless of the change in ownership or termination of participation in Medicaid.