

137 - Certified Orientation & Mobility Specialist

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.

***For definitions of low, moderate and high complexity evaluations, please refer to the Evaluation Components Document**

EVALUATIONS

PROCEDURE CODE	SERVICE TYPE	START/END TIME
V2799 HT	MET - Vision Assessment/Evaluation Encompasses all meetings, reports and evaluations. The evaluation should be reported only once, even if the evaluation is administered over several days. The date of service is the date eligibility is determined (IEP mtg.). Note: an evaluation must be completed to use this service type.	No
V2799 TM	IEP – Vision Assessment/Evaluation Participation in the IEP/IFSP meeting. Encompasses all work done for the IEP. The date of service is the date of the IEP meeting.	No
V2799 TJ	REED – Vision Assessment/Evaluation Participation in the Review of Existing Evaluation Data (REED), the date of service is the date the IEP team completes its review of data.	No
V2799	Vision Assessment/Evaluation not related to MET or IEP Evaluations completed for purposes other than the IDEA assessment. The date of service is the date the test is completed.	No

ASSISTIVE TECHNOLOGY

PROCEDURE CODE	SERVICE TYPE	START/END TIME
97533*	Vision/O&M – Sensory Integration Techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact, each 15 min	Yes
97535*	ATD Self-care/Home Mgmt. 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.	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

Annual Requirements:

- O&M services must be prescribed by a physician, physician's assistant, nurse practitioner or certified nurse practitioner and must be updated annually.
- Schools must obtain the prescription and provide copies to the Wayne RESA Medicaid Department. If it's 30 days from the date of the POC and no O&M prescription was obtained, the school should request help from Wayne RESA.
- Copies of all prescriptions and requests for help must be forwarded to Wayne RESA via the Medicaid secure email account.
- An electronic signature is acceptable, but a stamped signature is not acceptable.

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 worked on cane position in a diagonal down in front, was very oriented to the building, and was able to take me to the gym and library. Student responses to questions are getting better, still, a lot of echoing by will answer when pushed. Worked inside due to the rain.

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: Reviewing good cane skills to be used throughout the school campus. The student has retained her orientation of the building, unfortunately, her proprioceptive skills are minimal, and the cane is for protection and identification. Will continue to work on proprioceptive skills.

Annual Requirement:

1. Orientation and Mobility services must be prescribed by a physician, physician's assistant, nurse practitioner, or clinical nurse practitioner and updated annually.
2. Schools must obtain the prescription and provide copies to the Wayne RESA Medicaid Department. If it's

30 days from the date of the POC and no OT or O&M prescription was obtained, the school should request help from Wayne RESA.

3. Copies of **all prescriptions** and requests for help 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.