

## Orientation & Mobility Specialist Tip Sheet

Service Type	Procedure Code	Start/End Time	Medical Areas
<b>MET/Eval (Initial and 3-Year Redetermination)</b> <ul style="list-style-type: none"> <li>• Includes meetings, reports and eval(s)</li> <li>• Date of service is date of determination of eligibility (IEP Mtg.)</li> </ul>	V2799HT	No	Yes
<b>IEP (Annual and Initial)</b> <ul style="list-style-type: none"> <li>• Includes meetings, reports and eval(s)</li> <li>• Date of service is date of IEP Meeting</li> </ul>	V2799TM	No	Yes
<b>Evals not related to MET of IEP</b> <ul style="list-style-type: none"> <li>• Do not select this if testing is part of IEP or MET</li> <li>• Date of service is date test is completed</li> </ul>	V2799	No	Yes
<b>Sensory Integrative Techniques (1:1)</b>	97533	Yes	Yes
<b>Rehabilitation Services for Low Vision</b>	G9042	Yes	Yes
<b>Group Therapy</b>	97150	Yes	Yes
<b>Monthly Progress Note</b>	-	No	No
<b>Student Absent</b>	-	No	No
<b>Student Unavailable</b>	-	No	No
<b>Provider Absent</b>	-	No	No
<b>Provider Unavailable</b>	-	No	No
<b>Nonbillable Entry</b>	-	No	No

Medical Areas	
<ul style="list-style-type: none"> <li>• Evaluation</li> <li>• IEP Development/Review</li> <li>• Communication Skills Training</li> <li>• Orientation &amp; Mobility Training in all Environments</li> <li>• Visual Training</li> </ul>	<ul style="list-style-type: none"> <li>• Independent Living Skills Training</li> <li>• Equipment Use and Preparation</li> <li>• Distance Low Vision Aids/Devises Training</li> <li>• Spatial and Environmental Concept Training</li> <li>• Systematic Orientation Training</li> <li>• Compensatory Skill Development</li> </ul>

## General Service Information

- Orientation and mobility services are services provided to blind or visually impaired students to enable them to attain systematic orientation to and safe movement within their environment in the school, home and community.
- Orientation and mobility services must be prescribed by a physician and updated annually.
- Consultation or consultative services are an integral part or an extension of a direct medical service and are not separately reimbursable.
- Service comments must include enough detail to allow reconstruction of what transpired for each service.
- Monthly progress notes are REQUIRED for all months for which services are reported:
  - Must include evaluation of progress and summarize the services reported during the month.
  - Must be dated in the month the services were provided - *using the last school day of the month is recommended.*
- All logging for the month must be completed by the 5<sup>th</sup> of the following month.
- All student information contained in Illuminate is private and confidential – do not share your username or password with anyone or write it down where it can be seen by others.
- If you have any questions, please contact the Medicaid Department:

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