

## Physical Therapist 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>	97001HT	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>	97001TM	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>	97001	No	Yes
<b>Individual Therapy (Therapeutic procedure)</b> <ul style="list-style-type: none"> <li>Therapeutic exercises to develop strength and endurance, range of motion and flexibility</li> </ul>	97110	Yes	Yes
<b>Individual Therapy (Therapeutic activities)</b> <ul style="list-style-type: none"> <li>Use of dynamic activities to improve functional performances</li> </ul>	97530	Yes	Yes
<b>Gait Training</b> (includes stair climbing)	97116	Yes	Yes
<b>Group Therapy</b> (2-8 individuals)	97150	Yes	Yes
<b>Wheelchair Management</b> (Assessment, fitting, training) <ul style="list-style-type: none"> <li>If services are provided for Durable Medical Equipment (DME), all policies for the MDE program must be adhered to.</li> <li><b>Do not use if assessments for DME are billed by a Medicaid medical supplier.</b></li> </ul>	97542	Yes	Yes
<b>Assistive Technology Assessment</b> <ul style="list-style-type: none"> <li>To restore, augment, or compensate for existing function and/or maximize environmental accessibility: direct 1:1 provider contact required.</li> <li>If services are provided for Durable Medical Equipment (DME), all policies for the MDE program must be adhered to.</li> <li><b>Do not use if assessments for DME are billed by a Medicaid medical supplier.</b></li> </ul>	97755	Yes	Yes
<b>ATD - Neuromuscular</b> <ul style="list-style-type: none"> <li>Reeducation of movement balance, coordination, kinesthetic sense, posture and /or proprioception for sitting and/or standing activities</li> </ul>	97112	Yes	Yes
<b>ATD - Orthotics</b> <ul style="list-style-type: none"> <li>Fitting and training, upper and lower extremity(ies), and/or trunk</li> </ul>	97760	Yes	Yes
<b>ATD - Prosthetics</b> <ul style="list-style-type: none"> <li>Training upper and/or lower extremity(ies)</li> </ul>	97761	Yes	Yes
<b>ATD - Self-care/Home Mgmt. Training</b> <ul style="list-style-type: none"> <li>Activities of daily living and compensatory training, meal prep, safety procedures and instructions in the use of assistive technology/adaptive equipment, direct 1:1</li> </ul>	97535	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

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| <ul style="list-style-type: none"><li>• Evaluation</li><li>• IEP Development/Review</li><li>• Activities of Daily Living</li><li>• Strength Training</li><li>• Balance Activities</li><li>• Gait Training</li><li>• Mobility Training</li></ul> | <ul style="list-style-type: none"><li>• Motor Planning Activities</li><li>• Posture and Positioning Acts</li><li>• Pulmonary Enhancement</li><li>• Therapeutic Exercise</li><li>• ATD Services</li><li>• ATD Coordinating</li><li>• ATD Training</li></ul> |
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## General Service Information

- Consult 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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