Service Record – Occupational Therapy

Medicaid Number		Last Name		First Name	First Name	
WVEIS#		Diagnosis Code		Date of Birth		
County	1 Beginnin	g Date	1 Ending Date	1 Procedure Code	1 Units	
	2 Beginnin	g Date	2 Ending Date	2 Procedure Code	2 Units	
Provider Name						
	3 Beginnin	g Date	3 Ending Date	3 Procedure Code	3 Units	
	4 Beginnin	g Date	4 Ending Date	4 Procedure Code	4 Units	
	5 Beginnin	g Date	5 Ending Date	5 Procedure Code	5 Units	

Occupational Therapy: Physician's authorization on file. Must be identified on IEP.

Code	Procedure	Service Unit
97003	Occupational Therapy Evaluation	1 per year
97004	Occupational Therapy Re-evaluation	1 per 6 mo.
97110 GO	Therapeutic procedure, one or more areas, each 15	Each 15 minutes
	minutes; therapeutic exercises to develop strength and	
	endurance, range of motion and flexibility	
97112 GO	Neuromuscular reeducation of movement, balance,	Each 15 minutes
	coordination, kinesthetic sense, posture, and	
	proprioception for sitting and/or standing activities	
97113 GO	Aquatic therapy with therapeutic exercises	Each 15 minutes
97116 GO	Gait training (includes stair climbing)	Each 15 minutes
97150 GO	Therapeutic procedure(s), group (2 or more	Per event
	individuals)	
97530 GO	Therapeutic activities, direct (one-on-one) patient	Each 15 minutes
	contact by the provider (use of dynamic activities to	
	improve functional performance)	
97532 GO	Development of cognitive skills to improve attention,	Each 15 minutes
	memory, problem solving, (includes compensatory	
	training), direct (one-on-one) patient contact by the	
	provider	
97533 GO	Sensory integrative techniques to enhance sensory	Each 15 minutes
	processing and promote adaptive responses to	
	environmental demands, direct (one-on-one) patient	
	contact by the provider	

Use 97150 for procedure(s) provided to a group (2 or more individuals)

Signature	