American Occupational Therapy Association

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Pediatric Billing And Coding

Tips And Tools

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Documentation Guidelines

Good documentation is essential for proper reimbursement. Documentation should justify the medical necessity of the service while providing a clear picture of the client's limitations, goals, and functional outcomes. Below are a few general documentation guidelines and a wealth of AOTA resources that provide more detailed information.

- Document treatment time spent on each intervention.
- Document client-centered goals and outcomes.
- Document specialized skills needed to qualify as a skilled service.
- Link interventions to performance outcomes.
- Clearly state intervention approaches.
- Document the type of assessment used and the results of the assessment.
- Document clear recommendations and goals of continued treatment.

Documentation Resources

Guidelines for Documentation of Occupational Therapy
https://ajot.aota.org/article.aspx?articleid=2701696

Tips for Maximizing Your Clinical Documentation
http://www.aota.org/practice/manage/reimb/maximize-clinical-documentation-tips.aspx

Do's and Don'ts of Documentation: Tips From OT Managers
http://www.aota.org/Practice/Manage/Reimb/documentation-dos-donts-tips-from-OT-managers.aspx

How to be More Effective With Documentation: Q and A With Cathy Brennan
http://www.aota.org/Publications-News/AOTANews/2014/QA-Cathy-Brennan-Effective-Documentation.aspx

School-Based Practice Documentation Tips: Save Time and Highlight OT's Distinct Value
http://www.aota.org/Practice/Manage/Reimb/school-based-documentation-tips.aspx

Writing Pediatric Goals: How to Document Family Involvement & Developmental Progress
http://www.aota.org/Practice/Manage/Reimb/writing-pediatric-goals-family-involvment-developmental.aspx

How to Fix Common Early Intervention Documentation Mistakes
http://www.aota.org/Practice/Manage/Reimb/fix-early-intervention-EI-documentation-mistakes.aspx

Additional AOTA documentation resources can be accessed at
https://www.aota.org/Practice/Manage/Reimb.aspx

Insurance Billing Guidelines

Payment for services varies by insurance carrier. Refer to the Occupational Therapy billing guidelines outlined by each individual insurance carrier. Be sure to investigate each carrier's particular requirements, including coding, diagnosis, documentation, and referral. Some insurers develop coverage and billing guidelines specifically based on a type of condition. Be sure to search under Occupational Therapy, Cognition, Sensory Integration, and/or Rehabilitation.

Be aware of any specific insurance requirements regarding reconsiderations and appeals. Most insurers have time frames for sending appeals, and many have a form that must be completed. The appeal should include a cover letter (and/or specific required form) along with therapy records. The focus of the appeal should present a clear reason why you feel the OT service should be payable. Be aware that the appeal requirements and time frames for one insurance company are likely to differ from other insurance companies with whom you work on behalf of other clients.

Reminder: Any procedure, and corresponding CPT® code, can be deemed experimental/investigational or not be covered for other reasons by any insurance carrier. These procedures can be appealed to the insurance provider, and patients should be encouraged to fight the denial with their insurance company. If the intervention is not covered by the insurance carrier, it can be billed to the client. However, some insurance companies require that the patient be informed that the procedure is considered experimental/investigational or not covered prior to the procedure being performed and agree in writing to private pay for that procedure. For this reason, investigating what is covered for each client's insurance plan is important prior to starting therapy services.

Every state has an Insurance Commissioner who is tasked with monitoring insurance carriers for unfair practices. Filing a complaint with the Insurance Commissioner can be an effective last resort when an insurance carrier does not follow accepted standards for reimbursement.

59 Modifier Usage

Modifier 59 does not apply to all codes. Certain situations require the modifier to clarify that two services that would typically be considered part of the same service should both be allowed because in this instance they are performed as two separate and distinct interventions.

Points to Remember:

- Modifier 59 should only be used when the two 15-minute timed services are performed sequentially. The time spent must be clearly documented as separate and distinct, and cannot overlap.
- For example, if you spent 7 minutes on therapeutic activities and 10 minutes on self-care, only one 15-minute unit can be billed. But, if you spent 15 minutes on therapeutic activities and then an additional, separate 15 minutes on self-care, you would bill both codes and modifier 59 would be appropriate.

The 8-Minute Rule

The 8-minute rule was devised by CMS to determine how to report billable units of timed services. Many insurances follow these guidelines. Use these guidelines for timed services only. If an untimed service is also billed the same day, do not count the time spent on the untimed service towards billable units.

The following chart documents how many minutes must be provided in order to bill the corresponding number of units. Note how 1 billable unit for a timed code must be at least 8 minutes, and it does not increase to a second billable unit until you have at least 8 minutes past the 15-minute mark. If more than one timed CPT code is billed during a calendar day, then the total treatment time determines the number of units billed.

Units	15 Minutes per Unit	Billable Minutes
0	0	1-7
1	15	8–22
2	30	23–37
3	45	38–52
4	60	53–67

Diagnosis Code Selection

The treating diagnosis is not always the primary medical diagnosis. Use the diagnosis that most appropriately describes the condition you are treating. More than one diagnosis may be appropriate. Do include any comorbidities that are affecting treatment. If possible, avoid unspecified codes.

Commonly Used Current Procedural Terminology (CPT®) Codes

OCCUPATIONAL THERAPY EVALUATIONS

97165 Occupational therapy evaluation, **low complexity**

97166 Occupational therapy evaluation, **moderate complex.**

97167 Occupational therapy evaluation, **high complexity**

97168 Occupational therapy **re-evaluation**

THERAPEUTIC PROCEDURES

97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength

97112 Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, supervised posture, and/or proprioception for sitting and/or the application of a modality that does not require direct standing activities (one-on-one) patient contact

97113 Aquatic therapy with therapeutic exercises

97129 Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; first 15 minutes

97130 Each additional 30 minutes (list separately in addition to code for primary procedure)

97150 Therapeutic procedure, group (2 or more individuals)

97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes

97535 Self-care/home management training (e.g., activities of daily living [ADLs] and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct one-on-one contact, each 15 minutes

TESTS AND MEASUREMENTS

95851 Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)

95852 Range of motion measurements and report (separate procedure); hand, with or without comparison to normal side

97750 Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes

97755 Assistive technology assessment (e.g., to restore, augment, or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes

ORTHOTIC MANAGEMENT AND TRAINING AND PROSTHETIC MANAGEMENT

97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes

97761 Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes

97763 Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes

CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (e.g., NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)

96110 Developmental screening (e.g., developmental

milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument

96112 Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory, and/or executive functions by standardized developmental instruments) when performed by physician or other qualified health care professional, with interpretation and report; first hour

96113 Each additional 30 minutes (list separately in addition to code for primary procedure)

96125 Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

SWALLOWING OR ORAL FUNCTION FOR FEEDING

92526 Treatment of swallowing dysfunction and/or oral function for feeding

92610 Evaluation of oral and pharyngeal swallowing function

MODALITIES

97018 Application of a modality to 1 or more areas; paraffin bath

97022 Whirlpool

97024 Diathermy

97026 Infrared

97028 Ultraviolet

Commonly Used ICD-10-CM Diagnosis Codes

F81.9	Development disorder of scholastic skills, unspecified
F82	Specific development disorder of motor function
F84.0	Autistic disorder
F88.9	Other specified delays in development
F89	Unspecified disorder of psychological development
G54.0	Brachial plexus disorders
G80.9	Infantile cerebral palsy, unspecified
G81.91	Hemiplegia, unspecified affecting right dominant side
G81.92	Hemiplegia, unspecified affecting left dominant side
G81.93	Hemiplegia, unspecified affecting right non-dominant side
G81.94	Hemiplegia, unspecified affecting left non-dominant side
G82.20	Paraplegia
M24.841	Other joint derangement, not elsewhere classified, right hand
M24.842	Other joint derangement, not elsewhere classified, left hand
M25.241	Flail joint, right hand
M25.242	Flail joint left hand
M25.341	Other instability, right hand
M25.342	Other instability, left hand

M25.60	Stiffness of joint, not elsewhere classified, involving unspecified site
M62.81	Muscle weakness (generalized)
R20.0	Anesthesia of skin
R20.1	Hypoesthesia of skin
R20.2	Paresthesia of skin
R20.3	Hyperesthesia
R20.8	Other disturbances of skin sensation
R20.9	Unspecified disturbances of skin sensation
R27.0	Ataxia, unspecified
R27.8	Other lack of coordination
R27.9	Unspecified lack of coordination
R41.840	Attention and concentration deficit
R41.841	Cognitive communication deficit
R41.842	Visuospatial deficit
R41.843	Psychomotor deficit
R41.844	Frontal lobe and executive function deficit
R41.89	Other symptoms and signs involving cognitive functions and awareness
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness
R60.0	Localized edema
R60.1	Generalized edema
R60.9	Edema, unspecified
R62.0	Delayed milestone in childhood
R62.50	Lack of normal physiological development in childhood unspecified
R62.59	Other lack of expected normal physiological development in childhood
R63.3	Feeding difficulties and mismanagement

Evaluation Requirements

Evaluation Code	Occupational Profile/ Medical and Therapy History	Patient Assessment	Clinical Decision Making
Low Complexity **97165**	Brief history relating to presenting problem	1–3 performance deficits relating to physical, cognitive, psychosocial limitations/restrictions	Low complexity, limited amount of treatment options, no assessment modification, no comorbidities
Moderate Complexity **97166**	Expanded review of therapy/medical records Additional review of physical, cognitive, psychosocial performance	3–5 performance deficits relating to physical, cognitive, psychosocial limitations/restrictions	Moderate analytical complexity, detailed assessments, minimal to moderate modification of assessments, may have comorbidities
High Complexity **97167**	Extensive review of physical, cognitive, psychosocial performance	5 or more performance deficits relating to physical, cognitive, and psychosocial limitations/ restrictions	High analytic complexity, comprehensive assessments, multiple treatment options, significant modifications of assessment

Re-Evaluation

The CPT® requirements for a re-evaluation include an assessment of changes in patient functional or medical status, an update to the initial occupational profile that reflects changes in condition that affect goals, and a revised plan of care. The requirements go on to specify that a formal reevaluation is only performed when there is a documented change in functional status or a significant change to the plan of care is required.

The key is a significant change. That change can be in functional status or in the plan of care itself. It can be based on new clinical findings or a patient's failure to respond to treatment. Each insurance carrier will have its own guidelines as to when a re-evaluation is appropriate, so be sure to check with the payer.

Interventions

Intervention CPT® codes are deliberately non-specific so that they can apply to various types of therapeutic scenarios. Therefore, in choosing an intervention code, the intent of the intervention should be a driving factor. What are you trying to achieve therapeutically?

Pediatric Documentation & Coding Scenarios

Pediatric Therapy Evaluation Example

Date: January 1, 20XX

Patient Name: A. Little

DIAGNOSIS

Treating: R48.8 Other Symbolic Dysfunction

F88 Other disorders of psychological development (Sensory integration disorder)

A Little is an almost 4-year-old active little girl who was referred for an occupational therapy evaluation due to concerns with sensory integration development, increased movement and decreased attention, sleep difficulties, tactile hypersensitivities, impaired safety awareness, and limited diet, which impacts her ability to participate in ADLs and skill development. Occupational therapy evaluated the skills underlying the development of motor skills, activities of daily living, and sensory integration/processing. Weaknesses were seen in motor planning (praxis) for novel and non-preferred tasks, as well as impaired midline crossing. Weakness was also observed in her core musculature during participation in activities.

A Little would benefit from occupational therapy intervention to increase core strength, improve executive functioning, expand a limited diet, increase functional participation in ADLs, and improve sensory integration deficits in organizing information from her sensory systems.

Impairments and Functional Limitations:

1. Impaired motor planning and coordination, resulting in difficulty performing novel and non-preferred tasks; decreased core strength and endurance; dependence with ADLs; impaired motor and skill development; and prolonged time to complete new activities secondary to inefficient methods.

2. Hypersensitivity to oral cavity impacting ability to tolerate a variety of food textures and temperatures in her mouth, resulting in frequent and consistent food refusals.

3. A. Little demonstrates deficits in auditory, visual, proprioceptive, vestibular, touch, oral sensory, and multisensory processing. In addition, she presents with difficulties modulating behavioral outcomes of sensory processing, and ability to organize sensory information for self-regulation and behavior modulation. As a result she exhibits difficulties with motor planning, engages in sensory seeking and sensory avoiding behavior, and struggles with sensory modulation. She also demonstrates poor body awareness and decreased endurance.

BACKGROUND INFORMATION

Past Medical History: A Little is the product of a 38- to39-week pregnancy and cesarean section delivery. Mrs. Little's pregnancy and A's delivery were otherwise uneventful. A's mother reported that A experienced a reaction to an immunization once during the winter while she was sick. A had her hearing checked when she was 3 years old due to a poor result on a hearing exam at her preschool. Her mother reported that A participated in an evaluation and was diagnosed with Autism Spectrum Disorder (ASD) by her pediatrician. 1

Social History: A's mother and father are divorced. She lives with her mother and spends a lot of time with her father. She has one brother. She currently attends preschool.

Previous and Present Intervention: A participated in early intervention services. She is currently participating in behavioral therapy services and receives support from a Behavioral Specialist Consultant (BSC) and Therapeutic Support Staff (TSS) weekly. 2

Assessments

A demonstrated a consistent right hand dominance throughout the fine motor and prewriting testing. She was able to grasp a marker with her thumb and first finger toward the paper and her remaining fingers around the marker. She was able to grasp 2 cubes and hold them with one hand for at least 3 seconds. She was unable to demonstrate a more mature pencil grasp or manipulate buttons. Her gross motor skills were lower than expected for her age with decreased strength and endurance. She was unable to maintain a stable posture when not moving and appeared clumsy and uncoordinated when trying to catch or throw a ball.

Activities of daily living: A required moderate assistance to doff her shoes secondary to decreased direction following and visual attention. She was independent to doff her socks, but this was not in response to therapist direction. She was fully dependent with donning shoes and socks; however, she did not want to have socks or shoes on. She was not yet toilet trained. Her mother reported that A rarely used utensils for feeding, and she participated mostly in finger feeding when eating.

A demonstrated characteristics of children generally classified as problem feeders. Her mother reported that preferred foods included dry cereal, peanut butter toast, bananas, bologna, cheese, crackers, Cheez Whiz, Spam, and chicken nuggets. She drank water and apple juice and occasionally milk from a bottle and/or sippy cup. She refused most meats, fruits, and vegetables.

Plan of Care

It is recommended that A receive direct occupational therapy, one time per week. The specialized skills of a therapist are needed to:

Develop a home exercise program consisting of strengthening exercises, bilateral coordination and midline crossing tasks, and postural control activities 3 times per week, in combination with a daily sensory diet as per parent/patient report.[5]

Create a functional/working sensory diet using high tactile and oral input; a large amount of touch and proprioceptive input; strategies for enhanced visual, auditory, and vestibular rehabilitation; and postural and breath integration.[5]

Provide strengthening activities, fine motor tasks, and gross motor activities to improve motor planning, postural control, strength and endurance, attention to task, and direction following.

Patient Goals

A will spontaneously and independently touch a novel, previously non-preferred texture for at least 5 minutes of play, at least 75% of trials.[5]

A will improve attention to task as demonstrated by the ability to follow a two-step direction during a game 25% of trials with one cue.[5]

A will maintain upright standing balance with only a 2-step adjustment to maintain balance while throwing a ball 6 feet, 50% of trials.[5]

A will hold a scoop spoon with hand-over-hand assist and eat a preferred food 75% of trials.[5]

A will participate in a home gross and fine motor exercise program to supplement weekly therapy sessions 75% of presented opportunities as reported by her mother.

CODING THE DOCUMENTATION		
Documentation Element	**Coding Element**	**Level of Service**
1	Expanded medical history	**OCCUPATIONAL PROFILE** • Expanded medical history • Review of therapy history Moderate Complexity
2	Therapy history	
3	Performance deficits	**ASSESSMENT** • 4 performance deficits • Occupations in which the client is experiencing activity limitations or participation restrictions Moderate Complexity
4	Modification required	
5	Multiple treatment options	**CLINICAL DECISION MAKING** • Moderate modification required • Multiple treatment options • No comorbidities • Data analysis from detailed assessments Moderate Complexity
FINAL EVALUATION CPT CODE		**97166**

Pediatric Therapy First Intervention Treatment Note Example

Patient: A Kidd

Date: January 1, 20XX Length of Service: 60 minutes

Subjective:

"I am happy today. I don't think I want to hold that spoon."

Objective:

Patient participated in:

Use of a spoon to transport dry substance at least 8 inches without spillage [1]

Imitating simple facial expressions and performing tongue lateralization and elevation with tactile cues [2]

Assessment:

Demonstrated improved oral motor strength and coordination by successfully imitating 3 simple facial expressions multiple times. Transporting dry substance on spoon showed minimal increase in grading of movement, fine motor precision, and skill as spillage occurred at 5 inches each time.

Plan:

Continue current plan of care improving oral motor strength and coordination, and activities for fine motor precision.

Coding the Intervention

Interventions are coded based on the activity performed and how the intervention is being used therapeutically. The same intervention can be coded differently based on its purpose. The table below gives examples of how the intervention could be coded based on its therapeutic use. Keep in mind that the 8-minute rule for timed services would still have to be reached in order to bill multiple interventions on the same day. **Specifically, an activity completed during a therapy session can only be billed under one CPT code.**

Intervention	How is the intervention being used therapeutically?	CPT code
1	as ADL for feeding or Fine motor precision and skill	**97535** **or** **97530**
2	Oral motor strength and coordination	**92526**

Pediatric Therapy Second Intervention Treatment Note Example

Patient: A Kidd

Date: January 2, 20XX Length of Service: 60 minutes

Subjective:

"I am ready to play."

Objective:

Patient participated in:

1. Inserting shapes in the correct places with shape ball, and building a tower at least 5 cubes high
2. Manipulating simple container lids (to remove and replace)

Assessment:

Demonstrated slight improvement in visual motor integration by inserting 2/3 shapes in correct places. Slight improvement in grasping skills (use of three fingers with the 1-inch cubes), bilateral coordination, visual attention (required only minimal tactile gestures on the materials requiring visual attention), and eye/hand coordination with manipulating container lids with moderate assistance.

Plan:

Continue current plan of care for visual motor integration, hand skills, and visual attention.

Coding The Intervention

Interventions are coded based on the activity performed and how the intervention is being used therapeutically. The same intervention can be coded differently based on its purpose. The table below gives examples of how the intervention could be coded based on its therapeutic use. Keep in mind that the 8-minute rule for timed services would still have to be reached in order to bill multiple interventions on the same day. **Specifically, an activity completed during a therapy session can only be billed under one CPT code.**

Intervention	How is the Intervention being used Therapeutically?	CPT code
1	Visual motor integration or Executive function	**97530** **or** **97129**
2	Grasping skills or as ADL for feeding	**97530** **or** **97535**

Pediatric Therapy Third Intervention Treatment Note Example

Patient: A Child
Date: January 1, 20XX Length of Service: 45 minutes

Subjective:

Mother stated. "A is very tired today as she didn't sleep well last night. I had trouble getting her into the car to come to therapy."

Objective:

Patient participated in:

A 5-step obstacle course [1]

Manipulating a medium size ball and replicating a 3-step movement sequence [2]

Completing a 4 -to 5-step craft, including cutting, gluing, and coloring with precision [3]

Assessment:

Minimal improvement in motor planning, postural control, strength and endurance, and sequencing as A did not complete past the third step in the obstacle course. Slight improvement in postural strength and control, bilateral coordination, and crossing midline to use both hands. She swung the ball more consistently but wouldn't follow instructions for the other steps. Significant improvement in fine motor precision as she followed the outline precisely when cutting out the shape.

Plan: Continue current plan of care.

Coding The Intervention

Interventions are coded based on the activity performed and how the intervention is being used therapeutically. The same intervention can be coded differently based on its purpose. The table below gives examples of how the intervention could be coded based on its therapeutic use. Keep in mind that the 8-minute rule for timed services would still have to be reached in order to bill multiple interventions on the same day. **Specifically, an activity completed during a therapy session can only be billed under one CPT code.**

Intervention	How is the intervention being used therapeutically	CPT code
1	Motor planning or Postural control or Strength and endurance or Sequencing	**97530** **or** **97112** **or** **97110** **or** **97129**
2	Postural strength and control or Bilateral coordination	**97112** **or** **97530**
3	Fine motor precision or Sequencing	**97530** **or** **97129**

Pediatric Therapy Fourth Intervention Treatment Note Example

Patient: A Youth

Date: January 1, 20XX Length of Service: 60 minutes

Subjective:

"I like doing these activities. Tell me what I have to do with these headphones."

Objective:

Patient participated in:

Vestibular and proprioceptive activity sequence[1]

High tactile input[1]

Metronome therapy

Therapeutic listening

Assessment:

Good start to a functional/working sensory diet. Some improvements in visual, auditory, and vestibular rehabilitation, as evidenced by immediate improved upright posture and visual attention for the first 10 minutes of TL; demonstrate decreased attention to Metronome after 3 minutes.

Plan:

Continue current plan of care.

CODING THE INTERVENTION

Interventions are coded based on the activity performed and how the intervention is being used therapeutically. The same intervention can be coded differently based on its purpose. The table below gives examples of how the intervention could be coded based on its therapeutic use. Keep in mind that the 8-minute rule for timed services would still have to be reached in order to bill multiple interventions on the same day. **Specifically, an activity completed during a therapy session can only be billed under one CPT code.**

Intervention	How is the intervention being used therapeutically	CPT code
1	Visual, auditory, and vestibular rehabilitation, and postural and breath integration to enhance sensory functioning and promote an adaptive response OR Visual, auditory, and vestibular rehabilitation, and postural and breath integration as dynamic activities to improve functional performance	**97533** **97530**