

PLEASE PRINT

MEDICAID - DIRECT SERVICE CLAIMS OCCUPATIONAL AND PHYSICAL THERAPY LOGS

School District: _____
Student Name _____
AHCCCS ID: _____
Diagnosis Code or SPED Category: _____

Provider Name: _____
Provider ID: _____
Provider Phone #: _____
Circle one: **OT or PT**

Circle Appropriate Month: Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun

Day	Units	Service Code	Comments
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Code	Description	
97001	Physical Therapy Evaluation	✗
97002	Physical Therapy Re-evaluation	✗
97003	Occupational Therapy Evaluation	✗
97004	Occupational Therapy Re-evaluation	✗
97010	Application of a modality: hot/cold packs	✗
97032	Application of a modality: electrical stimulation	
97110	Therapeutic procedure, Therapeutic exercises to develop strength , endurance and range of motion.	
97112	Neuromuscular re-education of movement, balance kinesthetic sense, posture and proprioception.	
97116	Gait training therapy	
97124	Therapeutic procedure, massage therapy	
97139	Unlisted therapeutic procedure (specify)	
97140	Manual therapy techniques	
97150	Therapeutic procedure(s), group (2 or more individuals)	✗
97530	Therapeutic activities, one on one patient contact	
97532	Cognitive skills development	
97542	Wheelchair management / propulsion training	
97750	Physical performance test or measurement	
97760	Orthotic(s) management and training (including assessment and fitting upper / lower extremity(s)	
97761	Prosthetic training upper / lower extremity(s)	

✗ = Event 1 Unit

I certify that the services indicated above were performed by me and are indicated in the IEP.

Signature: _____ Date: _____