



CHAPTER 538 SCHOOL-BASED HEALTH SERVICES APPENDIX F

Chapter 538 School-Based Health Services

Appendix 538F

Occupational Therapy Billing Form

BMS Provider Manual Chapter 538 School-Based Health Services Appendix F, Occupational Therapy Billing Form

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

Service Record – School Based Occupational Therapy Billing Form

Medicaid Number	Last Name	First Name
WVEIS Number	Date of Birth	Provider Name/Credentials
County	School	Month/Year

LIST ALL DIAGNOSIS CODES RELATED TO OCCUPATIONAL THERAPY							
1.	2.	3.	4.	5.	6.		

Occupational Therapy Services: Physician's authorization on file. Services must be identified on the Plan of Care.

Service Date	Diagnosis Code(s)	Procedure Code	Start Time	End Time	Units/Event

Signature/Credentials

Date

Co-Signature/Credentials (initial dates directly supervised)

Date

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