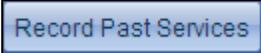


Recording an Occupational Therapy Session

Follow the steps below to complete a SESIS Service Record for a student who attended an occupational therapy session.

Step	Action
1.	Click the Service Capture link from your SESIS homepage to open your Services Calendar. 
2.	Click the name of the student in your Caseload for which you wish to record services.
3.	Click the Record Past Services link at the top of the Services Calendar. 
4.	Click on the date of the session and click OK .
5.	Enter the time that the student arrived for the session in the Start Time field.
6.	Enter the session end time in the End Time field.
7.	Click the Service Type dropdown to specify Occupational Therapy .
8.	Select the Language of Service from the dropdown.
9.	Note the Session Type dropdown automatically defaults to Service Provided . <ul style="list-style-type: none"> • Select Student Absent when the student is (1) absent from school or (2) is present in school but refuses to receive service. • Select Provider Absent when you are absent from the DOE (e.g. sick leave, personal leave). • Select Cancelled when the reason is <i>anything other than</i> Student Absent or Provider Absent (as described above). This includes: <ul style="list-style-type: none"> ○ Unscheduled school closings (e.g. snow days, half-days) ○ Student is in school but is unavailable due to participation in other school activities (e.g. school trip, assemblies, testing) ○ Provider is performing another DOE-related task (e.g. IEP or other meetings, DOE-approved training or professional development) <p>You do not need to record cancellations for days that are shown in gray on the Service Calendar.</p> <p>Refer to the Encounter Attendance FAQ document on the DOE website for additional detail.</p>
10.	Click either Individual or Group from the Group Size dropdown. If selecting group, the group size should correspond to the number of students that were present for the session. If only one student was present for a group of two or more, select Group, 1, when recording the session for that student. If a student is mandated for group, but the service can only be provided individually (e.g. there is no other student in the school to group with the student), indicate service was provided in Group of 1.
11.	Click the Service Location dropdown to select the location the service was provided. The product allows only one location to be selected at this time; so, select the location where most of the service was provided. Detail the other locations in Session Notes.

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12.	<p>Click the checkboxes to select a Service Description. You may select more than one. Note that corresponding CPT Codes used for Medicaid billing will be displayed, as appropriate.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adaptive Equipment Management - CPT Code 97535 <input type="checkbox"/> Cognitive-perceptual activities - CPT Code 97532 <input type="checkbox"/> Community/work reintegration training - CPT Code 97537 <input type="checkbox"/> Consultative - No CPT Code <input type="checkbox"/> Group therapeutic procedure - CPT Code 97150 <input type="checkbox"/> Motor Coordination Activities - CPT Code 97530 <input type="checkbox"/> Occupational therapy re-evaluation - CPT Code 97004 <input type="checkbox"/> Oral/ Feeding - CPT Code 92526 <input type="checkbox"/> Psychosocial/ behavior activities - CPT Code 97530 <input type="checkbox"/> Self-care and ADL training - CPT Code 97535 <input type="checkbox"/> Sensory Processing activities - CPT Code 97533 <input type="checkbox"/> Strength/Endurance - CPT Code 97110 <input type="checkbox"/> Visual-motor, Visual-perceptual activities - CPT Code 97530 <input type="checkbox"/> Wheelchair management - CPT Code 97542 <input type="checkbox"/> Writing Development - CPT Code 97530 <p>A complete list of CPT codes specific to OT is presented below. New activities and those with recently assigned new CPT codes are in BOLD text in the table.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 15%;">CPT Code</th> <th style="width: 55%;">AMA Description</th> <th style="width: 30%;">SESIS Description</th> </tr> </thead> <tbody> <tr> <td>92526</td> <td>TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING</td> <td>Oral / feeding</td> </tr> <tr> <td>97004</td> <td>OCCUPATIONAL THERAPY RE-EVALUATION</td> <td>Occupational therapy re-evaluation</td> </tr> <tr> <td>97110</td> <td>THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY</td> <td>Strength / endurance</td> </tr> <tr> <td>97150</td> <td>THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)</td> <td>Group therapeutic procedure</td> </tr> <tr> <td>97530</td> <td>THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES</td> <td>Psychsocial / behaviroal activities Visual-motor, visual-perceptual activities Writing development Motor coordination activities</td> </tr> <tr> <td>97532</td> <td>DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (INCLUDES COMPENSATORY TRAINING), DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES</td> <td>Cognitive-perceptual activities</td> </tr> <tr> <td>97533</td> <td>SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES</td> <td>Sensory processing activities</td> </tr> <tr> <td>97535</td> <td>SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (adi) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT BY THE PROVIDER, EACH 15 MINUTES</td> <td>Adaptive equipment management Self-care and ADL training</td> </tr> <tr> <td>97537</td> <td>COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIFICATION ANALYSIS, WORK TASK ANALYSIS, USE OF ASSISTIVE TECHNOLOGY DEVICE/ADAPTIVE EQUIPMENT), DIRECT ONE-ON-ONE CONTACT BY PROVIDER, EACH 15 MINUTES</td> <td>Community/work reintegration training</td> </tr> <tr> <td>97542</td> <td>WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES</td> <td>Wheelchair management</td> </tr> </tbody> </table> <p>Note: When providing OT group therapy to 2 or more students at the same time, OT providers must use the service description "Group Therapy Procedure –CPT Code 97150" only.</p>	CPT Code	AMA Description	SESIS Description	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	Oral / feeding	97004	OCCUPATIONAL THERAPY RE-EVALUATION	Occupational therapy re-evaluation	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Strength / endurance	97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	Group therapeutic procedure	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Psychsocial / behaviroal activities Visual-motor, visual-perceptual activities Writing development Motor coordination activities	97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (INCLUDES COMPENSATORY TRAINING), DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	Cognitive-perceptual activities	97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	Sensory processing activities	97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (adi) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT BY THE PROVIDER, EACH 15 MINUTES	Adaptive equipment management Self-care and ADL training	97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIFICATION ANALYSIS, WORK TASK ANALYSIS, USE OF ASSISTIVE TECHNOLOGY DEVICE/ADAPTIVE EQUIPMENT), DIRECT ONE-ON-ONE CONTACT BY PROVIDER, EACH 15 MINUTES	Community/work reintegration training	97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	Wheelchair management
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Step	Action
13.	<p>Select the progress from the Progress Indicator dropdown. Progress toward mandated IEP annual goals should be indicated - rather than indicating progress towards a session objective only.</p>
14.	<p>Enter the appropriate information into the Session Notes field. Describe each specific intervention, the student's response to the intervention, or other relevant information. Relate the intervention to an actual school function.</p> <p>If treatment was consultative, describe the interactions and discussions with teachers, parents, doctor or other school personnel.</p> <p>In addition to specifics of the session use this field to identify multiple locations of service, document a student's refusal to attend a session, or the reason for an absence or cancellation.</p>
15.	<p>Click the checkbox to certify this service. <input type="checkbox"/></p> <p>Be sure the session information is accurate and truthful before proceeding. Certifying a Service Record is equivalent to attaching an electronic version of your signature.</p> <p>All services must be certified, including absences and cancellations.</p>
16.	<p>Click Save.</p>
17.	<p>The service just recorded will now be seen on the Services Calendar and the Encounter Attendance reports. These reports can assist you in various ways, for example noting progress in evaluations and/or discussing student progress with parents.</p>