

Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP) Services Documentation Log

STUDENT'S NAME IEP Child	DATE OF BIRTH 6/1/2013	ICD-10-CM CODE* F80.0	SCHOOL NAME IEP School
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*ICD-10-CM Code - Informational only - not required on this form. ICD-10-CM must be reported on claim. Verify procedure codes, modifiers and units chart to ensure proper and correct billing.

TYPE OF SERVICE PROVIDED (SERVICE CODE) – check one

☒ Physical Therapy (T1018-U1, TM)
 ☐ Occupational Therapy (T1018-U2, TM)
 ☐ Speech-language Pathology (T1018-U3, TM)
 ☐ CTSS Mental Health Services (T1018-U4, HE)
 ☐ Nursing Services (T1018-U5, TM)
 ☐ Interpreter Services (T1013)

Date of service MM/DD/YYYY	Description of services Enter a description of the actual services provided relating to goals or objectives on the IEP or IFSP. Use as many lines as necessary to complete documentation. Do not use pencil, white-out, ditto marks, or arrows.	Number of children in group	Time		Total time (MINUTES)
			Start time	End time	
06/13/2020	Create a video showing parent exercise activities to strengthen left leg. Doing stretches, leg lifts and taking steps on a staircase. 5 repetitions each, twice a day, for 2 days. Loaded video and information into whatever is being used for store-and-forward technology at the school or office. Sent to parent.	1	8:30 AM	8:42 AM	12
06/15/2020	Reviewed results received from parent or child to determine progress and outcomes. The child was only able to complete leg exercised 3/5 times due to fatigue. Was able to lift leg and move up 3 stairs. Needed assistance to come back down.	1	3:36 PM	4:01 PM	25
06/15/2020	Initiated a face-to-face, two-way interactive video with the mother and child. Instructed mother to have the child pause and take a breath between exercises. Moving slower may minimize fatigue. Remind child to walk to the side of the stairs not the middle, and use handrail or wall for balance. Continue care plan remainder of the week and over the weekend. Have results back by 06/20/20.	1	4:12 PM	4:22 PM	10
	NOTE: Store-and-forward cycle is complete for this encounter. Bill 1 unit. Document total time of 47 minutes. Date of service is the date the store-and-forward cycle was complete.				
Total time for all services					47

It is a federal crime to provide false information on service billings for Medical Assistance payments. Your signature verifies the time and services entered are accurate and that the services were performed as specified in the child's care plan.

SERVICE PROVIDER NAME (type or print)	TITLE	SIGNATURE