130 – Licensed Clinical Nurse Specialist (CNS)
131 – Licensed Nurse Practitioner (NP)
132 - Licensed Registered Nurse (RN)
134 – Certified School Nurse

EVALUATIONS

PROCEDURE CODE	SERVICE TYPE	START/END TIME
T1001 HT	**MET/Nursing Assessment - Evaluation** <u>One</u> log represents all work done (meeting, reports, evals). The date of service is date eligibility is determined (IEP mtg.). <u>Note:</u> An evaluation must be completed to use this service type.	No
H0031 HT	**MET/Mental Health Evaluation** <u>One</u> log represents all work done (meeting, reports, evals). The date of service is date eligibility is determined (IEP mtg.). <u>Note:</u> An evaluation must be completed to use this service type.	No
T1001 TM	**IEP/Nursing Assessment - Evaluation** Participation in the IEP/IFSP meeting. Encompasses all work done for the IEP. The date of service is the date of the IEP meeting.	No
H0031 TM	**IEP/Mental Health Evaluation** Participation in the IEP/IFSP meeting. Encompasses all work done for the IEP. The date of service is the date of the IEP meeting.	No
T1001 TJ	**REED/Nursing Assessment - Evaluation** Participation in the Review of Existing Evaluation Data (REED). The date of service is the date the IEP team completes its review of data.	No
H0031 TJ	**REED/Mental Health Evaluation** Participation in the Review of Existing Evaluation Data (REED). The date of service is the date the IEP team completes its review of data.	No
T1001	**Nursing Assessments/Evals not related to MET or IEP** Evaluations completed for purposes other than the IDEA Assessment. The date of service is the date the test is completed.	No
H0031	**Mental Health Evaluation not related to MET or IEP** Evaluations completed for purposes other than the IDEA Assessment. The date of service is the date the test is completed.	No

SERVICES

PROCEDURE CODE	SERVICE TYPE	START/END TIME
G0108	**Individual Diabetes Out-Patient/Self-Management Training w/student,** each 30 min Training can include education on topics like diet, exercise, insulin treatment, and self-monitoring blood glucose.	Yes
G0109	**Group Diabetes Out-Patient/Self-Management Training (**2-8 students), each 30 min	Yes
H0034	**Medication Training and Support for student/family,** each 15 min Staff educates the student/family on dosage, timing, side effects, and importance	Yes

PROCEDURE CODE	SERVICE TYPE	START/END TIME
	of adhering to their prescribed medication regimen.	
H2011	**Crisis Intervention,** each 15 min Unscheduled activities performed for the purpose of resolving an immediate crisis. Includes crisis response, assessment, referral and direct therapy	Yes
S9484	**Crisis Intervention, per hour** Unscheduled activities performed for the purpose of resolving an immediate crisis. Includes crisis response, assessment, referral and direct therapy	Yes
T1002	**RN Services** Services must be medically based and provided during a face-to-face encounter, on a one-to-one basis	Yes

Non-Billable Code

PROCEDURE CODE	SERVICE TYPE	START/END TIME
Consult Only	Use for logging students with consult-only services listed in the programs/services section of their IEP	-
Behavior Plan	Use to log students with a behavior plan only	-
Communication	Use to log communications with parents, other providers, staff	-
Attendance	Use to log when a student is missing therapy(ies) due to absences	-
Observation	Use to document time observing students for evaluation purposes	-

GENERAL BILLING INFORMATION

Service History Notes:
1. **Describe** what occurred on the date of service. Ensure that the Service History Note (daily note) is sufficiently detailed to allow reconstruction of what transpired for each service billed.
2. **Describe** the "medical" goal of the service.
3. **Indicate** the result of the therapy session (student's response).
4. **Avoid** discussing academic goals/issues or attendance.

Example of Service Note Detail: Assessed student's glucose levels and delivered insulin based on glucose level and student's lunch carb count.

Monthly History Notes:
1. **Summarize** (Evaluate) the student's monthly progress toward your medical/health-related goal.
2. **Include** any changes in medical/mental status and changes in treatment with rationale for change.
3. Service History Notes (Daily and Monthly History Notes (Progress) **must not match**.

Example of Summary Note: Student is making limited progress with improving his ability to follow directions and interact with peers appropriately. Will continue to address his goals toward appropriate peer behavior.

Annual Requirement:
1. Nursing services must be detailed and written orders provided by a physician, physician's assistant, nurse practitioner, or clinical nurse practitioner and updated annually. Written orders must contain the authorizing providers NPI number, printed name, as well as signature and date.
2. Copies of **all written orders** must be forwarded to Wayne RESA via the Medicaid secure email account.

Record Keeping:

Keep copies of all supporting documentation related to this service for a period of 8 years (FY+7) regardless of the change in ownership or termination of participation in Medicaid.