

**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 HA	<b>Nursing Assessments/Evaluation</b> The date of service is the date the evaluation is completed	No
H0031 HA	<b>Mental Health Evaluation</b> The date of service is the date the test is completed	No

### SERVICES

PROCEDURE CODE	SERVICE TYPE	START/END TIME
G0108 HA	<b>Individual Diabetes Out-Patient/Self-Management Training w/student</b> , each 30 min Training can include education on topics like diet, exercise, insulin treatment, and self-monitoring blood glucose.	Yes
G0109 HA	<b>Group Diabetes Out-Patient/Self-Management Training (2-8 students)</b> , each 30 min	Yes
H0034 HA	<b>Medication Training and Support for student/family</b> , each 15 min Staff educates the student/family on dosage, timing, side effects, and importance of adhering to their prescribed medication regimen.	Yes
H2011 HA	<b>Crisis Intervention</b> , each 15 min Unscheduled activities performed for the purpose of resolving an immediate crisis. Includes crisis response, assessment, referral and direct therapy	Yes
S9484 HA	<b>Crisis Intervention, per hour</b> Unscheduled activities performed for the purpose of resolving an immediate crisis. Includes crisis response, assessment, referral and direct therapy	Yes
T1002 HA	<b>RN Services</b> 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
<b>Consult Only</b>	Use for logging students with consult-only services listed in the programs/services section of their IEP	-
<b>Behavior Plan</b>	Use to log students with a behavior plan only	-
<b>Communication</b>	Use to log communications with parents, other providers, staff	-
<b>Attendance</b>	Use to log when a student is missing therapy(ies) due to absences	-
<b>Observation</b>	Use to document time observing students for evaluation purposes	-

## Case Management/Care Coordination

PROCEDURE CODE	SERVICE TYPE	START/END TIME
T1016 HA	Case Management/Care Coordination – each 15 minutes	Yes
<ul style="list-style-type: none"> <li>• <b>Coordination of Care with Outside Providers (healthcare agencies or community):</b> <ul style="list-style-type: none"> <li>○ To make a referral to connect the student with services or activities that would help them reach their identified goals</li> <li>○ Assistance in finding and connecting to necessary resources other than covered services to meet basic needs</li> </ul> </li> <li>• <b>Family Contacts:</b> <ul style="list-style-type: none"> <li>○ Communicating with the student's family to identify the student's needs, review the student's progress towards goals, gather family input, or connect the family with area resources that would help the student reach their identified goals</li> <li>○ Services provided to assist parents/guardians in understanding the nature of the student's diagnosis</li> <li>○ Services provided to assist parents/guardians in understanding the behavioral health needs of the student</li> <li>○ Services provided to assist parents/guardians in understanding the student's development</li> </ul> </li> <li>• <b>School Team Meetings:</b> <ul style="list-style-type: none"> <li>○ Other activities that address and/or support the student in reaching their identified goals</li> <li>○ Attending school team meetings about your student's progress or needs</li> <li>○ Providing consultation services to other school staff on ways to best support your student with his needs and help the student reach their identified goals</li> <li>○ Monitoring and modifying covered services</li> </ul> </li> </ul>		

## 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:** The student participates in regular classroom activities, with modifications, such as in-classroom blood glucose testing and medication administration. The student is tolerating insulin injections; glucose levels have been in the normal range during the month.

### 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.