

131 - Licensed Nurse Practitioner (NP) Tip Sheet

EVALUATIONS

PROCEDURE CODE	SERVICE TYPE	START/END TIME
T1001 HT	MET/Nursing Assessment - Evaluation One 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 One 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 TL	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 TL	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 of adhering to their prescribed medication regimen.	Yes
H2011	Crisis Intervention , each 15 min	Yes
S9484	Crisis Intervention, per hour Unscheduled activities performed for the purpose of resolving an immediate crisis.	Yes

PROCEDURE CODE	SERVICE TYPE	START/END TIME
	Includes crisis response, assessment, referral and direct therapy	
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: The student participates in regular classroom activities with modifications, such as in-classroom blood glucose testing and medication administration. The student is tolerating insulin delivery well.

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.