

## 134 - Certified School Nurse Tip Sheet

### EVALUATIONS

PROCEDURE CODE	SERVICE TYPE	START/END TIME
T1001 HT	<b>MET/Nursing Assessment - Evaluation</b> 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	<b>MET/Mental Health Evaluation</b> 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	<b>IEP/Nursing Assessment - Evaluation</b> 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	<b>IEP/Mental Health Evaluation</b> 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	<b>REED/Nursing Assessment - Evaluation</b> 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	<b>REED/Mental Health Evaluation</b> 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	<b>Nursing Assessments/Evals not related to MET or IEP</b> Evaluations completed for purposes other than the IDEA Assessment. The date of service is the date the test is completed.	No
H0031	<b>Mental Health Evaluation not related to MET or IEP</b> 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	<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	<b>Group Diabetes Out-Patient/Self-Management Training (2-8 students)</b> , each 30 min	Yes
H0034	<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	<b>Crisis Intervention</b> , each 15 min	Yes
S9484	<b>Crisis Intervention, per hour</b> 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	<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	-

## 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.