LEA Medicaid Billing - Service Documentation – Health Paraprofessional

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD 10 code(s): \_\_\_\_\_\_\_\_ (primary)

School district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_ Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_

Para Role Quote in IEP Services F Page Paraprofessional for Health, Physical or Behavior Support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Para Responsibilities in Individual Health Plan**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Services:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date ofService | Time in | Time out | Total time (minutes) | Service code (see below) | Procedure/ intervention (describe if no code below)  | Comments/Student response  | Medical supplies – type & quantity (i.e.:glove = 1 pair) | Initials  |
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|  |  |  |  |  |  |  |  |  |
| Units (Total minutes per day): 1(8-22); 2(23-37); 3(38-52); 4(53-67); 5(68-82); 6(83-97); 7(98-112); 8(113-127); 9(128-142); 10(143-157); |
| 11(158-172); 12(173-187); 13(188-202); 14(203-210); Per Diem (211- )  |
| **LEA Medicaid Billing – RN Supervision of Health Paraprofessional** |
| Date  | Code\* | Comments | RN Initials |
|  |  |  |  |
|  |  |  |  |
|  |  | \*(1) Instruction on IHP (2) Instruction on specific service (3) Observation of service being provided  |  |
|  |  |  (4) Informal encounter/available for questions/consultations (5) Review of para’s progress notes |  |

Total time \_\_\_\_\_\_\_\_\_ (minutes) Procedure code: T1019 - 15 min. unit (1: 1); T1019HQ - 15 min unit (group); Medical Supplies T1999 Total cost\_\_\_ $25 max/month

 Procedure code T1020 – per diem (1:1); T1020 HQ – per diem (group)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Non-Nursing specific services:** |  |  |
| Oral suction = OS | Oral feeding = OF | Assist with ambulation = AA | Lunch setup = LSU | Position/ transfer to side lyer = PSL |
| Oxygen therapy = O2 | Oral stimulation exercises = OSE | Assist in wheelchair = AW | Lunch clean up = LCU | Position/transfer to floor = PF |
| Seizure monitoring = SM | Toileting = T | Assist on/ off bus = AB | Communication = COM | Position/ transfer to chair = PC |
| Gastrostomy tube feeding = TF | Personal hygiene = PH | Diaper/ brief change = DC | Activities of daily living = ADL | Position/ transfer to stander = PS |
| Medication admin. = MA | Range of motion exercises = ROM | Other Health Monitoring = OHM | Safety Monitoring = MS |  |

**Service providers:**

|  |
| --- |
| Name (spelled out) Position Health Paraprofessional |
| Signature Initials Signature Date |
| Name (spelled out) Position RN |
| Signature\* Initials Signature Date  |

\* As the supervisor, I attest that the services/interventions provided are consistent with the student’s treatment plan or specific goal(s) as described in the student’s IEP (5-01-19)