LEA Medicaid Billing – Service Documentation – Nursing Services by LPN

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ICD 10 code(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building: \_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_

LPN Role Quote in IEP Services F Page Health Service/Nursing Service**: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Service | Time in | Time out | Total time (minutes) | Nursing service -Intervention/ service code (see sheet with list) | Student response | Procedure code - (see below) | Medical supplies – type & quantity | Initials  |
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| Units (Total minutes per day):1(8-22); 2(16-37); 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(203-217); 15(218-232); 16(233-247); 17(248-262); 18(263-277); 19(278-292); 20(293-307)  |
| 21(308-322); 22(323-337); 23(338-352); 24(353-367); 25(368-382); 26(383-397); 27(398-412); 28(413-427) |

 |

 Unit cost medical supplies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Procedure code T1999 - $25 max/ month**

**Procedure codes: Total time (minutes) for each code: Total time (minutes) for each code:**

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| --- | --- | --- | --- | --- | --- |
| **Nursing screening** | **T1023 TE** (per encounter) |  | **Individual nursing services**  | **T1003** (15 min. unit) |  |
| **Group nursing services**  | **T1003 HQ** (15 min. unit) |  | **Contracted nursing services**  | **T1003 TM** (15 min. unit) |  |

**Service Providers**

|  |  |
| --- | --- |
| Name: (spelled out) Position LPN | Name: (spelled out) Position RN |
| Signature: Initials: Date:  | Signature:\* Initials: Date: |

\* I attest that the services/ interventions provided by the LEA staff members are consistent with this student’s treatment plan or specific goal(s) as described in the student’s IEP. This does not imply my supervision of the LEA staff members, nor have I necessarily observed these services.(05-01-2019)

**Nursing services - possible interventions with service codes (this list contains only suggestions – there may be other interventions)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Screening  | Individual/group health counseling and/or instruction | Catheterization  | Diabetes management | Feeding |
| * Screening refers to the process of assessing health status through individual or group observation in order to identify problems and determine if further assessment is needed.
* Documentation is required if the child is referred for evaluation or treatment services identified as a result of the screen.
 | * Health counseling and/or instruction is intended to improve health status and effect change in self-care. It can be provided to an individual student or group or students.
 | * Education and monitor self catheterization (SCIC)
* Intermittent urinary catheterization (CA)
* Indwelling catheter, reinsertion, and care
 | * Monitor blood sugar (BS)
* Administer insulin (II)
* Education and monitor self-management
* Emergency care
 | * Nutrition education, monitoring, and assessment
* Gastrostomy feeding (TF)
* Gastrostomy insertion and care
* Parenteral nutrition
* Oral feedings (OF)
 |
| Health support systems | Medications  | Respiratory care | Ostomies | Other nursing procedures |
| * Apnea assessment, monitoring and care
* Central line care, dressing change, emergency care
* Dialysis monitoring and care
* Shunt monitoring and care
* Ventilator monitoring and care
* Wound and skin integrity assessment, monitoring, and care
 | * Administrations of medications - mouth, eye, ear, nose, skin, ostomy, or tube (MA)

- metered-dose inhaler (MDI) - nebulizer treatment (NT) - injection  - rectal or bladder medication* Ongoing assessment of medications
* Medication assessment and emergency administration
 | * Oxygen monitoring and care (O2)
* Postural drainage and percussion treatments
* Suctioning (indicate oral (OS), nasal (NS), tracheal (TS)
* Tracheotomy tube replacement
* Tracheotomy monitoring and care
* Ventilator care
 | * Ostomy care, dressing, and monitoring
* Ostomy irrigation
 | * Bowel and bladder monitoring, care and intervention

- toileting (T) * Assessing and monitoring body systems, vital signs, and growth and development
 |

(10-19-07)