LEA Medicaid Billing – Service Documentation – Nursing Services by RN

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

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

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

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

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**Services:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Service | Time in | Time out | Total time (minutes) | Nursing service - Intervention/  service code (see sheet with list) | Comment/Student response | Procedure code -  (see below) | Medical supplies – type & quantity | Initials |
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Unit cost medical supplies \_\_\_ (Procedure code T1999 - $25 max/ month)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nursing screening** | **T1023 TD** (per encounter) |  | **Group RN nursing services** | **T1002 HQ** (15 min. unit) |  |
| **RN nursing assessment** | **T1001** (encounter) |  | **Contracted RN nursing services** | **T1002 TM** (15 min. unit) |  |
| **Individual RN services** | **T1002** (15 min. unit) |  | **RN Medication management** | **H0033** (15 min. unit) |  |
| **Individual RN services** | **99199** (1 hour unit) |  |  | (use when this is the only service) |  |

**Service providers:**

|  |
| --- |
| Name (spelled out) Position RN |
| Signature Initials Date |

(05-01-19)

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Screening | Nursing assessment | Diagnosis and planning | Consultation | Individual/group health counseling and/or instruction |
| * 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 is needed. * Documentation is required if the child is referred for evaluation or treatment services identified as a result of the screen. | * Nursing assessment is the collection of data (both subjective and objective), observation, analysis and interpretation for the purpose of formulating a nursing diagnosis and developing a plan of care. | * Nursing diagnosis is the identification of the problem areas that need to be addressed. Planning is the process of developing an appropriate plan of care based on the assessment and nursing diagnoses. | * The role of consultation is monitoring, supervising, teaching, and training school staff or others providing care to the student. It can include:   - providing general information about a child’s condition  - teaching specific skills necessary to meet a child’s needs  - making recommendations to enhance a child’s performance  - developing, maintaining, and demonstrating use of adaptive or assistive devises for a specific child | * 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 of students. |
| Catheterization | Diabetes management | Feeding | Health support systems | Medications |
| * 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) | * 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 |
| Respiratory care | Ostomies | Other nursing procedures |  |  |
| * 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)