**Report Date:**

**AEA Medicaid Service Form**

Student's Name: Birthdate: Gender: Diagnosis Code: Medicaid Number: Consent Date: School District: Building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Amount (duration & frequency) of service as identified on student's IEP: IEP service delivery description:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Service (Month, day, year)** | **Procedure Code(s) (#1)** | **Unit Size (#2)** | **Time**  **In Out** | **IEP Goal Code(s)** | **Student's Response and Progress** | **Initials** |
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# Unit Size (#2)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Procedure Codes: (#1)** | Psychological | Physical | Occupational | Speech | Audiological | RN Nurse | Social | Vision | Orient |
|  | Therapy | Therapy | Language | Services |  | Work | Services | Mobil |
| Screening | T1023AH\*\* | T1023GP\*\* | T1023GO\*\* | V5362,3\*\* | V5008\*\* | T1023TD\*\* | T1023AJ\*\* | 99172/3 | 97139 |
| Assessment | 96101\*\*\* | 97162,64 GP\* | 97165GO\* | 92521,2,3GN | 92506UA | T1001\*\* | H0031 | 92012 |
| Direct Service Individual | 90832AH\* | 97530,5,7,116GP | 97530,5,7GO | 92507GN | 92507UA | 99199\*\*\*, T1002 | 90832AJ\* | 92014 |
| Direct Service Group | 90853AH\* | 97150GP | 97150GO | 92508GN | 92508UA | T1002HQ | 90853AJ\* | 92499 |
| Contracted Services | (above)AH TM | (above)GP TM | (above)GO TM | (above)GN TM | (above)TM | T1002TM | H0046TM | (above)TM |
| Medication Management (use only when this is the sole service provided) | | | | | | H0033 |  | |
| Direct Service Individual (one-hour unit - RN *only)* | | | | | | 99199\*\*\* |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Units | Minutes | Units | Minutes |
| 1 | 8-22 | 7 | 98-112 |
| 2 | 23-37 | 8 | 113-127 |
| 3 | 38-52 | 9 | 128-142 |
| 4 | 53-67 | 10 | 143-157 |
| 5 | 68-82 | 11 | 158-172 |
| 6 | 83-97 | 12 | 173-187 |

**Exceptions to 15-minute units**

***Validation of Service Report***

*I hereby certify that the list of services provided on this form is a true and accurate representation of the facts and that all services were performed in compliance with the laws and agreements.*

|  |  |
| --- | --- |
| \* | Units of service are 30 minutes and NOT 15 minutes. |
| \*\* | Screening Codes are per encounter and not time related. |
| \*\*\* | 96100 and 99199 are one-hour unit. |

**Service Provider Printed Name: Discipline: Signature: Date:**

Revised: June 1, 2019