**[[1]](#footnote-1)Report Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Infant and Toddler Medicaid Service Form**

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_Gender \_\_\_\_ Primary Diagnosis Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicaid Number:

School District:

Amount (duration & frequency) of service as identified on student's IFSP:

Consent Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IFSP service delivery description:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Service (Month, day, year)** | **Procedure Code(s) (#1)** | **Unit Size (#2)** | **Place of Service Code (#3)** | **Time**  **In Out** | **IFSP**  **Goal #**  **/Service** | **Child's Response/Progress** | Initials |
|  |  |  |  |  |  |  |  |
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| **Codes: (#1)** | Audiological | Developmental | RN  Nurse | Occupational Therapy | Physical Therapy | Psychological | Speech Language | Social Work | Vision | Service Coordination |
| Screening | V5008\*\* | T1023\*\* | T1023TD\*\* | T1023GO\*\* | T1023GP\*\* | T1023AH\*\* | V5362,63 \*\* | T1023AJ\*\*\*\* | 99172/3\*\*\* | T1017 |
| Assessment | 92506UA | 96110\*\*\*\* | T1001 | 97165GO\* | 97162,64GP\* | 96101\*\*\* | 92521,22,23GN | H0031 | 92012 |
| Direct Service Individual | 92507UA | 96152 | T1002 | 97530,55,57GO | 97530,55,57,116 GP | 90832AH\* | 92507GN | 90832AJ\* | 92014 |
| Direct Service Group | 92508UA | 96153 | T1002HQ | 97150GO 97150GP 90853AH 92508GN | | | | 90853AJ\* | 92499 |
| Contracted Services | (above)TL | (above)TL | (above)TL | (above)GO TL | (above)GP TL | (above)AH TL\* | (above)GN TL | H0046TL | (above)TL |
| Orientation & Mobility | | | | | | | | | 97139 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit Size (#2)** | Minutes | Units | Minutes | Units | Minutes |
| 1 | 8-22 | 4 | 53-67 | 7 | 98-112 |
| 2 | 23-37 | 5 | 68-82 | 8 | 113-127 |
| 3 | 38-52 | 6 | 83-97 | 9 | 128-142 |

|  |  |  |
| --- | --- | --- |
| **Codes: (#1)** | Description | Code |
| Special Transportation | Non-emergent Bus, Round-trip (RT) | A0110 |
| Non-emergent Lift Accessible, RT | A0130 |
| Non-emergent Taxi, RT | A0100 |
| Non-emergent mini-bus or other non-profit, RT | A0120 |
| Non-emergent Attendant Services | T2001U9 |
| Transportation, individual or volunteer | A0090 |
| Nutrition  Counseling | Initial Assessment | 97802 |
| Re-assessment | 97803 |
| Family Training | | T1027 |

|  |  |
| --- | --- |
| **Place of Service Codes (#3)** | |
| Home | 12 |
| Office | 11 |
| Other | 99 |

# Exceptions to 15 minute units

|  |  |
| --- | --- |
| \* | Units of service are 30 minutes and NOT 15 minutes. |
| \*\* | Screening Codes are per encounter and not time related. |
| \*\*\* | 96101 is a one-hour unit |
| \*\*\*\* | 96110 is per test |

***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.*

**Service Provider Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discipline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Revised: June 1, 2019 [↑](#footnote-ref-1)