Service Record – School Based Nursing Services

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medicaid Number** | | **Last Name** | | **First Name** | | |
|  | |  | |  | | |
| **WVEIS #** | | **Diagnosis Code** | | **Date of Birth** | | |
|  | |  | |  | | |
| **County** | **Beginning Date** | | **Ending Date** | | **Procedure** | **Unit** |
|  |  | |  | | **T1001 SE** |  |
| **School** | **Beginning Date** | | **Ending Date** | | **Procedure** | **Units** |
|  |  | |  | | **T1000 SE** |  |
| **Provider Number** | **Beginning Date** | | **Ending Date** | | **Procedure** | **Units** |
|  |  | |  | | **92950** |  |

School Based Nursing Services: Written physician’s orders with diagnosis and specialized care required. Must be identified on Service Plan (Care plan may be attached).

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| --- | --- | --- | --- |
| **Code** |  | **Procedure** | **Service Unit** |
| T1001 SE | Nursing Assessment/Evaluation. | | 2 events per calendar year |
| T1000 SE | School based/independent nursing services – licensed.  Regarding the specialized healthcare procedures summarized below | | 15 minutes units. Each  procedure is a maximum of 10 units per instructional day. |
| 92950 | Manual Resuscitator |  | 10 events per calendar year |
| T1017 SE | Targeted Case Management **(If an appropriate Targeted**  **Case Management service has been provided, complete the Targeted Case Management Form).** | | 15 minutes per 1 unit |

## Authorized Individual Nursing Services/Treatments:

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| --- | --- | --- |
| Anaphylactic Reaction Evaluation  (T1001 SE) (2 Events/Calendar Year) | Seizure Management (T1001 SE)  (2 Events/Calendar Year) | Manual Resuscitator (92950)  (10/Calendar Year) |
| **The following procedures use T1000 SE code: Each of the following procedures can be billed, with a**  **maximum of 10 units for each procedure per instructional day, (1 Unit = 15 minutes)** | | |
| Long Term Medication Administration | Catheterization: Clean-Self-Sterile | Mechanical Ventilator |
| Ostomy Care: Emptying/Changing of  Ostomy Pouch | Measurement of Blood Sugar with a  Glucometer | Subcutaneous Insulin Infusion Pump/Bolus |
| Emergency Medication Administration | Oral Suctioning | Subcutaneous Insulin by Injection |
| Enteral Feeding (tube feeding) | Postural Drainage and Percussion | Tracheostomy Care |
| Inhalation Therapy by Machine | Oxygen Administration | Peak Flow Meter |
| Anaphylactic Reaction Individual |  |  |

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| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Start  Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| End  Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| Start  Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| End  Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature/Credentials Date

## WVDE – BMS – SBHS – Appendix 538A Effective Date: August 1, 2015