

Service Record – School Based Nursing Services

Medicaid Number		Last Name		First Name	
0000000001		Doe		Jane	
WVEIS #		Diagnosis Code		Date of Birth	
590000001		F44.5 Conversion disorder with seizures or convulsion		01-01-1900	
County	Beginning Date	Ending Date	Procedure	Unit	
059	9-01-2015	9-01-2015	T1001 SE	1	
School	Beginning Date	Ending Date	Procedure	Units	
201	9-01-2015	9-31-2015	T1000 SE	21	
Provider Number	Beginning Date	Ending Date	Procedure	Units	
Melanie Smith	9-22-2015	9-22-2015	92950	1	

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).*

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:

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		

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Start Time	11:00	11:00	11:00	11:00				11:00	11:00	11:00	11:00	11:00			11:00
End Time	11:15	11:15	11:15	11:15				11:15	11:15	11:15	11:15	11:15			11:15

Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Start Time	11:00	11:00	11:00	11:00			11:00	11:00	11:00	11:00	11:00			11:00	11:00	
End Time	11:15	11:15	11:15	11:15			11:15	11:15	11:15	11:15	11:15			11:15	11:15	

Signature/Credentials

9-30-2015

Date