

School Based Health Services
Medicaid Policy Manual

MODULE 2
NURSING SERVICES



BACKGROUND

- SCHOOL BASED HEALTH SERVICES ARE REGULATED BY THE CENTERS OF MEDICAID AND MEDICARE (CMS) AND ADMINISTERED BY THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (WVDHHR) THROUGH THE BUREAU FOR MEDICAL SERVICES (BMS).
- LOCAL EDUCATION AGENCIES (LEAS) ENROLL WITH MEDICAID TO BE A PROVIDER. IN DOING SO LEAS MUST CONFORM TO STATE AND FEDERAL RULES AND CONFIDENTIALITY REQUIREMENTS.
- LEAS MUST COOPERATE FULLY WITH THE BUREAU FOR CHILDREN AND FAMILIES (BCF) AND COURT SYSTEMS

Administrative Requirements

- ALL MEDICAID MEMBERS (STUDENTS WITH MEDICAID CARDS) AND/OR THEIR PARENTS OR GUARDIANS, HAVE THE RIGHT TO FREEDOM OF CHOICE WHEN CHOOSING A PROVIDER FOR TREATMENT
- ALL MEDICAID PROVIDERS SHOULD COORDINATE CARE IF A MEMBER HAS DIFFERENT MEDICAID SERVICES AT DIFFERENT SITES
- APPROPRIATE RELEASES OF INFORMATION SHOULD BE SIGNED THAT ARE COMPLIANT WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AND FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

- **MEMBER ELIGIBILITY-SCHOOL BASED HEALTH SERVICES (SBSH) INCLUDES MEDICALLY NECESSARY COVERED HEALTH CARE SERVICES PURSUANT TO AN INDIVIDUAL EDUCATION PLAN (IEP) PROVIDED BY OR THROUGH THE WEST VIRGINIA DEPARTMENT OF EDUCATION (DOE) OR A LOCAL EDUCATION AGENCY (LEA).**

MEDICAL NECESSITY-

SERVICES AND SUPPLIES THAT ARE:

- APPROPRIATE AND NECESSARY FOR THE SYMPTOMS, DIAGNOSIS OR TREATMENT OF AN ILLNESS
- PROVIDED FOR THE DIAGNOSIS OR DIRECT CARE OF AN ILLNESS
- WITHIN THE STANDARDS OF GOOD PRACTICE
- NOT PRIMARILY FOR THE CONVENIENCE OF THE PLAN MEMBER OR PROVIDER
- THE MOST APPROPRIATE LEVEL OF CARE THAT CAN BE SAFELY PROVIDED

MEDICAL NECESSITY CONTINUED-

MUST BE DEMONSTRATED THROUGHOUT THE PROVISION OF SERVICES. FOR THESE TYPES OF SERVICES, THE FOLLOWING 5 FACTORS WILL BE INCLUDED AS PART OF THIS DETERMINATION:

- DIAGNOSIS (AS DETERMINED BY A PHYSICIAN OR LICENSED PSYCHOLOGIST)
- LEVEL OF FUNCTIONING
- EVIDENCE OF CLINICAL STABILITY
- AVAILABLE SUPPORT SYSTEM
- SERVICE IS THE APPROPRIATE LEVEL OF CARE

ROUNDING UNITS OF SERVICE

SERVICES COVERED BY MEDICAID ARE, BY DEFINITION, EITHER BASED ON THE TIME SPENT PROVIDING THE SERVICE OR EPISODIC. UNITS OF SERVICE BASED ON AN EPISODE OR EVENT CANNOT BE ROUNDED.

MANY SERVICES ARE DESCRIBED AS BEING “PLANNED”, “STRUCTURED”, OR “SCHEDULED”. IF A SERVICE IS PLANNED, STRUCTURED, OR SCHEDULED, THIS WOULD ASSURE THAT THE SERVICE IS BILLED IN WHOLE UNITS; THEREFORE, ROUNING IS NOT APPROPRIATE.

THE FOLLOWING SERVICES ARE ELIGIBLE FOR ROUNING:

SERVICES WITH 15 MINUTE UNITS

IN FILING CLAIMS FOR MEDICAID REIMBURSEMENT FOR A SERVICE ELIGIBLE FOR ROUNING, THE AMOUNT OF TIME DOCUMENTED IN MINUTES MUST BE TOTALED AND DIVIDED BY THE NUMBER OF MINUTES IN A UNIT. THE RESULT OF THE DIVISION MUST BE ROUNDED TO THE NEAREST WHOLE NUMBER IN ORDER TO ARRIVE AT THE NUMBER OF BILLABLE UNITS. AFTER ARRIVING AT THE NUMBER OF BILLABLE UNITS, THE LAST DATE OF SERVICE PROVISION MUST BE BILLED AS THE DATE OF SERVICE. THE BILLING PERIOD CANNOT OVERLAP CALENDAR MONTHS. ONLY WHOLE UNITS OF SERVICE MAY BE BILLED.

Services-DRAFT

Jan 1	Jan 2	Jan 3	Correct Billing
5 min -Nursing	5 min -Nursing	5 min-Nursing	Bill 15 minutes Nursing for January 3rd

Jan 1	Correct Billing
15 min-Nursing	Bill 15 minutes Nursing for Jan 1

Jan 29	Jan 30	Feb 1	Correct Billing
5 min-Nursing	5 min-Nursing	5 min-Nursing	You cannot bill due to a new calendar month beginning

Jan 1	Jan 2	Jan 3	Correct Billing
5 min-Nursing	10 min-Nursing	10 min-Nursing	Bill 15 min Nursing on Jan 3 Cannot round up to 30 min for Nursing

Jan 1	Jan 2	Jan 3	Correct Billing
5 min-Nursing	Absent from School or No Service Provided	10 min-Nursing	Bill 15 min Nursing on Jan 3

NURSING SERVICES

SCHOOL BASED NURSING SERVICES ARE FACE-TO-FACE SKILLED NURSING SERVICES THAT ENABLE A MEDICAID MEMBER TO RECEIVE MEDICAL MONITORING, INTERVENTIONS, AND NURSING SERVICES IN THEIR EDUCATIONAL SETTING.

THE HEALTH CARE PLAN = THE SERVICE PLAN FOR MEDICAID BILLING PURPOSES NO ADDITIONAL SERVICE PLAN IS REQUIRED FOR NURSING SERVICES

NURSING SERVICES

DOCUMENTATION:

THE WV BUREAU FOR MEDICAL SERVICES RECOGNIZES THAT SOME PROVIDERS USE AN ELECTRONIC SYSTEM TO CREATE AND STORE DOCUMENTATION WHILE OTHER PROVIDERS CHOOSE TO USE A HARD COPY BASED SYSTEM. WHEN SERVICES REQUIRE DOCUMENTATION THE BUREAU WILL ACCEPT BOTH TYPES OF DOCUMENTATION. ELECTRONIC SIGNATURES ARE ACCEPTED WHEN AN ELECTRONIC TIME STAMP IS INCLUDED. EACH SERVICE CODE IN THIS MANUAL DESCRIBES THE REQUIRED DOCUMENTATION. ALL REQUIREMENTS MUST BE MET NO MATTER THE MODALITY OF SYSTEM CHOICE. SEE APPENDIX A FOR THE NURSING FORM

Covered School Based Services

NURSING SERVICES

ANAPHYLACTIC REACTIONS-ASSESSMENT/EVALUATION

PROCEDURE CODE: T1001 SE

SERVICE UNIT: EVENT

TELEHEALTH; UNAVAILABLE

SERVICE LIMITS: TWO PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: AN ASSESSMENT OR EVALUATION USED TO DEVELOP A WRITTEN EMERGENCY PLAN FOR STUDENTS WITH A DOCUMENTED HISTORY OF ANAPHYLACTIC REACTION OR POTENTIAL FOR ANAPHYLAXIS IN CONJUNCTION WITH STUDENT, PARENT/GUARDIAN AND PRINCIPAL, PLAN SHOULD INCLUDE STEP-BY-STEP INSTRUCTIONS TO FOLLOW AND EMERGENCY PHONE NUMBERS.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICED
- NURSE'S SIGNATURE WITH CREDENTIALS
- MEDICAID MEMBER'S HEALTH CARE PLAN
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE ASSESSMENT/EVALUATION

NURSING

ANAPHYLACTIC REACTION –INDIVIDUAL

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE UNIT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN-15 MIN UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: IN CASES OF KNOWN ALLERGIES, DESIGNATED- TRAINED PERSONNEL WILL GIVE APPROPRIATE AMOUNT OF MEDICATION ORDERED BY THE LICENSED PRESCRIBER.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services Cont.

NURSING

MANUAL RESUSCITATOR

PROCEDURE CODE: 92950

SERVICE UNIT: EVENT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: THE USE OF A MANUAL RESUSCITATOR IN THE SCHOOL SETTING AND DURING CO- CURRICULAR EVENTS. INCLUDES HYPERVENTILATION, OXYGENATION, VENTILATOR FAILURE WITH PHYSICIAN ORDER

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services Cont.

NURSING

POSTURAL DRAINAGE AND PERCUSSION

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN-15 MIN UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: PERFORMING PERCUSSION AND/OR POSTURAL DRAINAGE IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

NURSING

CATHETERIZATION

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE UNIT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN -15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: THE PERFORMANCE OF CLEANING AND STERILIZATION OF INTERMITTENT CATHETERIZATION IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

NURSING

MECHANICAL VENTILATOR

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE UNIT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN-15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: MECHANICAL VENTILATION OF THE STUDENT IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS. HANDS ON MANAGEMENT INCLUDED

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services

NURSING

SEIZURE MANAGEMENT

PROCEDURE CODE: T1001 SE

SERVICE UNIT: EVENT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: 2 PER CALENDAR YEAR

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF THE WEST VIRGINIA DEPARTMENT OF EDUCATION.

DEFINITION: SEIZURE MANAGEMENT IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.
- EMERGENCY HEALTH CARE PLAN

Covered School Based Services

NURSING

SUBCUTANEOUS INSULIN INFUSION-BY PUMP

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN-15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: ADMINISTRATION OF INSULIN BY PUMP IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services

NURSING

MEASUREMENT OF BLOOD SUGAR

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN-15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: MEASUREMENT OF STUDENT'S BLOOD GLUCOSE LEVELS IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services

NURSING

EMERGENCY MEDICATION ADMINISTRATION

PROCEDURE CODE: T1000

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN-15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: ADMINISTRATION OF EMERGENCY MEDICATION IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services

NURSING

ORAL SUCTIONING

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN -15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: ORAL SUCTIONING AND NASOPHARYNGEAL IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services

NURSING

SUBCUTANEOUS INSULIN INFUSION BY INJECTION

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN-15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: ADMINISTRATION OF INSULIN BY INJECTION IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services

NURSING

ENTERAL FEEDING

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE UNIT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN -15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: ADMINISTRATION OF MEDICATION VIA A GASTRIC TUBE IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services

NURSING

OSTOMY CARE

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE UNIT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN- 15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: MANAGEMENT OF EMPTYING OR CHANGING AN OSTOMY SYSTEM IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services

NURSING

TRACHEOSTOMY CARE

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN-15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: EMERGENCY CARE AND CLEANING OF A TRACHEOSTOMY TUBE AND STOMA IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services

NURSING

OXYGEN ADMINISTRATION

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE UNIT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN-15 MIN UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: ADMINISTRATION AND SAFE USE OF OXYGEN IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services

NURSING

INHALATION THERAPY

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN-15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: ADMINISTRATION OF INHALATION THERAPY BY MACHINE IN THE SCHOOL SETTING AND DURING CO-CURRICULAR EVENTS.

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services

NURSING

PEAK FLOW METER

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE UNIT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN-15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: USE OF A PEAK FLOW METER IN THE SCHOOL SETTING AND DURING CO- CURRICULAR EVENTS

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

Covered School Based Services

NURSING

LONG TERM MEDICATION

PROCEDURE CODE: T1000 SE

SERVICE UNIT: 15 MINUTE UNIT

TELEHEALTH: UNAVAILABLE

SERVICE LIMITS: TEN-15 MINUTE UNITS PER INSTRUCTIONAL DAY

STAFF CREDENTIALS: MUST BE PERFORMED BY A REGISTERED NURSE UNDER THE EMPLOYMENT OF AN LEA, OR A NURSE UNDER THE SUPERVISION OF A CERTIFIED SCHOOL NURSE

DEFINITION: LONG TERM MEDICATION ADMINISTRATION

DOCUMENTATION: DOCUMENTATION MUST CONTAIN THE FOLLOWING AND BE COMPLETED IN 20 CALENDAR DAYS FROM THE DATE OF SERVICE.

- DATE OF SERVICE
- LOCATION OF SERVICE
- NURSE'S SIGNATURE WITH CREDENTIALS
- DOCUMENTATION OF INDIVIDUAL SERVICE
- APPROPRIATE RECOMMENDATIONS CONSISTENT WITH THE FINDINGS OF THE INDIVIDUAL SERVICE.

DOCUMENTATION:

- ORIGINAL DOCUMENTATION MUST BE MAINTAINED AT THE LEA BOARD OF EDUCATION CENTRAL OFFICE. THIS INCLUDES BILLING FORMS, PROGRESS NOTES AND EVALUATIONS. THE LEA MAY KEEP AN ELECTRONIC VERSION OF SUCH DOCUMENTATION.
- PROVIDERS MAY KEEP COPIES OF THE DOCUMENTATION FOR THEIR USE.
- DO NOT KEEP MEDICAID MEMBER RECORDS IN YOUR CAR OR HOME.
- FOR FURTHER INFORMATION REGARDING DOCUMENTATION REQUIREMENTS REFER TO THE ADMINISTRATION TRAINING MODULE.

School Based Health Services

MEDICAID PARTNERS:

West Virginia Department of Education

Office of Federal Programs:

- Contact person-Terry Riley 304-558-1956
tjriley@k12.wv.us

Bureau of Medical Services (BMS):

<http://www.dhhr.wv.gov/bms/Programs/Pages/default.aspx>

Home and Community Based Services Unit

School Based Health Services

- Contact - Cynthia Parsons 304-356-4936
Cynthia.A.Parsons@wv.gov