Administrative Requirements

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, ROUNDING IS NOT APPROPRIATE.

THE FOLLOWING SERVICES ARE ELIGIBLE FOR ROUNDING:
SERVICES WITH 15 MINUTE UNITS

IN FILING CLAIMS FOR MEDICAID REIMBURSEMENT FOR A SERVICE ELIGIBLE FOR ROUNDING, 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.
<table>
<thead>
<tr>
<th>Jan 1</th>
<th>Jan 2</th>
<th>Jan 3</th>
<th>Correct Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 min -Nursing</td>
<td>5 min -Nursing</td>
<td>5 min-Nursing</td>
<td>Bill 15 minutes Nursing for January 3rd</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>Jan 1</th>
<th>Correct Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 min-Nursing</td>
<td>Bill 15 minutes Nursing for Jan 1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Jan 29</th>
<th>Jan 30</th>
<th>Feb 1</th>
<th>Correct Billing</th>
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<tbody>
<tr>
<td>5 min-Nursing</td>
<td>5 min-Nursing</td>
<td>5 min-Nursing</td>
<td>You cannot bill due to a new calendar month beginning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jan 1</th>
<th>Jan 2</th>
<th>Jan 3</th>
<th>Correct Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 min-Nursing</td>
<td>10 min-Nursing</td>
<td>10 min-Nursing</td>
<td>Bill 15 min Nursing on Jan 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cannot round up to 30 min for Nursing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jan 1</th>
<th>Jan 2</th>
<th>Jan 3</th>
<th>Correct Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 min-Nursing</td>
<td>Absent from School or No Service Provided</td>
<td>10 min-Nursing</td>
<td>Bill 15 min Nursing on Jan 3</td>
</tr>
</tbody>
</table>
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
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 ALLERGENS, 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.
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.
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
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.
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.
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.
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.
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.
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.
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.
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.
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.
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.
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