Chapter 538 School-Based Health Services

Appendix 538A

Nursing Services Billing Form

Effective Date: August 1, 2015

Service Record – School Based Nursing Services

Medicaid Numbe	r	La	st Name	First Name Date of Birth				
WVEIS #		Diag	nosis Code					
County	Begi	nning Date	Ending Date	Procedure T1001 SE	Unit			
School	Begi	nning Date	Ending Date	T1001 SE Procedure	Units			
Provider Number	Provider Number Begi		Ending Date	T1000 SE 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).

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

Authorized Individual Nursing Services/Treatments:

Anaphylactic Reaction Evaluation	Seizure Management (T1001 SE)	Manual Resuscitator (92950)				
(T1001 SE) (2 Events/Calendar Year)	(2 Events/Calendar Year)	(10/Calendar Year)				
The following procedures use	T1000 SE code: Each of the followin	g procedures can be billed, with a				
maximum of 10 units f	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	Measurement of Blood Sugar with a	Subcutaneous Insulin Infusion Pump/Bolus				
Ostomy Pouch	Glucometer					
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															
End															
Time															

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

Signature/Credentials