Service Record – School-Based Nursing Services Billing Form

Medicaid Number	Last Name		First Name	Date of Birth			
WVEIS Number	Provider Name/Credentials		County	School	Month/Year		
LIST ALL DIAGNOSIS CODES RELATED TO NURSING SERVICES							
1.	2.	3.	4.	5.	6.		

School Based Nursing Services: Written physician's orders with diagnosis required. School nursing services must be listed as a service on Plan of Care. Health Care Plan must be available with Service Care Plan.

Authorized Individual Nursing Services/Treatments:

Authorized individual Nulsing Services/ Heathletits.								
Anaphylactic Reaction	Seizure Management *Diabetic Management Manual Resus		Resuscitator					
Assessment/Evaluation*	T1001 SE (2 Events/	T1001 SE (2 Events/		92950 (10/Calendar Year)				
T1001 SE (2 Events/	Calendar Year)	Calendar Year)						
Calendar Year)	,		•					
The following procedures use T1000 SE code and can be billed a maximum of 10 units for each procedure								
per instructional day. 1 Unit = 15 minutes								
Long Term Medication	Emergency Medication		Mechanical Ventilato	r	Inhalation Therapy*			
Administration	Administration							
Catheterization	Catheterization Self-		Subcutaneous Insulir	1	Peak Flow Meter*			
	Management*		Infusion-by Pump*					
Ostomy Care	Measurement of Blood		Subcutaneous Insulir	1	Oxygen			
•	Sugar*		Infusion by Injection*		Administration			
Enteral Feeding (tube	Postural Drainage and		Tracheostomy Care		Oral Suctioning			
feeding)	Percussion		·					
Anaphylactic Reaction	*If providing services via Telehealth, use an additional modifier of GT.							
Individual								

Service Date	Diagnosis Code(s)	Procedure Code	Start Time	End Time	Units/Event
				_	
Signature/Credentials		Date	Р	Page of	

Effective Date: August 1, 2019