

Service Record – School-Based Nursing Services Billing Form

Medicaid Number	Last Name	First Name
WVEIS #	Provider Name/Credentials	Date of Birth
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:

*Anaphylactic Reaction Assessment/Evaluation (T1001 SE) (2 Events/Calendar Year)	Seizure Management (T1001 SE) (2 Events/Calendar Year)	*Diabetic 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	Emergency Medication Administration	Mechanical Ventilator	*Inhalation Therapy
Catheterization	*Catheterization Self-Management	*Subcutaneous Insulin Infusion-by Pump	*Peak Flow Meter
Ostomy Care	*Measurement of Blood Sugar	*Subcutaneous Insulin Infusion by Injection	Oxygen Administration
Enteral Feeding (tube feeding)	Postural Drainage and Percussion	Tracheostomy Care	Oral Suctioning
Anaphylactic Reaction Individual			

***If providing services via Telehealth use an additional modifier of GT.**

Service Date	List Diagnosis Code Number(s)	Procedure code	Start Time	End Time	Units/Event

Signature/Credentials
WVDE – BMS – SBHS – Appendix A

Date
Page __ of __
Effective Date: August 1, 2019