

## Certified Clinical Nurse Specialist - 130 Caring for Students

Procedure Code	Description	Time Requirement
<b>Evaluations</b>		
87426:HA	ELISA Detection of Coronavirus 2 (COVID-19) antigen	Not Required
T1001:HA	Nursing Assessment/Evaluation	Not Required
H0031:HA	Mental Health Evaluation	Not Required
<b>Therapy/Treatments</b>		
G0108:HA	Individual Diabetes Out-Patient/Self-Management Training	Each 30 mins
G0109:HA	Group Diabetes Out-Patient/Self-Management Training (2-8 Students)	Each 30 mins
H0034:HA	Medication Training and Support	Each 15 mins
H2011:HA	Crisis Intervention	Each 15 mins
S9484:HA	Crisis Intervention	Each 60 mins
T1002:HA	Nursing Services	Not Required
<b>Case Management/Care Coordination</b>		
<b>T1016:HA</b>	<b>Case Management/Care Coordination</b>	<b>Each 15 mins</b>
<ul style="list-style-type: none"> <li>• <b>Coordination of Care with Outside Providers (healthcare agencies or community):</b> <ul style="list-style-type: none"> <li>○ To make a referral to connect the student with services or activities that would help them reach their identified goals</li> <li>○ Assistance in finding and connecting to necessary resources other than covered services to meet basic needs</li> </ul> </li> <li>• <b>Family Contacts:</b> <ul style="list-style-type: none"> <li>○ Communicating with the student’s family to identify the student’s needs, review the student’s progress towards goals, gather family input, or connect the family with area resources that would help the student reach their identified goals</li> <li>○ Services provided to assist parents/guardians in understanding the nature of the student’s diagnosis</li> <li>○ Services provided to assist parents/guardians in understanding the behavioral health needs of the student</li> <li>○ Services provided to assist parents/guardians in understanding the student’s development</li> </ul> </li> <li>• <b>School Team Meetings:</b> <ul style="list-style-type: none"> <li>○ Other activities that address and or support the student in reaching their identified goals</li> <li>○ Attending school team meetings in regard to your student’s progress or needs</li> <li>○ Providing consultation services to other school staff on ways to best support your student with his needs and help the student reach their identified goals</li> <li>○ Monitoring and modifying covered services</li> </ul> </li> </ul>		
<b>Non-Billable Code</b>		
<ul style="list-style-type: none"> <li>• <b>Consult Only</b> – Use for logging students with consult-only services listed in the Programs &amp; Services section of their IEP</li> <li>• <b>Monitoring</b> – Use for logging students with monitoring service listed in the Accommodation section of their IEP</li> <li>• <b>Behavior Plan Meeting</b> – use to log students with a behavior plan</li> <li>• <b>Communications</b> – Use to log communications with parents, other providers, staff</li> <li>• <b>Attendance</b> - Use to log when a student is missing therapy(ies) due to absences</li> <li>• <b>No School Day</b> – Use to document snow days or other no school day</li> <li>• <b>Record-Keeping</b> – Use for any student record-keeping purposes you want to track</li> <li>• <b>Student Observation</b> – Use to document time observing students for evaluation purposes</li> </ul>		

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### SERVICE DETAIL (DAILY):

1. Describe what actually occurred on the date of service. Ensure that the Service Detail Note (daily note) is sufficiently detailed to allow reconstruction of what transpired for each service billed.
2. Describe the “medical” goal of the service.
3. Indicate the result of the therapy session (student’s response).
4. Avoid discussing academic issues or attendance.

**Example of Service Note Detail:** Assessed student’s glucose levels and delivered insulin based on glucose level and student’s lunch carb count.

### MONTHLY SUMMARY (PROGRESS) NOTES:

1. Summarize (evaluate) the student’s monthly progress toward your medical/health-related goal.
2. Include any changes in medical/mental status and changes in treatment with rationale for change.
3. Service Detail (Daily) Notes and Monthly (Progress) Summary Notes must not match.

**Example of Summary Note:** Monitored student’s glucose level and administered insulin daily. Student’s glucose levels were consistent and student tolerated their insulin injections well.

**RECORD KEEPING:** Keep copies of all supporting documentation related to this service for a period of 8 years (FY+7) regardless of the change in ownership or termination of participation in Medicaid.