

**PINELLAS COUNTY SCHOOLS
ESE MEDICAID BILLING FORM
NURSING SERVICES**



Parent Authorization on Clinic Card

STUDENT NAME _____ , _____ DOB: _____
Last First

MEDICAID ID#: _____ STUDENT ID#: _____

DIAGNOSIS: _____ DIAGNOSIS CODE: _____ SCHOOL: _____

Need for nursing services is stated in the IEP/FSP and an RN has signed the IEP or Documentation of Need (PCS # 2-2764). _____ RN _____
Signature Date

DIRECTIONS: Please indicate student's receipt of services with the following time and procedure codes in the appropriate date box below.

TIME (UNITS) FOR NURSING SERVICES:

1 – up to 15 min	9 – 121 to 135 min	17 – 241 to 255 min	25 – 361 to 375 min
2 – 16 to 30 min	10 – 136 to 150 min	18 – 256 to 270 min	26 – 376 to 390 min
3 – 31 to 45 min	11 – 151 to 165 min	19 – 271 to 285 min	27 – 391 to 405 min
4 – 46 to 60 min	12 – 166 to 180 min	20 – 286 to 300 min	28 – 406 to 420 min
5 – 61 to 75 min	13 – 181 to 195 min	21 – 301 to 315 min	29 – 421 to 435 min
6 – 76 to 90 min	14 – 196 to 210 min	22 – 316 to 330 min	30 – 436 to 450 min
7 – 91 to 105 min	15 – 211 to 225 min	23 – 331 to 345 min	31 – 451 to 465 min
8 – 106 to 120 min	16 – 226 to 240 min	24 – 346 to 360 min	32 – 466 to 480 min

PROCEDURE CODE:

- (A) T1002 – Nursing Service RN
- (B) T1003 – Nursing Service LPN
- (C) T1004 – Nursing Service SHA (CNA)

X Absent
Holiday
Weekend

IEP Date _____

Month/Year		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Time Units																															
	Code																															
	Initials																															

Month/Year		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Time Units																															
	Code																															
	Initials																															

Nurse's Name: _____ Nurse's Signature: _____ Initials: _____ Date: _____

Nurse's Name: _____ Nurse's Signature: _____ Initials: _____ Date: _____

Nurse's Name: _____ Nurse's Signature: _____ Initials: _____ Date: _____

Nurse's Name: _____ Nurse's Signature: _____ Initials: _____ Date: _____

Nursing Assistant's Name: _____ Nurse's Assistant's Signature: _____ Initials: _____ Date: _____