

**Nursing Services Billing
Medicaid School-Based Services**

**Instructions for Completing
Nursing Direct Services Billing Form***

Student Name: Medicaid requires the student's legal name to be on all service documentation.

DOB: Enter the student's date of birth. The date of birth will be helpful in identification of the student for Medicaid billing.

District/School: Enter the school the student will be attending during the year. Identifying the school will allow the district to track Medicaid reimbursements at the school level. If student has transferred, enter the name of the new school.

Student/Medicaid Number: Enter the student number assigned by the school district or the student's Medicaid number, in accordance with the school district requirements. This will assist the school district in ensuring appropriate Medicaid billing.

IEP Time: Medicaid regulations require that school districts bill in accordance with what is specified in a student's IEP. The services listed in the student's IEP must be provided to the student in accordance with IDEA. If it becomes necessary to change the time allotment to better treat the student, it is recommended that an addendum be made to the student's IEP.

Physician/APRN/PA: Enter the student's physician or other health care provider prescribing the service.

RN/LPN Review: The RN/LPN transcribing the orders signs here.

Date: The date that the RN/LPN transcribes the orders is entered here.

Date and Start Time(s) of Service: Medicaid requires that service documentation include the date and start time that the nursing service was provided.

Exception Code: Check the appropriate code regarding exceptions for the student's medication administration. If "other" is checked, enter an explanation in the "Additional Documentation" section on the back of the form.

Place of Service: Medicaid requires documentation of the place where the nursing service was rendered. "Home" should be checked only if the service was provided in the student's home. Services being rendered at a school or during transport should be marked "school".

ICD-9 Code(s): Medicaid requires an ICD-9 diagnosis code for billing to support the medical need for the nursing service. This form includes a column to make a diagnosis code for each entry for each date of service. If all services during the week address the same diagnosis, the code can be entered only once on the form.

Units of Service: Enter the number of units of service provided. One unit equals fifteen minutes. Nursing services may be billed in whole or partial units.

Description of Service and Comments: Medicaid requires that service documentation include a description of the nursing service performed. There is also space in this column for comments that can be completed as needed. Please print clearly.

Student's Reaction to Services: Medicaid requires that the student's reaction to the nursing service be documented. Place a check mark in the applicable box. If "adverse reaction" is checked, it is required to include written comments in the "Additional Documentation" section on the back of the form along with a description of the service. (Note: Time spent observing the student following the medication administration may be billed as a nursing service.)

Initial: The RN/LPN must initial each procedure to indicate that the service was provided. If daily entries are initialed by the RN/LPN, Medicaid requires the billing form for nursing services to be signed, credentialed and dated a minimum of weekly.

Signature/Title: The RN/LPN must sign the form. Include the full legal signature, initials and credentials. The signature indicates that the services and activities documented on the billing form were actually provided. To comply with Medicaid policy, each sheet of the billing log should be signed and dated and should indicate the RN/LPN credentials.

* This form was designed for ongoing billing as needed. Forms and instructions are available electronically at www.state.nm.us/hsd/mad/schoolhealth.html.