

Tulsa Public Schools

Medicaid Provider

Manual

February 2007

Michael Zolkoski Ph.D.
Superintendent of Schools



**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

FOREWORD

The following material is to assist Medicaid Providers in their efforts when filing Medicaid reimbursement data.

It is our desire to provide needed materials and training to each provider to ensure our success in billing for Medicaid services. This handbook is structured so that we can forward updates to you as they become available.

We look forward to working with each of you. If we can be of assistance, please contact the Medicaid staff at your convenience.

**Dr. Taylor Young
Assistant Superintendent of Special Education & Student Services**

**Dale Snow
Medicaid Program Supervisor**

TABLE OF CONTENTS

Section I

EPSDT School-Based Services an Overview

Purpose of Manual	06
Purpose of Program	06
Legal Authority of Program	06
Purpose of Contract	07
Contractual Requirements	07
Medicaid Program Finance	07
Recipient Eligibility	08
Medicaid Eligibility Coordination	08
Medicaid Outreach	08
SoonerCare Application Process	09
Third Party Liability	09
Confidentiality of Medicaid Information	10
Provider Qualifications	10
Service Requirements	10
Service Authorization	11
Freedom of Choice	11
Parental Consent	12
Coordination of Care	12
Medicaid Rates	12
Daily Limits	12
Place of Service	13
Units of Service	13
Service Encounters	13
Documentation Forms	13
Progress Notes	14
Service Provider Signature & Supervision	14
Electronic Documentation	14

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

Section II

Medicaid Service Categories

Assistive Technology Services	15
Audiometry Test	19
Child Health Encounter	22
Ear Impression Mold	25
Hearing Evaluation	28
Hearing Aid Evaluation	31
Hearing and/or Vision Services	34
Nursing Services	37
Occupational Therapy Evaluation	40
Occupational Therapy Services	43
Personal Care Services	46
Physical Therapy Evaluation	49
Physical Therapy Services	52
Psychological Evaluations	55
Psychotherapy Counseling Services	58
Speech Language Evaluation	62
Speech Language Services	65

Section III

Medicaid Forms

Assistive Technology Services	69
Audiologist Tests	70
Hearing Aid Tests	71
Hearing Services	72
Nursing Services	73
Occupational Therapy Services	74
Personal Care Services	75
Physical Therapy Services	76
Psychotherapy Counseling Services	77
Psychological Services	78
Speech Language Services	79
Consent for Counseling	80
Service Plan for Counseling	81
Referral for Counseling	82
Group Services Attendance Logs	83-84

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

Section IV

Medicaid Examples

Assistive Technology Services	86
Audiologist Tests	87
Hearing Aid Tests	88
Hearing Services	89
Nursing Services	90-91
Occupational Therapy Services	92
Personal Care Services	93
Physical Therapy Services	94
Psychotherapy Counseling Services	95
Psychological Services	96
Speech Language Services	97

Section V

Medicaid Information

DISTRICT MEDICAID OFFICE INFORMATION	98
Web Sites	98

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Section I

EPSDT School-Based Program: An Overview

Purpose of Manual

The purpose of the Tulsa Public School's a/k/a "The District" Early Periodic Screening Diagnosis and Treatment (EPSDT) School-Based Medicaid Manual is to provide qualified licensed and/or certified providers with a detailed reference document for the Medicaid program. The Medicaid manual contains the necessary requirements for participation in and the reimbursement of services through the EPSDT School-Based Services program. This manual will explain the covered services, provider qualifications, and documentation requirements in the service category section. This manual will provide a forms section and an examples section, and an information section.

Purpose of Program

The purpose of the District Medicaid program is to receive reimbursement for the costs of providing specific services described in a Medicaid eligible Child's Individualized Education Program (IEP) or Individualized Health Plan (IHP). The EPSDT School-Based services are identified by diagnostic evaluations and assessments, whereby physical and mental health problems, which adversely affect a child's development and/or impair educational functioning, can be identified early and needed EPSDT School-Based services can be delivered by the District.

Legal Authority of Program

Title XIX of the Social Security Act and Title 42, Code of Federal Regulations authorizes the Medicaid program. Section 411 (k) (13) of the Medicare Catastrophic Coverage Act of 1988 (P. L. 100-360) amended section 1903 C of the Act provides for the Medicaid payment of medical services provided to children under the Individuals with Disabilities Education Act (IDEA). This amended was enacted to ensure that Medicaid would cover the health-related services under IDEA. This section 1903 C of the Act prohibits the Secretary from refusing to pay or otherwise limiting payment for services, which are funded under the IDEA, provided to children with disabilities, which are written in their IEP. The 2004 reauthorization of IDEA strengthened the expectation that schools work closely with the state Medicaid agency to coordinate the provision of services to disabled children in the schools. Federal Medicaid regulations (42 CFR 431.107) require that the District must have a provider agreement with the Oklahoma Health Care Authority (OHCA) in order to participate in the EPSDT School-Based Medicaid Program and to receive Medicaid reimbursements. The Administrative rules pertaining to School-Based Services are found at Oklahoma Administrative Code (OAC) 317:30-5-1020. OHCA is the single State agency responsible for administering Oklahoma's Medicaid program. The Part B of IDEA Section: 300.142, methods of ensuring services, establishes the responsibility of the OHCA, the State Medicaid Agency, for the paying of special education and related services described in a Medicaid eligible Child's IEP.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Purpose of Contract

The purpose of the Intergovernmental Agreement (contract) with OHCA is to establish the District EPSDT School-Based program, whereby the District can receive reimbursement for the costs of providing specific services described in a Medicaid eligible Child's IEP or IHP. The District may receive reimbursement for providing EPSDT School-Based Services for physical and mental health problems, which adversely affect a child's development and/or impair educational functioning. Qualified providers deliver EPSDT School-Based Services to Medicaid eligible IEP or IHP students.

Contractual Requirements

The District will meet the following contractual requirements. The District will deliver Medicaid-covered services listed in the Medicaid eligible student's IEP or IHP. The District will ensure that individual and/or group services are provided pursuant to the Medicaid recipient's IEP or IHP. The District will ensure that individual service providers are appropriately qualified under the guidelines established by OHCA. The District will assist in facilitating EPSDT screens for individuals covered by fee for service Medicaid. The District will designate a school district employee, as Medicaid Coordinator, to attend the annual training provided by OHCA and to be available for all necessary EPSDT meetings, conferences or audits. The District will designate a district employee as the Oklahoma Cost Accounting System (OCAS) contact, who will attend an annual training conducted by the Oklahoma State Department of Education (OSDE). The District will notify OHCA of all subcontractors and the functions they perform within 30 days of entering the agreement, or within 10 days of any change in subcontractors. The District will submit claims according to OHCA instructions. The District will code Medicaid expenditures and reimbursements in accordance with the OCAS. The District will credit funds received through Medicaid reimbursement for Special Education and/or health related services. The District will pay OHCA a 1% administrative fee for the total of claims paid. The District will be invoiced on a quarterly basis for the 1% administrative fee. The District will be invoiced on a quarterly basis for the advanced state share match made on behalf of the District. The District will keep required documentation on the services provided and the payments claimed for a period of six years from date of service.

Medicaid Program Finance

The EPSDT School-Based Services program provides for reimbursement to the District for the cost of providing health related services to Medicaid eligible children. The District bills Medicaid for specific services rendered to Medicaid eligible students, with an IEP or IHP. The expenditures and/or reimbursements received for specific Medicaid services must be coded according to the OCAS. The proceeds from Medicaid will not be treated as program income under 34 Code of Federal Regulations (CFR) 80.25 of the IDEA Amendments of 2004. Expenditures of Medicaid reimbursements for IDEA services will not be considered part of the state/local maintenance of effort (MOE) requirement under the IDEA, Amendments of 2004.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Recipient Eligibility

The Oklahoma Department of Human Services (DHS) through their local offices are responsible for determining Medicaid eligibility. Application may be made in person or mailed in to the local DHS office. Eligibility must be re-determined or re-certified on an annual basis. Medicaid eligibility is based on need, which is determined by family income and/or categorical status such as foster care or Supplemental Security Income. In Oklahoma, children from birth through age 17 are eligible for the SoonerCare program. The guidelines for eligibility are a family or household income at or below 185% of the federal poverty level. The EPSDT program sets the eligibility age for children as under the age of 21 years. Medicaid has other eligibility requirements such as citizenship and Social Security Number. Medicaid has the same income guidelines that have been used for the National School Lunch Program since December 1, 1997.

Medicaid Eligibility Coordination

The Medicaid Coordinator will provide each service provider with a monthly update of the Medicaid student eligibility list by school site. The service provider will provide a list of school sites served by the service provider to the Medicaid Coordinator. The monthly update will be sent by e-mail to the service provider. In the case that the service provider has no e-mail address, the Medicaid student eligibility list will be sent as a hard copy to the service provider. In the event that a student is not on the list and the service provider believes the student may be Medicaid eligible, the service provider will contact the Medicaid Coordinator, by e-mail or by phone, and provide the Medicaid Coordinator with the name of the student, the student's Id., the student birth date, and the student social security number if available. The Medicaid Coordinator will check the OHCA database for the student's eligibility. The Medicaid Coordinator will inform the service provider if the student is or is not Medicaid eligible.

Medicaid Outreach

Medicaid eligibility outreach may be provided on an individual basis and/or through the distribution of materials on a school-wide basis. Parents may indicate their interest in receiving Medicaid/SoonerCare health benefits information for their children on the application for free and reduced priced meals and waive confidentiality so their names may be furnished by the District to the appropriate county DHS office. To help facilitate Medicaid eligibility the District may provide information on eligibility and benefits or assist with the application process. IEP meetings are an excellent time to inquire about Medicaid eligibility and/or assist with the application process. To assist with the application process, Special Education Teachers, School Counselors, School Nurses, School Psychologists and other Licensed Professionals may download the application and/or information about eligibility from the DHS web site at www.okdhs.org/medapp. School Personnel may also contact the District Medicaid Coordinator, who will assist them in the application process and/or with information about Medicaid eligibility. Each Tulsa Public School will have SoonerCare applications available to the public.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

SoonerCare Application Process

To complete a SoonerCare application, children must have a valid Social Security Number. All children must be citizens of the United States and/or have a legal immigration status. Household income must be shown on the application. The applicant must be an adult 18 years of age or older. An adult member (18 years of age or older) must agree to the Medicaid program requirements. The adult must also date and sign the application. All parts of the application should be filled out as thoroughly as possible to avoid delays in the processing of the application. Once a SoonerCare application has been completed, the application may be taken or mailed to their local DHS office. The SoonerCare application may be taken to their local Tulsa Public School, which will send it to the District Medicaid Office where it will be processed and sent to the correct county DHS office. Applications mailed to the local DHS office may take from four to eight weeks to be processed before applicant will receive notice of approval.

Third Party Liability

Under the third party liability (TPL) rule, a third party is any individual, entity or program that is or may be liable to pay all or part of the costs for medical assistance for Medicaid-covered services furnished under the state plan (42 CFR 433.136). Under Medicaid law and regulations, Medicaid is generally the payer of last resort. The Congress intended that Medicaid, as a public assistance program, pay for health care only after a beneficiary's other health care resources have been exhausted. The OHCA is required to take reasonable measures to determine the legal liability of the third parties who are liable to pay for services furnished under the state plan (section 1902(a)(25) of the Act and implementing regulations at 42 CFR 433.138). Such measures include specific requirements to identify and recover payments from liable third parties. The OHCA is required to integrate pursuit of TPL payments with electronic claims processing and information retrieval systems used to administer their Medicaid program. Furthermore, the OHCA must require Medicaid applicants to assign to the OHCA their rights to medical support and third-party payments as a condition of Medicaid eligibility. Applicants for Medicaid must cooperate in identifying and providing information to assist the OHCA in pursuing third parties who may be liable to pay for care and services under the plan, unless the individual establishes good cause for not cooperating. In addition, the District must abide by the payment of claims provisions at 42 CFR 433.139 where liable third parties are involved. This means that, as a Medicaid provider, the District may be required to bill the beneficiary's health insurance first before billing Medicaid to determine the extent of the insurer's payment liability. If under Medicaid, the services meet one of the regulatory requirements or the OHCA has obtained a waiver of the cost avoidance requirements, the OHCA may pay in full and seek recovery of reimbursements from the liable insurer. This removes the administrative burden of seeking TPL for services from the District and places it on the OHCA. Currently OHCA does not require the District to bill third parties before billing OHCA for Medicaid-covered services.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Confidentiality of Medicaid Information

All Medicaid information and or documentation is confidential information, as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential qualified providers should keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid Office or is destroyed. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation that must be kept for six years are the original Medicaid billing forms, original group logs, original progress notes, the IEP and IHP, evaluations, testing, assessments, and referrals. The qualified providers may make copies of the Medicaid billing documentation for their documentation purposes.

Provider Qualifications

The District may only be reimbursed for services that are rendered by employed or contracted staff, who meets the qualifications established for the EPSDT school-based services program at the time the service is rendered. Provider qualifications requiring a state licensed refers to a professional license issued under state law by the applicable state licensing board. Provider qualifications requiring a certification refers to certification by the OSDE. Each service category has its own provider qualifications. Providers may only perform the service activities that are within their scope of practice. Services may not be provided under supervision, unless specifically authorized and in accordance with state laws governing professional practice. Qualified providers will have a current copy of their license and or certification on file with the District. The license copy may be the card sized license issued by the state licensing board or certification issued by the OSDE. The provider license or certification will be kept by the District for six years. Information on individual provider qualifications and the applicable exceptions will be noted in the services category section.

Service Requirements

The District qualified providers, through the use of evaluations, assessments, and/or tests, will make the determination of whether a child meets the requirements for a disability or the symptoms of a disability under IDEA. The documentation will clearly identify the child's delay and/or disability and how the child's education is affected by the identified delay and/or disability in determining the need for services. The District may only bill Medicaid and receive reimbursement for services for which a child has a determined disability or the symptoms of a disability under IDEA based on the evaluations, assessments, and/or tests. The services must be appropriate for the child's age and health status and developed for the child to achieve, maintain or promote functional capacity.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Service Authorization

Written referral by the Child Study Team, MEETS, Parents, or other professionals authorizes evaluations, testing and assessments for a child. The IEP and/or IHP authorize services needed by the child. Physician prescriptions or orders are necessary for nursing services. The state of Oklahoma through the signing into law Senate Bill 1280 has designated Licensed Audiologists, Licensed Speech Language Pathologists, Physical Therapists, and Occupational Therapists as Practitioners of the Healing Arts by the State of Oklahoma for School-Based Services and as such can authorize audiology and/or speech language services, physical therapy services, and occupational therapy services. A person licensed in the state of Oklahoma to perform speech pathology or audiology services is designated to be a practitioner of the healing arts for purposes of making a referral for speech pathology or audiology services pursuant to the provisions of the IDEA, Amendment of 1997, Public Law 105-17, and Section 504 of the Rehabilitation Act of 1973. A Physical Therapist licensed in the state of Oklahoma may provide services within the scope of physical therapy practice without a physician referral to children who receive physical therapy services pursuant to the IDEA, Amendment of 1997 (P.L. 105-17) and the Rehabilitation Act of 1973, Section 504. Provider further, a plan of care developed by a person authorized to provide services within the scope of the Physical Therapy Practice Act shall be deemed to be a prescription for purposes of providing services pursuant to the provisions of the IDEA, Amendment of 1997, Public Law 105-17, and Section 504 of the Rehabilitation Act of 1973. A Occupational Therapist licensed in the state of Oklahoma may provide services within the scope of occupational therapy practice without a physician referral to children who receive occupational therapy services pursuant to the IDEA, Amendment of 1997 (P.L. 105-17) and the Rehabilitation Act of 1973, Section 504. . Provider further, a plan of care developed by a person authorized to provide services within the scope of the Occupational Therapy Practice Act shall be deemed to be a prescription for purposes of providing services pursuant to the provisions of the IDEA, Amendment of 1997, Public Law 105-17, and Section 504 of the Rehabilitation Act of 1973.

Freedom of Choice

Federal Medicaid regulations at 42 CFR 431.51 and section 1902(a) (23) of the Act require Medicaid beneficiaries to have the freedom to choose from among all qualified providers. Therefore, Medicaid-eligible children cannot be limited to the District health providers for Medicaid covered services. The District and OHCA may encourage, but may not require Medicaid children to receive Medicaid covered services through or at the school. Medicaid recipients must be permitted to obtain services outside the school if they wish. If Medicaid recipients obtain community-based services, in addition to services provided under IDEA, then the District can not bill for the school-based services provided under IDEA. This however does not mean that independent practitioners may provide Medicaid covered services in the school setting without first obtaining an agreement and/or contract with the District to provide Medicaid compensable services in the school setting.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Parental Consent

Medicaid has no requirement that parental consent must be obtained in order to bill Medicaid for services. When a family applies for Medicaid benefits in Oklahoma, they are agreeing to the billing of Medicaid by enrolled Medicaid providers. The District is an enrolled Medicaid provider. However the District may wish to notify parents that Medicaid may be billed for specific services provided to Medicaid eligible Special Education Students. For children with disabilities who have IEPs, IDEA federal regulations require documentation of parental notice and participation in implementing or changing related services, as well as informed written consent to conduct evaluations. The IDEA requires documentation on the IEP to address all related services that are necessary for the child to benefit from their education. Parents can be assured that the District as an enrolled Medicaid Provider will not share any information with OHCA, or the state's fiscal agent, that is not specifically related to the reimbursement of EPSDT School-Based Services.

Coordination of Care

The District is required by its contract with OHCA to provide the Medicaid eligible special education student's SoonerCare or Primary Care Physician (PCP), with a list of IEP related services that the student is receiving. The District informs SoonerCare providers of the Medicaid eligible students in their district who have an urgent need for an EPSDT screen within a given school year. The addendum I of the OHCA contract will be used to document when the District personnel inform or attempt to inform the student's PCP of the student's need for an EPSDT screen.

Medicaid Rates

Medicaid has maximum allowable rates that have been established for each type of service. Services have both an individual and group rate. If services are provided to a group, no more than five Medicaid eligible children in the group will be billed at the group rate on a particular date of service. Effective July 1, 2004 OHCA shall pay the District 100% of Medicaid allowable costs pursuant to the provisions and requirements contained in the Medicaid school-based contract. Payments for services shall be made when properly completed claims are submitted to the OHCA fiscal agent. The District claims for reimbursement will be based on state and local dollars expended for direct services provided to Medicaid eligible children. The District may not bill Medicaid for amounts that exceed the district's expenditures for direct services to Medicaid eligible children.

Daily Limits

Daily limits have been established for all EPSDT School-Based Services. This means that a maximum number of services units will be reimbursed for a child on a given day. These service limitations are noted in the service category section as well as any applicable procedures for obtaining prior authorization for additional service units.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Place of Service

For Medicaid reimbursement purposes, services may be provided in the school setting, the home, or another site in the community.

Units of Service

Each service has a specified unit for billing purposes. This is the time spent in a direct service. The specified unit of services will be noted in the service category section. Direct services should be face-to-face with the child. At all times the service must be individualized to the child's needs. There is no reimbursement for time spent reviewing, completing paperwork and/or documentation related to the service or for staff travel to and from the site of service.

Most units of service are timed-based, meaning that the service must be of a minimum duration in order to be billed. A unit of service that is time-based is continuous minutes. The time cannot be aggregated throughout the day. This mean that you cannot add periods of time, less than the unit of service, together to achieve a complete unit of service. The only exception would be for psychological evaluations, where the evaluation occurred over a time frame of several days. The units of service would be determined by adding the time spent each day together to obtain a total number of units of service. Any amount of time less than a full unit of service will not be billed. There are no minimum time requirements for evaluation services, for which the unit of service is a completed evaluation. The only exception is the psychological evaluation, which is billed in hourly increments. Start and stop times are still necessary for all evaluations. Documentation must include the beginning and ending time of service delivery for all services.

Service Encounters

An individual or group service encounter may occur through the provision of individual or group services to children who are identified as having specific disorders or delays in development, emotional, or behavioral problems, or disorders of speech, language or hearing, or vision impairment. These types of encounters are initiated following the completion of a diagnostic encounter and subsequent development of a child's IEP and/or IHP. More detailed information about each service will be found in the service category section.

Documentation Forms

Although OHCA has no requirements or standards for service logs or for documentation forms, the District has developed documentation forms that are to be used for Medicaid documentation and billing. The Medicaid documentation will be maintained by the District in a manner that is efficient for the individuals providing the services, but also accessible in the event of an audit. There will be more detailed information regarding documentation, billing and forms in the service category section and the billing forms section. There will be documentation examples in the examples section.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Progress Notes

The intent of a progress note is to tie the service being performed and the outcomes achieved back to the IEP and/or IHP goals and objectives for that service. At a minimum, a progress note must include a brief description of the service or activity, in other words what occurred or what was worked on with the child; as appropriate, some indication of the child's progress such as improved or no improvement; and the need for continued services that is based on the observations and services rendered during that particular encounter with the child.

Service Provider Signature and Supervision

The service provider must sign progress notes. Initials may be used as long as the provider's original signature with credentials and initials also appear on the documentation and/or billing form. When services such as occupational or physical therapy are provided by a licensed assistant under the direction or supervision of a licensed therapist, the licensed therapist should review and sign the progress notes as part of their supervisory responsibility.

Electronic Documentation

Electronic documentation is acceptable. However, OHCA requires hard copies of the documentation, with an original provider signature. The District has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic and/or hard copy format.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Section II

Medicaid Service Categories

Assistive Technology Services

Purpose of the Service

The purpose of assistive technology services are to correct and/or ameliorate specific disorders or delays in development and/or conditions, or disorders or delays of speech, language or hearing thereby allowing the child to better access his or her education.

Definition of the Service

Assistive technology services are the provision of services that help to select a device and to assist a child in the use of an assistive technology device, including coordination with other therapies and the training of the child and caregiver.

Scope of the Service

A state licensed professional is responsible for providing assistive technology services to a child on an individual basis. The qualified professional will select a device which depending upon the particular disability will be used to assist the child to better access his or her education. The qualified professional will train the child and/or the child's caregiver in the use of the device. The qualified professional will also coordinate with other therapies in the training of the child and the child's caregiver. The assistive technology services are initiated following the completion of a diagnostic encounter and subsequent development of the assistive technology service plan in the IEP.

Authorization of the Service

The assistive technology services are authorized by the child's IEP. The state licensed professional is responsible for obtaining a written referral before the initial assessment of a child for assistive technology services. A written referral may come from the parent, child study team or other professional. If a service plan is developed in the IEP by the state licensed professional then future assessments will be authorized by the IEP. Initial assessments would be billed under the Child Health Encounter T1023 procedure code. If the child needs both direct therapy service and assistive technology service, then both services will be included as a related service in the IEP. Services will be authorized on the IEP related services page.

Qualified Professional of the Service

A state licensed Speech Language Pathologist and/or Audiologist, who holds a certification of clinical competence from the American Speech and Hearing Association (ASHA), are authorized to provide assistive technology services. A state licensed Physical Therapist is authorized to provide assistive technology services. A state licensed Occupational Therapist is authorized to provide assistive technology services. The state licensed professionals may only perform the specific service activities that are within their scope of practice.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Medicaid Billing Form Documentation

The state licensed professional is responsible for accurate documentation of assistive technology services. The professional will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The professional will write their name, title or credentials, original signature and initials in the upper right hand corner of the Medicaid billing form. The professional will write the date of service in the first left column of the Medicaid billing form. The date of service will be in 6-digit format (i.e. 09/01/05). The professional will write the start and stop times in the second left hand column of the Medicaid billing form. The professional will write the start and stop times in 12 hour or 24 hour format. The professional will write the units of service in the third left hand column of the Medicaid billing form. The professional will write the procedure code in the fourth left hand column of the Medicaid billing form. The procedure code describes the activity that is occurring; such as 97535 means that an assistive technology service has been performed. The professional will write the progress note under the progress note column. The professional will write an individualized progress note for each date of service. The professional will write their initials in the right hand column. The professional's initials will be original for each date of service.

Progress Note

The state licensed professional is responsible for writing an appropriate progress note for each date of service. A written progress note is the supporting documentation that a service was actually provided and necessary. The intent of a progress note is to tie the service being performed and the outcomes achieved back to the IEP goals and objectives for that service. At a minimum, a progress note must include a brief description of the service or activity, in other words what occurred or what was worked on with the child; as appropriate, some indication of the child's progress such as improved or no improvement; and the need for continued services, based on the observations and services rendered during that particular encounter with the child.

IEP Service Plan

The state licensed professional is responsible for the development of the IEP service plan. The IEP service plan will state the presenting problems. The IEP service plan will state the goals to be achieved. The IEP service plan will state the measurable time frame to achieve the goals. The IEP service plan will state the interventions the state licensed professional will perform, which will tie back to the goals to be achieved. The IEP service plan will state the scope of the IEP service plan. The IEP service plan will state the frequency and duration of the service. The IEP service plan will state a beginning and ending date such as (07/01/05 to 06/30/06). The IEP service plan will state the provider of the service such as Physical Therapist.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Additional Medicaid Documentation Requirements

The state licensed professional is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, progress notes, IEP, evaluations, testing, assessments, and written referrals. The state licensed professional will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The state licensed professionals may make copies of the Medicaid billing documentation for their documentation purposes.

Service Exclusions

An assistive technology service does not include providing a child with educational assistance. A Section 504 plan is not a useable plan. Paperwork time is not billable. Assessments for assistive technology services should be billed under the appropriate assessment code and not under the assistive technology service code.

Procedure Code and Units of Service

The procedure code for assistive technology services is 97535. The maximum unit rate for assistive technology services is \$17.50 per completed 15 minute unit. The daily maximum units of service are 8 units per day.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or another location in the community.

Confidentiality of Medicaid Information

The state licensed professional is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the state licensed professionals will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The state licensed professional is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The state licensed professional is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Audiometry Test
(Tympanometry and Acoustic Reflexes)

Purpose of the Service

The purpose of an Audiometry test is to determine if a student has a specific disorder or condition in hearing which is interfering with or preventing the child from accessing his or her education.

Definition of the Service

Audiometry is the testing of hearing ability. The audiometric tests are assessment tools, which include the bilateral assessment of middle ear status and reflex studies when appropriate. Results of audiometric tests are used to diagnose hearing loss or diseases of the ear.

Scope of the Service

The Audiologist is responsible for providing audiometric tests to determine a subject's hearing levels, but may also measure ability to discriminate between different sound intensities, recognize pitch, or distinguish speech from background noise. Audiometric tests are provided to individual students, who may have disorders in hearing.

Authorization of the Service

The Audiologist is responsible for obtaining a written referral from the Child Study Team (CST) and/or School Nurse for the initial audiometric tests. Re-assessments of a hearing impaired student would be authorized by and included as a related service in their IEP.

Licensed Providers of the Service

The state licensed Audiologist, who holds a certificate of clinical competence from the American Speech and Hearing Association (ASHA) is authorized to provide Audiometry tests. A state licensed Audiologist may only perform the specific services, which are within their scope of practice.

Procedure Code(s) and Units of Service

The procedure code for an individual Tympanometry test is 92567. The maximum unit rate for an individual Tympanometry test is \$15.00 per completed test (both ears). The daily maximum limit of units is 1 (one) unit per test per day.

The procedure code for an individual Acoustic Reflex test is 92568. The maximum unit rate for the individual Acoustic Reflex test is \$15.00 per completed test. The daily maximum limit of units is 1(one) unit per test per day.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or another location in the community.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Medicaid Billing Form Documentation

The Audiologist is responsible for accurate documentation of audiometric testing. The Audiologist will write the student's name, date of birth, the student's school identification number, and the school site name or number in the upper left hand corner of the Medicaid billing form. The Audiologist will write their name, title or credentials, original signature and initials in the upper right hand corner of the Medicaid billing form. The Audiologist will write the date of service in the first left hand column of the Medicaid billing form. The date of service should be in 6-digit format (i.e. 09/01/05). The Audiologist will write the start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The Audiologist will write the units of service in the third left hand column of the Medicaid billing form. The Audiologist will write the procedure code in the fourth left hand column of the Medicaid billing form. The procedure code 92568 means an Audiologist has performed an individual acoustic reflex test. The Audiologist will write the progress note in the progress note column. An individualized progress note will be written for each date of service. The professional will write their initials in the right hand column of the Medicaid billing form. The initials will be original for each date of service.

Progress Note

The Audiologist is responsible for writing an appropriate progress note for each date of service. A written progress note is the supporting documentation that a service was actually provided and necessary. At a minimum, a progress note must include a brief description of the service or activity, based on the observations and services rendered during that particular encounter with the child.

Additional Medicaid Documentation Requirements

The Audiologist is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, progress notes, IEP, evaluations, testing, assessments, and written referrals.

The Audiologist will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The Audiologist may make copies of the Medicaid billing documentation.

Service Exclusions

An audiometric test does not include providing a child with educational assistance. A Section 504 plan is not a useable plan. Consultations are not a billable activity. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Confidentiality of Medicaid Information

The Audiologist is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the Audiologist will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The Audiologist is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The Audiologist is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Child Health Encounter

Purpose of the Child Health Encounter

The purpose of a Child Health Encounter (CHE) is to provide a screening and treatment tool to assess or treat health conditions that may be preventing the child from accessing their education.

Definition of CHE

The CHE is defined as an initial assessment tool or screening tool that determines the need for evaluations, services, and/or treatment and where appropriate, leads to the development of an IEP and/or IHP service plan.

Scope of the CHE

The CHE should be child specific and child focused; most will require a face to face encounter with the child. The exception would be completing a child health history. Initial assessments and reassessments for IHP or IEP services are billed as CHE. Health screenings, such as vision or hearing, developmental assessments, social and behavioral and/or emotional assessments and re-assessments are billable as a CHE. Incidental illness, trauma, and conditions requiring no continued service may be billed as a CHE.

Service Authorization

The child study team, parent, or a self referral by the child is responsible for the initial authorization of a CHE. Referrals will be in writing except for self referral by the child. Reassessments for nursing services, counseling services, and other services using the CHE as an assessment tool will be written in the child's IEP and/or IHP.

Qualified Providers

Oklahoma State Department of Education (OSDE) professionals, including Certified Deaf Education Teacher, Certified Vision Impairment Teacher, and an Orientation and Mobility Specialist or state licensed professionals, including a Licensed Registered Nurse, a Licensed Practical Nurse, a Licensed Professional Counselor, a Licensed Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Behavioral Practitioner are authorized to use a CHE. While other licensed professionals may provide a CHE, they should use the evaluation procedures within their specialty. The OSDE professionals and state licensed professionals may only perform the specific service activities that are within their scope of practice.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or another location in the community.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Procedure Code and Units of Service

The procedure code for a CHE is T1023. The unit rate for the service is \$ 11.67 per unit. The CHE is performed in timed increments of up to 3 units per encounter, with a maximum of 6 units per day and a maximum of 30 units per year. The first CHE unit of service spans a range of 5 to 10 minutes. The second CHE unit of service spans a range of 11 to 20 minutes. The third CHE unit of service spans a range of 21 minutes or more. If more than one CHE is performed in a day, then the provider may bill for up to an additional 3 units based on the above information. The exception would be if the second CHE was a continuation of the first CHE, then the provider would only bill up to the 3 units provided per CHE.

Medicaid Billing Form Documentation

The OSDE professionals and the state licensed professionals are responsible for accurate documentation of the CHE on the Medicaid billing form. The OSDE professional and the state licensed professional will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The OSDE professional and the state licensed professional will write their name, title or credentials, original signature and initials in the upper right hand corner of the Medicaid billing form. The date of service will be written in the first left column of the Medicaid billing form. The date of service will be in 6-digit format (i.e. 09/01/05). The start and stop times will be written in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The units of service will be written in the third left hand column of the Medicaid billing form. The procedure code will be written in the fourth left hand column of the Medicaid billing form. The progress note will be written under the progress note column. An individualized progress note will be written for each date of service. The professionals will write their initials in the right hand column. The initials will be original for each date of service.

Progress Notes

The OSDE professionals and the state licensed professionals are responsible for an appropriate progress note. A written progress note is the supporting documentation that a service was actually provided and necessary. The intent of a progress note is to tie the service being performed back to the IEP and/or IHP goals for that service. At a minimum, a progress note must include a brief description of the service or activity, what occurred or what was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services or treatment, based on the observations and services rendered during that encounter with the child.

Service Exclusions

A CHE does not include paper screens, mass screens (such as lice screens), classroom education, or health and/or mental health education. A Section 504 plan is not a useable plan. Consultations are not a billable activity. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Additional Medicaid Documentation Requirements

The state licensed and OSDE professionals are responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, original progress notes, IEP/IHP, evaluations, testing, assessments, and written referrals.

The state licensed and OSDE professionals will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The professionals may make copies of the Medicaid billing documentation for their documentation purposes.

Confidentiality of Medicaid Information

The state licensed and OSDE professional is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the professionals will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The state licensed and OSDE professional is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The state licensed and OSDE professional is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Ear Impression Mold

Purpose of the Service

The purpose of an ear impression mold (EIM) is to provide a finished ear mold for the student's hearing aid or FM system.

Definition of the Service

The EIM includes taking an impression of a student's ear and providing a finished ear mold, which is used with the student's hearing aid or FM system.

Scope of the Service

The EIM is produced by a licensed Audiologist for an individual student, who may have disorders in hearing that requires a hearing aid or FM system.

Authorization of the Service

There will be a documented referral, by the child study team and/or School Nurse for the initial EIM. Re-impressions for the EIM will be authorized by the student's IEP. The EIM will be included as a related service in the IEP.

Licensed Providers of the Service

The state licensed Audiologist, who holds a certificate of clinical competence from the ASHA is authorized to provide an EIM. A state licensed Audiologist may only perform the specific services, which are within their scope of practice.

Procedure Code(s) and Units of Service

The procedure code for an EIM is V5275. The maximum unit rate for an EIM is \$25.00 per ear for a completed EIM. The daily maximum limit is 1 (one) unit per day per ear. Start and stop time must be included for the EIM.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or other location in the community.

Progress Note

The Audiologist is responsible for writing an appropriate progress note for each date of service. A written progress note is the supporting documentation that a service was actually provided and necessary. At a minimum, a progress note must include a brief description of the service or activity, in other words what occurred based on what was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services, based on the observations and services rendered during that particular encounter with the child.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Medicaid Billing Form Documentation

The Audiologist is responsible for the accurate documentation of the EIM procedure. The Audiologist will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The Audiologist will write their name, title or credentials, original signature and initials in the upper right hand corner of the Medicaid billing form. The Audiologist will write the date of service in the first left hand column of the Medicaid billing form. The date of service should be in 6-digit format (i.e. 09/01/05). The Audiologist will write the start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The Audiologist will write the units of service in the third left hand column of the Medicaid billing form. The EIM unit of service is to be billed as 1 (one) unit of service per completed EIM. The Audiologist will write the procedure code in the fourth left hand column of the Medicaid billing form. The procedure code describes the activity that is occurring; such as V5275 means an Audiologist has performed an EIM service. The Audiologist will write the progress note in the progress note column. An individualized progress note will be written for each date of service. The Audiologist will write their initials in the right hand column of the Medicaid billing form. The initials will be original for each date of service.

Additional Medicaid Documentation Requirements

The Audiologist is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, progress notes, IEP, evaluations, testing, assessments, and written referrals.

Audiologists will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. Audiologists may make copies of the Medicaid billing documentation for their documentation purposes.

Confidentiality of Medicaid Information

The Audiologist is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the Audiologist will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Service Exclusions

The EIM does not include providing a child with educational assistance. A Section 504 plan is not a useable plan. Consultations are not billable activities. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Medicaid Processing Information

The Audiologist is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The Audiologist is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the Audiologist for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Hearing Evaluation

Purpose of the Service

The purpose of a hearing evaluation is to determine if a child has a disorder and/or impairment of hearing and how the child's education is affected by the identified disorder and/or impairment of hearing.

Definition of the Service

The hearing evaluation is an assessment tool, designed to determine if a student has a disorder and/or impairment of hearing. The hearing re-evaluation is an assessment tool designed to determine if a student who has been identified as having a disorder and/or impairment of hearing continues to need hearing services.

Scope of the Service

Hearing evaluations are provided to individual students, who may have disorders and/or impairment in hearing.

Authorization of the Service

The initial hearing evaluation is authorized by the written referral of the student's Child Study Team (CST) and/or School Nurse. A hearing re-evaluation will be authorized by the student's IEP. The hearing re-evaluation will be included as a related service in the IEP.

Licensed Providers of the Service

The state licensed Audiologist, who holds a certificate of clinical competence from the ASHA is authorized to provide a hearing evaluation. A state licensed Audiologist may only perform the specific services, which are within their scope of practice.

Procedure Code(s) and Units of Service

The procedure code for a hearing evaluation is 92557. The unit rate for an individual hearing evaluation is \$40.00 per completed service. The daily maximum limit of units is 1 (one) unit per day. Start and stop time must be included in the hearing evaluation.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or other location in the community.

Service Exclusions

For Medicaid purposes a hearing evaluation does not include providing a child with educational assistance. Consultations are not billable activities. A Section 504 plan is not a useable plan. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Medicaid Billing Form Documentation

The Audiologist is responsible for accurate documentation of the hearing evaluation on the Medicaid billing form. The Audiologist will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The Audiologist will write their name, title or credentials, original signature and initials in the upper right hand corner of the Medicaid billing form. The Audiologist will write the date of service in the first left column of the Medicaid billing form. The date of service should be in 6-digit format (i.e. 09/01/05). The Audiologist will write start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The Audiologist will write the units of service in the third left hand column of the Medicaid billing form. The Audiologist will write the procedure code in the fourth left hand column of the Medicaid billing form. The procedure code describes the activity that is occurring; such as 92557 means an Audiologist has performed an individual hearing evaluation. The Audiologist will write the progress note under the progress note column. The Audiologist will write an individualized progress note for each date of service. The Audiologist will write their initials in the right hand column. The initials will be original for each date of service.

Progress Note

The Audiologist is responsible for writing an appropriate progress note for each date of service. A written progress note is the supporting documentation that a service was actually provided and necessary. At a minimum, a progress note must include a brief description of the service or activity, in other words what occurred or was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services based on the observations and services rendered during that particular encounter with the child.

Additional Medicaid Documentation Requirements

The Audiologist is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, original progress notes, IEPs, evaluations, testing, assessments, and written referrals.

The Audiologist will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The Audiologist may make copies of the Medicaid billing documentation.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Confidentiality of Medicaid Information

The Audiologist is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the Audiologist will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed

Medicaid Processing Information

The Audiologist is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The Audiologist is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Hearing Aid Evaluation

Purpose of the Service

The purpose of a hearing aid evaluation is to determine if a child's hearing aid is functional and how the hearing aid is affecting the child's education.

Definition of the Service

The hearing aid evaluation is an assessment tool, designed to determine if the student's hearing aid is functioning and meeting the needs of the hearing impaired student.

Scope of the Service

The hearing aid evaluation is provided to individual students who have hearing impairments that require the use of a hearing aid.

Authorization of the Service

The initial hearing aid evaluation is authorized by the written referral of the student's Child Study Team (CST) and/or School Nurse. The re-evaluation of the hearing aid will be authorized by the student's IEP. The hearing re-evaluation will be included as a related service in the IEP.

Licensed Providers of the Service

The state licensed Audiologist, who holds a certificate of clinical competence from the ASHA, is authorized to provide a hearing aid evaluation. A state licensed Audiologist may only perform the specific services, which are within their scope of practice.

Procedure Code(s) and Units of Service

The procedure code for a hearing aid evaluation, with one ear fitted with a hearing aid is 92590. The procedure code for a hearing aid evaluation, with both ears fitted with hearing aids is 92591. The maximum unit rate for the hearing aid evaluation is \$52.50 per completed service. The daily maximum limit of units is 1 (one) unit per day.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or other location in the community.

Service Exclusions

The hearing aid evaluation does not include providing a child with educational assistance. Consultations are not billable activities. A Section 504 plan is not a useable plan. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Medicaid Billing Form Documentation

The Audiologist is responsible for accurate documentation of the hearing aid evaluation on the Medicaid billing form. The Audiologist will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The Audiologist will write their name, title or credentials, original signature and initials in the upper right hand corner of the Medicaid billing form. The Audiologist will write the date of service in the first left column of the Medicaid billing form. The date of service should be in 6-digit format (i.e. 09/01/05). The Audiologist will write start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The Audiologist will write the units of service in the third left hand column of the Medicaid billing form. The procedure code will be placed in the fourth left hand column of the Medicaid billing form. The procedure code describes the activity that is occurring; such as 92590 means an Audiologist has performed an individual hearing aid evaluation. The Audiologist will write the progress note under the progress note column. The Audiologist will write an individualized progress note for each date of service. The Audiologist will write their initials in the right hand column. The Audiologist initials will be original for each date of service.

Progress Note

The Audiologist is responsible for writing an appropriate progress note for each date of service. A written progress note is the supporting documentation that a service was actually provided and necessary. At a minimum, a progress note must include a brief description of the service or activity, in other words what occurred or was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services based on the observations and services rendered during that particular encounter with the child.

Additional Medicaid Documentation Requirements

The Audiologist is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, progress notes, IEP, evaluations, testing, assessments, and written referrals.

The Audiologist will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The Audiologist may make copies of the Medicaid billing documentation.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Confidentiality of Medicaid Information

The Audiologist is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the Audiologist will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed

Medicaid Processing Information

The Audiologist is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The Audiologist is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Hearing and Vision Services

Purpose of the Service

The purpose of hearing and vision services is to correct and/or ameliorate specific conditions or disorders of vision, and/or hearing thereby allowing the child to better access his or her education.

Definition of the Service

Hearing and vision services are defined as the provision of services, which may include habilitation activities, to individual children who are identified as having specific disorders and/or impairments in hearing or vision.

Scope of the Service

The state licensed or OSDE professional provides hearing and/or vision services to a child on an individual basis. Depending upon the child's disabilities the service provider will provide auditory training, visual training, Braille training, communication management, orientation and mobility training, and counseling for vision and hearing losses and/or disorders.

Authorization of the Service

Hearing and/or vision services are authorized by the child's IEP. The IEP authorizes re-assessments of the child for hearing and/or vision services. Hearing and/or vision services will be included as a related service in the IEP.

Qualified Providers of the Service

State licensed Audiologists and Speech Language Pathologists along with Oklahoma State Department of Education (OSDE) professionals; including state certified Deaf Education Teachers, state certified Orientation and Mobility Specialists, and state certified Vision Impairment Teachers, are authorized to provide hearing and vision services. The state licensed and OSDE certified professionals may only perform the specific service activities, which are within their scope of practice.

Procedure Code(s) and Units of Service

The procedure code for an individual hearing and/or vision service is 97533. The unit rate for individual hearing and/or vision service is \$17.50 at the maximum rate. The unit rate is for a completed 15 minutes of service. The daily maximum limit is 8 units per day.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or another location in the community.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Progress Note

The state licensed and OSDE professionals are responsible for writing an appropriate progress note. A written progress note is the supporting documentation that a service was actually provided and necessary. The intent of a progress note is to tie the service being performed and the outcomes achieved back to the IEP goals for that service. At a minimum, a progress note will include a brief description of the service or activity, in other words what occurred or what was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services.

Medicaid Billing Form Documentation

The state licensed and OSDE professionals are responsible for the accurate documentation of the hearing and vision services on the Medicaid billing form. The state licensed and OSDE professional will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The state licensed and OSDE professional will write their name, title or credentials, original signature and initials in the upper right hand corner of the Medicaid billing form. The state licensed and OSDE professional will write date of service in the first left column of the Medicaid billing form. The date of service should be in 6-digit format (i.e. 09/01/05). The state licensed and OSDE professional will write the start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The state licensed and OSDE professional will write the units of service in the third left hand column of the Medicaid billing form. The state licensed and OSDE professional will write the procedure code in the fourth left hand column of the Medicaid billing form. The procedure code describes the activity that is occurring such as 97533 means that a hearing and/or vision service has been performed. The state licensed and OSDE professional will write the progress note under the progress note column. The state licensed and OSDE professional will write an individualized progress note for each date of service. The state licensed and OSDE professional will write their initials in the right hand column. The initials will be original for each date of service.

IEP Service Plan

The state licensed and OSDE professionals are responsible for the development and implementation of an appropriate IEP for vision and/or hearing services. The IEP will state the presenting problems. The IEP will state the goals or expected outcomes to be achieved. The IEP will state the measurable time frame to achieve the goals. The IEP will state the interventions the professional will perform, which should tie back to the expected outcomes or goals to be achieved. The IEP will state the scope of services, such as (individual and/or groups services). The IEP will state the frequency and duration of service, such as (two times per week/30 minutes per session). The IEP will show a beginning and ending date such as (07/01/05 to 06/30/06). The IEP will state the provider of the service, such as Audiologist.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Service Exclusions

A hearing and /or vision service does not include providing a child with educational assistance. Consultations are not billable activities. A Section 504 plan is not a useable plan. Paperwork time is not billable.

Additional Medicaid Documentation Requirements

The state licensed and OSDE professionals are responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, progress notes, IEP, evaluations, testing, assessments, and written referrals. The state licensed and OSDE professionals will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The professionals may make copies of the Medicaid billing documentation for their documentation purposes.

Confidentiality of Medicaid Information

The professional is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential professionals will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The state licensed and OSDE professional is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The state licensed and OSDE professional is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Nursing Services

Purpose of the Service

The purpose of nursing services are to protect, correct or ameliorate the health status or health problems of a child, who has specific disorders or delays in development and/or conditions, thereby allowing the child to better access his or her education.

Definition of the Service

Nursing services are the provision of services to protect the health status of children, correct health problems and assist in removing or modifying health related barriers.

Scope of the Service

A Registered Nurse (RN) provides nursing services to a child on an individual basis. The RN may provide services to a child that include diabetic care, asthmatic care, wound care, catheterization, suctioning, administration and monitoring of medication, and other treatments that require the skilled services of a RN.

Authorization of the Service

Nursing services are authorized by a physician prescription and/or orders and an IHP developed by a state licensed RN. Physician prescription or orders as well as assessments by the RN will be used to develop an appropriate IHP for nursing services. A written referral for the initial assessment may come from the child study team, parent, or physician. The IHP will be included as a related service on the IEP, when the student's IDEA disability requires the support of nursing services.

Providers of the Service

A state licensed RN is authorized to provide nursing services. The state licensed RN may only perform the specific services, which are within their scope of practice.

Procedure Code and Units of Service

The procedure code for an IHP and/or IEP nursing service by a RN is T1002. The procedure code is for nursing services provided to an individual child. The unit rate for individual nursing services is \$5.83 at the maximum rate. The unit rate is for a completed 5 minutes of service. The daily maximum limit is 24 units per day.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or another location in the community.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Medicaid Billing Form Documentation

The RN is responsible for the accurate documentation of nursing services on the Medicaid billing form. The RN will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The RN will write their name, title or credentials, original signature and initials in the upper right hand corner of the Medicaid billing form. The RN will write the date of service in the first left hand column of the Medicaid billing form. The date of service will be in 6-digit format (i.e. 09/01/05). The RN will write the start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The state RN will write the units of service in the third left hand column of the Medicaid billing form. The RN will write the procedure code in the fourth left hand column of the Medicaid billing form. The procedure code describes the activity that is occurring; such as T1002 means a RN has performed a nursing service. The RN will write the progress note under the progress note column. An individualized progress note must be written for each date of service. The RN will write their initials in the right hand column. The initials must be original for each date of service.

Progress Note

The RN is responsible for writing an appropriate progress note. A written progress note is the supporting documentation that a service was actually provided and necessary. The intent of a progress note is to tie the service being performed and the outcomes achieved back to the IHP and/or IEP goals for that service. At a minimum, a progress note will include a brief description of the service or activity, in other words what occurred or what was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services.

Service Plan

The RN is responsible for the development and implementation of an appropriate IHP for nursing services. The IHP will state the presenting problems. The IHP will state the goals or expected outcomes to be achieved. The IHP will state the measurable time frame to achieve the goals. The IHP will state the interventions the RN will perform, which should tie back to the expected outcomes or goals to be achieved. The IHP will state the frequency and duration of service where appropriate. The IHP will show a beginning and ending date such as (07/01/05 to 06/30/06). The IHP will state the provider of the service, such as School Nurse.

Service Exclusions

Nursing services does not include providing educational assistance. Group services are not a billable activity. Providing health education is not a billable activity. Health screens and assessments should not be billed under the T1002 procedure code. A Section 504 plan is not a useable plan. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Additional Medicaid Documentation Requirements

The RN is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, progress notes, IHP/IEP, evaluations, testing, assessments, and written referrals.

The RN will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The RN may make copies of the Medicaid billing documentation for their documentation purposes.

Confidentiality of Medicaid Information

The RN is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the RN will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The RN is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The RN is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Occupational Therapy Evaluation

Purpose of the Service

The purpose of an occupational therapy evaluation is to determine the need or continuing need for occupational therapy services.

Definition of the Service

An occupational therapy evaluation is an assessment tool for determining if a student has a developmental delay or disorder and/or impairment that meet the requirements for occupational therapy services. An occupational therapy re-evaluation is an assessment tool for determining if a student, who has been identified as having a developmental delay or disorder and/or impairment, continues to need occupational therapy services.

Scope of the Service

The scope of the service is a completed individual occupation therapy evaluation provided by a licensed Occupational Therapist (OT).

Authorization of the Service

The occupational therapy evaluation is authorized by the written referral of the child study team. The OT's signature on the initial evaluation meets the requirements for a referral by a licensed Practitioner of the Healing Arts. A re-evaluation is authorized by the child's IEP and will be included as a related service in the IEP.

Qualified Providers of the Service

State licensed OT is authorized to provide occupational therapy evaluations. The state licensed OT may only perform the specific services, which are within their scope of practice.

Procedure Code and Units of Service

The procedure code for an occupational therapy evaluation is 97003. The maximum unit rate for an individual occupational therapy evaluation is \$35.00 per completed evaluation. The daily maximum limit of units is 1 unit per day. Start and stop time will be included for the evaluation.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or another location in the community.

Service Exclusions

An occupational therapy evaluation does not include educational assistance. An Occupational Therapy Assistant may not provide an occupational therapy evaluation. A Section 504 plan is not a useable plan. Consultations are not a billable activity. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Medicaid Billing Form Documentation

The OT is responsible for accurate documentation of the occupational evaluation on the Medicaid billing form. The OT will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The OT will write their name, title or credentials, and original signature and initials in the upper right hand corner of the Medicaid billing form. The OT will write the date of service in the first left hand column of the Medicaid billing form. The date of service will be in 6-digit format (i.e. 09/01/05). The OT will write the start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The OT will write the units of service in the third left hand column of the Medicaid billing form. The OT will write the procedure code in the fourth left hand column of the Medicaid billing form. The procedure code describes the activity that is occurring; such as 97003 means an OT has performed an occupational therapy evaluation. The OT will write the progress note under the progress note column. The OT will write an individualized progress note for each date of service. The OT will write their initials in the right hand column. The initials will be original for each date of service.

Progress Note

The OT is responsible for writing an appropriate progress note. A written progress note is the supporting documentation that a service was actually provided and necessary. The intent of a progress note is to tie the service being performed and the outcomes achieved back to the IEP goals for that service. At a minimum, a progress note will include a brief description of the service or activity, in other words what occurred or what was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services.

Additional Medicaid Documentation Requirements

The OT is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, progress notes, IEP, evaluations, testing, assessments, and written referrals.

The OT will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The OT may make copies of the Medicaid billing documentation for their documentation purposes.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Confidentiality of Medicaid Information

The OT is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the OT will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The OT is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The OT is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Occupational Therapy Services

Purpose of the Service

The purpose of occupational therapy services is to ameliorate, develop or restore the impaired functioning of children, who have specific disorders or delays in development and/or impairments, thereby allowing the child to better access his or her education.

Definition of the Service

Occupational therapy services are the provision of services to improve, develop or restore the impaired ability of the child to function independently. Occupational therapy services assist the child to achieve greater independence.

Scope of the Service

The Occupational Therapist (OT) or Occupational Therapy Assistant (COTA), under the supervision of the OT, provides occupational therapy services to children through the provision of individual and/or group sessions. The occupational therapy services are designed to improve functional independence, prevent further disability, and maintain health.

Authorization of the Service

Occupational therapy services are authorized by the child's IEP. A licensed OT's signature on the evaluation or the child's IEP meets the requirements for a prescription and/or doctor's orders by a licensed Practitioner of the Healing Arts. Occupational therapy services are included as a related service in the IEP.

Qualified Providers of the Service

A state licensed OT or a COTA working under the supervision of a licensed OT is authorized to provide occupational therapy. The state licensed OT and the COTA, working under the supervision of a licensed OT, may only perform the specific services, which are within their scope of practice.

Procedure Code(s) and Units of Service

The procedure code for an individual occupational therapy service is 97530. The procedure code for a group occupational therapy service is 97530HQ. The maximum unit rate for individual occupational therapy services is \$17.50 per completed 15 minutes of service. The maximum unit rate for group occupational therapy services is \$7.50 per completed 15 minutes of service. The daily maximum limit of units is 8 units per day.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or another location in the community.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Progress Note

The OT or COTA is responsible for writing an appropriate progress note. A written progress note is the supporting documentation that a service was actually provided and necessary. The intent of a progress note is to tie the service being performed and the outcomes achieved back to the IEP goals for that service. At a minimum, a progress note will include a brief description of the service or activity, in other words what occurred or what was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services.

Medicaid Billing Form Documentation

The OT or COTA is responsible for the accurate documentation of occupational therapy services on the Medicaid billing form. The OT or COTA will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The OT or COTA will write their name, title or credentials, and original signature and initials in the upper right hand corner of the Medicaid billing form. The OT will sign the Medicaid billing form as the COTA's immediate supervisor. The OT or COTA will write the date of service in the first left hand column of the Medicaid billing form. The date of service will be in 6-digit format (i.e. 09/01/05). The OT or COTA will write the start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The OT or COTA will write the units of service in the third left hand column of the Medicaid billing form. The OT or COTA will write the procedure code in the fourth left hand column of the Medicaid billing form. The OT or COTA will write the progress note in the progress note column. An individualized progress note will be written for each date of service. The OT or COTA will write their initials in the right hand column. The initials must be original for each date of service.

IEP Service Plan

The OT is responsible for the development of an appropriate IEP for occupational therapy services. The IEP will state the presenting problems. The IEP will state the goals or expected outcomes to be achieved. The IEP will state the measurable time frame to achieve the goals. The IEP will state the interventions the OT or COTA will perform, which should tie back to the expected outcomes or goals to be achieved. The IEP will state the frequency and duration of service where appropriate. The IEP will show a beginning and ending date such as (07/01/05 to 06/30/06). The IEP will state the provider of the service, such as OT and/or COTA.

Service Exclusions

Occupational therapy does not include providing a child with educational assistance. Consultations are not a billable activity. A Section 504 plan is not a useable plan. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Additional Medicaid Documentation Requirements

The OT or COTA is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, progress notes, IEP, evaluations, testing, assessments, and written referrals.

The OT and COTA will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The professionals may make copies of the Medicaid billing documentation for their documentation purposes.

Confidentiality of Medicaid Information

The OT and COTA is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the OT and COTA will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The OT and COTA are responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The OT and COTA are responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Personal Care Services

Purpose of the Service

The purpose of personal care services is to allow the child with disabilities to safely attend school, thereby allowing the child to better access his or her education.

Definition of the Service

The definition of personal care services is the provision of services to allow a child with developmental delays or impairments to safely attend school.

Scope of the Service

Personal care services are provided through the provision of individual service encounters with the child who has been identified as having developmental delays or impairment. The personal care services include, but are not limited to, assistance with toileting, feeding, positioning, hygiene and riding a school bus to handle physical emergencies. Services are initiated following the completion of an assessment encounter and subsequent development of the service plan in the IEP.

Authorization of the Service

All personal care services are delineated and authorized by the child's IEP. Re-assessment of personal care services will be authorized by the IEP. Personal care services will be included as a related service in the IEP.

Qualified Providers of the Service

Oklahoma State Department of Education (OSDE) Paraprofessionals who have completed training approved or provided by the OSDE are authorized to provide personal care services. The OSDE Paraprofessional may only perform the specific services, which are within their scope of practice.

Procedure Code and Units of Service

The procedure code for an individual personal care service is T1019. The maximum unit rate for individual personal care services is \$1.70 per completed 10 minutes of service. The daily maximum limit of units is 32 units per day.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or another location in the community.

Service Exclusions

A personal care service does not include providing a child with educational assistance. A personal care service does not have a group procedure code. The OSDE Paraprofessional may not bill for more than one student at the same time. A Section 504 plan is not a useable plan. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

IEP Service Plan

The OSDE Special Education Teacher is responsible for the development of an appropriate IEP for personal care services. The IEP will state the presenting problems. The IEP will state the goals or expected outcomes to be achieved. The IEP will state the measurable time frame to achieve the goals. The IEP will state the interventions the Paraprofessional will perform, which should tie back to the expected outcomes or goals to be achieved. The IEP will state the frequency and duration of service where appropriate. The IEP will show a beginning and ending date such as (07/01/05 to 06/30/06). The IEP will state the provider of the service, such as Paraprofessional.

Progress Note

The OSDE Paraprofessional is responsible for writing an appropriate progress note. A written progress note is the supporting documentation that a service was actually provided and necessary. The intent of a progress note is to tie the service being performed and the outcomes achieved back to the IEP goals and for that service. At a minimum, a progress note will include a brief description of the service or activity, in other words what occurred or what was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services.

Medicaid Billing Form Documentation

The OSDE Paraprofessional is responsible for the accurate documentation of personal care services on the Medicaid billing form. The OSDE Paraprofessional will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The OSDE Paraprofessional will write their name, title or credentials, original signature and initials in the upper right hand corner of the Medicaid billing form. The OSDE Paraprofessional's supervisor (i.e. Special Education Teacher) will write their original signature on the Medicaid billing form. The OSDE Paraprofessional will write the date of service in the first left column, which lists each day of the week from Monday through Friday, on Medicaid billing form. The date of service will be in 6-digit format (i.e. 09/01/05). The OSDE Paraprofessional will write, for each 10 minutes of personal care services, the appropriate letter in the appropriate time block. The OSDE Paraprofessional will write the total number of time blocks used at the end of the row. The OSDE Paraprofessional will write their initials at the end of the row for each date services were provided. The OSDE Paraprofessional will write a daily description of activity for each date services were provided and date and sign the description of activity using their initials. An example would be (Provided student with assistance in feeding per IEP. Student finished all their food. 09/01/05 DS).

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Additional Medicaid Documentation Requirements

The OSDE Paraprofessional is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, progress notes, IEP, evaluations, testing, assessments, and written referrals. The OSDE Paraprofessional will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The Paraprofessional may make copies of the Medicaid billing documentation for their documentation purposes.

Confidentiality of Medicaid Information

The OSDE Paraprofessional is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential Paraprofessionals will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The OSDE Paraprofessional is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The OSDE Paraprofessional is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the Paraprofessional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Physical Therapy Evaluation

Purpose of the Service

The purpose of a physical therapy evaluation is to determine the need or continuing need for physical therapy services.

Definition of the Service

A physical therapy evaluation is an assessment tool for determining if a student has a developmental delay or disorder that meets the requirements for physical therapy services. A physical therapy re-evaluation is an assessment tool used to determine if a student who has been identified as having a developmental delay or disorder continues to need physical therapy services.

Scope of the Service

A state licensed physical therapist performs a complete individual physical therapy evaluation. Services are initiated following the completion of an evaluation encounter and subsequent development of the service plan in the IEP.

Authorization of the Service

The initial physical therapy evaluation is authorized by the written referral of the Child Study Team. The Physical Therapist's signature on the initial evaluation meets the requirements for a referral by a licensed Practitioner of the Healing Arts. A re-evaluation is authorized by the child's IEP and will be included as a related service in the IEP.

Qualified Providers of the Service

A state licensed Physical Therapist is authorized to provide physical therapy evaluations. The state licensed Physical Therapist may only perform the specific services, which are within their scope of practice.

Procedure Code and Units of Service

The procedure code for a physical therapy evaluation is 97001. The maximum unit rate for a physical therapy evaluation is \$35.00 per completed evaluation. The daily maximum unit of service is 1 unit per day. Start and stop time must be included for the evaluation.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or another location in the community.

Service Exclusions

A physical therapy evaluation does not include providing a child with educational assistance. A Section 504 plan is not a useable plan. Consultations are not a billable activity. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Medicaid Billing Form Documentation

The Physical Therapist is responsible for accurate documentation of the physical therapy evaluation on the Medicaid billing form. The Physical Therapist will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The Physical Therapist will write their name, title or credentials, and original signature and initials in the upper right hand corner of the Medicaid billing form. The Physical Therapist will write the date of service in the first left hand column of the Medicaid billing form. The date of service will be in 6-digit format (i.e. 09/01/05). The Physical Therapist will write the start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The Physical Therapist will write the units of service in the third left hand column of the Medicaid billing form. The Physical Therapist will write the procedure code in the fourth left hand column of the Medicaid billing form. The procedure code describes the activity that is occurring; such as 97001 means a Physical Therapist has performed a physical therapy evaluation. The Physical Therapist will write the progress note under the progress note column. The Physical Therapist will write an individualized progress note for each date of service. The Physical Therapist will write their initials in the right hand column. The initials must be original for each date of service.

Progress Note

The Physical Therapist is responsible for writing an appropriate progress note. A written progress note is the supporting documentation that a service was actually provided and necessary. The intent of a progress note is to tie the service being performed and the outcomes achieved back to the IEP goals for that service. At a minimum, a progress note will include a brief description of the service or activity, in other words what occurred or what was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services.

Additional Medicaid Documentation Requirements

The Physical Therapist is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, progress notes, IEP, evaluations, testing, assessments, and written referrals.

The Physical Therapist will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The Physical Therapist may make copies of the Medicaid billing documentation for their documentation purposes.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Confidentiality of Medicaid Information

The Physical Therapist is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the Physical Therapist will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The Physical Therapist is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The Physical Therapist is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Physical Therapy Services

Purpose of the Service

The purpose of physical therapy services is to ameliorate, develop or restore the impaired functioning of children, who have specific disorders or delays in development and/or conditions, thereby allowing the child to better access his or her education.

Definition of the Service

Physical therapy services are the provision of services to improve, develop or restore the impaired ability of the child to function independently. The services are developed to improve functional independence, prevent further disability, and maintain health.

Scope of the Service

The Physical Therapist (PT) or Physical Therapy Assistant (PTA), under the supervision of the PT, provides individual and/or group physical therapy services to children who are identified as having specific disorders or delays in development and/or conditions. Services are initiated following the completion of a diagnostic encounter and subsequent development of the service plan in the IEP.

Authorization of the Service

Physical therapy services are authorized by the child's IEP. A licensed PT's signature on the evaluation or the child's IEP meets the requirements for a prescription or doctor's orders by a licensed Practitioner of the Healing Arts. Physical therapy services are included as a related service in the IEP.

Qualified Providers of the Service

A state licensed PT is authorized to provide physical therapy services. A PTA, working under the supervision of a licensed PT, is authorized to provide physical therapy services. The licensed PT may not supervise more than three PTA. The state licensed PT and the PTA, working under the licensed PT's supervision, may only perform the specific services, which are within their scope of practice.

Procedure Code(s) and Units of Service

The procedure code for an individual physical therapy service is 97110. The procedure code for a group physical therapy service is 97150. The maximum unit rate for individual physical therapy services is \$17.50 per completed 15 minutes of service. The maximum unit rate for group physical therapy services is \$7.50 per completed 15 minutes of service. The daily maximum limit of units is 8 units per day.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or another location in the community.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Medicaid Billing Form Documentation

The PT or PTA is responsible for the accurate documentation of physical therapy services on the Medicaid billing form. The PT or PTA will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The PT or PTA will write their name, title or credentials, and original signature and initials in the upper right hand corner of the Medicaid billing form. The PT will sign the Medicaid billing form as the PTA's immediate supervisor. The PT or PTA will write the date of service in the first left hand column of the Medicaid billing form. The date of service will be in 6-digit format (i.e. 09/01/05). The PT or PTA will write the start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The PT or PTA will write the units of service in the third left hand column of the Medicaid billing form. The PT or PTA will write the procedure code in the fourth left hand column of the Medicaid billing form. The PT or PTA will write the progress note in the progress note column. An individualized progress note will be written for each date of service. The PT or PTA will write their initials in the right hand column. The initials must be original for each date of service.

Progress Note

The PT or PTA is responsible for writing an appropriate progress note. A written progress note is the supporting documentation that a service was actually provided and necessary. The intent of a progress note is to tie the service being performed and the outcomes achieved back to the IEP goals and objectives for that service. At a minimum, a progress note will include a brief description of the service or activity, in other words what occurred or what was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services.

IEP Service Plan

The PT is responsible for the development of an appropriate IEP for physical therapy services. The IEP will state the presenting problems. The IEP will state the goals or expected outcomes to be achieved. The IEP will state the objectives and/or the measurable time frame to achieve the goals. The IEP will state the interventions the PT or PTA will perform, which should tie back to the expected outcomes or goals to be achieved. The IEP will state the frequency and duration of service where appropriate. The IEP will show a beginning and ending date such as (07/01/05 to 06/30/06). The IEP will state the provider of the service, such as PT and/or PTA.

Service Exclusions

A physical therapy service does not include providing a child with educational assistance. Consultation is not a billable activity. A Section 504 plan may not be used for Medicaid billing purposes. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Additional Medicaid Documentation Requirements

The PT or PTA is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, original progress notes, IEP, evaluations, testing, assessments, and written referrals.

The PT or PTA will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The PT or PTA may make copies of the Medicaid billing documentation for their documentation purposes.

Confidentiality of Medicaid Information

The PT or PTA is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the PT or PTA will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The PT or PTA is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The PT or PTA is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Psychological Evaluations

Purpose of the Service

The purpose of a psychological evaluation is to determine if a child has specific disorders or delays and/or disability, or the symptoms of specific disorders or delays and/or disability; and how the child's education is affected by the identified delay and/or disability.

Definition of the Service

A psychological evaluation is an assessment tool designed to evaluate the student to determine if the student has specific delays and/or disabilities, which meet the definition of a disability as delineated by IDEA.

Scope of the Service

The School Psychologist performs an individual psychological evaluation to determine if the child meets the requirements for a disability as delineated under IDEA.

Authorization of the Service

The Child Study Team is responsible for the initial referral of the child for an initial psychological evaluation. Psychological re-evaluations are authorized by the child's IEP. Psychological re-evaluations will be included as a related service in the IEP.

Qualified Providers of the Service

The OSDE School Psychologists are authorized to perform psychological evaluations. The OSDE School Psychologists may only perform the specific services, which are within their scope of practice.

Procedure Code and Units of Service

The procedure code for an individual psychological evaluation is 96101. The billing unit for an individual psychological evaluation is 1 (one) unit per completed 1 (one) hour of service. If a Psychological evaluation occurs over a period of several days, the time spent each day will be added together to achieve the total hours of the evaluation. Time spent writing the evaluation report is exclusive of the time spent performing the evaluation.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or another location in the community.

Service Exclusions

A psychological evaluation does not include providing a child with educational assistance. Consultations are not a billable activity. Psychological evaluations for LD and MD are not billable. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Medicaid Billing Form Documentation

The School Psychologist is responsible for the accurate documentation of a psychological evaluation on the Medicaid billing form. The School Psychologist will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The School Psychologist will write their name, title or credentials, and original signature and initials in the upper right hand corner of the Medicaid billing form. The School Psychologist will write the date of service in the first left hand column of the Medicaid billing form. The date of service will be in 6-digit format (i.e. 09/01/05). The School Psychologist will write the start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The School Psychologist will write the units of service in the third left hand column of the Medicaid billing form. The School Psychologist will write the procedure code in the fourth left hand column of the Medicaid billing form. The School Psychologist will write the progress note in the progress note column. An individualized progress note will be written for each date of service. The School Psychologist will write their initials in the right hand column. The initials must be original for each date of service.

Progress Note

The School Psychologist is responsible for writing an appropriate progress note. A written progress note is the supporting documentation that a service was actually provided and necessary. At a minimum, a progress note will include a brief description of the service or activity, in other words what occurred or what was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services.

Additional Medicaid Documentation Requirements

The School Psychologist is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, original progress notes, IEP, evaluations, testing, assessments, and written referrals. The School Psychologist will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The School Psychologist may make copies of the Medicaid billing documentation for their documentation purposes.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Confidentiality of Medicaid Information

The School Psychologist is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the School Psychologist will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The School Psychologist is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The School Psychologist is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Psychotherapy Counseling Services

Purpose of the Service

The purpose of psychotherapy counseling services is to provide counseling to children, who are identified as having specific disorders or delays and/or disabilities in emotional and/or behavioral problems, thereby allowing the child to better access their education.

Definition of the Service

Psychotherapy counseling services are the provision of therapeutic and/or psycho-educational counseling to children, who are identified as having specific disorders or delays and/or the symptoms of specific disorders or delays in emotional or behavioral problems. Psychotherapy counseling is intended to promote positive emotional and/or behavioral change.

Scope of the Service

Psychotherapy counseling services are provided through the provision of individual and/or group sessions to children, who are identified as having specific disorders or delays and/or the symptoms of specific disorders or delays in emotional and/or behavioral problems.

Individual counseling is a face-to-face encounter addressing emotional and behavioral concerns by attempting to alleviate emotional anxiety, reverse or change maladaptive patterns of behavior, and encourage growth and development. Insight oriented, behavior modifying and/or supportive counseling refers to the development of insight of affective understanding, the use of behavior modification techniques, and the use of supportive interaction. Ongoing assessment of the student and their response to counseling as well as psycho-educational intervention are appropriate components of individual counseling. The counseling must be goal directed utilizing techniques appropriate to the IEP and/or IHP service plan and the student's development and cognitive abilities.

Group counseling is an interaction between the counselor and two or more individuals to promote positive emotional or behavioral change. The focus of the group must be directly related to the goals and objectives in the individual student's current IEP and/or IHP. For children under the age of 18 years the group size is limited to 6 (six) children. No more than 5 (five) Medicaid eligible students may be billed in a group counseling session. An attendance log must be kept of group counseling sessions. The individual student's behavior and the focus of the group must be included in each student's IEP and/or IHP counseling service plan.

Authorization of the Service

Psychotherapy counseling services are authorized by the child's IEP and/or IHP. Psychotherapy counseling services will be included on the IEP related services page. Psychotherapy counseling services may be provided following the completion of an appropriate evaluation and/or assessment and subsequent development of the IEP and/or IHP counseling service plan.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Qualified Providers of the Service

An OSDE certified School Psychologist, a state licensed Psychologist, a state Licensed Professional Counselor, a state Licensed Social Worker, a state Licensed Marriage and Family Therapist, and a state Licensed Behavioral Practitioner are authorized to provide psychotherapy counseling services. These certified and licensed providers may only perform the specific services, which are within their scope of practice.

Procedure Code(s) and Units of Service

The procedure code for an individual psychotherapy counseling service is 90804 with a billing unit of 15 minutes of service and a maximum of 8 units per day. The procedure code for a group psychotherapy counseling service is 90853 with a billing unit of 15 minutes of service and a maximum of 12 units per day. An attendance log must be kept of children receiving group counseling services.

Medicaid Billing Form Documentation

The OSDE and state licensed professionals are responsible for the accurate documentation of psychotherapy counseling services on the Medicaid billing form. The OSDE and state licensed professionals will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The OSDE and state licensed professionals will write their name, title or credentials, and original signature and initials in the upper right hand corner of the Medicaid billing form. The OSDE and state licensed professionals will write the date of service in the first left hand column of the Medicaid billing form. The date of service will be in 6-digit format (i.e. 09/01/05). The OSDE and state licensed professionals will write the start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The OSDE and state licensed professionals will write the units of service in the third left hand column of the Medicaid billing form. The OSDE and state licensed professionals will write the procedure code in the fourth left hand column of the Medicaid billing form. The OSDE and state licensed professionals will write the progress note in the progress note column. An individualized progress note will be written for each date of service. The OSDE and state licensed professionals will write their initials in the right hand column. The initials must be original for each date of service.

Place of Service

For Medicaid reimbursement purposes the place of service may be the school, the home, or another location in the community.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Progress Note

The OSDE and state licensed professionals are responsible for writing an appropriate progress note. A written progress note is the supporting documentation that a service was actually provided and necessary. The intent of a progress note is to tie the service being performed and the outcomes achieved back to the IEP/IHP goals for that service. At a minimum, a progress note will include a brief description of the service or activity, in other words what occurred or what was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services.

Service Plan

The OSDE and state licensed professionals are responsible for the development and implementation of an appropriate IEP and/or IHP for psychotherapy counseling services. The IEP and/or IHP will state the presenting problems. The IEP and/or IHP will state the goals to be achieved. The IEP and/or IHP will state the measurable time frame to achieve the goals. The IEP and/or IHP will state the interventions the professional will perform, which should tie back to the expected outcomes or goals to be achieved. The IEP and/or IHP will state the frequency and duration of service where appropriate. The IEP and/or IHP will show a beginning and ending date such as (07/01/05 to 06/30/06). The IEP and/or IHP will state the provider of the service, such as LPC.

Additional Medicaid Documentation Requirements

The OSDE and state licensed professionals are responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, progress notes, IHP/IEP, evaluations, testing, assessments, and written referrals.

The OSDE and state licensed professionals will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The professionals may make copies of the Medicaid billing documentation for their documentation purposes.

Service Exclusions

A psychotherapy counseling service does not include providing a child with educational assistance. Children receiving therapeutic foster care services under a DHS contract cannot receive psychotherapy counseling services under the EPSDT School-Based Services program. Family counseling is not an EPSDT School-Based Service. A Section 504 plan is not a useable plan. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Confidentiality of Medicaid Information

The OSDE and state licensed professionals are responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential OSDE and state licensed professional will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The OSDE and state licensed professionals are responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The OSDE and state licensed professionals are responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Monday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Speech Language Evaluation

Purpose of the Service

The purpose of a Speech Language Evaluation (SLE) is to determine the need or continuing need for Speech Language Services (SLS).

Definition of the Service

The SLE is an assessment tool, which is designed to determine if a student has a disorder or impairment of speech, language, and/or hearing.

Scope of the Service

A state licensed Speech Language Pathologist (SLP) performs a complete individual speech language evaluation. Services are initiated following the completion of an evaluation encounter and subsequent development of the service plan in the IEP.

Authorization of the Service

The initial speech language evaluation is authorized by the written referral of the Child Study Team. The Speech Language Therapist's signature on the initial evaluation meets the requirements for a referral by a licensed Practitioner of the Healing Arts. A re-evaluation is authorized by the child's IEP and will be included as a related service in the IEP.

Qualified Provider of the Service

The SLP is authorized to provide speech language evaluations under the following conditions, the SLP holds a current state license, or holds a Certificate of Clinical Competence from the American Speech and Hearing Association and a current state license, or the SLP is in their clinical fellowship year, under supervision and holds a temporary state license. The SLP may only perform the specific services which are within their scope of practice.

Procedure Code and Unit of Service

The procedure code for a complete individual SLE is 92506. The maximum unit rate for a complete individual SLE is \$45.00 for one (1) unit of service. The daily maximum limit of units is one (1) unit per day. Start and stop time must be included in the SLE.

Place of Service

For Medicaid reimbursement purposes, the place of service may be the school, the home, or another location in the community.

Service Exclusions

A speech language evaluation does not include providing educational assistance. A Section 504 plan may not be used for Medicaid billing purposes. Consultations are not a billable activity. Paperwork time is not billable.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Medicaid Billing Form Documentation

The SLP is responsible for accurate documentation of the speech language evaluation on the Medicaid billing form. The SLP will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The SLP will write their name, title or credentials, and original signature and initials in the upper right hand corner of the Medicaid billing form. The SLP will write the date of service in the first left hand column of the Medicaid billing form. The date of service will be in 6-digit format (i.e. 09/01/05). The SLP will write the start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The SLP will write the units of service in the third left hand column of the Medicaid billing form. The SLP will write the procedure code in the fourth left hand column of the Medicaid billing form. The procedure code describes the activity that is occurring; such as 92506 means a licensed SLP has performed a speech language evaluation. The SLP will write the progress note under the progress note column. The SLP will write an individualized progress note for each date of service. The SLP will write their initials in the right hand column. The initials must be original for each date of service.

Progress Note

The SLP is responsible for writing an appropriate progress note. A written progress note is the supporting documentation that a service was actually provided and necessary. The intent of a progress note is to tie the service being performed and the outcomes achieved back to the IEP goals for that service. At a minimum, a progress note will include a brief description of the service or activity, in other words what occurred or what was worked on with the child; some indication of the child's progress such as improved or no improvement; and the need for continued services.

Additional Medicaid Documentation Requirements

The SLP is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, progress notes, IEP, evaluations, testing, assessments, and written referrals.

The SLP will use only blue or black ink for Medicaid documentation, including original signature and initials, whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The SLP may make copies of the Medicaid billing documentation for their documentation purposes.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Confidentiality of Medicaid Information

The SLP is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the SLP will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Processing Medicaid Information

The SLP is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The SLP is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Tuesday of the following month in which the service was provided. Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Speech Language Services

Purpose of the Service

The purpose of the speech language service (SLS) is to ameliorate, develop or restore the impaired functioning of a student who has a specific disorder or impairment of speech, language, and/or hearing; thereby allowing the student to better access their education.

Definition of the Service

The SLS is designed to improve, develop or restore the impaired ability of a student who has a disorder or impairment of speech, language, and/or hearing.

Scope of the Service

The Speech Language Pathologist (SLP) is responsible for the provision of individual and/or group sessions to students, who are identified as having a specific disorder or impairment of speech, language, and/or hearing. If it is determined that the student is in need of Hearing and/or Vision Services along with SLS, then each of the services must be described in the student's IEP.

Authorization of the Service

The SLS is authorized by the child's IEP. The SLP's signature on the evaluation or IEP meets the requirements for a referral by a licensed Practitioner of the Healing Arts.

Qualified Provider of the Service

The state licensed SLP is authorized to provide speech language services. The SLP who holds a current state license and a Certificate of Clinical Competence from the American Speech and Hearing Association is authorized to provide speech language services. The SLP who is in their clinical fellowship year, under supervision and holds a temporary state license is authorized to provide speech language services. The SLP may only perform the specific services which are within their scope of practice.

Procedure Code and Unit of Service

The procedure code for an individual SLS is 92507. The procedure code for a group SLS is 92508. The maximum unit rate for individual SLS is \$17.50 per completed 15 minutes of service. The maximum unit rate for group SLS is \$7.50 per completed 15 minutes of service. The daily maximum limit of units is 8 units per day.

Place of Service

For Medicaid reimbursement purposes, the place of service may be the school, the home, or another location in the community.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Service Exclusions

Speech language service does not include providing educational assistance. Consultations are not a billable activity. A Section 504 plan is not a useable plan. Paperwork time is not billable.

Medicaid Billing Form Documentation

The SLP is responsible for accurate documentation of speech language services on the Medicaid billing form. The SLP will write the student's name, date of birth, the student's school identification number, and the school site name in the upper left hand corner of the Medicaid billing form. The SLP will write their name, title or credentials, and original signature and initials in the upper right hand corner of the Medicaid billing form. The SLP will write the date of service in the first left hand column of the Medicaid billing form. The date of service will be in 6-digit format (i.e. 09/01/05). The SLP will write the start and stop times in the second left hand column of the Medicaid billing form. The start and stop times may be in 12 hour or 24 hour format. The SLP will write the units of service in the third left hand column of the Medicaid billing form. The SLP will write the procedure code in the fourth left hand column of the Medicaid billing form. The procedure code describes the activity that is occurring; such as 92507 means a SLP has performed an individual speech language service. The SLP will write the progress note under the progress note column. The SLP will write an individualized progress note for each date of service. The SLP will write their initials in the right hand column. The initials must be original for each date of service.

Progress Note

The SLP is responsible for writing an appropriate progress note for each speech language service. A written progress note is the supporting documentation that the speech language service was actually provided and necessary. The intent of a progress note is to tie the service being performed and the outcomes achieved back to the IEP goals for that service. At a minimum, a progress note must include a brief description of the service or activity, what occurred or what was worked on with the child, an indication of the child's progress such as improved or no improvement, and the need for continued services based on the observations and services rendered during that particular encounter with the child.

IEP Service Plan

The SLP is responsible for the development and implementation of an appropriate IEP for speech language services. The IEP will state the presenting problems. The IEP will state the goals to be achieved. The IEP will state the measurable time frame to achieve the goals. The IEP will state the interventions the SLP will perform, which should tie back to the goals to be achieved. The IEP will state the frequency and duration of service where appropriate. The IEP will show a beginning and ending date such as (07/01/05 to 06/30/06). The IEP will state the provider of the service, such as SLP.

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Additional Medicaid Documentation Requirements

The SLP is responsible for maintaining all documentation necessary for a state or federal audit, until such documentation is sent to the District Medicaid office. All Medicaid documentation must be kept six years from the date of service. The Medicaid documentation includes original Medicaid billing forms, original group logs, progress notes, IEP, evaluations, testing, assessments, and written referrals.

The SLP will use only blue or black ink for Medicaid documentation, including original signature and initials; whiteout is not acceptable for making corrections; corrections should include a single line through the mistake. The SLP may make copies of the Medicaid billing documentation for their documentation purposes.

Confidentiality of Medicaid Information

The SLP is responsible for maintaining the confidentiality of all documentation. All Medicaid information and documentation is confidential information and as such falls under the regulations and guidelines of the Family Education Rights and Privacy Act (FERPA). The District Medicaid office performs financial transactions using Medicaid billing information, that information is also protected by the Health Insurance Portability and Accountability Act (HIPAA). Because the information is confidential the SLP will keep Medicaid documentation in a secure location until the documentation is sent to the District Medicaid office or is destroyed.

Medicaid Processing Information

The SLP is responsible for the submission of original Medicaid billing form(s) with original signature to the District Medicaid Office. The SLP is responsible for the submission of all Medicaid billing documentation to the District Medicaid office by the second Tuesday of the following month in which the service was provided.

Documentation missing or having incorrect information will be returned to the professional for correction.

Electronic Documentation

Electronic documentation is acceptable, but a hard copy of the documentation with an original provider signature is required. The District Medicaid office has all required billing and documentation forms in an electronic format and will provide the forms to the providers in either the electronic or hard copy format. The Medicaid billing form is a Word document and may be downloaded to your computer. Medicaid billing forms may be filled out electronically, printed and original signatures then applied.

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

Section III

Medicaid Forms

Assistive Technology Services	69
Audiologist Tests	70
Hearing Aid Tests	71
Hearing Services	72
Nursing Services	73
Occupational Therapy Services	74
Personal Care Services	75
Physical Therapy Services	76
Psychotherapy Counseling Services	77
Psychological Services	78
Speech Language Services	79
Consent for Counseling	80
Referral for Counseling	81
Service Plan for Counseling	82
Group Services Attendance Logs	83-84

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/ EPSDT SCHOOL-BASED SERVICES DOCUMENTATION
ASSISTIVE TECHNOLOGY SERVICES/ LICENSED AUDIOLOGIST SPEECH LANGUAGE PATHOLOGIST OCCUPATIONAL THERAPIST PHYSICAL THERAPIST**

STUDENT'S NAME: _____
 DOB: _____ STUDENT ID.: _____
 SCHOOL: _____ SERVICES PROVIDED ARE AUTHORIZED BY AN IEP.

PROVIDER NAME: _____
 TITLE (CREDENTIALS): _____
 SIGNATURE/INITIALS: _____

Goals: _____

DATE OF SERVICE	START STOP TIMES	UNITS SEE BELOW	CODES T1023 97535	PROCEDURE CODES CHILD HEALTH ENCOUNTER: T1023 ASSISTIVE TECHNOLOGY SERVICES: 97535	
	START <hr/> STOP		CODES T1023 97535	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIAL
	START <hr/> STOP		CODES T1023 97535	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIAL
	START <hr/> STOP		CODES T1023 97535	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIAL
	START <hr/> STOP		CODES T1023 97535	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIAL

*CHILD HEALTH ENCOUNTER: 1 UNIT=5-10 MINUTES 2 UNITS=11-20 MINUTES 3 UNITS=21 OR MORE MINUTES. *ASSISTIVE TECHNOLOGY: 1 UNIT = 15 MINUTES. March 31, 2005

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/ EPSDT SCHOOL-BASED SERVICES DOCUMENTATION
AUDIOLOGY SERVICES/ LICENSE AUDIOLOGIST**

STUDENT'S NAME: _____
DOB: _____ **STUDENT ID.:** _____
SCHOOL: _____

PROVIDER NAME: _____
TITLE (CREDENTIALS): _____
SIGNATURE/INITIALS: _____

DATE OF SERVICE	TIMES START	PROCEDURE CODES: Hearing Evaluation: 92557= 1 unit Tympanometry Testing: 92567= 1 unit Acoustic Reflex: 92568= 1 unit	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____ _____ _____	INITIALS
	STOP			
DATE OF SERVICE	TIMES START	PROCEDURE CODES: Hearing Evaluation: 92557= 1 unit Tympanometry Testing: 92567= 1 unit Acoustic Reflex: 92568= 1 unit	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____ _____ _____	INITIALS
	STOP			
DATE OF SERVICE	TIMES START	PROCEDURE CODES: Hearing Evaluation: 92557= 1 unit Tympanometry Testing: 92567= 1 unit Acoustic Reflex: 92568= 1 unit	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____ _____ _____	INITIALS
	STOP			

July 1, 2005

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/ EPSDT SCHOOL-BASED SERVICES DOCUMENTATION
HEARING SERVICES/ LICENSED AUDIOLOGIST**

STUDENT'S NAME: _____
 DOB: _____ STUDENT ID. #: _____
 SCHOOL: _____

PROVIDER NAME: _____
 TITLE (CREDENTIALS): _____
 SIGNATURE/INITIALS: _____

Goals: _____

DATE OF SERVICE	START	HEARING AID EVALUATION: ONE EAR: 92590=1 UNIT BOTH EARS: 92591=1 UNIT EAR IMPRESSION MOLD: ONE PER EAR: V5275=1 UNIT DAILY LIMIT 2 UNITS	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIALS
	STOP			
DATE OF SERVICE	START	HEARING AID EVALUATION: ONE EAR: 92590=1 UNIT BOTH EARS: 92591=1 UNIT EAR IMPRESSION MOLD: ONE PER EAR: V5275=1 UNIT DAILY LIMIT 2 UNITS	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIALS
	STOP			
DATE OF SERVICE	START	HEARING AID EVALUATION: ONE EAR: 92590=1 UNIT BOTH EARS: 92591=1 UNIT EAR IMPRESSION MOLD: ONE PER EAR: V5275=1 UNIT DAILY LIMIT 2 UNITS	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIALS
	STOP			

July 1, 2005

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/ EPSDT SCHOOL-BASED SERVICES DOCUMENTATION/HEARING SERVICES/ LICENSED AUDIOLOGIST
SPEECH LANGUAGE PATHOLOGIST/ CERTIFIED DEAF EDUCATION TEACHER/ORIENTATION AND MOBILITY SPECIALIST/CERTIFIED VISION IMPAIRMENT TEACHER**

STUDENT'S NAME: _____ DOB: _____ STUDENT ID. #: _____ SCHOOL: _____	PROVIDER NAME: _____ TITLE (CREDENTIALS): _____ SIGNATURE/INITIALS: _____
---	--

Goals: _____

DATE OF SERVICE	START		HEARING SERVICES: 1 UNIT=15 MINUTES 97533 DAILY LIMIT 8 UNITS ASSISTIVE TECHNOLOGY: 1 UNIT=15 MINUTES 97535 DAILY LIMIT 8 UNITS	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIALS
	STOP				
DATE OF SERVICE	START		HEARING SERVICES: 1 UNIT=15 MINUTES 97533 DAILY LIMIT 8 UNITS ASSISTIVE TECHNOLOGY: 1 UNIT=15 MINUTES 97535 DAILY LIMIT 8 UNITS	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIALS
	STOP				
DATE OF SERVICE	START		HEARING SERVICES: 1 UNIT=15 MINUTES 97533 DAILY LIMIT 8 UNITS ASSISTIVE TECHNOLOGY: 1 UNIT=15 MINUTES 97535 DAILY LIMIT 8 UNITS	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIALS
	STOP				
DATE OF SERVICE	START		HEARING SERVICES: 1 UNIT=15 MINUTES 97533 DAILY LIMIT 8 UNITS ASSISTIVE TECHNOLOGY: 1 UNIT=15 MINUTES 97535 DAILY LIMIT 8 UNITS	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIALS
	STOP				

January 18, 2006

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS
EPSDT SCHOOL-BASED SERVICES DOCUMENTATION/NURSING SERVICES/ SCHOOL NURSES**

STUDENT'S NAME: _____
 DOB: _____ STUDENT ID. #: _____
 SCHOOL: _____ SERVICES PROVIDED ARE AUTHORIZED BY AN IEP/IHP.

PROVIDER NAME: _____
 TITLE (CREDENTIALS): _____
 SIGNATURE/INITIALS: _____

Goals: _____

DATE OF SERVICE	START STOP TIMES	UNITS SEE BELOW	CODES: T1023 T1002	PROCEDURE CODES: CHILD HEALTH ENCOUNTER: T1023 NURSING SERVICES RN: T1002	
DATE OF SERVICE	START <hr/> STOP		CODES: T1023 T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL
DATE OF SERVICE	START <hr/> STOP		CODES: T1023 T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL
DATE OF SERVICE	START <hr/> STOP		CODES: T1023 T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL
DATE OF SERVICE	START <hr/> STOP		CODES: T1023 T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL

* SERVICE UNITS CHILD HEALTH ENCOUNTER: 1 UNIT= 5 TO 10 MINUTES 2 UNITS= 11 TO 20 MINUTES 3 UNITS= 21 MINUTES OR GREATER.
 * NURSING SERVICE UNIT: 5 MINUTES=1 UNIT. DAILY MAXIMUM LIMIT: 24 UNITS.

MARCH 31, 2005

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS EPSDT SCHOOL-BASED SERVICES DOCUMENTATION
OCCUPATIONAL THERAPY SERVICES/ OCCUPATIONAL THERAPIST/ OCCUPATIONAL THERAPY ASSISTANT**

STUDENT'S NAME: _____
 DOB: _____ STUDENT ID. #: _____
 SCHOOL: _____
SERVICES PROVIDED ARE AUTHORIZED BY AN IEP.

PROVIDER NAME: _____
 TITLE (CREDENTIALS): _____
 SIGNATURE/INITIALS: _____
 SUPERVISOR SIGNATURE: _____

Goals: _____

DATE OF SERVICE	START STOP TIMES	UNITS	CODES: 97003 97530 97530HQ	PROCEDURE CODES: OCCUPATIONAL THERAPY EVALUATION: 97003 IEP OCCUPATIONAL THERAPY: 97530 IEP GROUP OCCUPATIONAL THERAPY: 97530HQ	
DATE OF SERVICE	START STOP		CODES: 97003 97530 97530HQ	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES: 97003 97530 97530HQ	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES: 97003 97530 97530HQ	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES: 97003 97530 97530HQ	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL

* OCCUPATIONAL THERAPY INDIVIDUAL AND GROUP: 1 UNIT= 15 MINUTES * OCCUPATIONAL THERAPY EVALUATION: 1 UNIT= 1 EVALUATION MARCH 31, 2005
 Additional Comments:

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS EPSDT SCHOOL-BASED SERVICES DOCUMENTATION
PHYSICAL THERAPY SERVICES/ PHYSICAL THERAPIST/ PHYSICAL THERAPY ASSISTANT**

STUDENT'S NAME: _____
 DOB: _____ STUDENT ID. #: _____
 SCHOOL: _____
SERVICES PROVIDED ARE AUTHORIZED BY AN IEP.

PROVIDER NAME: _____
 TITLE (CREDENTIALS): _____
 SIGNATURE/INITIALS: _____
 SUPERVISOR SIGNATURE: _____

Goals: _____

DATE OF SERVICE	START STOP TIMES	UNITS	CODES: 97001 97110 97150	PROCEDURE CODES: PHYSICAL THERAPY EVALUATION: 97001 IEP PHYSICAL THERAPY: 97110 IEP GROUP PHYSICAL THERAPY: 97150	
DATE OF SERVICE	START <hr/> STOP		CODES: 97001 97110 97150	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL
DATE OF SERVICE	START <hr/> STOP		CODES: 97001 97110 97150	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL
DATE OF SERVICE	START <hr/> STOP		CODES: 97001 97110 97150	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL
DATE OF SERVICE	START <hr/> STOP		CODES: 97001 97110 97150	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL

* PHYSICAL THERAPY INDIVIDUAL AND GROUP: 1 UNIT= 15 MINUTES * PHYSICAL THERAPY EVALUATION: 1 UNIT= 1 EVALUATION

March 31, 2005

Additional Comments:

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/ EPSDT SCHOOL-BASED SERVICES DOCUMENTATION/ PSYCHOTHERAPY COUNSELING SERVICES
SCHOOL PSYCHOLOGIST/ LICENSED PSYCHOLOGIST/LICENSED PROFESSIONAL COUNSELOR/LICENSED SOCIAL WORKER**

STUDENT'S NAME: _____
 DOB: _____ STUDENT ID. #: _____
 SCHOOL: _____ SERVICES PROVIDED ARE AUTHORIZED BY AN IEP/IHP.

PROVIDER NAME: _____
 TITLE (CREDENTIALS): _____
 SIGNATURE/INITIALS: _____

Goals: _____

DATE OF SERVICE	START STOP TIMES	UNITS	CODES: T1023 90804 90853	PROCEDURE CODES: CHILD HEALTH ENCOUNTER: T1023 INDIVIDUAL PSYCHOTHERAPY COUNSELING: 90804 GROUP PSYCHOTHERAPY COUNSELING: 90853	
DATE OF SERVICE	START STOP	UNITS	CODES: T1023 90804 90853	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____ _____	INITIAL
DATE OF SERVICE	START STOP	UNITS	CODES: T1023 90804 90853	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____ _____	INITIAL
DATE OF SERVICE	START STOP	UNITS	CODES: T1023 90804 90853	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____ _____	INITIAL

SERVICE UNIT PSYCHOTHERAPEUTIC COUNSELING: 1 UNIT = 15 MINUTES
 CHILD HEALTH ENCOUNTER: 5-10 MINUTES= 1 UNIT 11-20 MINUTES= 2 UNITS 21 MINUTES OR MORE= 3 UNITS August 22, 2005

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/EPSDT SCHOOL-BASED PSYCHOLOGICAL TESTING DOCUMENTATION
LICENSED PSYCHOLOGIST / SCHOOL PSYCHOLOGISTS**

STUDENT'S NAME: _____
 DOB: _____ STUDENT ID. #: _____
 SCHOOL: _____

PROVIDER NAME: _____
 TITLE (CREDENTIALS): _____
 SIGNATURE/INITIALS: _____

DATE OF SERVICE	START/STOP TIMES	SERVICE UNITS* SEE BELOW	PROCEDURE CODES 96101	PROCEDURE CODES Psychological Testing: 96101	
DATE OF SERVICE	START STOP		PROCEDURE CODES 96101	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	PROVIDER INITIALS
DATE OF SERVICE	START STOP		PROCEDURE CODES 96101	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	PROVIDER INITIALS
DATE OF SERVICE	START STOP		PROCEDURE CODES 96101	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	PROVIDER INITIALS

*PSYCHOLOGICAL EVALUATION: 1 UNIT = 1 HOUR.

January 18, 2006

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/ EPSDT SCHOOL-BASED SERVICES DOCUMENTATION
SPEECH LANGUAGE PATHOLOGY SERVICES/ LICENSED SPEECH LANGUAGE PATHOLOGIST**

STUDENT'S NAME: _____
 DOB: _____ STUDENT ID.: _____
 SCHOOL: _____ SERVICES PROVIDED ARE AUTHORIZED BY AN IEP.

PROVIDER NAME: _____
 TITLE (CREDENTIALS): _____
 SIGNATURE/INITIALS: _____

Goals: _____

DATE OF SERVICE	START STOP TIMES	UNITS SEE BELOW	CODES 92506 92507 92508	PROCEDURE CODES		
				SPEECH LANGUAGE EVALUATION: 92506 IEP SPEECH LANGUAGE THERAPY: 92507 IEP GROUP SPEECH LANGUAGE THERAPY: 92508		
				PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY		INITIAL
				PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY		INITIAL
				PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY		INITIAL
				PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY		INITIAL
				PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY		INITIAL

*SPEECH EVALUATION = 1 UNIT. *SPEECH THERAPY: 1 UNIT = 15 MINUTES.

March 31, 2005

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Consent for Counseling Services

Dear Parent,

Your child has been recommended by school personnel to participate in counseling sessions, which involves social skill development activities. The School Psychologist, Licensed Professional Counselor, School Counselor, or Special Education Teacher will provide these services on a group or individual basis.

The goals of the program are to assist your child in developing safe and healthy relationships with adults and peers and to increase their motivation toward school work. Participation in the sessions is voluntary.

Please complete the form below to give permission for your child's participation in the weekly social skill development sessions and turn in to the school counselor. You can contact the school counselor if you have any questions.

Return to the school counselor

I approve of my child's participation in the School Counseling sessions.

School: _____

Name of Student: _____

Parent/Guardian signature: _____

Date: _____

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

COUNSELING SERVICES PLAN FOR IEP AND/OR IHP

Student Name: _____ Date: _____

Student ID: _____ Date of Birth: _____ Grade: _____

School: _____

Problem and/or Diagnosis (Behavior/Symptoms): _____

Goal (Expected outcome to be achieved): _____

Objectives (Behavioral) (Time frame to achieve goal): _____

Behavioral Interventions (Counselor will); Modality (Group and/or Individual);

Frequency (How often):

Counselor will: _____

Counselor Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Special Ed. Teacher: _____ Date: _____

Regular Ed. Teacher: _____ Date: _____

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

REFERRAL FOR COUNSELING SERVICES

STUDENT NAME: _____ DATE: _____

STUDENT ID: _____ SCHOOL: _____

D.O.B.: _____ GRADE: _____ TEACHER: _____

PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS: _____

I.E.P.: YES NO

CONSENT FOR COUNSELING FORM (COMPLETED, SIGNED, AND RETURNED BY PARENT): YES NO

PROBLEM/REASON FOR REFERRAL (BEHAVIORAL/SYMPTOMS):

SIGNATURE: _____ Title: _____

POSITION: _____

**Tulsa Public Schools
 Division of Teaching and Learning
 Department of Special Education and Student Services**

TULSA PUBLIC SCHOOLS MEDICAID GROUP ATTENDANCE LOG

SITE: _____ **PROVIDER SIGNATURE/INITIALS:** _____

Group Members Time: _____ to _____	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Provider Initials:										

Group Members Time: _____ to _____	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Provider Initials:										

KEY: P: Student Present, A: Student Absent, PA: Provider Absent

February 8, 2006

Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services

Group Services Attendance Log

Group Services Attendance Log

Date: _____ **Time:** _____ **Site:** _____ **Date:** _____ **Time:** _____ **Site:** _____

Provider Signature: _____ **Provider Signature:** _____

Student Name: _____ **Student Name:** _____

Student Name: _____ **Student Name:** _____

Student Name: _____ **Student Name:** _____

Student Name: _____ **Student Name:** _____

Student Name: _____ **Student Name:** _____

Group Services Attendance Log

Group Services Attendance Log

Date: _____ **Time:** _____ **Site:** _____ **Date:** _____ **Time:** _____ **Site:** _____

Provider Signature: _____ **Provider Signature:** _____

Student Name: _____ **Student Name:** _____

Student Name: _____ **Student Name:** _____

Student Name: _____ **Student Name:** _____

Student Name: _____ **Student Name:** _____

Student Name: _____ **Student Name:** _____

Group Services Attendance Log

Group Services Attendance Log

Date: _____ **Time:** _____ **Site:** _____ **Date:** _____ **Time:** _____ **Site:** _____

Provider Signature: _____ **Provider Signature:** _____

Student Name: _____ **Student Name:** _____

Student Name: _____ **Student Name:** _____

Student Name: _____ **Student Name:** _____

Student Name: _____ **Student Name:** _____

Student Name: _____ **Student Name:** _____

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

Section IV

Medicaid Examples

Assistive Technology Services	86
Audiologist Tests	87
Hearing Aid Tests	88
Hearing Services	89
Nursing Services	90-91
Occupational Therapy Services	92
Personal Care Services	93
Physical Therapy Services	94
Psychotherapy Counseling Services	95
Psychological Services	96
Speech Language Services	97

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

TULSA PUBLIC SCHOOLS/ EPSDT SCHOOL-BASED SERVICES DOCUMENTATION
ASSISTIVE TECHNOLOGY SERVICES/ LICENSED AUDIOLOGIST/SPEECH LANGUAGE PATHOLOGIST/OCCUPATIONAL THERAPIST/PHYSICAL THERAPIST

STUDENT'S NAME: **_ THOMAS THOMAS**

DOB: 9/9/99 STUDENT ID.: 0123456

SCHOOL: KENDALL WHITTIER SERVICES PROVIDED ARE AUTHORIZED BY AN IEP.

PROVIDER NAME: **_JILL HILL**

TITLE (CREDENTIALS): **_SPEECH LANGUAGE PATHOLOGIST**

SIGNATURE/INITIALS: *JILL HILL/JH*

Goals: _____

DATE OF SERVICE	START STOP TIMES	UNITS SEE BELOW	CODES T1023 97535	PROCEDURE CODES CHILD HEALTH ENCOUNTER: T1023 ASSISTIVE TECHNOLOGY SERVICES: 97535	
11/01/05	2:00 STOP 2:30	2	97535	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY THOMAS WORKED DILIGENTLY. WORKED WITH COMMUNICATION DEVICE. THOMAS HAS SHOWN IMPROVEMENT. CONTINUE WITH CURRENT IEP PLAN.	INITIAL JH
DATE OF SERVICE	START STOP		CODES T1023 97535	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES T1023 97535	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES T1023 97535	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES T1023 97535	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL

*CHILD HEALTH ENCOUNTER: 1 UNIT=5-10 MINUTES 2 UNITS=11-20 MINUTES 3 UNITS=21 OR MORE MINUTES. *ASSISTIVE TECHNOLOGY: 1 UNIT = 15 MINUTES. March 31, 2005

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/ EPSDT SCHOOL-BASED SERVICES DOCUMENTATION
AUDIOLOGY SERVICES/ LICENSE AUDIOLOGIST**

STUDENT'S NAME: Thomas Thomas

DOB: 9/9/99 STUDENT ID.: 0123456

SCHOOL: Kendall Whittier

PROVIDER NAME: John Daily

TITLE (CREDENTIALS): Audiologist

SIGNATURE/INITIALS: *John Daily JD*

DATE OF SERVICE	TIMES		PROCEDURE CODES:	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS
10/10/05	START <u>9:15</u> STOP <u>9:30</u>	1 1 1	Hearing Evaluation: 92557= 1 unit Tympanometry Testing: 92567= 1 unit Acoustic Reflex: 92568= 1 unit	Evaluated Thomas for possible hearing loss. Performed a Tympanometry test and Acoustic reflex test of both ears. Shows a significant loss of hearing in both ears.	JD
DATE OF SERVICE	TIMES START STOP		PROCEDURE CODES: Hearing Evaluation: 92557= 1 unit Tympanometry Testing: 92567= 1 unit Acoustic Reflex: 92568= 1 unit	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____ _____ _____	INITIALS
DATE OF SERVICE	TIMES START STOP		PROCEDURE CODES: Hearing Evaluation: 92557= 1 unit Tympanometry Testing: 92567= 1 unit Acoustic Reflex: 92568= 1 unit	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____ _____ _____	INITIALS

July 1, 2005

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/ EPSDT SCHOOL-BASED SERVICES DOCUMENTATION
HEARING SERVICES/ LICENSED AUDIOLOGIST**

STUDENT'S NAME: Thomas Thomas

DOB: 9/9/99 STUDENT ID. #: 0123456

SCHOOL: Kendall Whittier

PROVIDER NAME: John Daily

TITLE (CREDENTIALS): Audiologist

SIGNATURE/INITIALS: John Daily JD

Goals: _____

DATE OF SERVICE	START		HEARING AID EVALUATION:	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS
10/10/05	9:30	1	ONE EAR: 92590=1 UNIT	Performed a hearing aid evaluation on both of Thomas hearing aids. Made ear impression molds for both ears.	JD
	STOP		BOTH EARS: 92591=1 UNIT		
10:00	2	EAR IMPRESSION MOLD:			
		ONE PER EAR: V5275=1 UNIT DAILY LIMIT 2 UNITS			
DATE OF SERVICE	START		HEARING AID EVALUATION:	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS
			ONE EAR: 92590=1 UNIT	_____	
			BOTH EARS: 92591=1 UNIT	_____	
	STOP		EAR IMPRESSION MOLD:	_____	
			ONE PER EAR: V5275=1 UNIT DAILY LIMIT 2 UNITS		
DATE OF SERVICE	START		HEARING AID EVALUATION:	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS
			ONE EAR: 92590=1 UNIT	_____	
			BOTH EARS: 92591=1 UNIT	_____	
	STOP		EAR IMPRESSION MOLD:	_____	
			ONE PER EAR: V5275=1 UNIT DAILY LIMIT 2 UNITS		
DATE OF SERVICE	START		HEARING AID EVALUATION:	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS
			ONE EAR: 92590=1 UNIT	_____	
			BOTH EARS: 92591=1 UNIT	_____	
	STOP		EAR IMPRESSION MOLD:	_____	
			ONE PER EAR: V5275=1 UNIT DAILY LIMIT 2 UNITS		

July 1, 2005

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/ EPSDT SCHOOL-BASED SERVICES DOCUMENTATION/HEARING SERVICES/ASSISTIVE TECHNOLOGY
LICENSED AUDIOLOGIST/ SPEECH LANGUAGE PATHOLOGIST/ CERTIFIED DEAF EDUCATION TEACHER**

STUDENT'S NAME: **THOMAS THOMAS**

DOB: 9/9/99 STUDENT ID. #: 0123456

SCHOOL: **Kendall Whittier** SERVICES PROVIDED ARE AUTHORIZED BY AN IEP.

PROVIDER NAME: Jane Daily

TITLE (CREDENTIALS): Certified Deaf Education Teacher

SIGNATURE/INITIALS: *Jane Daily/JD*

Goals: _____

DATE OF SERVICE	START		HEARING SERVICES: 1 UNIT=15 MINUTES 97533 DAILY LIMIT 8 UNITS	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS
11/01/05	10:00 STOP 10:30	2	ASSISTIVE TECHNOLOGY: 1 UNIT=15 MINUTES 97535 DAILY LIMIT 8 UNITS	Thomas worked well to day. Continued to work on signing skills. Thomas has show a 25% increase is skill since the beginning of the school year. Will continue with current IEP plan.	JD
DATE OF SERVICE	START STOP		HEARING SERVICES: 1 UNIT=15 MINUTES 97533 DAILY LIMIT 8 UNITS ASSISTIVE TECHNOLOGY: 1 UNIT=15 MINUTES 97535 DAILY LIMIT 8 UNITS	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIALS
DATE OF SERVICE	START STOP		HEARING SERVICES: 1 UNIT=15 MINUTES 97533 DAILY LIMIT 8 UNITS ASSISTIVE TECHNOLOGY: 1 UNIT=15 MINUTES 97535 DAILY LIMIT 8 UNITS	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIALS
DATE OF SERVICE	START STOP		HEARING SERVICES: 1 UNIT=15 MINUTES 97533 DAILY LIMIT 8 UNITS ASSISTIVE TECHNOLOGY: 1 UNIT=15 MINUTES 97535 DAILY LIMIT 8 UNITS	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIALS

July 1, 2005

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

TULSA PUBLIC SCHOOLS
EPSDT SCHOOL-BASED SERVICES DOCUMENTATION/NURSING SERVICES/ SCHOOL NURSES

STUDENT'S NAME: SARAH BROWN

DOB: 5/23/98 STUDENT ID. #: 0123456

SCHOOL: KENDALL WHITTIER SERVICES ARE AUTHORIZED BY AN IEP/IHP.

PROVIDER NAME: JANE GREEN

TITLE (CREDENTIALS): RN

SIGNATURE/INITIALS: JANE GREEN/JG

Goals: _____

DATE OF SERVICE	START STOP TIMES	UNITS SEE BELOW	CODES: T1023 T1002	PROCEDURE CODES: CHILD HEALTH ENCOUNTER: T1023 NURSING SERVICES RN: T1002	
11/15/05	14:00 STOP 14:20	4	T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY SARAH WAS HAVING DIFFICULTY BREATHING. ADMINISTERED A CONTROLLED DOSE OF ANTIHISTAMINE. OBSERVED SARA UNTIL BREATHING RETURNED TO NORMAL. INFORMED PARENT OF ASTHMA ATTACK. WILL CONTINUE CURRENT IHP.	INITIAL JG
DATE OF SERVICE	START STOP		CODES: T1023 T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES: T1023 T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES: T1023 T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES: T1023 T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL

* SERVICE UNITS CHILD HEALTH ENCOUNTER: 1 UNIT= 5 TO 10 MINUTES 2 UNITS= 11 TO 20 MINUTES 3 UNITS= 21 MINUTES OR GREATER.
* NURSING SERVICE UNIT: 5 MINUTES=1 UNIT. DAILY MAXIMUM LIMIT: 24 UNITS. MARCH 31, 2005

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

TULSA PUBLIC SCHOOLS
EPSDT SCHOOL-BASED SERVICES DOCUMENTATION/NURSING SERVICES/ SCHOOL NURSES

STUDENT'S NAME: JOHN SMITH

DOB: 10/22/88 STUDENT ID. #: 0123456

SCHOOL: **KENDALL WHITTIER SERVICES PROVIDED ARE AUTHORIZED BY AN IEP/IHP.**

PROVIDER NAME: JANE GREEN

TITLE (CREDENTIALS): RN

SIGNATURE/INITIALS: JANE GREEN/JG

Goals: _____

DATE OF SERVICE	START STOP TIMES	UNITS SEE BELOW	CODES: T1023 T1002	PROCEDURE CODES: CHILD HEALTH ENCOUNTER: T1023 NURSING SERVICES RN: T1002	
11/10/05	9:30 STOP 9:36	1	T1023	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY JOHN WAS REFERRED BY THE CHILD STUDY TEAM FOR POSSIBLE VISION IMPAIRMENT. PERFORMED A VISION SCREEN. JOHN SHOWED MARKED IMPAIRMENT IN BOTH EYES. REFFERED TO PHYSICIAN. RECOMMEND IEP TEAM DEVELOP IEP FOR VISION IMPAIRMENT.	INITIAL JG
			T1023 T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL
			T1023 T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL
			T1023 T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL
			T1023 T1002	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL

* SERVICE UNITS CHILD HEALTH ENCOUNTER: 1 UNIT= 5 TO 10 MINUTES 2 UNITS= 11 TO 20 MINUTES 3 UNITS= 21 MINUTES OR GREATER.
* NURSING SERVICE UNIT: 5 MINUTES=1 UNIT. DAILY MAXIMUM LIMIT: 24 UNITS.

MARCH 31, 2005

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS EPSDT SCHOOL-BASED SERVICES DOCUMENTATION
OCCUPATIONAL THERAPY SERVICES/ OCCUPATIONAL THERAPIST/ OCCUPATIONAL THERAPY ASSISTANT**

STUDENT'S NAME: JERRY DAY

DOB: 04/24/98 STUDENT ID #: 0123456

SCHOOL: KENDALL WHITTIER SERVICES PROVIDED ARE AUTHORIZED BY AN IEP.

PROVIDER NAME: KELLY GREEN

TITLE (CREDENTIALS): OCCUPATIONAL THERAPIST

SIGNATURE/INITIALS: KELLY GREEN KG

SUPERVISOR SIGNATURE: _____

Goals: _____

DATE OF SERVICE	START STOP TIMES	UNITS	CODES: 97003 97530 97530HQ	PROCEDURE CODES: OCCUPATIONAL THERAPY EVALUATION: 97003 IEP OCCUPATIONAL THERAPY: 97530 IEP GROUP OCCUPATIONAL THERAPY: 97530HQ	
12/05/05	11:30 STOP 12:00	2	97530	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY JERRY WORKED WELL TODAY. WORKED ON TRANSFERRING FOOD FROM PLATE TO MOUTH BY SPOON. JERRY IS SHOWING SOME IMPROVEMENT. TRANSFERRED FOOD TO MOUTH 40% OF ATTEMPTS. WILL CONTINUE WITH CURRENT PLAN.	INITIAL KG
DATE OF SERVICE	START STOP		CODES: 97003 97530 97530HQ	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES: 97003 97530 97530HQ	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES: 97003 97530 97530HQ	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES: 97003 97530 97530HQ	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____	INITIAL

* OCCUPATIONAL THERAPY INDIVIDUAL AND GROUP: 1 UNIT= 15 MINUTES * OCCUPATIONAL THERAPY EVALUATION: 1 UNIT= 1 EVALUATION MARCH 31, 2005

Additional Comments: _____

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS EPSDT SCHOOL-BASED SERVICES DOCUMENTATION
PHYSICAL THERAPY SERVICES/ PHYSICAL THERAPIST/ PHYSICAL THERAPY ASSISTANT**

STUDENT'S NAME: ___TIMOTHY JOHNS___
 DOB: ___1/13/99___ STUDENT ID. #: ___0123456___
 SCHOOL: KENDALL WHITTIER **SERVICES PROVIDED ARE AUTHORIZED BY AN IEP.**

PROVIDER NAME: ___MARY ROSE___
 TITLE (CREDENTIALS): ___PHYSICAL THERAPIST___
 SIGNATURE/INITIALS: ___MARY ROSE/MR___
 SUPERVISOR SIGNATURE: _____

Goals: _____

DATE OF SERVICE	START STOP TIMES	UNITS	CODES: 97001 97110 97150	PROCEDURE CODES: PHYSICAL THERAPY EVALUATION: 97001 IEP PHYSICAL THERAPY: 97110 IEP GROUP PHYSICAL THERAPY: 97150	
11/18/05	10:30 STOP 11:30	2	97110	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY TIMOTHY APPEARED TIRED. WORKED ON GAIT CONTROL. TIMOTHY HAS SHOWN SLOW BUT STEADY IMPROVEMENT. WILL CONTINUE WITH CURRENT IEP.	INITIAL MR
DATE OF SERVICE	START STOP		CODES: 97001 97110 97150	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES: 97001 97110 97150	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES: 97001 97110 97150	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL
DATE OF SERVICE	START STOP		CODES: 97001 97110 97150	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY _____ _____ _____	INITIAL

* PHYSICAL THERAPY INDIVIDUAL AND GROUP: 1 UNIT= 15 MINUTES * PHYSICAL THERAPY EVALUATION: 1 UNIT= 1 EVALUATION March 31, 2005
 Additional Comments: _____

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/EPSDT SCHOOL-BASED SERVICES DOCUMENTATION/PSYCHOTHERAPY COUNSELING SERVICES
SCHOOL PSYCHOLOGIST/LICENSED PSYCHOLOGIST/ LICENSED PROFESSIONAL COUNSELOR/ LICENSED SOCIAL WORKER**

STUDENT NAME: Elizabeth Green DOB: 1-24-98 STUDENT ID. #: 0987456 SCHOOL: Cooper SERVICES ARE AUTHORIZED BY AN IEP/IHP.	PROVIDER NAME: Bill Johnson TITLE (CREDENTIALS): LPC SIGNATURE/INITIALS: <i>Bill Johnson BJ</i>
--	--

GOALS:

DATE OF SERVICE	START STOP TIMES	UNITS	CODES T1023 90804 90853	PROCEDURE CODES: CHILD HEALTH ENCOUNTER: T1023 INDIVIDUAL PSYCHOTHERAPY COUNSELING: 90804 GROUP PSYCHOTHERAPY COUNSELING: 90853	
DATE OF SERVICE	START 9:30 STOP 10:00	UNITS 2	CODES 90804	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS
10/18/05				CL presented in casual dress with good grooming and a neutral affect. Discussed self image against the image other people have about her. Cl thought the best thing about herself was her friends. Continue with current plan.	<i>BJ</i>

SERVICE UNIT PSYCHOTHERAPEUTIC COUNSELING: 1 UNIT = 15 MINUTES

CHILD HEALTH ENCOUNTER: 5-10 MINUTES = 1 UNIT, 11-20 MINUTES = 2 UNITS, 21 MINUTES OR MORE = 3 UNITS

FEBRUARY 3, 2006

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/ EPSDT SCHOOL-BASED PSYCHOLOGICAL TESTING DOCUMENTATION
LICENSED PSYCHOLOGIST/ SCHOOL PSYCHOLOGIST**

STUDENT NAME: Elizabeth Green DOB: 1/24/98 STUDENT ID. #: 0987456 SCHOOL: Cooper	PROVIDER NAME: Lacy Brown TITLE (CREDENTIALS): School Psychologist SIGNATURE/ INITIALS: <i>Lacy Brown LB</i>
--	---

DATE OF SERVICE	START/ STOP TIMES	UNITS	PROCEDURE CODES 96101	PROCEDURE CODES PSYCHOLOGICAL TESTING: 96101	INITIALS
01/04/06	START 8:30 STOP 10:30	2	96101	Performed Psychological Evaluation for suspected MR. Qualified MR.	<i>LB</i>
DATE OF SERVICE	START STOP		96101	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS
DATE OF SERVICE	START STOP		96101	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS
DATE OF SERVICE	START STOP		96101	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS

PSYCHOLOGICAL EVALUATION: 1 UNIT = 1HOUR

FEBRUARY 3, 2006

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

**TULSA PUBLIC SCHOOLS/EPST SCHOOL-BASED SERVICES DOCUMENTATION
SPEECH LANGUAGE SERVICES/ LICENSED SPEECH LANGUAGE PATHOLOGIST**

STUDENT NAME: David Smith DOB: 05-23-99 STUDENT ID. #: 0456321 SCHOOL: Cooper SERVICES PROVIDED ARE AUTHORIZED BY AN IEP.	PROVIDER NAME: Susan Brown TITLE (CREDENTIALS): SLP SIGNATURE/INITIALS: <i>Susan Brown SB</i>
---	--

GOALS:

DATE OF SERVICE	START STOP TIMES	UNITS	CODES 92506 92507 92508	PROCEDURE CODES SPEECH LANGUAGE EVALUATION: 92506 IEP SPEECH LANGUAGE THERAPY: 92507 IEP GROUP SPEECH LANGUAGE THERAPY: 92508	INITIALS
01/25/06	9:30 STOP 10:00	2	92508	PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY Subjective: David was pleasant and friendly. Objective: To produce /s/ in final word positions. Achieved: 85% accuracy in all word positions. Plan: Continue Speech-Language Services.	<i>SB</i>
				PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS
				PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS
				PROGRESS NOTE AND/OR DESCRIPTION OF ACTIVITY	INITIALS

SPEECH EVALUATION = 1 UNIT.

SPEECH THERAPY: 1UNIT = 15 MINUTES.

FEBRUARY 8, 2006

**Tulsa Public Schools
Division of Teaching and Learning
Department of Special Education and Student Services**

Section V

Medicaid Office Information

DALE SNOW
MEDICAID PROGRAM SUPERVISOR

E-<mailto:snowda@tulsaschools.org>

Telephone: 746-6137

Fax: 746-6341

Submit Medicaid Billing to:

Dale Snow
Medicaid/ Special Education Department
Education Service Center (ESC)

Address:

ATTN: Dale Snow
Special Education Department
Tulsa Public Schools
P.O. Box 470208
Tulsa, OK 74147-0208

Web Sites:

Department of Human Services

www.okdhs.org

www.okdhs.org/medapp/

SoonerCare Application in English

www.okdhs.org/forms/forms2/sc-1.pdf

SoonerCare Application in Spanish

www.okdhs.org/forms/forms2/sc-1-sv.pdf

Oklahoma Health Care Authority

www.okhca.org

Oklahoma State Department of Education

www.sde.state.ok.us