

TennCare School Nursing Guidelines:

Providing and Billing Covered Medicaid Services Provided by the School Nurse

The Individualized Education Program (IEP) is the document developed by the school for a school child who is eligible for special education. This document is created by a multidisciplinary team that includes, but is not limited to the parent, the child's primary care provider (PCP), special education professionals, the child's teacher(s), and other team members with knowledge of the services and school system. This planning is done at least annually or more frequently if needed.

The IEP documents the plan to meet the child's educational needs and supports to ensure the child's needs are met. This includes an evaluation of the child's present educational performance, educational goals, supports and strategies to ensure the plan goals are met. In addition to the educational components, the plan may include any medical or behavioral supports that are needed. Once the plan is completed and parental permission is obtained, the plan is put into action. Medically necessary medical or behavioral services may be covered services and eligible for reimbursement by the child's TennCare Medicaid plan.

This document describes the guidelines for obtaining TennCare Medicaid reimbursement for medically necessary covered school nursing services as required by the IEP and as allowable by TennCare through the Individual Health Plan (IHP):

1. The billable services below are performed by the school nurse and shall be ordered by the primary care provider (PCP) or the child's treating provider. In addition to the supervision required for the performing school nurse, as described in section 4a (ii) below, the school nursing program shall have a physician to clinically supervise the physician assistant or nurse practitioner in accordance with the Tennessee Board of Nursing Rules and Regulations and T.C.A., Title 63.
2. The school nurse will meet the clinical and licensing requirements, as required by the Tennessee Department of Health, as well as the training required to perform these services in the school setting.
3. The school will maintain policies and procedures for the provision and documentation of the services listed in the table below.
4. The following are the guidelines for billing:
 - a. Use 99211 with POS 03 as the daily billable CPT code, to include a global fee.
 - i. School nursing services eligible for reimbursement, as denoted by (Y) in the table below, are restricted to medically necessary covered services included in the IEP or IHP, as applicable.
 - ii. Medically necessary, covered services in the IEP or IHP that are ordered by the PCP or treating provider may be reimbursed. The IEP or IHP alone does not satisfy requirements for Medicaid reimbursement. Services are performed by the school nurse, under the clinical supervision of an in-network Physician, Physician's Assistant, or Nurse Practitioner licensed through the Tennessee Department of Health. Clinical supervision does not require the continuous and constant presence of the clinical supervisor; however, the clinical supervisor must always be available for consultation or shall arrange for a substitute provider to be available. Services are performed pursuant to the student's primary care provider's (PCP) or the child's treating provider's order.

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- iii. The supervising Physician, Physician’s Assistant, or Nurse Practitioner shall serve as the rendering provider on the claim, as the school nurse is not credentialed and cannot contract with the MCOs as a network provider.
- iv. Administrative services are not billable services
- b. The billable items in the table below include the code to be used for the services.
- c. TennCare MCOs will contract with any school district(s) that seek(s) to contract with the MCOs, based on the MCOs’ standard reimbursement rates, to receive reimbursement for medically necessary, covered services in the IEP or IHP that are ordered by the PCP or treating provider and provided in a school setting.
- d. The MCOs will monitor claims and will retrospectively audit claims for appropriate claims billing and the presence of a valid Provider order to ensure school-based providers are submitting claims appropriately.
- e. The MCOs will document these guidelines in their MCO Provider Manual.

| Service | If Billable, use corresponding CPT Code: 99211, POS 03 <i>Note: This code is a global encounter code, billable once per day and includes ALL services received</i> Billable (Y) / Non-Billable (N) |
|--|--|
| Assessment and Treatment of acute and chronic illnesses | Y |
| Blood glucose monitoring and testing | Y |
| Vital sign monitoring | N |
| Tracheostomy care and suctioning | Y |
| Colostomy care | Y |
| Catherization | Y |
| Administration of oral medication – per tube | Y |
| O2 saturation monitoring (pulmonary and/or cardiac disease) | Y |
| G-Tube feeding | Y |
| Wound care | Y |
| Nebulizer treatment | Y |
| Postural drainage | N |
| Medication administration for medically fragile students as identified in IEP or IHP | Y |
| Development, implementation of Individual Health Plan (IHP) | N |
| Evaluation of Nursing service in the Individualized Education Program (IEP) | N |

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Timely Filing for IEP and IHP Services

School Districts must submit claims with place of service code 3 and any required documentation within 365 days of the date of service. Any claims submitted outside of the 365-day timeframe will be denied for timely filing. Corrected claims must be submitted within sixty (60) days from the date of denial or three hundred and sixty-five (365) days from the date of service, whichever is later.