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June 3, 2005

MH-DHEC 05-06

MEDICAID BULLETIN

TO: DHEC Nursing Services Providers

SUBJECT: Updated and Revised Nursing Services for Children Under 21 Guidelines

Effective May 1, 2005, the South Carolina Department of Health and Human Services has updated and revised its policy for Nursing Services for Children Under 21. Attached are the guidelines for Nursing Services for Children Under 21.

This update is to be used for program information and requirements, billing procedures, and provider services guidelines. **Due to several substantial changes in policy, providers are urged to carefully review this revision.**

Questions regarding this Medicaid Bulletin or other Medicaid billing or policy changes, should be addressed to your program representative in the Division of Preventive and Ancillary Health Services at (803) 898-2655.

Thank you for your continued support and participation in the South Carolina Medicaid program.



Robert M. Kerr
Director

RMK/bmhw

Attachment

NOTE: To receive Medicaid bulletins by email or to sign up for Electronic Funds transfer of your Medicaid payment, please go to the following link for instructions:
<http://www.dhhs.state.sc.us/ResourceLibrary/E-Bulletins.htm>

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
GUIDELINES FOR
THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL (DHEC)
NURSING SERVICES FOR CHILDREN UNDER 21**

EFFECTIVE MAY 1, 2005

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DHEC NURSING SERVICES FOR CHILDREN UNDER 21

PROGRAM DESCRIPTION **Nursing Services for Children Under 21** are specialized health care services that include nursing assessment and nursing diagnosis; direct care and treatment; administration of medication and treatment as authorized and prescribed by a physician or dentist and/or other licensed/authorized health care personnel; nurse management; health counseling; and emergency care. A Registered Nurse as allowed under state licensure and regulation must perform acts of nursing diagnosis or prescription of therapeutic or corrective measures.

PROGRAM STAFF A **nurse** is defined as an individual who is currently licensed as a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) by the State Board of Nursing for South Carolina.

Services performed by health room aides, nurses' aides, or any other unlicensed medical personnel are not Medicaid reimbursable.

Licensed Practical Nurse An LPN must adhere to the following when providing Nursing Services:

1. An LPN must be supervised at all times by an RN. The RN may either be physically present or accessible by phone or pager. (Exceptions to on-site supervision are allowable in accordance with SC Code of Law, Title 40-33-770)
2. The LPN can provide any service allowable under state licensure and regulations.
3. The LPN must follow the policies, procedures, and guidelines for the employing entity.
4. The RN supervisor will provide the initial assessment of the child's condition as appropriate and establish a plan of care based on the child's medical condition in accordance with state licensure and regulation. If the LPN receives additional information regarding the child's health condition after the initial assessment, the LPN will consult with the RN in accordance with Advisory Opinion #23 of the South Carolina Board of Nursing.
5. Supervision by the RN of the LPN must be performed at a minimum of every 60 days. This can be done through direct observation or a review of clinical service notes.

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Physician Oversight

Medicaid recognizes Nursing Services as those that fall within the scope of practice of an RN or LPN as authorized by the South Carolina State Board of Nursing. Nursing Services may be billed to Medicaid provided all services rendered are allowed under state law. Administering prescription medications and conducting medical acts must be under the direction of a physician, dentist, or other authorized personnel or included in a written protocol. If a nurse is practicing in an “Extended Role” according to the Nurse Practice Act (§40-33-270 of the 1976 code), a written physician preceptor agreement and a written protocol must be agreed upon by the physician and nurse, signed and dated by both parties, and reviewed annually. The preceptor agreement and written protocols must be readily available for review by the Department of Health and Human Services (DHHS) upon request.

All requirements stated in the Nurse Practice Act (§40-33-270 of the 1976 code) and the Medical Practice Act (§40-47-10) must be met and followed. Additionally, specific requirements for written protocols may be found in these statutes. If a physician preceptor agreement and written protocols are in place, the physician must be readily available and be able to be contacted in person or by telecommunications or other electronic means to provide consultation and advice when needed.

Medicaid will only pay for services that are medically necessary. “Medically necessary” means the service is directed toward the maintenance, improvement, or protection of health or toward the diagnosis and treatment of illness or disability. A provider’s medical records for each child must substantiate the need for services, must include all findings and information supporting medical necessity, and must detail all treatment provided.

SERVICE DESCRIPTION

Services that are part of an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) examination are not reimbursable under this program. However, services rendered subsequent to and as a result of an anomaly discovered during an EPSDT exam are reimbursable.

EPSDT provides a comprehensive and preventive well-child screening program in South Carolina. EPSDT provides comprehensive and preventive health services to Medicaid-eligible children from birth to age 21 through periodic medical screenings. If you would like additional information about the EPSDT program, contact the Division of Physician Services at (803) 898-2660. Mass screenings are not reimbursable under this program; however, vision and hearing assessments are

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SERVICE DESCRIPTION (CONT'D.)

reimbursable if they are performed in conjunction with a nursing assessment.

Reimbursement is available for services that conform to accepted methods of diagnosis and treatment by appropriate personnel. Reimbursement is not available for time spent documenting services, time spent traveling to or from services, or for cancelled visits and missed appointments. Medicaid will only pay for direct nursing service provision. Observation is included in the direct services payment as long as the nurse (RN or LPN) is attending to one individual during a face-to-face encounter. If the child needs monitoring after a specific service provision, then his or her Plan of Care documentation must reflect the ongoing need for monitoring. Although the nurse may be accountable for the time the child is in the Health Room, it may not be Medicaid-billable time.

Reimbursable nursing services under this program will include any service that an RN or LPN is allowed to provide under state licensure and regulation.

Nursing Services can include, but are not limited to, the following: covered nursing care assessments, nursing procedures, emergency care, or individual /group health counseling.

Nursing Assessment

- Nursing assessment of applicants registering for early child development programs
- Nursing assessment of children referred for special education eligibility evaluation
- Nursing assessment related to the IEP, IFSP or ITP
- Nursing assessment of new or previously identified medical/health problems based on child-initiated or teacher/staff referral to nurse, including substance use assessment, child abuse assessment, pregnancy confirmation, etc.
- Home visits for comprehensive health, developmental, and/or environmental assessment

Nursing Care Procedures

Nursing referrals for any reasons are Medicaid reimbursable only when they occur as a part of a Nursing Assessment.

- Administration of immunizations to children in accordance with state immunization law

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Nursing Care Procedures (Cont'd.)

- Medication assessment, monitoring, and/or administration
- Nursing procedures required for specialized health care including, but not limited to, feeding, catheterization, respiratory care, ostomies, medical support systems, collecting and/or performance of tests, other nursing procedures, and development of health care and emergency protocols.

See chart on following page.

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NURSING PROCEDURES REIMBURSED BY MEDICAID	
<i>Feeding</i>	<ul style="list-style-type: none"> • Nutritional assessment • Naso-gastric feeding • Gastrostomy feeding • Jejunostomy tube feeding • Parenteral feeding (IV) • Naso-gastric tube insertion or removal • Gastrostomy tube reinsertion
<i>Catheterization</i>	<ul style="list-style-type: none"> • Clean intermittent catheterization • Sterile catheterization
<i>Respiratory Care</i>	<ul style="list-style-type: none"> • Postural drainage • Percussion • Pharyngeal suctioning • Tracheostomy tube replacement • Tracheostomy care
<i>Ostomies</i>	<ul style="list-style-type: none"> • Ostomy care • Ostomy irrigation
<i>Medical Support Systems</i>	<ul style="list-style-type: none"> • Ventricular peritoneal shunt monitoring • Mechanical ventilator monitoring and emergency care • Oxygen administration • Nursing care associated with Hickman/Broviac/IVAC/IMED • Nursing care associated with peritoneal dialysis • Apnea monitoring • Medications: Administration of medications — oral, injection, inhalation, rectal, bladder, instillation, eye/ear drops, topical, intravenous
<i>Collecting and/or Performance of Test</i>	<ul style="list-style-type: none"> • Blood glucose • Urine glucose • Pregnancy testing
<i>Other Nursing Procedures</i>	<ul style="list-style-type: none"> • Sterile dressing • Soaks
<i>Development of Health Care and Emergency Protocols</i>	<ul style="list-style-type: none"> • Health care procedures • Emergency Protocols • Health objectives for Individual Education Plan (IEP), Individual Family Services Plan (IFSP), or Individualized Treatment Plan

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Emergency Care

Emergency Care is the assessment, planning, and intervention for emergency management of a child with a chronic or debilitating health impairment.

The provision of emergency care may include the following:

- Nursing assessment and emergency response treatment (e.g., CPR, oxygen administration, seizure care, administration of emergency medication, and triage)
- Post-emergency assessment and development of preventive action plan

Individual/Group Health Counseling

Individual/Group Health Counseling is the nursing assessment, health counseling, and anticipatory guidance for a child's identified health problem or developmental concern. There is no reimbursement for Health Education.

NURSING SERVICES FOR CHILDREN UNDER 21			
Procedure Code	Modifier	Unit of Service	Frequency
T1002 (RN)		15 minutes	24 units/day
T1003 (LPN)		15 minutes	24 units/day
T1015 (RN)	TD	<15 minutes	4 encounters/day
T1015 (LPN)	TE	<15 minutes	4 encounters/day

Medication administration taking longer than 15 minutes should be billed under T1002 or T1003. Medicaid does not allow multiple medication administration on the same day to be combined into 15-minute units and billed under procedure code T1015.

The procedure codes T1002, T1003, and T1015 may be billed on the same date of service. However, these services are not reimbursable in addition to other procedure codes that include a nursing service (e.g., E/M office visit codes, Home Health Skilled Nursing Care codes, DHEC clinic procedures, etc.)

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PLACE OF SERVICE OPTIONS

The following place of service codes should be used in Field 24b of the CMS-1500 claim form to bill the three procedure codes outlined above:

- 03 School
- 11 Office
- 12 Home
- 99 Other/Unlisted Facility

THIRD PARTY LIABILITY (TPL)

Because Medicaid is generally the payer of last resort, a provider must request payment from any available third party resource prior to billing Medicaid. Providers may bill Medicaid only after third party payment is either made or denied.

At no time may a claim be submitted to Medicaid for services previously paid for in full by any responsible third party entity. Conversely, if a claim is paid by Medicaid and the provider subsequently receives reimbursement from a third party, the provider must repay the Department of Health and Human Services (DHHS) either the full amount paid by the third party or the full amount paid by DHHS, whichever is less.

South Carolina's Code of Laws, §43-7-44(B), 1976, as amended, requires Medicaid providers to cooperate with DHHS in the identification of any and all third parties that may be responsible for payment for services provided to a Medicaid child. If a provider discovers a child has third party insurance that covers a Medicaid-reimbursable service currently being provided, the provider is required to notify the Division of Third Party Liability within DHHS of the insurance coverage. Correspondence regarding third party liability (TPL) may be completed on a Health Insurance Information Verification Services Referral Form, (found on the DHHS Web site and in all provider manuals) and can be sent to:

Medicaid Insurance Verification Services (MIVS)
Post Office Box 101110
Columbia, SC 29211-9804
(803) 252-7070 (Office)

Or faxed to:

(803) 252-0870 (Fax)

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Title V

Not all claims are subject to coordination of benefits to ensure Medicaid is the payer of last resort. Federal regulations exempt claims submitted for physicians' services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, Maternal Health, Title IV – Child Support Enforcement, and certain Department of Health and Environmental Control (DHEC) services under Title V. While providers are encouraged to file with any liable third party for these claim types, if they choose not to do so, DHHS will pay the claims and bill liable third parties directly through the Benefit Recovery program.

DOCUMENTATION REQUIREMENTS

Clinical Records

As a condition of participation in the Medicaid program, providers are required to maintain and allow appropriate access to clinical records that fully disclose the extent of services provided to the Medicaid beneficiary. The maintenance of adequate records is regarded as essential for the delivery of appropriate services and quality medical care. Providers must be aware that these records are key documents for post-payment review. In the absence of appropriately completed clinical records, previous payments may be recovered by DHHS. It is essential that an internal records review be conducted by DHEC to ensure that the services are medically necessary and that service delivery, documentation, and billing comply with Medicaid policy and procedure.

Providers are required to maintain a clinical record on each Medicaid-eligible child that includes documentation of all Medicaid-reimbursable services. This documentation must be sufficient to justify Medicaid payment. Clinical records must be current, meet documentation requirements, and provide a clear descriptive narrative of the services provided and progress toward treatment goals. Clinical records should be arranged logically so that information may be easily reviewed, copied, and audited.

The provider of services is required to maintain clinical records on each Medicaid-eligible child. Each clinical record must include all of the following:

- A Release of Information form signed by the child's parent or guardian authorizing the release of any medical information necessary to process Medicaid claims and

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Clinical Records (Cont'd.)

requesting payment of government benefits on behalf of the child (this may be incorporated into a Consent for Treatment form)

- Written documentation regarding physicians' orders/ written protocols and Clinical Service Notes

Clinical Service Notes

Services should be documented in Clinical Service Notes. A Clinical Service Note is a written summary of each treatment session. The purpose of these notes is to record the nature of the child's treatment by capturing the services provided and summarizing the child's participation in treatment. In the event that services are discontinued, the provider must indicate the reason for discontinuing treatment on the Clinical Service Notes.

Clinical Service Notes must accomplish all of the following:

- Provide a pertinent clinical description of the activities that took place during the nurse/child encounter including an indication of the child's response to treatment
- Reflect delivery of a specific billable service
- Document that the services rendered correspond to billing as to date of service, type of service rendered, and length of time of service delivery
- Be individualized with child's level of participation and response to intervention

All of the following apply for completion of Clinical Service Notes:

- Each entry must be individualized and child-specific. Each entry must stand on its own and may not include arrows, ditto marks, "same as above," etc.
- All entries must be made by attending nurse and should be accurate, complete, and recorded immediately.
- All entries must be typed or legibly handwritten in dark ink. Copies are acceptable, but must be completely legible. Originals must be available if needed.
- All entries must be dated and legibly signed by the nurse with name or initials and professional title. A signature list, abbreviation list, and current credentials must be on file and made available to SCDHHS upon request.
- All entries must be filed in the child's clinical record in chronological order.

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Clinical Service Notes (Cont'd.)

- All Clinical Service Notes used must include a narrative summary. The documentation must justify the number of units billed.

Error Correction Procedures

The child's clinical record is a legal document. Therefore, extreme caution should be used when altering any part of the record. Appropriate procedures for the correction of errors in legal documents must be followed when correcting an error in a clinical record. Errors in documentation should never be totally marked out and correction fluid should never be used. Draw one line through the error, enter the correction, and add signature/initials and date next to the correction. If warranted, an explanation of the correction may be appropriate.