Report Date:

AEA Medicaid Service Form

Return By:

Student's Name: _____ Birthdate: _____ Gender:____ Diag Code: V70.99 Medicaid Number:_____ Consent Dt: / /

School District: _____ Building: _____

Amount (duration & frequency) of service as identified on student's IEP:_____ IEP service delivery description:_____

Date of Service (Month, day, year)	Procedure Code(s) (#1)	Unit Size (#2)	Time In	Time Out	IEP Goal Code(s)	Student's Response and Progress

Procedure Codes: (#1)	Psychological	Physical	Occupational	Speech	Audiological	Nurse	Social Work	Vision	Orient Mobil
Screening	T1023AH**	T1023GP**	T1023GO**	V5362**	V5008**	T1023TD**	T1023AJ**	99172/3	
Assessment	96101***	97001	97003	92506GN	92506UA	T1001	H0031	92012	
Direct Service Individual	90804AH	(4 codes)	(3 codes)GO	92507GN	92507UA	T1002	90804AJ*	92014	
Direct Service Group	90853AH	97150	97150GO	92508GN	92508UA	T1002HQ	90853AJ*	92499	97533
Contracted Services	90804TM	(4 codes)TM	(3 codes)TM	92507TM	92507TM	T1002TM	H0046TM	92014TM	
Medication Management (use only when this is the sole service provided)						H0033			
Direct Service Individual (one hour unit - *RN only)*						99199***			

Unit Size (#2)

Units	Minutes	Units	Minutes
1	8-22	7	98-112
2	23-37	8	113-127
3	38-52	9	128-142
4	53-67	10	143-157
5	68-82	11	158-172
6	83-97	12	173-187

Validation of Service Report	*I hereby certify that the list of services provided on this form is a true and accurate representation of the facts and that all services were performed in compliance with the laws and agreements.*

Service Provider Printed Name: _____

Discipline: _____

Signature: _____ **Date:** _____

Exceptions to 15 minute units

*	Units of service are 30 minutes and NOT 15 minutes.
**	Screening Codes are per encounter and not time related.
***	96101 and 99199 are one-hour unit.

Revised: May 3, 2007