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| **Student’s name:** |       | **Provider’s Name:**  |       |
| **Student’s date of birth:** |       | **PA Secure ID** |       | **Provider’s Title:** |       |
| **School:** |       | **Date:** |       | **Provider’s Signature:** |       |
| **Diagnosis/symptom(s):** |       | **[ ]  Early Intervention [ ]  School Age** |

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| **Service** | **Treatment** | **Refer to the keys below for an explanation of the treatment codes and progress indicators** |
| **Date** | **Start Time** | **End Time** | **Treatment Key (see Pg 2)** | **Service Type** | **Progress****Indicator Key** | **Description of Service (daily notes on activity, location, and outcome)** |
|       |       |       |       |       |       |       |
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| **Service Type:** |  |  | **Progress Indicator Type** |
| **DFTF** = Direct: Face-to-Face |  |  | **Mn** = Maintaining | **Pr** = Progressing | **In** = Inconsistent |
| **DIRT** = Direct: Telemedicine |  |  | **Rg** = Regressing | **Ms** = Mastering |  |

**Treatment Key:**

|  |  |  |
| --- | --- | --- |
| 1 | Direct | An encounter with student for completion of Medical Practitioner Authorization Forms; prescriptions; referral reports and documentation; relative to the SBAP. |
| 2 | Direct | An encounter with student for review of IEP document and additional documents to determine medical necessity for the medical/mental health-related services designated by the IEP team. |
| 3 | Direct | Other Direct Service |

**Notes:**

* An encounter with the student to provide a direct service may be billed when conducted via telemedicine when technical and program requirements are met, and the service can be rendered to its full extent in a clinically appropriate manner.
* Physician Services must be provided one-to-one with the student in order to be compensable through the School-Based ACCESS Program.
* The Treatment Key should not be considered an all-inclusive list. Providers may use “Other Direct Service” but must provide a clear description of the service in their comments.