Medicaid-Compliant Written Orders

(Updated October 2024)

JAMES McGUINNESS & ASSOCIATES INC.
Consultants

INTRODUCTIONS

Who will you be working with at McGuinness?

- Deborah Frank, McGuinness Medicaid Specialist
  - Kelly Knowles, Medicaid Team
  - Ellen Farney, Medicaid Team

TOPICS COVERED

- Purpose of Webinar
- Prescriptions Should be Reviewed Upon Receipt
- What should you be Checking?
- What are the Eight Items Required on a Medicaid Prescription?
- Examples of Valid versus Invalid Prescription Items
- Medicaid-Compliant Written Order Template
- Replacement Prescriptions
- When is a New Prescription Required?
- Altering Prescriptions

MEDICAID COMPLIANCE FOR PRESCRIPTIONS

Most contracts between counties and providers stipulates that the provider will comply with Medicaid regulations.

The prescription compliance *(policy/regulations)* discussed during today's presentation is required for the county to claim Medicaid.

McGuinness, as the Medicaid claiming agent for your county, will be following these Medicaid compliance rules when reviewing prescriptions to ensure that they meet all the Medicaid requirements.

PURPOSE OF WEBINAR

The purpose of this webinar is to educate agencies and service providers on the importance of Medicaid-compliant prescriptions. Our goal is to achieve a higher percentage of Medicaid-compliant documentation; thereby improving the process.

Included at the end this presentation are citations from either the Medicaid Provider Policy & Billing Handbook (Update 10), and/or the Medicaid Questions & Answers.

PRESCRIPTIONS SHOULD BE REVIEWED FOR COMPLETENESS UPON RECEIPT

- ❑ **From Q&A # 114**: … It is recommended that the written orders received by school districts, county or §4201 schools for SSHSP services be monitored for completeness and that any necessary replacement documentation is requested as soon as possible. [Medicaid Q&A #114]

- ❑ Since the written order is one of the key documents that will allow the Medicaid claiming process to move forward , all stakeholders should take part in ensuring that all the "required" information is included on the written order ***upon receipt.***

- ❑ All therapists (OT, PT, SLP, etc.) should make sure that their written orders are Medicaid-compliant prior to servicing a child.

- ❑ Agencies should ensure that all written orders meet Medicaid requirements upon receipt (prior to uploading them to the Portal).

- ❑ **If the written order does _not_ meet all the Medicaid requirements, a replacement (new) order should be prepared and faxed _immediately_.** **(The replacement order must have a subsequent date.)**

WHAT SHOULD YOU BE CHECKING?

☐ **When a written order is received, what should you be checking?**

✓ Review the prescription for **readability** (ensure that handwriting is legible).

✓ Ensure that **stamps are readable** and not stamped over other pertinent information (e.g., signature/date signed).

✓ Check the document to ensure that the **scanned image is clear/readable** (no dark spots or lines) and is scanned in its entirety (is not cut off).

✓ **Make sure the (8) required elements of a Medicaid prescription (next slide) are included** on the order (completely filled in – no blanks and expressed in accordance with Medicaid).

✓ **Ensure that any corrections made to the order meets Medicaid requirements** (i.e., white-out is not used, the corrected information is crossed out and initialed by the ordering practitioner).

WHAT ARE THE EIGHT REQUIRED ELEMENTS OF A MEDICAID PRESCRIPTION?

Per the **Medicaid Provider Policy and Billing Handbook** (Update 10) Page 21, www.oms.nysed.gov/Medicaid, there are eight (8) required elements on a written order.

1. ***Child's Name***
2. ***Term of Service***
3. ***Service(s) being ordered*** (OT/PT/ST).
   The ***frequency and duration*** of the ordered service must be either ***specified on the order*** itself
   -**OR**-
   the order can explicitly adopt the frequency and duration of the service ***in the IEP reference***
4. ***Patient diagnosis****/need for service(s)*
5. ***Signature*** *of the ordering practitioner*
6. ***Date*** *the order was written and signed*
7. *Ordering Practitioner's* ***NPI or license number***
8. ***Ordering Practitioner's Contact information*** *with both address and phone number*

QUESTIONS

Questions??

Eight Elements of a Written Order Defined

The next several slides will show you the valid verses invalid way to express each Medicaid element on a prescription.

1. CHILD'S NAME

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
• Child's First and Last Name *(Entire name spelled correctly)*	• No Name • Name spelled incorrectly • Only first name *(or only last name)* • Name of another child (incorrect child uploaded) • Incorrect date of birth (Not required on Rx, but if delineated must be correct.)

2. TERM OF SERVICE

Time Period of the Ordered Service

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
<u>Preferred Format:</u> (MM/DD/YY or MM/DD/YYYY) **School Year:** • July 1, 2024 – June 30, 2025 • 7/1/24 – 6/30/25 • 7/1/2024 – 6/30/2025 • **<u>School Year</u> 2024-25*** **Calendar Year:** • Term of Service Dates should coincide with the IEP Service Dates (e.g., 11/1/24 to 10/31/25) ** NYSED recognizes a school year fiscal year as 7/1 to 6/30; therefore,* **School Year** *can be substituted for the specific dates 7/1 to 6/30.*	<u>Incomplete Dates or No Term of Service Dates</u> • No "Term of Service" listed on the order • 2024 – 2025 or 24/25 • 9/2024 – 6/2025 • July 2024 – June 2025 • ESY Term of Service dates **7/1 to 8/31** cannot be applied for the 10-month session. • A script that was signed on **9/1** cannot be applied for the summer session.

(Medicaid Handbook – Page 21 and Medicaid Q&A #34 & #37.)

3. SERVICE(S) BEING ORDERED
Frequency & Duration of Service

❏ The service (OT/PT/ST) should be listed on the written order along with **one** of the following references:

> ➤ **Option 1:*** Specific reference to adopt the frequency and duration "**As per the IEP**"

> *(If this option is used, the frequency and duration should not be written on the order.),*

> **OR**

> ➤ **Option 2:** **Frequency and duration** of the ordered service(s) – **2x30 Ind.**,

* *Using **Option One** is "best practice" and will reduce the chance of potential issues.*

3. SERVICE(S) BEING ORDERED
Do OT Services Require a Prescription?

SED Link:

https://www.op.nysed.gov/professions/occupational-therapists/professional-practice/when-occupational-therapy-services-require-prescription-or-referral

Occupational therapists can perform occupational therapy evaluations without a referral or prescription. However, to implement an OT treatment plan, under certain circumstances described below, you must have a referral or prescription from a licensed health care provider acting within his or her scope of practice .

Effective February 3, 2012, Education Law §7901 was amended to provide that an occupational therapy treatment program "designed to restore function" must be rendered on the prescription or referral of a physician, nurse practitioner or other health care provider acting within his or her scope of practice.

Prior to this amendment, an occupational therapist could only provide treatment following receipt of a prescription or referral, provided by a physician or nurse practitioner.

The board has interpreted this change to mean that an OT treatment program that is not restoring a function can be provided without a script, and believes that this would apply typically to school age children receiving therapy to assist them in developing functions they do not currently possess. Treatment programs involving handwriting, literacy and learning disorders are examples of such therapy.

3. FREQUENCY & DURATION OF SERVICE
Continued

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
• Frequency and duration "As per IEP" **–OR –** Speech - 2x30 (Individual) / Speech - 2x30 (Group) • If the frequency/duration *is* specified on the order, **it should match the frequency/duration listed in the IEP**. • If the frequency/duration is specified and does not match the IEP, **a new order should be requested**. • If a prescription template is being used with multiple services listed, make sure the correct services are checked.	• OT 2X *(Frequency is listed, but not the duration)* • If "As per IEP" is delineated on the order, the specific reference of the frequency/duration should **not** be written on the order. • If the frequency and duration is delineated on the Rx and it does not match the IEP mandate, the Rx will be invalid for Medicaid. • If the frequency and duration are adopted by IEP reference for a child's *initial* order and a *new* IEP is subsequently generated due to a *change in service*, a new order is required. If the previous Rx is uploaded to the new enrollment for the change in service it will not be valid for Medicaid.

(Medicaid Handbook – Page 21 and Medicaid Q&A #33.)

4. PATIENT DIAGNOSIS / NEED FOR SERVICE(S)

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)

• ICD Code – **F82**
 	
• Reason/Need for Service:
   "***Specific developmental disorder of motor function***"
 	
   "***Treatment of speech, language, voice, communication, and/or auditory processing disorder***"
 	
• "Preferred practice" would be to have **both** the ICD code as well as the reason/need for service delineated on the order.
	• The absence of an ICD code and reason/need for service; one must be on the written order.
	
	• The ICD code is not legible on the Rx. Without the **reason/need for services** narrative, the written order is not valid for Medicaid purposes.
	
	• There is no ICD code and the Reason/Need for Service is not specific enough.
	   - ***Developmental delay, or***
	   - ***Preschooler with a disability***

5. SIGNATURE OF THE ORDERING PRACTITIONER
Is the order signed?

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
Acceptable methods of signing: • Signed with a hand-written signature • Signed with an electronic or digital signature*	Unacceptable methods of signing: • Signature stamp* Okyro C. Claudio D.O. • Scanned "image" of a signature *(i.e., JPEG)* or font substitution (Jane Doe – *Jane Doe*)* • Doctor's signature was signed by another staff employee *(i.e., nurse)* and then initialed • Signed by a Clinical Fellowship Year (CFY) • Signed with two signatures (No UDO on scripts)

(Medicaid Handbook – Page 21.)

*** Scanned images or font substitutions of signatures are not electronic/digital signatures.**

ELECTRONIC SIGNATURES
Are Electronic Signatures Acceptable?

Yes, electronic signatures are acceptable if adequate security is in place and confidentiality is maintained. The use of an electronic signature has the **same validity as a signature affixed by hand.***

- Providers must be prepared to authenticate or prove that the record was electronically signed by the person authorized to sign the record, and,

- Electronic signatures affixed by someone other than the actual practitioner are not allowable.

- James McGuinness and Associates, as the Medicaid claiming agent for the county, will require that an attestation be signed to acknowledge that all the requirements of the electronic signature meets the applicable requirements of the Medicaid Program found in federal and state (18 NYCRR) regulations.

* Medicaid Questions and Answers – Questions **129 & 130.**
http://www.oms.nysed.gov/medicaid/q_and_a/q_and_a_combined_revised_12_9_16.pdf /

ELECTRONIC SIGNATURES

If you use electronic signatures an attestation is required.
What are you attesting to?

- ✓ The signature meets all the requirements of federal and state laws and regulations.

- ✓ The signature has the features of an electronic signature and **not the characteristics of a stamped signature, such as an image or font substitution.**

- ✓ **There is a record of who added the electronic signature, when the record was created, that the record was created through some type of secure authorization (password, PIN #, etc.), that the record cannot be altered or, if altered, records the original and altered versions, dates of creation and creator.**

- ✓ There is adequate security in place to ensure that **only the person authorized to sign the record can affix the electronic signature.**

- ✓ The electronic signature **cannot be affixed by someone other than the actual practitioner**.

- ✓ **The electronic record is accessible to any auditing agency**, which may require a certification that the paper reproduction is an exact copy of the electronic record.

- ✓ The content of the record **meets the** applicable requirements **of the Medicaid Program** found in federal and state (18 NYCRR) regulations to support the claim for payment.

6. DATE THE ORDER WAS WRITTEN & SIGNED

Was the order dated?

Complete date the order was written and signed.	
Medicaid Compliant (Valid)	**Non-Medicaid Compliant (Invalid)**
Complete date format (MM/DD/YY or MM/DD/YYYY): • June 1, 2024 • 6/1/24 • 6/1/2024	• Absence of the date the order was written and signed. • Incomplete date format: 6/21, June 2021 • The date was handwritten, crossed out and a new date written. The correction was not initialed or white-out was used in place of the cross-out before the correction was made.

(Medicaid Handbook – Page 21 and Medicaid Q&A #37 & #38.)

7. ORDERING PRACTITIONER'S NPI OR LICENSE

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)

<u>AND / OR</u>:
 	
 The NPI **<u>or</u>** license number is required on the written order; however, *preferred practice* is to have both the NPI and license numbers on the order. Having both on the order will reduce the chance of potential issues.
 	
 • NPI Number *(NPI # should be 10 digits?)*
      ○ NPI # - **1234567890**
 	
 • License Number *(License # should be 6 digits?)*
      ○ License # - **123456**
	• Absence of the NPI and license number. One <u>must</u> be delineated on the order.
	
	 • NPI and license numbers are delineated on the order, but are not readable. *(Handwriting is illegible or a stamp was used and not readable.)*
	
	 • A stamp of the practitioner's NPI/License # was used and was stamped over other pertinent information on the order.
	
	 (Medicaid Handbook – Page 21 and Medicaid Q&A #114.)

8. ORDERING PRACTITIONER'S CONTACT INFORMATION

(office stamp or preprinted address and telephone number)
What should be on the written order?

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)

• **123 Main Street** *(Street address)*
  Any Town, NY 12345 *(City, State, Zip)*
(555) 555-5555 *(Phone number Including area code)*
	• 123 Main Street
	  Any Town, NY 12345
	(***Phone number missing***)
	
	• 123 Main Street
	  Any Town,
	  (***State, Zip and phone number missing***)
	
	• (555) 555-5555 (***Address is missing***)
	
	• The contact information is included, but not readable, or a stamp was used and the stamped information was placed over other pertinent information on the order.
	
	(Medicaid Handbook – Page 21 and Medicaid Q&A #114.)

CHECKLIST

CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER

(Check One)

Reason for Rx: ☐ Annual Review Meeting ☐ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

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CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER

What should I be checking?
- ✓ Handwriting should be legible for all eight required elements.
- ✓ Scanned documents should be checked to ensure that all content was scanned and the image is clear/readable.
- ✓ Corrections must be crossed out and initialed. White out is not permissible on Medicaid documentation.
- ✓ Check for any missing information – (Items left blank.) OR, Make sure a stamp is not covering other pertinent information.

(8) Required Elements	Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
1. CHILD'S NAME	• Child's First & Last Name (spelled correctly)	• No Name • Name spelled incorrectly • Only first name (or only last name) • Name of another child • Incorrect date of birth
2. TERM OF SERVICE	Preferred format for expressing dates - (MM/DD/YY) • July 1, 2018 – June 30, 2019 • 7/1/18 – 6/30/19 • 7/1/2018 – 6/30/2019	Incomplete Dates: • 2018 – 2019 or 18/19 • 9/2018 – 6/2019 • July 2018 – June 2019 • No "Term of Service" listed on the order
3. SERVICE(S) BEING ORDERED Frequency & Duration of Service (The service (OT/PT/ST) should Be listed on the order along with ONE of the following options – NOT BOTH.)	Option 1:* Specific reference to adopt the frequency and duration "as per the IEP." (If this option is used, the frequency/duration should not be delineated on the order.) * Using this option is "best practice" and will reduce the chance of potential issues. –OR– Option 2: Actual Frequency and Duration of Service • Frequency and duration "As per the IEP." –OR– Speech 2×30 (I) – Speech 1×30 (G) • If the frequency/duration is specified on the order, it should match the frequency/duration listed on the IEP. If the frequency/duration is specified and does not match the IEP, a new order should be requested. • If an order template is being used with multiple services, make sure the correct services are checked.	• OT 2X (frequency listed, but not the duration) • As per the regulations, either the reference to the IEP or the specific frequency/duration should be used on the order; not both. • If the frequency/duration are adopted by IEP reference, on the order and the frequency/duration changes, a new written order is required; "as per IEP" no longer applies once the IEP changes.
4. Patient Diagnosis / Need for Service(s)	• ICD Code – F82 • "Specific developmental disorder of motor function"	• The absence of an ICD code or reason/need for service.
5. Signature of the Order Practitioner Is the order Signed?	Acceptable methods of signing: • Signed with a hand-written signature • Signed with an electronic or digital signature*	Unacceptable methods of signing: • Signature stamp • Scanned "image" of signature (i.e., JPEG) or font substitution
6. Date the Order was Written & Signed	• June 1, 2019, • 6/1/19, or • 6/1/2019	• Absence of the date the order was signed. • Date is unclear • An unacceptable correction was made.
7. Ordering Practitioner's NPI or License #	NPI or license number is required on the order; however, both the NPI and license number are preferred* on the order. • NPI number (Is the NPI # 10 digits?) 1234567890 • License number (Is the license # 6 digits?) 123456 * Having both the NPI and License number on the order will reduce the chance of potential issues.	• Absence of the NPI or the license number. One must be delineated on the order. • NPI and license numbers are listed on order, but are not readable. (Handwriting is illegible or a stamp was used and not readable.) • A stamp of the practitioner's NPI/License # was used and was stamped over other pertinent information on the order.
8. Ordering Practitioners Contact Information	• 123 Main Street (Street Address) Anytown, NY 12345 (City, State, Zip) (516) 555-5555 (Phone number w/ area code)	• 123 Main Street Anytown, NY 12345 (Phone # missing) • 123 Main Street Anytown (State, zip & phone # missing) • The contact information is included, but not readable, or a stamp was used and the stamped information was placed over other pertinent information on the order.

A NEW WRITTEN ORDER IS REQUIRED FOR THE FOLLOWING REASONS: (Annual Review Meeting • Change in Service • Transfer Meeting • New Referral)
- ✓ Each IEP period (Annual Review, Summer Session/Winter Session if not listed on the same IEP)
- ✓ Whenever a review meeting results in a change of service (frequency/duration/class size)
- ✓ The child transfers to another school district (This requires a new IEP so a new order is required.)
- ✓ New Referrals (Newly-identified students)
- * The "As per IEP" reference does not apply once the IEP changes. A new order is required for any of the circumstances listed above.

QUESTIONS

Questions??

EXAMPLES

The next grouping of slides are examples of valid & invalid items on Medicaid Prescriptions that we see during the prescription verification process.

EXAMPLE OF AN RX ISSUE FOR THE DATE OF BIRTH

The date of birth is not required on Medicaid prescriptions, but if it is delineated on the prescription, it must be correct.

The **Portal** shows **10**/**28**/**17** and the **Rx** shows **10**/**26**/**17**.

Child Number: C13000168496

DOB: 10/28/2017 **Gender:** M

Address:

County:
District:
Matched?: Y

Portal

Prescription

Prescription for Occupational Therapy Services

Student's Name: _____ ld   Date of Birth: ___ 10/26/17 ___
Recommended School: The Starting Place

I recommend that this student receive Occupational Therapy in accordance with the frequency, and duration as indicated on the child's Individualized Education Plan (IEP).

Related Service	Ratio	Frequency	Duration	Period	Start Date	End Date
Occupational Therapy	Individual	2	30 minutes	weekly	7/12/21	8/20/21

EXAMPLES OF RX ISSUES FOR THE TERM OF SERVICE

1. No Term of Service

[Check One]
Reason for Rx: ☐ Annual Review Meeting ☐ Change in Service ☐ Transfer Meeting
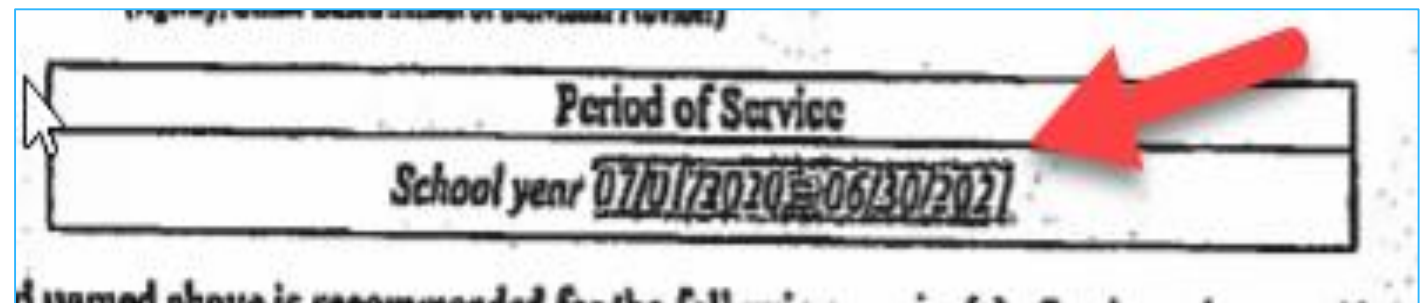
(Required)

Term of Service: School Year   to June

2. Highlighting - "Unreadable"

Period of Service

School year 07/01/2020 - 06/30/2021

EXAMPLES OF RX ISSUES FOR THE TERM OF SERVICE

Prescription

There are Summer and Winter Enrollments
Rx Term of Service is for Winter Only.

If Term of Service was written as 7/1/20 – 6/25/21, the prescription could be used for the entire school year.

Portal

			ESID	Provider	Enrollment	CB Program	Service	Frequency	
			CB2021W0051637		CB	Classroom (9160-I)		2.5 hrs/day	
2020 - 2021 Winter	9/8/2020	6/25/2021	CBRS2021W0049272		CBRS		ST	1x30	I
2020 - 2021 Winter	9/8/2020	6/25/2021	CBRS2021W0049273		CBRS		ST1	1x30	G
2020 - 2021 Winter	9/8/2020	6/25/2021	CBRS2021W0049274		CBRS		OT	2x30	I
2020 - 2021 Winter	9/8/2020	6/25/2021	CBRS2021W0049277		CBRS		PT	2x30	I
2020 - 2021 Summer	7/6/2020	8/14/2020	RS2021S0184016		RS		ST	2x45	I
2020 - 2021 Summer	7/6/2020	8/14/2020	RS2021S0184014		RS		PT	2x30	I
2020 - 2021 Summer	7/6/2020	8/14/2020	RS2021S0184015		RS		OT	2x30	I

EXAMPLE OF RX ISSUES FOR FREQUENCY/DURATION

Doctor's prescriptions usually do **not** include all eight required elements for a Medicaid prescription.

This prescription is missing the **term of service** and the **frequency/duration** of the service.

If you receive a prescription like this, complete a Medicaid-compliant prescription template with all of the required/missing information and request a replacement (not amended) prescription.

EXAMPLE OF RX ISSUES FOR FREQUENCY/DURATION

This prescription is missing the **duration** of the service. The Rx shows the frequency of the service (2 times per week), but not the duration, which is required.

This prescription has all of the other elements of a Medicaid prescription.

EXAMPLES OF RX ISSUES FOR FREQUENCY-DURATION

This is an example where the prescription had narrative indicating that the services would be in accordance with the IEP, but the provider typed in the frequency and duration and it was the incorrect frequency/duration.

Excerpt #1 from the Prescription Template – "As Per IEP" Reference

The child named above is recommended for the following service(s). Services when provided will be in accordance with the Individualized Education Program designed by the Committee.

Excerpt #2 from the Prescription Template – Frequency & Duration.

(optional)

X Speech Therapy*   ICD-10 _F80.2___

Freq/Dur 4x30I, 1x30G   Reason/Need: to improve receptive and expressive language skills and communication skills
(optional)

Portal Enrollment - Frequency & Duration

| 2020 - 2021 Winter | 9/9/2020 | 6/24/2021 | CBRS2021W00 | | CBRS | | ST | 3x30 | I |

EXAMPLES OF ISSUES FOR PATIENT DIAGNOSIS / REASON-NEED FOR SERVICE

This prescription does not have an

ICD Code <u>or</u> a reason-need for service; therefore, it was marked as not valid for Medicaid purposes.

EXAMPLES OF ISSUES FOR
PATIENT DIAGNOSIS / REASON-NEED FOR SERVICE

Incorrect ICD Code – Should be F8O.2

Due to the "specific" Reason for Service being written on the Rx it is Medicaid compliant.

EXAMPLES OF ISSUES FOR
PATIENT DIAGNOSIS / REASON-NEED FOR SERVICE

ICD Code in the Evaluation Column. Cannot be used for Services.

EXAMPLES OF ISSUES FOR
PATIENT DIAGNOSIS / REASON-NEED FOR SERVICE

The diagnosis code used on this prescription (**R62.5**) is a **Non-Billable ICD Code.** This ICD Code is **not specific-enough** for billing Medicaid *(requires more digits).*

R62.5 can be used on the prescription, but a more specific code must be used on the Session Note.

Lookup>ICD Code Lookup

Version	ICD Code	Specific Enough	Short Description
10	R62	Requires additional digits	Lack of expected normal physiol dev in childhood a
10	R62.0	OK	Delayed milestone in childhood
10	R62.5	Requires additional digits	Oth and unsp lack of expected normal physiol dev i
10	R62.50	OK	Unsp lack of expected normal physiol dev in childh
10	R62.51	OK	Failure to thrive (child)
10	R62.52	OK	Short stature (child)
10	R62.59	OK	Oth lack of expected normal physiol development in
10	R62.7	OK	Adult failure to thrive

EXAMPLES OF ISSUES FOR
PATIENT DIAGNOSIS / REASON-NEED FOR SERVICE

When the ordering practitioner uses ICD Code(s) that are not,

Medicaid reimbursable codes, you can provide an acceptable list of ICD codes in the Rx Template.

ICD 10 Code: Please check any/all that apply:
F82   Coordination disorder (clumsiness, dyspraxia and or motor development disorder)
F84.0   Autism
R62.50   Unspecified lack of expected normal physiological development in childhood
R26.89   Abnormality of Gait: ataxic, paralytic, spastic, staggering
R27.8   Lack of coordination: ataxia, not otherwise specified; muscular incoordination
Other   (Please Specify) F80.9

EXAMPLE OF THE SIGNATURE & CREDENTIALS NOT MATCHING

The Rx credentials must match the practitioner that signs the prescription.

EXAMPLES OF SIGNATURE STAMPS

Computer-Generated Signature Stamp

Name:	Okyro Claudio, DO
Address:	NYU Langone Pediatric Primary Center - Hempstead
	175 Fulton Avenue, Suite 100, Hempstead, NY 11550
Phone Number:	516-292-1034 **Fax Number:** 516-292-0565
License # (REQUIRED)	Okyro Claudio, DO 287301
NPI # (REQUIRED)	Okyro Claudio, DO 1477967065
Medicaid Provider # (REQUIRED)	NA

SIGNATURE STAMP

gnature on this document was completed by the ordering provider

Okyro C. Claudio D.O.

9/10/2024

Signature of Physician/Physician's Assistant (P.A.)/Nurse Practitioner   **Date signed:**

Font Substitution in place of Signature

☐ SERVICES: ___F80.2_____

(Use official ICD-10 code) REQUIRED - Use as many ICD10 codes as appropriate

_Jennifer Sheridan_____

(Please Print Name)
Pathologist

*Signature:___ Jennifer Sheridan_

NYS Licensed Speech

MEDICAID PROVIDER NUMBER: __03654799_____

DATE: __09/01/2021_____

LICENSE NUMBER: _09127495_____   NPI NUMBER: _1285942367_ SIGNED: 9/1/2021

EXAMPLES OF SIGNATURE ISSUES

1. **Doctor's stamp was stamped over the ordering provider's signature.**

3. **Doctor did not sign or date the prescription.**

2. **CFY & SLP both signed Rx.**

EXAMPLES OF ISSUES FOR THE SIGNATURE DATE

This prescription was **_signed_** by the ordering practitioner, but the prescription was **not _dated_**.

This prescription does not meet Medicaid requirements.

EXAMPLES OF ISSUES FOR THE SIGNATURE DATE

Doctor's stamp was stamped over the signature date

EXAMPLES OF RX ISSUES FOR NPI / LICENSE #s

This prescription does not have either the NPI # or License # for the ordering practitioner. As a result, this prescription was deemed invalid for Medicaid purposes.

EXAMPLES OF RX ISSUES FOR ORDERING PRACTITIONER'S CONTACT INFORMATION

1. & 2. Ordering practitioner's contact information is missing.

3. Unreadable Contact Information

4. Phone # Missing

CONFIRMATION OF PRESCRIPTION REQUIREMENTS

When you upload prescriptions, there are three items that the person uploading must check/confirm on the *Upload Order Screen*:

1) The Ordering Practitioner's **Address**,
2) The Ordering Practitioner's **Phone Number**,
3) Ordering Practitioner's **Signature**.

Please do not check these boxes if there is no address or phone number, can't read the address/phone number or if the prescription has a signature stamp for the practitioner's signature.

A replacement prescription should be requested if any of the (8) required items are missing or illegible on the prescription.

CONFIRMATION OF PRESCRIPTION REQUIREMENTS

There are a few things to clarify when uploading and/or entering prescription information into the Portal.

1) If the *ICD Code* on the Prescription is delineated as F82.0, *F82.0 should be entered to the Portal*. If you know that F82.0 is not a valid code, you should obtain a replacement Rx immediately. The information shown on the Rx should not be entered differently than delineated on the prescription.

2) If the Prescription has the "*As per IEP*" reference delineated on the Rx, please check the "*Per IEP*" box. Do not enter a specific frequency on this screen unless there is a specific frequency/duration delineated on the prescription image.

3) If there is more than one discipline shown on the Rx, use the "*Add Detail*" link to add another row and enter the remaining services – Don't upload three prescriptions if the child is receiving three services OT/PT & ST.

QUESTIONS

Questions??

PRESCRIPTION TEMPLATES

❑ Most Full-Service Medicaid Counties are using the Medicaid-compliant prescription templates that are uploaded to the Knowledge Base.

❑ **Link to Prescription Templates:**

- Multi-Discipline – School Year & Calendar Year:

  https://support.cpseportal.com/kb/a266/medicaid-compliant-multi-discipline-prescription-template.aspx

- OT/PT – School Year & Calendar Year:

  https://support.cpseportal.com/kb/a347/medicaid-compliant-ot-pt-prescription-template.aspx

SAMPLE OF A MEDICAID-COMPLIANT WRITTEN ORDER

This order template has a place to check the purpose of the order. There are five check boxes here, which are the <u>primary reasons to generate a new order.</u>

1. Annual Review
2. Change in Service
3. Transfer Meeting
4. Re-Eval Meeting
5. New Referral

Use the top section of this template to add your agency/school name, address and phone number.

If all of the "required" fields (in red) are completed correctly in this template, you will have met all the requirements for a Medicaid-compliant written order.

A copy of this sample order has been posted to the Knowledge Base.

PRE-FILL THE PRESCRIPTION TEMPLATE

When you fax a child's Rx to the doctor, pre-fill certain fields on the Rx to ensure that they are completed correctly.

- ❑ Name & DOB
- ❑ District & County (optional)
- ❑ Term of Service

(Best Practice:

Full School Year **7/1/24 – 6/30/25,** or

Full Calendar Year **11/1/24 – 10/31/25**)

* SLPs will be completing a digital speech recommendation in the Portal.

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name	Jane Doe		DOB	9/1/17
District	Albany		County	Albany
Agency				

(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)
Reason for Rx: ☒ Annual Review Meeting ☐ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

TERM OF SERVICE:
(REQUIRED)   School Year: July 1, **2020** to June 30, **2021**   (Services to be delivered as per the IEP)

(Please type in the last two digits of the school year. Format YYYY.)

Evaluation/Service	(REQUIRED) ICD CODE for EVALUATION(S)	(REQUIRED) ICD CODE for SERVICE(S) *	Medical Diagnosis/Purpose of Treatment
Audiological			
Occupational Therapy			

Getting a Medicaid-Compliant Rx from a doctor is challenging! (Replacement Prescriptions)

Suggestion for Obtaining a Medicaid-Compliant Replacement Prescription:

1. **Print out the <u>invalid</u> prescription from the Portal and note the reason** *(on the invalid Rx)* that the prescription does not meet Medicaid requirements. *(e.g., practitioner's contact information was missing).*

2. **Complete a new prescription** *(on a Medicaid-compliant template)* **and include the missing or illegible information.** *(e.g., If the doctor's contact information was missing or not readable, include that information on the replacement prescription.)*

3. **Prepare a fax cover sheet** that explains that you need a Medicaid-compliant prescription and you are transmitting the previous (non-compliant prescription) along with the new (Medicaid-compliant) prescription and requesting that the doctor sign and date the replacement prescription. The prescription must have a <u>*subsequent*</u> signature date.

PRESCRIPTIONS
(Recommended Replacement Prescription Process)

1) Non-Compliant Rx - Contact Info Missing

2) Replacement Rx - w/ Contact Info Filled In

3) Fax Coversheet - w/ both Rxs

Can you service the child with a prescription that is not compliant with Medicaid?

☐ The **prescription requirements** for ***servicing/treating*** the child are much less stringent than the requirements for a Medicaid prescription.

☐ In most cases, the service provider should be able to continue servicing the child while waiting for a replacement Medicaid prescription.

Unless the prescription has not been signed and/or dated by the ordering practitioner, most likely the child's treatment can continue with a non-compliant Medicaid prescription.

WHEN IS A NEW ORDER REQUIRED?

Page 22 Medicaid Handbook – Medicaid Q & A #92 & 93

❑ A new written order/referral for services must be completed for:

- ✓ **Newly-identified** students,

- ✓ Each **IEP period,** *(If summer services are not included on the same IEP with the winter services, a separate written order is required for each session – even if the frequency/duration are the same.)*

- ✓ Whenever reviews are conducted during an IEP period that results in a **change of service,** *(including an increase/decrease in service as well as an Individual/Group designation)*

- ✓ The child moves to another school district and a **new IEP is generated.**

(* Annual Review/Re-Eval Meeting   * Change in Service   * Transfer Meeting   * New Referral)

Knowledge Base Rx Template →

(Check One) Reason for Rx:	☐ Annual Review Meeting	☐ Change in Service	☐ Transfer Meeting	☐ Re-Eval Meeting	☐ New Referral

❑ *An order that references the frequency/duration by explicit reference to the IEP, "As per IEP," does not apply once the IEP changes. A new written order is required if any of the circumstances listed above occur.*

LIFE OF A WRITTEN ORDER

This provider tried to use the Rx on this slide (with an **8/2/22** signature date) for the **2/9/23 – 6/23/23** enrollment. Since the frequency changed from **once** per week to **twice** per week on **2/9/23,** a new Rx that coincides with the new IEP implementation date (2/9/22) is required.
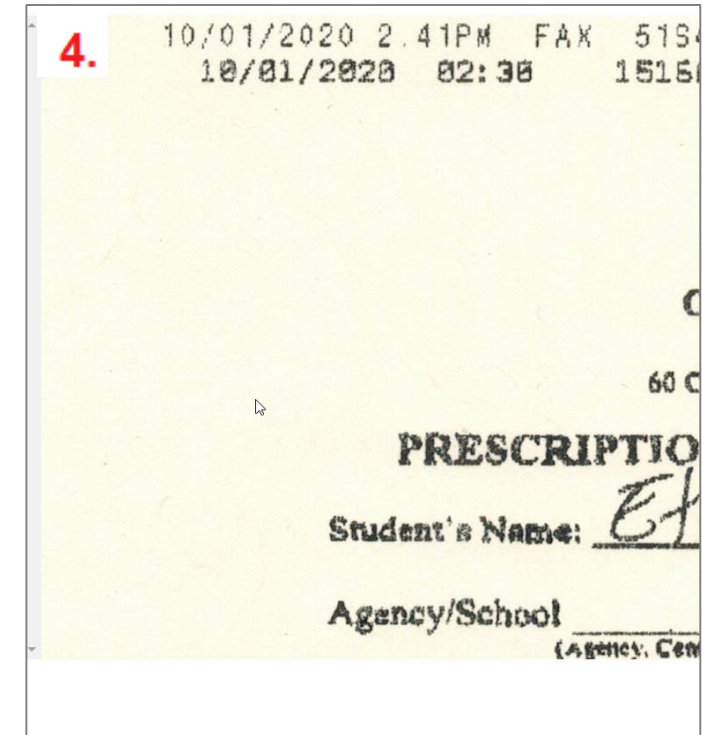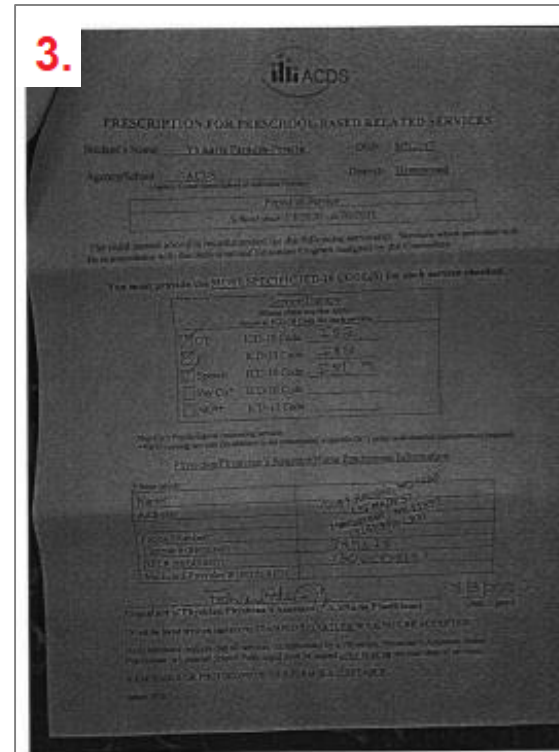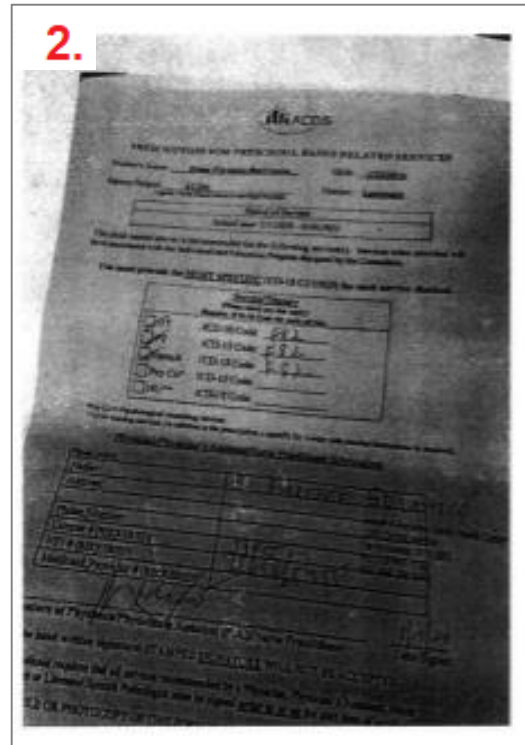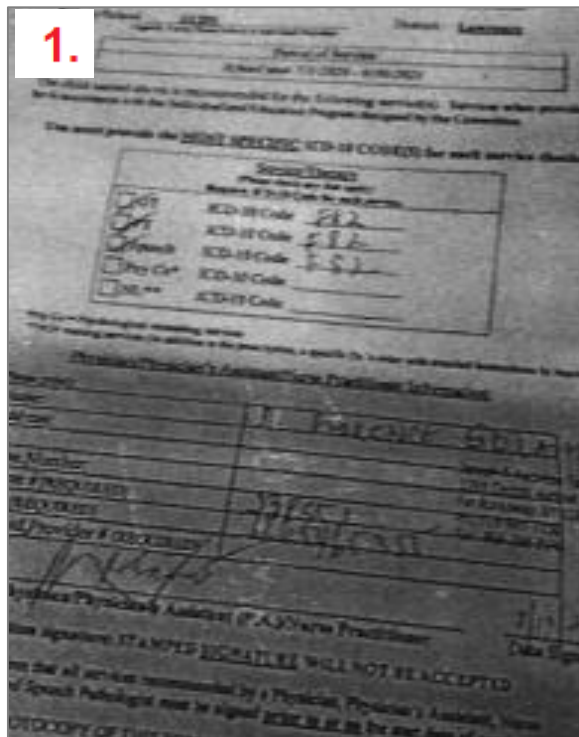
VERIFICATION PROCESS – SCANNED DOCUMENTS

What makes a written order invalid?

❑ **After uploading documents, open them to see how they scanned.**

EXAMPLES OF BAD SCANS

VERIFICATION PROCESS
Corrections Made to Medicaid Documents

What is the acceptable way to make a correction on Medicaid documentation?

❑ If a written order needs correction, the ***ordering provider/practitioner*** must put a line through the error and initial the change. *(i.e., ~~material to be deleted~~ (TF))*

❑ White-out (or correction tape) is not permissible when making corrections on any Medicaid documentation.

❑ If corrections are not made in accordance with the Medicaid regulations, the document will be invalid for Medicaid purposes.

VERIFICATION PROCESS
Corrections Made to Medicaid Documents

Example of the Correct Way to make a change on a Medicaid Rx.

VERIFICATION PROCESS
Incorrect Corrections and Alterations Made to Medicaid Documents

Incorrect Way to make a change on a Medicaid Rx.

White-Out or correction tape was used on these Rxs.

1. Period of Service: School Year: July 1, 2021 thru June 30, 2022

2. IEP Effective 7/1/20 to 6/30/21

3. Reason/Need _____
   Speech Therapy   ICD-10 F80.8
   Freq/Dur 3x30
   Reason/Need

ALTERATIONS TO A PRESCRIPTION

The next several slides will show you some egregious attempts at altering prescriptions. Altering prescriptions in any fashion is not an acceptable practice for Medicaid.

Any prescriptions that are uploaded to the Portal that have been altered will be invalidated and billing will be suspended until a replacement prescription with a subsequent (current) signature date has been uploaded.

ALTERATIONS TO A PRESCRIPTION

This prescription was altered **_after_** it left the doctor's office.

The agency sent this prescription back to the doctor, who changed the ICD code and the purpose of treatment and re-dated the change.

A replacement prescription should have been requested in September.

ALTERATIONS TO A PRESCRIPTION

ALTERATIONS TO A PRESCRIPTION

ALTERATIONS TO A PRESCRIPTION

1   2   3

UPLOADED FOR SY 23/24 (no term of service)

UPLOADED FOR SY 24/25 (no term of service)

UPLOADED AGAIN FOR SY 24/25 (added term of service)

ALTERATIONS TO A PRESCRIPTION
(Rx cannot be annotated after it leaves the Practitioners Office)

- ❑ The Rx should **_not_** be sent back to the practitioner to have anything changed or added – **A replacement Rx should be sent to the practitioner**.

- ❑ White-out & Correction Tape cannot be used – it voids the Rx.

- ❑ Prescriptions cannot be backdated.

- ❑ Signature stamps are not Medicaid compliant.

- ❑ The Term of Service dates cannot be changed so the Rx can be used for the next annual review period.

- ❑ The practitioner (MD/PA/NP/SLP) must see the child prior to writing the order.

UPLOADING THE PRESCRIPTION

❑ If the prescription meets Medicaid requirements, upload it *as soon as possible.*

❑ If the prescription ***does not meet Medicaid requirements,*** it should **not** be uploaded. Instead the provider should…

  1) *Enter all of the information from the invalid prescription to a Medicaid-compliant Rx template and include the missing and/or illegible information.*

  2) *Fax (only) the replacement Rx to the practitioner for signing & dating.*

❑ Only enter information that is delineated on the Rx. Information cannot be corrected by entering the correct information during the upload process.

QUESTIONS

Questions??

Follow-up

❑ **This presentation will be recorded and the PowerPoint presentation will be uploaded to the Knowledge Base in the Portal for future reference.**
- ▪ Search for help in our Knowledge Base: http://support.cpseportal.com/Main/Default.aspx

❑ **Medicaid References**:
- ▪ Provider Policy & Billing Handbook - http://www.oms.nysed.gov/medicaid/handbook/
- ▪ Questions & Answers http://www.oms.nysed.gov/medicaid/q_and_a/q_and_a_combined_revised_12_9_16.pdf

❑ Clarification regarding Medicaid compliance and/or documentation can also be forwarded to **Deborah Frank, dfrank@jmcguinness.com.**

❑ **Citations for all of the guidance that we have provided during this presentation, follow this slide.**

CITATIONS
Medicaid Handbook & Medicaid Q & A

Item	Medicaid Handbook	Medicaid Questions & Answers
EIGHT REQUIRED ITEMS OF A MEDICAID RX	Page 21	
1) Name		
2) Term of Service	Page 21	34 & 37
3) Service/Frequency/Duration	Page 21	33
4) Diagnosis – ICD/Reason for Service	Page 21	157, 176 – M.A. #12-04
5) Signature	Page 21	
Electronic Signatures		129 & 130
6) Signature Date	Page 21	37 & 38
7) NPI/License #s	Page 21	114
8) Practitioner's Contact Information	Page 21	114
When is a New Order required?	Page 22	92 & 158
Service Change		158
Corrections to Medicaid Documents		133
Altering Prescriptions		95 & 96

WHAT ARE THE EIGHT REQUIRED ELEMENTS OF A MEDICAID PRESCRIPTION?

Per the **Medicaid Provider Policy and Billing Handbook** (Update 9) **Page 21,** www.oms.nysed.gov/Medicaid, there are eight (8) required elements on a written order.

1. **Child's Name**
2. **Term of Service**
3. **Service(s) being ordered** (OT/PT/ST).
    The **frequency and duration** of the ordered service must be either **specified on the order** itself **-OR-**
    the order can explicitly adopt the frequency and duration of the service **in the IEP reference**
4. **Patient diagnosis**/need for service(s)
5. **Signature** of the ordering practitioner
6. **Date** the order was written and signed
7. Ordering Practitioner's **NPI or license number**
8. **Ordering Practitioner's Contact information with both address and phone number**

2. TERM OF SERVICE
Medicaid Q&A

❑**Question #34**

a) *What is the proper way to indicate the time frame for which the order is written, for example "9/8/10-6/28/11" or "2010-2011" school year?*

*__Answer__: The preferred format for dates is **mm/dd/yyyy – mm/dd/yyyy**. The school year begins __July 1st__ each year. A written order for services for the __2010-11 school year__ would be valid for the time period **July 1, 2010 through June 30, 2011.***

b) *If the written order says "**2010-11 school year**" and is dated **9/18/10**, can the prescription be used for the **summer of 2011** service, since the summer is within the 12-month validity?*

*__Answer__: **No**, because the "**school year" ends on June 30, 2011**." **For services on or after __July 1, 2011 another order would need to be written and in place before July 1, 2011.__***

2. TERM OF SERVICE
Medicaid Q&A

❑Question 37 shown below from the Medicaid Q&A is more about the <u>signature date,</u> but does mention that **service dates need to be included on the written order.**

❑***Question #37***

If the physician/qualified practitioner does not date the order form, can it be used for the full IEP if it is <u>received before services start</u>?

<u>Answer</u>

*No. A written order for services must include the **complete date** that the order was written and **be signed** by the appropriate practitioner and **<u>include service dates</u>**. [June 11, 2010]*

3. FREQUENCY & DURATION OF SERVICE
Medicaid Q & A

☐ **Question #33**

Can/should frequency of services be included in the written order?

Answer

*All written orders/referrals completed on and after 1/1/2013 must either include the frequency and duration of the service to be furnished **or** must adopt – by explicit reference to the IEP – the frequency and duration of the ordered service in the IEP. [December 10, 2012]*

4. Patient Diagnosis / Reason-Need for Service(s)
Medicaid Q & A

☐ **Question #157**

Regarding the diagnosis and/or the reason/need on written orders/referrals for Medicaid reimbursable related services, is a diagnosis of developmental delay acceptable? What about a diagnosis of preschooler with a disability?

Answer

A diagnosis that can be assigned an ICD-9 code is acceptable for Medicaid reimbursement purposes (315.9 unspecified delay in development). A generic diagnosis, such as preschooler with a disability, does not provide sufficient specificity about the student's medical needs and there is no corresponding ICD-9 code and is therefore, not acceptable for Medicaid reimbursement purposes. Practitioners should seek guidance on assigning ICD-9 Codes from their professional organizations.

4. Patient Diagnosis / Reason-Need for Service(s)
Medicaid Q & A

❑ **Question #176**

Will the State be supplying providers with a list of ICD-9 Codes that are acceptable for SSHSP Medicaid billing purposes?

Answer

No. NYS Medicaid does not plan to supply a discrete list of ICD-9 Codes to providers for use in SSHSP claim submission. Questions regarding coding for reimbursement can be referred to professional organizations such as: APTA, AOTA, ASHA, APA, AMA. [December 5, 2011]

4. Patient Diagnosis / Reason-Need for Service(s)
Medicaid Alert #12-04

☐ **Medicaid Alert #12-04** Medicaid in Education : OMS : NYSED

What format should the ICD-9 codes be in (how many positions – 3, 4 or 5) on the SSHSP Medicaid Claims? **Providers must use the <u>most specific code</u> available.** *A provider would assign…*

For example:

314 Hyperkinetic syndrome of childhood

314.0 Attention deficit disorder

314.00 Without mention of hyperactivity

314.01 With hyperactivity

314.1 Hyperkinesis with developmental delay

314.2 Hyperkinetic conduct disorder

314.8 Other specified manifestations of hyperkinetic syndrome

314.9 Unspecified hyperkinetic syndrome

The provider would not be able to assign ICD-9-CM code 314 (Hyperkinetic syndrome of childhood) or 314.0 (Attention deficit disorder) because there are five-digit codes within the category. The provider would be able to assign the following codes because they represent the highest level of specificity within that category: 314.00, 314.01, 314.1, 314.2, 314.8, or 314.9.

Please note: Preparations are underway for ICD-10-CM coding, which will bring a greater level of specificity. Clinicians can keep informed about changes through the CMS website.

For ICD-9 Codes, the provider would assign a 3-digit code if there are no 4-digit codes, or a 4-digit code if there are no 5-digit codes for that category, etc.

5. SIGNATURE OF THE ORDERING PRACTITIONER
Medicaid Handbook, Page 21

❑ Signature* of a NYS Medicaid enrolled provider who is a NYS licensed, registered, and/or certified, as relevant, physician, physician assistant, or licensed nurse practitioner acting within his or her scope of practice, and

- Only for speech therapy services this also includes a NYS Medicaid enrolled provider who is a licensed and registered speech-language pathologist…

* Please note that **stamped signatures** are not allowable.

(This includes a scanned image of a signature or font substitutions.)

Electronic signatures affixed by someone other than the actual ordering/referring practitioner are also not allowable.

ELECTRONIC SIGNATURES
Medicaid Q & A

Question # 129

❑ *Are electronic signatures acceptable?*

Answer

Yes, electronic signatures are acceptable if adequate security is in place and confidentiality is maintained. The use of an electronic signature has the same validity as a signature affixed by hand. However, providers must be prepared to authenticate or prove that the record was electronically signed by the person authorized to sign the record. Electronic signatures affixed by someone other than the actual practitioner are not allowable. An exception to this rule would apply where the applicable statute or regulation specifically requires a hand-written signature. The provider's electronic medical record must have control features , such as pass codes for electronic signatures. [June 6, 2011]

6. DATE THE ORDER WAS WRITTEN & SIGNED
Medicaid Q & A

❑ **Question #37**

If the physician/qualified practitioner does not date the order form, can it be used for the full IEP if it is received before services start?

Answer

No. *A written order for **services must include the complete date** that the order was written and be signed by the appropriate practitioner **and include service dates**. [June 11, 2010]*

❑ **Question #38**

a) *Can receipt of a written order be established by a faxed date or a stamped in date by the school district/county §4201 school?*

Answer: *A date stamp or faxed date recorded by the school district/county **is not acceptable**. The written order must be dated and signed by the practitioner...*

b) *Is a practitioner's stamped signature acceptable?*

Answer: *The use of a signature stamp or the signature of an administrator on written orders for services **is not acceptable**. **The practitioner must sign the prescription order**. [June 11, 2010]*

7. ORDERING PRACTITIONER'S NPI OR LICENSE
Medicaid Handbook, Page 21 & Medicaid Q & A

From the Medicaid Provider & Billing Handbook, Page 21

❑ *The ordering practitioner's National Provider Identifier (NPI) - - **OR** - - license number **must be included on a written order**.*

From the Medicaid Q & A – Question #114

❑ *Is there anything a school district, county or §4201 school do if SY 2009-2010 prescriptions did not have the ordering practitioner's NPI number or contact information?*

Answer: *If the physician or other ordering practitioner did not provide the license number or contact information, **you must obtain another original**. In addition, the complete written order, with the license or NPI number, **must be in place prior** to delivering services for which Medicaid reimbursement will be sought. **It is recommended that the written orders received by school districts, county or §4201 schools for SSHSP services be monitored for completeness and that any necessary replacement documentation is requested as soon as possible**.*

8. ORDERING PRACTITIONER'S CONTACT INFORMATION
Medicaid Handbook, Page 21

From the Medicaid Provider & Billing Handbook, Page 21

❑ *Ordering provider's contact information (office stamp or preprinted **address** and **telephone number**) **must be included on the order**.*

From the Medicaid Q & A – Question #114

❑ *Is there anything a school district, county or §4201 school do if SY 2009-2010 prescriptions did not have the ordering practitioner's NPI number or **contact information**?*

Answer: *If the physician or other ordering practitioner did not provide the license number or **contact information**, you must obtain another original. In addition, the complete written order, with the license or NPI number, must be in place **prior** to delivering services for which Medicaid reimbursement will be sought. **It is recommended that the written orders received by school districts, county or §4201 schools for SSHSP services be monitored for completeness and that any necessary replacement documentation is requested as soon as possible**.*

WHEN IS A NEW ORDER REQUIRED?
Medicaid Handbook, Page 22

From the Medicaid Provider & Billing Handbook, Page 22 – Life of a Written Order/Referral

A written order/referral is required for Medicaid reimbursement for medically necessary services included in the IEP. The written order/referral for services(s) must be obtained whenever there is a change to a medically necessary service being furnished to a student pursuant to the student pursuant to the student's Individualized Education Program (IEP). This includes but is not limited to **changes to the frequency or duration for the service(s),** if the service changes from **individual to/from group,** and when the **annual review is completed** and the student's next IEP is developed.

There must be a valid written order/referral annually or whenever there is a **change in the services** when Medicaid is being billed.

When a student with an IEP transfers from one district to another the new home district may adopt the student's IEP from the prior district – for continuity of services – until they have an opportunity to hold a CSE meeting and develop a new IEP.

WHEN IS A NEW ORDER REQUIRED?
From the Medicaid Q & A

From the Medicaid Q & A – Question # 92

☐ *If there is a change made to an IEP (service change) then is a new referral (or order) that covers that service type is required?*

Answer – **Yes**

A written order/referral must be completed for each additional type of service or change to an existing service, to be Medicaid reimbursable.

IF ONE SERVICE CHANGES ON THE IEP, IS A NEW ORDER REQUIRED FOR ALL SERVICES? NO.

From the Medicaid Q & A

☐ ***Question # 158***

*If speech therapy is changing from **3x30**/week to **2x30**/week, but physical therapy is remaining the same, do we need to get new orders/referrals for both services? Or just the one that is changing?*

☐ **Answer**

A new written referral for speech therapy will be needed if speech therapy is being changed for the remainder of the IEP.

If the physical therapy services will not be changed for the remainder of the IEP then there is no need for a new written order for that service. New written orders/referrals will be needed for each recommended service when a new IEP is developed. [December 5, 2011]

CORRECTIONS MADE TO MEDICAID DOCUMENTS
Medicaid Q & A

Question # 133

☐ *If a session note is done in ink, may white-out be used to make a correction? Or should all errors be lined out and initialed?*

Answer

*White out is not permissible when making corrections in session notes or **any medical record***. If a handwritten note must be corrected, the clinician must put a line through the ~~material to be deleted from the record~~ (JK) error and initial it. [June 6, 2011]*

* Prescriptions are medical records.

ALTERING MEDICAID PRESCRIPTIONS
Medicaid Q & A

Question # 95

❑ *Can the old prescriptions received for 2009-2010 services, some of which may be 12-15 months old by this time, be returned to the physician with a request to annotate them to include the diagnosis code or treatment purpose without affecting the validity of the original prescription?*

Answer

No. *An original prescription cannot be altered [December 13, 2010]*

ALTERING MEDICAID PRESCRIPTIONS
Medicaid Q & A

Question # 96

☐ *Can a statement signed and dated by the physician now, indicating the diagnosis or purpose of the treatment which was prescribed for the 2009-2010 school year on, for example 7/1/2009, be used as a supplement to the original prescription, allowing it to be used to meet the new prescription (written order/referral) requirements?*

Answer

No. *Written orders for services must be prospective. [December 13, 2010]*