

# MEDICAID-COMPLIANT WRITTEN ORDERS

Wednesday, October 30, 2024

## Questions & Answers

<b>Q</b>	<b>A prescription is not required for an OT Evaluation, but it is required for OT services, if eligible?</b>
<b>A</b>	A prescription is required for both evaluations and services for Medicaid purposes. Since the Portal does not currently have an evaluation component, your county could be billing evaluations to Medicaid outside of the Portal.
<b>Q</b>	<b>When do you use a multi-discipline prescription template versus the OT/PT prescription template?</b>
<b>A</b>	<p>If you need to send a prescription to the practitioner for OT/PT/Psychological Counseling, you should use the multi-discipline template so all three disciplines can be prescribed on one prescription template.</p> <p>If the child is only receiving OT/PT services, the OT/PT prescription template should be used because there is a small list of frequently-used (<i>billable</i>) ICD codes delineated on the template for the practitioner to select.</p> <p>Speech services should be done digitally.</p>
<b>Q</b>	<b>If a prescription has an ICD code listed in both the Evaluation and Service column on the prescription template, can the prescription be used for the evaluation and services after the initial eligibility meeting.</b>
<b>A</b>	<p>A script is either good for one year or for the period of time shown for the term of service dates. Depending on the date of the evaluation and CPSE meeting date, you would have to determine if the prescription will cover both the evaluation and services prior to the prescription expiration date (usually the end date for the term of service).</p> <p>For example, if the term of service dates were <u>7/1/24 to 6/30/25</u> and the evaluation date was <u>June 28, 2024</u>, the prescription would not cover the evaluation. Similarly, if the evaluation was on <u>May 1, 2025</u> and the service was to begin on September 5, 2025, the prescription would not cover the services because the services would fall within the next school year, which is outside the term of service dates of <u>7/1/24 to 6/30/25</u>.</p>
<b>Q</b>	<b>For OT Services... If the initial date of service occurs prior to receiving a Medicaid prescription, can the service be provided?</b>
<b>A</b>	If the OT service is not “restoring a function” the OT service can be provided without a prescription. The county; however, will want the agency to obtain a Medicaid-compliant prescription as soon as possible after the initial service date. Until the Medicaid compliant prescription has been received, all sessions prior to the signature date on the prescription should be marked as, “ <i>Does not meet Medicaid requirements.</i> ”

<b>Q</b>	<b>If the ICD Code is incorrect, can services be provided and marked as not Medicaid eligible or does the ICD Code need to be correct before the prescription can be uploaded?</b>
<b>A</b>	<p>If the discipline requires a prescription prior to providing the service, the prescription should have a diagnosis delineated on the prescription. The diagnosis can be delineated on the prescription as an ICD code <b>OR</b> the diagnosis can be delineated in narrative form (if the narrative is specific enough to indicate the medical necessity for the service).</p> <p>Whether the prescription is used for treatment or for Medicaid purposes, a diagnosis is required on the prescription. The service provider would need to check with the governing agency for their profession to determine if an ICD code is correct for the profession or whether the service should be provided with another ICD code. A clinical judgement call by the service provider is required to determine whether the service should be provided with a certain ICD code.</p> <p>On another note, if the agency receives a prescription (for an OT service) where the ICD code is more likely to be used for speech rather than OT (for example), you may want to secure a replacement prescription with an ICD code that aligns more with an OT service. The Portal upload process <i>will</i> allow a prescription to be uploaded with an incorrect ICD code for a specific discipline.</p>
<b>Q</b>	<b>If the prescription indicates, “As per IEP,” and the service mandate changes, is a new prescription required?</b>
<b>A</b>	Yes. The “ <i>As Per IEP</i> ” reference will no longer be referencing the initial IEP; the new prescription will be referencing the IEP for the service dates and the service that was changed.
<b>Q</b>	<b>Can a clinician use an ICD code on the session note that is not shown on the prescription?</b>
<b>A</b>	The prescription establishes medical necessity for the related service to be furnished and constitutes medical direction of the ordering professional. That being said, if the practitioner receives a prescription with an ICD code of R62.5, which is a non-billable code, the therapist <i>can</i> select another code within the R62 family of codes (for the session note) that best fits with the provided session (such as R62.50). If R62.5 is delineated on the prescription, I would not use the ICD code of F82 (for example) on the session note. The F82 ICD code is outside the scope of the R62 family of codes.
<b>Q</b>	<b>Our agency receives prescriptions from a Medical practice in Connecticut. Can a prescription be used for Medicaid purposes if the ordering practitioner has an out-of-state license?</b>
<b>A</b>	<p>No. At this point you have two options...</p> <ol style="list-style-type: none"> <li>1) If there is another practitioner within the practice that has a NYS license, you can request that the NYS practitioner sign the prescription and request that the practitioner include their NYS credentials (NPI/License #) on the prescription.</li> <li>2) If the practice does not have another practitioner that is licensed in NYS, all provided sessions should be marked as, “Does not meet Medicaid requirements.”</li> </ol>

<b>Q</b>	<b>Does the signature date of the prescription need to align with the initial service date on the IEP?</b>
<b>A</b>	<p>A prescription needs to be in place <u>prior to the first session</u> with the child for OT/PT in order to bill Medicaid. Medicaid cannot be billed prior to the signature date of the prescription. If the ordering practitioner does not forward the prescription to the agency until after the start date of the IEP, and the service was provided without a prescription (for example OT), any provided sessions prior to the signature date of the prescription should be marked as, <i>“Does not meet Medicaid requirements.”</i></p> <p>For Speech, the digital order should be prepared on the <u>date of the first session</u> with the child. For example, the initial start date on the IEP is 9/5, the first session with the child is on 9/7; the signature date on the digital order should be 9/7.</p>
<b>Q</b>	<b>Can the service provider provide services to a child while waiting for the replacement prescription?</b>
<b>A</b>	<p>In most cases, the answer is yes. While a prescription for treatment does <u>not</u> require all eight components of a Medicaid prescription, there are certain requirements for a treatment prescription (child’s name, diagnosis, the service, signature and signature date of the ordering provider). If the prescription does not include the minimum components for a treatment prescription, and the discipline requires that a prescription be in place prior to servicing the child, the child should not be serviced.</p>
<b>Q</b>	<b>If a prescription is received with an invalid code, such as F82.0, is a replacement prescription required?</b>
<b>A</b>	<p>If F82.0 is the <u>only ICD code</u> delineated on the prescription, <u>you would need to obtain a replacement prescription</u>. The person that uploads the prescription cannot correct the practitioner’s mistake by entering F82 when the prescription is uploaded.</p> <p>If there are multiple ICD codes delineated on the prescription, the prescription can/should be uploaded. The remaining ICD codes should be entered during the upload process.</p>