

MEDICAID-COMPLIANT WRITTEN ORDERS

4/10/2025 & 4/11/2025

Questions & Answers

Q	Is a prescription with an ICD code of R62.50 and a purpose of treatment of “Developmental Delay” Medicaid compliant?
A	The prescription is Medicaid compliant because it has a valid ICD Code. If this prescription did not have a valid ICD Code and only had Development Delay has the reason for treatment, it would not be Medicaid compliant. Developmental Delay is too generic (not specific enough) to meet Medicaid requirements without the ICD Code.
Q	A child had a change of location on 11/4/24 and 2/3/25. Do I need to obtain a replacement prescription?
A	If the prescription has narrative indicating that the frequency and duration was in accordance with the IEP, and there was an IEP amendment for a change of location on 11/4/24 and 2/3/25, then the child would need two new prescriptions; one for the 11/4/24 location change and one for the 2/3/25 location change. If the prescription listed the specific frequency and duration and there were no changes to the specific mandate (only the location), then a new prescription would not be required.
Q	If the prescription shows a valid ICD code in the evaluation and services columns, is the prescription valid?
A	Yes.
Q	Does the service provider need the original prescription?
A	No, but the original prescription should be available during an audit.
Q	Altering Prescriptions... Does this apply to the doctor information only? For example, if the parent forgot to pre-fill the agency name, can that be added?
A	No information (At ALL can be added to a prescription after it leaves the practitioner’s office. The agency and school district information is not required on a Medicaid prescription. Any information that needs to be on the script should be entered onto the template before it is faxed to the practitioner.
Q	Can additional codes be added to the OT/PT prescription template.
A	If any additional codes are added to the prescription (at this point) the prescription would move to a two-page prescription. The current prescription does have an “other” category where multiple codes (that are not listed on the Rx) can be added.

Q	When children transition from CPSE to CSE, do we need a new prescription?
A	Yes.
Q	School districts sometimes provide parents with “District” prescription templates, are these acceptable if they have all the Medicaid required components?
A	The McGuinness Medicaid Team will review each prescription and make that determination during the verification process.
Q	If the practitioner is not sure what ICD code to use, is there a list of acceptable codes for each discipline?
A	Licensed practitioners should be familiar with the ICD code(s) for their type of practice.
Q	If a community practitioner corrects a Medicaid Prescription in accordance with Medicaid, will the document be verified?
A	If the practitioner corrects a mistake on the prescription in accordance with Medicaid, the incorrect information should be crossed out with a single line, the correct information added and initialed by the ordering practitioner. If the correction is made using this method, the correction will be Medicaid compliant.
Q	Can a speech provider use an evaluation ICD code on the prescription so there will be a prescription in place prior to the first visit?
A	No. Referrals should be written appropriately for either an evaluation or services. An SLP cannot write a referral for a child that has never been seen.
Q	Can the frequency/duration information be pre-filled on the prescription prior to sending the prescription to the doctor?
A	Yes.
Q	If we choose to use the “As per IEP” template do we continue to use the previous templates?
A	<p>Moving forward we are not recommending using the “As per IEP” to reference the frequency/duration. All FSM counties are in agreement that the specific frequency and duration should be delineated on all new prescriptions.</p> <p>Using the “As per IEP” reference to the IEP for the frequency and duration (rather than the specific mandate) may create audit implications for the County. In addition, as new prescriptions are requested, if the prescription is not Medicaid compliant, the county will lose Medicaid revenue during the time that it takes to receive a Medicaid-compliant prescription.</p> <p>As a result, all FSM counties are expecting providers to use the specific mandate on prescriptions moving forward.</p>
Q	If the specific mandate is used on prescriptions, will two prescriptions be needed; one for summer session and one for the winter session?
A	The new prescription template has a space to enter the frequency/duration for both sessions.

Discipline	Frequency	Duration	(I/G)	ICD Code SERVICES	Purpose of Treatment / Services	ICD Code EVALUATIONS
Audiological						
<input type="checkbox"/> OT ESY <input type="checkbox"/> OT 10-Month						
Q	If a prescription has an ICD Codes as well as a reason for service listed on the prescription, when uploading the prescription, should the ICD code be entered or should the “Has Reason” box be selected?					
A	If the prescription has an ICD Code, the ICD Code should be entered.					
Q	If a prescription is determined to be invalid and the therapist can continue servicing the child until a Medicaid-compliant prescription is received, should the, “Does not meet Medicaid requirements,” box on the session note be checked until the Medicaid-compliant prescription is received.					
A	Yes.					
Q	If an SLP has not seen the child, the first session with the child must be completed prior to creating the referral? Correct?					
A	Yes.					
Q	What is the process for an SLP who writes a Speech Referral for a non-OPRA enrolled SLP?					
A	The SLP that prepares the referral must see the child initially to diagnose the child, which will also require a session note that states that the child was diagnosed and a speech referral was prepared. After the OPRA-enrolled provider prepares the referral and completes a session note, the child can be serviced by a non-enrolled SLP and the resulting services will be Medicaid reimbursable.					
Q	The Medicaid Checklist that was shown during the presentation shows a list of when a new prescription is required. Does this list apply to both prescription types (As per IEP and Specific Frequency)?					
A	Yes.					
Q	If you have a prescription with an incorrect frequency and duration (doesn’t match the IEP), can services be provided until a Medicaid-compliant prescription is obtained?					
A	In these instances, I would suggest contacting the Medicaid@cpseportal.com (Medicaid Team) with the specific issue so you can be directed appropriately.					

Q	If the script has the generic school year dates (7/1 to 6/30) and the IEP dates are 7/7 to 8/15 and 9/3 to 6/24, will the prescription meet Medicaid requirements for the term of service?
A	Yes.
Q	What is the guidance if the IEP and the doctor's prescription are in conflict?
A	If the uploaded prescription does not match the IEP, it will be invalid for Medicaid purposes.
Q	Can the frequency and duration be filled in on the prescription prior to submitting the prescription to the practitioner?
A	Yes.
Q	If the child will be treated by a CFY and supervised by an SLP, does the CFY need to be present when the SLP does the initial visit with the child to diagnose and create the referral?
A	No.
Q	What prescription templates should we be using moving forward.
A	Please discontinue using all of the "As per IEP" prescriptions and use the updated prescription templates in the Portal. The digital speech recommendation will soon be updated in the Portal to include the specific mandate option.
Q	Are Medical practices aware of these Medicaid requirements for prescriptions?
A	Some practitioners may have knowledge of Medicaid regulations and others may not.
Q	How does McGuinness know if a prescription has been altered?
A	McGuinness has been trained to make these types of determinations. In addition, we have a scanned history of all prescriptions that have been uploaded into the Portal so we can see the on-going progression of scripts that have been uploaded for each child.
Q	Can you explain why SLPs have to wait until the first session with the child before the script can be written?
A	Medicaid Q&A #94 states that it is not permissible for an SLP to write a prescription for a child until the child is seen. SLPs diagnose. A diagnosis cannot be determined without seeing the child first.
Q	On the new prescription template... how do you enter the frequency and duration for each session.
A	Each service type has a check box for each session and a space to enter the specific frequency/duration for each session. Please see screenshot below.

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