

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) AND Make sure a stamp is not covering other pertinent information.*

(8) Required Elements	Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
1. CHILD’S NAME	<ul style="list-style-type: none"> • Child’s First & Last Name (<i>spelled correctly</i>) 	<ul style="list-style-type: none"> • No Name • Name spelled incorrectly • Only first name (or only last name) • Name of another child • Incorrect date of birth
2. TERM OF SERVICE	<p><u>Preferred format for expressing dates - (MM/DD/YY)</u></p> <ul style="list-style-type: none"> • July 1, 2018 – June 30, 2019 • 7/1/18 – 6/30/19 • 7/1/2018 – 6/30/2019 	<p><u>Incomplete Dates:</u></p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • All FSM counties require that prescriptions list the specific mandate for all ordered services. • The mandates listed on the prescription must be complete (frequency and duration) and must match the IEP (e.g. 2x30). • If the mandates for ESY and winter are different, both must be delineated appropriately on the prescription. 	<ul style="list-style-type: none"> • FSM counties are not accepting prescriptions using the “as per IEP” reference to the frequency and duration. • Both “per IEP” and a specific mandate cannot be listed on the prescription. • Incomplete mandate (only frequency or duration) -example: 2x weekly.
4. Patient Diagnosis / Need for Service(s)	<ul style="list-style-type: none"> • ICD Code – F82 • “<i>Specific developmental disorder of motor function</i>” 	<ul style="list-style-type: none"> • The absence of an ICD code or reason/need for service.
5. Signature of the Order Practitioner Is the order Signed?	<p><u>Acceptable methods of signing:</u></p> <ul style="list-style-type: none"> • Signed with a hand-written signature • Signed with an electronic or digital signature* 	<p><u>Unacceptable methods of signing:</u></p> <ul style="list-style-type: none"> • Signature stamp • Scanned “image” of signature (i.e., JPEG) or font substitution
6. Date the Order was Written & Signed	<ul style="list-style-type: none"> • June 1, 2019, • 6/1/19, or • 6/1/2019 	<ul style="list-style-type: none"> • Absence of the date the order was signed. • Date is unclear • An unacceptable correction was made.
7. Ordering Practitioner’s NPI or License #	<p>NPI or license number is required on the order; however, both the NPI and license number are <i>preferred</i>* on the order.</p> <ul style="list-style-type: none"> • NPI number (<i>Is the NPI # 10 digits?</i>) 1234567890 • License number (<i>Is the license # 6 digits?</i>) 123456 <p>* <i>Having both the NPI and License number on the order will reduce the chance of potential issues.</i></p>	<ul style="list-style-type: none"> • 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. (<i>Handwriting is illegible or a stamp was used and not readable.</i>) • 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	<ul style="list-style-type: none"> • 123 Main Street (<i>Street Address</i>) • Anytown, NY 12345 (<i>City, State, Zip</i>) • (516) 555-5555 (<i>Phone number w/ area code</i>) 	<ul style="list-style-type: none"> • 123 Main Street Anytown, NY 12345 (<i>Phone # missing</i>) • 123 Main Street Anytown (<i>State, zip & phone # missing</i>) • 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*)