

Medicaid-Compliant Written Orders

(Updated March 2021)

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 compliant documentation; thereby improving the process.

Included throughout this presentation are citations from either the Medicaid Provider Policy & Billing Handbook (Update 9), and/or the Medicaid Q & A.

WRITTEN ORDERS

(Are Required for Medicaid Claiming)

- ❑ **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.**
- ❑ Since the written order is one of the key documents that will allow the Medicaid claiming process to move forward and as noted above (Q&A #114), 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, and,
- ❑ Agencies should ensure that all written orders meet Medicaid requirements upon receipt (prior to uploading them to the Portal for verification).
- ❑ If the written order does not meet all the requirements, a new order should be requested immediately to ensure all services provided comply with the Medicaid regulations.

WHAT IS A WRITTEN ORDER?

(From the Medicaid Provider Handbook, Page 21)

* “The written order/written referral (prescription) is the document that **establishes medical necessity for the related service to be furnished** and constitutes medical direction of the ordering professional. In order to bill Medicaid, a written order/written referral from a qualified Medicaid provider is required...”

A written order is synonymous with the following terms:

- ☐ Prescription
- ☐ Speech Recommendation
- ☐ Written Referral

WHEN SHOULD A WRITTEN ORDER BE COMPLETED?

(Timing of the Written Order) – Medicaid Handbook / Q&A

From the Medicaid Provider & Billing Handbook, Page 21

- ☐ It should be noted that the written order/written referral must be in place **prior to the initiation of services** (prospective), including evaluations.

From the Medicaid Q & A – Question # 94

- ☐ Can a NYS licensed and currently registered speech-language pathologist (SLP) **who has not seen the student** write a referral for speech therapy? **No.**

The SLP cannot write a referral if they have not seen the student 18NYCRR 505.11 states that a written order must contain a diagnostic statement and purpose of treatment. It is not acceptable under the Medicaid program for the ordering referring professional never to have met with the child as it is incompatible with the obligations of the ordering practitioner to assure that the ordered care, services, or supplies will meet the recipient's needs and restore him or her to the best possible functional level. [December 13, 2010]

WHEN CAN AN SLP PREPARE THEIR SPEECH RECOMMENDATION?

McGuinness has recently received direction from SED regarding this specific issue.

SLPs can write a Speech recommendation “**directly following**” the initial session with the child under the following circumstances:

- ☐ The SLP uses the results of the initial evaluation (which should be delineated in the IEP)
- ☐ The SLP can be assured that the ordered services will meet the child’s needs
- ☐ The SLP can be assured that the child’s level of function can be increased to the best possible outcome
- ☐ If the above criteria can be met, the recommendation can be written on the same day “**after**” the initial session and the session will be Medicaid-eligible. If the prescription is not written on the same day that services began, any provided sessions that took place prior to the date of the prescription must be marked as “**Not Medicaid-Eligible**” on the session note.
- ☐ The date of the Speech recommendation must be the **same date as the initial session** with the child.

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 are included on the order (completely filled in – *no blanks*).
- ✓ 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 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**

1. CHILD'S NAME

| Medicaid Compliant (Valid) | Non-Medicaid Compliant (Invalid) |
|--|---|
| <ul style="list-style-type: none">Child's First and Last Name (<i>Entire name spelled correctly</i>) | <ul style="list-style-type: none">No NameName spelled incorrectlyOnly first name (<i>or only last name</i>)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) |
|--|--|
| <p><u>Preferred Format:</u> (MM/DD/YY or MM/DD/YYYY)</p> <ul style="list-style-type: none">• July 1, 2020 – June 30, 2021• 7/1/20 – 6/30/21• 7/1/2020 – 6/30/2021• <u>School Year</u> 2020-21 | <p><u>Incomplete Dates or No Term of Service Dates</u></p> <ul style="list-style-type: none">• No “Term of Service” listed on order• 2020 – 2021 or 20/21• 9/2020 – 6/2021• July 2020 – June 2021• July 2020 – August 2021*• Rx is dated <u>7/1/20</u>, the term of service is <u>7/1/20 to 8/31/20</u>; and there are winter enrollments; limiting the Rx. <p><i>* The Fiscal year for a school district ends on June 30; therefore, a new written order will need to be submitted beginning July 1.</i></p> |

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 signature date, 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 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]

EXAMPLES OF RX ISSUES WITH 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. Summer/Winter Enrollments
Rx Term of Service is for Winter Only.
If Term of Service was 7/1/20 – 6/25/21,
script could be used for full year.

Frequency of Services as per state law, not time
School Year: 9-8-20 to 6-25-21

SERVICES:
Analogical ICD10 Code _____
Occupational Therapy ICD10 Code L80
Physical Therapy ICD10 Code P80
Speech* ICD10 Code P849
Skilled Nursing** ICD10 Code _____
Psychological Counseling*** ICD10 Code _____
*** Reason/Need: _____

Date: 6/11/2020
Provider or other professional explained above.
Title: MD

3. Highlighting - “Unreadable”

Period of Service
School year 07/01/2020 to 06/30/2021

View Information for School Year: 2020 - 2021

| Status | School Year | From | To | ESID | Provider | Enrollment | CB Program | Service | Frequency |
|--------|--------------------|----------|-----------|------------------|----------------------------|------------|--------------------|---------|-------------|
| | 2020 - 2021 Winter | 9/8/2020 | 6/25/2021 | CB2021W0051637 | NEW ROCHELLE CITY SD | CB | Classroom (9160-I) | | 2.5 hrs/day |
| | 2020 - 2021 Winter | 9/8/2020 | 6/25/2021 | CBRS2021W0049272 | NEW ROCHELLE CITY SD | CBRS | | ST | 1x30 |
| | 2020 - 2021 Winter | 9/8/2020 | 6/25/2021 | CBRS2021W0049273 | NEW ROCHELLE CITY SD | CBRS | | ST1 | 1x30 |
| | 2020 - 2021 Winter | 9/8/2020 | 6/25/2021 | CBRS2021W0049274 | NEW ROCHELLE CITY SD | CBRS | | OT | 2x30 |
| | 2020 - 2021 Winter | 9/8/2020 | 6/25/2021 | CBRS2021W0049277 | NEW ROCHELLE CITY SD | CBRS | | PT | 2x30 |
| | 2020 - 2021 Summer | 7/6/2020 | 8/14/2020 | RS2021S0184016 | FIRST STEPS SERVICES, INC. | RS | | ST | 2x45 |
| | 2020 - 2021 Summer | 7/6/2020 | 8/14/2020 | RS2021S0184014 | ACDS.INC | RS | | PT | 2x30 |
| | 2020 - 2021 Summer | 7/6/2020 | 8/14/2020 | RS2021S0184015 | ACDS.INC | RS | | OT | 2x30 |

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:

➤ 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),

* Using this option is “best practice” and will reduce the chance of potential issues.

3. FREQUENCY & DURATION OF SERVICE

Continued

| Medicaid Compliant (Valid) | Non-Medicaid Compliant (Invalid) |
|--|--|
| <ul style="list-style-type: none">• Frequency and duration “<u>As per IEP</u>” –OR – <u>Speech - 2x30 (Individual)</u> / <u>Speech - 2x30 (Group)</u>• If the frequency/duration <u>is</u> 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, <u>a new order should be requested.</u>• If a prescription template is being used with multiple services listed, make sure the correct services are checked. | <ul style="list-style-type: none">• OT 2X (<i>Frequency is listed, but not the duration</i>)• If “<u>As per IEP</u>” is delineated on the order, the specific reference of the frequency/duration should <u>not</u> 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 <u>initial</u> IEP and a <u>new</u> IEP is subsequently generated due to a <u>change in service</u>, a new order is required. If the initial Rx is uploaded to the new enrollment for the change in service it will not be valid for Medicaid. |

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]

EXAMPLES OF RX ISSUES WITH SERVICE / FREQUENCY-DURATION

1. Example of an Rx where the frequency was written, but also had the narrative “**As per IEP**” and the frequency/duration was incorrect; making the Rx invalid for Medicaid.

Excerpt #1 from the Prescription Template.

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.

| | |
|---|---|
| (optional) | |
| <input checked="" type="checkbox"/> Speech Therapy* | ICD-10 _F80.2_ |
| Freq/Dur 4x30I, 1x30G | Reason/Need: to improve receptive and expressive language skills and communication skills |
| (optional) | |

3. Speech Enrollment in Portal

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

4. PATIENT DIAGNOSIS / NEED FOR SERVICE(S)

| Medicaid Compliant (Valid) | Non-Medicaid Compliant (Invalid) |
|---|--|
| <ul style="list-style-type: none">• ICD Code – F82• <u>Reason/Need for Service:</u> <i>“Specific developmental disorder of motor function”</i> <i>“Treatment of speech, language, voice, communication, and/or auditory processing disorder”</i>• <u>“Preferred practice”</u> would be to have <u>both</u> the ICD code as well as the reason/need for service delineated on the order. | <ul style="list-style-type: none">• The absence of an ICD code or reason/need for service; one must be on the written order.• There is no ICD code and the Reason/Need for Service is not specific enough.<ul style="list-style-type: none">- Developmental delay, or- Preschooler with a disability• A non-approved ICD code was listed on the written order without an explanation for the reason/need for services. Without the reason/need for services, the written order is not valid for Medicaid purposes. |

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...**

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

1. Incorrect ICD-10 Code – Should be F80.2

| | |
|---|--|
| (optional) | |
| <input checked="" type="checkbox"/> Speech Therapy* | ICD-10 <u>80.2</u> |
| Freq/Dur <u>4X30</u> | Reason/Need <u>To Improve Expressive</u> |
| (optional) <u>1X30</u> | <u>and Receptive Language</u> |
| <input type="checkbox"/> Psychological Cnslg** | ICD-10 _____ |

2. Dr. Uses ICD Code(s) that is not accepted - Provide List in the Rx template

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

5. SIGNATURE OF THE ORDERING PRACTITIONER

Is the order signed?

| Medicaid Compliant (Valid) | Non-Medicaid Compliant (Invalid) |
|--|--|
| <p>Acceptable methods of signing:</p> <ul style="list-style-type: none">• Signed with a hand-written signature• Signed with an electronic or digital signature* | <p>Unacceptable methods of signing:</p> <ul style="list-style-type: none">• Signature stamp• Scanned “image” of a signature (<i>i.e.</i>, <i>JPEG</i>) or font substitution (Jane Doe – <i>Jane Doe</i>)• Doctor’s signature was signed by another staff employee (<i>i.e.</i>, <i>nurse</i>) and then initialed• Signed by a Clinical Fellowship Year (CFY)• Signed with two signatures (No UDO on scripts) |

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

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

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.

EXAMPLES OF SIGNATURE ISSUES

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

The image shows a medical form with a red box highlighting a doctor's stamp. The stamp contains the following information: NPI # 13503132652, Medicaid #, Dr. Rafik Khaimov, Lic # 229833-1, DEA # BK 8752897, and Phone # (917) 778-0092. The stamp is placed over a signature. To the right of the stamp, the date 8/11/20 is written. Below the stamp, the text "Must be hand written signature: STAMPED SIGNATURE WILL NOT BE ACCEPTED" is visible.

2. CFY & SLP both signed Rx.

The image shows a medical form with two signatures and two dates. The first signature is for a CFY (Certified Financial Year) and the second is for an SLP (Speech-Language Pathologist). The form includes fields for Name, Title, Address, Phone Number, License Number, NPI Number, and Medicaid Provider Number. The date 09/23/19 is written. The text "Must be hand written signature: STAMPED SIGNATURE WILL NOT BE ACCEPTED" is visible at the bottom.

3. Doctor did not sign or date the prescription.

The image shows a medical form with a doctor's information and a signature. The form includes fields for Name, Address, Phone Number, License # (REQUIRED), NPI # (REQUIRED), and Medicaid Provider # (REQUIRED). The doctor's name is Joseph P. Addabbo, MD, and the address is 1288 Central Avenue, Far Rockaway, NY 11691. The date 01-11-2019 is written. The text "Must be hand written signature: STAMPED SIGNATURE WILL NOT BE ACCEPTED" is visible at the bottom.

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) |
|---|--|
| <p><u>Complete date format (MM/DD/YY or MM/DD/YYYY):</u></p> <ul style="list-style-type: none">• June 1, 2020• 6/1/20• 6/1/2020 | <ul style="list-style-type: none">• Absence of the date the order was written and signed.• Incomplete date format: 6/20, June 2020• 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. |

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]

EXAMPLES OF ISSUES WITH THE DATE THE ORDER WAS SIGNED

1. Doctor's stamp was stamped over the date signed.

**Nurse nursing services (in addition to the prescription, a specific Dr.'s order with detailed instructions is required).

Physician/Physician's Assistant/Nurse Practitioner Information

(Please print):

| | | |
|---------------------------------|--|---|
| Name: | Denise Tavano | Happy and Healthy Pediatrics |
| Address: | Eliana Rubin, MD, FAAP, IBCLC, RLC Deborah Saunders, MD, FAAP, FSAHM Sherba Johnson, MD, FAAP, IBCLC, RLC Alyssa Nastro, MD, FAAP, IBCLC, RLC Rachael Bilello, DO, FAAP Denise Tavano, MD, FAAP | |
| Phone Number: | 77 Jericho Tpke. Ste. 175 Mineola, NY 11501 | |
| License # (REQUIRED): | 251728 | Phone (516) 216-5910 (Fax (516) 216-5907) |
| NPI # (REQUIRED): | 1396424371 | happyandhealthypediatrics.com |
| Medicaid Provider # (REQUIRED): | Date Signed | |

Denise Tavano
*Signature of Physician/Physician's Assistant (P.A.)/Nurse Practitioner

2. Signature Date Missing

Psychological Evaluation and/or Psychological Counseling can have ICD9 Code OR Reason/Need: all others need IC109

Marie Ricciardi

Date: _____

Original Signature of Physician, Physician Assistant, Nurse Practitioner or other professional explained above.

7. ORDERING PRACTITIONER'S NPI OR LICENSE

| Medicaid Compliant (Valid) | Non-Medicaid Compliant (Invalid) |
|---|--|
| <p><u>AND / OR:</u></p> <p>The NPI <u>or</u> license number is required on the written order; however, <i>preferred practice</i> is to have both the NPI and license numbers on the order. Having both on the order will reduce the chance of potential issues.</p> <ul style="list-style-type: none">• NPI Number (<i>Is the NPI # 10 digits?</i>)• License Number (<i>Is the License # 6 digits?</i>)<ul style="list-style-type: none">○ NPI # - 1234567890○ License # - 123456 | <ul style="list-style-type: none">• Absence of the NPI or license number. One <u>must</u> be delineated on the order.• NPI and license numbers are delineated on the 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. |

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.**

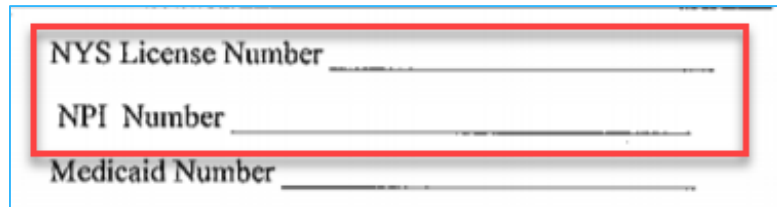
From the Medicaid Q & A – Question #114

- ☐ 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.**

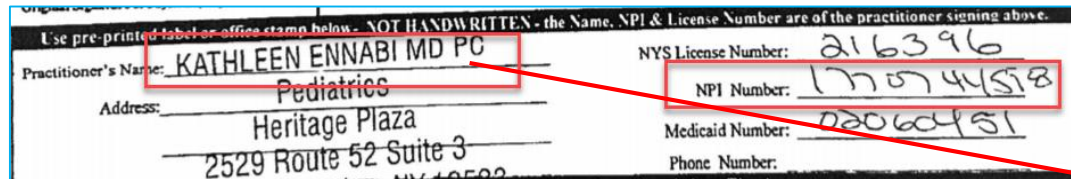
EXAMPLES OF RX ISSUES WITH NPI / LICENSE

1. NPI & License # Missing – Invalid for Medicaid



A form with three fields: "NYS License Number", "NPI Number", and "Medicaid Number". The "NYS License Number" and "NPI Number" fields are empty and highlighted with a red rectangle, indicating they are missing.

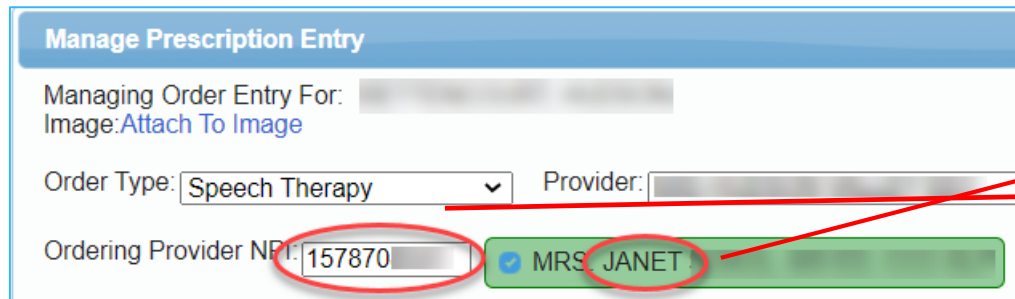
2. NPI # Does Not Match Practitioner



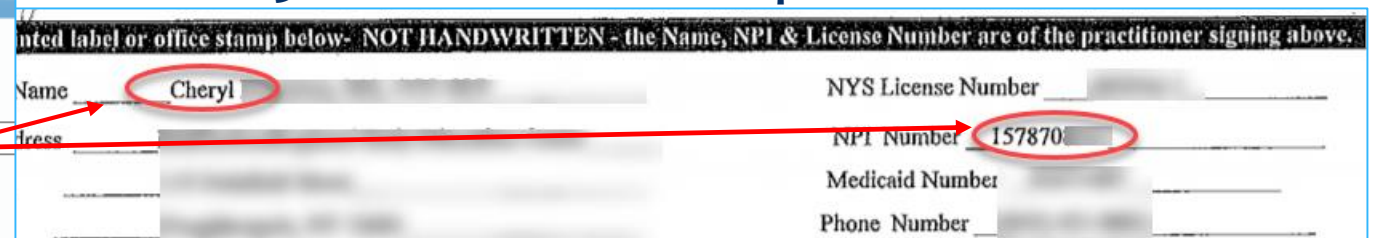
A handwritten form with the following information: Practitioner's Name: KATHLEEN ENNABI MD PC, Pediatrics, Address: Heritage Plaza, 2529 Route 52 Suite 3, NY 10522. NYS License Number: 216396, NPI Number: 1770744518, Medicaid Number: 02060451, Phone Number: [blank]. Red arrows point from the NPI number and the practitioner's name to the table on the right.

| NPI | Name | NPI Type | Primary Practice Address | Phone | Primary Taxonomy |
|------------|----------------|----------|--------------------------|-------|------------------|
| 1770744518 | NANCY GIANNINI | | | | Pediatrics |

3. NPI # does not match practitioner



A software interface for "Manage Prescription Entry". It shows "Managing Order Entry For:" with a dropdown menu, "Order Type:" set to "Speech Therapy", "Provider:" with a dropdown menu, and "Ordering Provider NPI:" set to "157870". A red arrow points from the NPI number to the table on the right.



A handwritten form with the following information: Name: Cheryl, Address: [blank], NYS License Number: [blank], NPI Number: 157870, Medicaid Number: [blank], Phone Number: [blank]. Red arrows point from the name and the NPI number to the software interface on the left.

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) |
|---|--|
| <ul style="list-style-type: none">• 123 Main Street <i>(Street address)</i> Anytown, NY 12345 <i>(City, State, Zip)</i> (555) 555-5555 <i>(Phone number Including area code)</i> | <ul style="list-style-type: none">• 123 Main Street Anytown, NY 12345 (Phone number missing)• 123 Main Street Anytown (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. |

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.**

EXAMPLES OF RX ISSUES WITH ORDERING PRACTITIONER'S CONTACT INFORMATION

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

**Title: _____ **DATE: 9/9/2020

**ADDRESS: _____

**PHONE NUMBER: _____

**MEDICAID

Address & Phone (Required) - (Stamp Accepted)

Missing

3. Unreadable Contact Information

Address & Phone (Required) - (Stamp Accepted)

Northwell Health Physician Partners
WHM
Somer Pediatric
233 Route 100 - Suite 104
Sommers, New York 10589

(Required) License # 213651
NPI # 1013005820
Medicaid #
Fax #

Signature of MD/MDA and registered physician, a physician or a licensed nurse practitioner acting within the scope of practice (for psychological counseling services only) or appropriate school official and for speech therapy services, a speech-language pathologist who has seen the child.

4. Phone # Missing

OCCUPATIONAL THERAPY REFERRAL

X Doctor/Practitioner name: Nandana Bacon

X Doctor Address: THE CHILDREN'S MEDICAL GROUP
104 FULTON AVENUE
POUGHKEEPSIE, NEW YORK 12603

X Doctor phone number: _____

X Doctor NPI #: 1356657498

X License #: 264564

5. Pre-fill & save the Rx template with your contact info.

**ADDRESS: THE HAGEDORN LITTLE VILLAGE SCHOOL 750 HICKSVILLE Rd SEAFORD, NY 11783

**PHONE NUMBER: 516-520-6000

Physician/Physician's Assistant/Nurse Practitioner Information

(Please print):

| | |
|--------------------------------|----------------------------------|
| Name: | _____ Ave |
| Address: | Port Jefferson Station, NY 11776 |
| Phone Number: | 631-744-_____ |
| License # (REQUIRED) | 0258_____ |
| NPI # (REQUIRED) | 107_____64 |
| Medicaid Provider # (REQUIRED) | _____ |

REVIEW PRESCRIPTIONS UPON RECEIPT

In Summary

- ❑ As per Question #114 from the Medicaid Q&A, review all prescriptions upon receipt.
- ❑ Review the prescription for readability (ensure that handwriting and/or stamps are legible).
- ❑ Ensure that stamps are not stamped over other pertinent information.
- ❑ Check the document to ensure that the scanned image is clear/readable and scanned in its entirety (nothing is cut off).

REVIEW PRESCRIPTIONS UPON RECEIPT

What you should be checking

- All eight required elements are filled in – No blanks.
- Any alterations/corrections (if any) were made in accordance with Medicaid (no white-out).
- All eight required elements are expressed in accordance with Medicaid (complete dates, no stamped signatures, etc.)

CHECKLIST

CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER

CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER

| What should I be checking? | | |
|---|---|--|
| <ul style="list-style-type: none"> ✓ 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.) <u>OR</u>, 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) | <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 | <u>Preferred format for expressing dates</u> - (MM/DD/YY) • July 1, 2018 – June 30, 2019 • 7/1/18 – 6/30/19 • 7/1/2018 – 6/30/2019 | <u>Incomplete Dates:</u> • 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 <u>ONE</u> of the following options – <u>NOT BOTH</u>) | <u>Option 1:</u> 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. – <u>OR</u> – <u>Option 2:</u> Actual Frequency and Duration of Service • Frequency and duration "As per the IEP" – <u>OR</u> – Speech 2x30 (I) – Speech 1x30 (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 <u>or</u> the specific frequency/duration should be used on the order; <u>not both</u> . • 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? | <u>Acceptable methods of signing:</u> • Signed with a hand-written signature • Signed with an electronic or digital signature* | <u>Unacceptable methods of signing:</u> • 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 <u>or</u> 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) <ul style="list-style-type: none"> ✓ 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. | | |

WRITTEN ORDER TEMPLATES

- ❑ Best practice for all related service providers would be to use the “**most recent**” written order template available from the County or James McGuinness and Associates.
- ❑ At the start of each annual review season, check with your county representative to ensure that you are using the most updated written order template. Most counties update their written order template on an annual basis and can usually be found on the county’s website.
- ❑ A customizable Medicaid-Compliant Written Order template can also be found in the CPSE Portal Knowledge Base as well as the “Sample Medicaid-Compliant Written Order” shown during this presentation.

SAMPLE OF A MEDICAID-COMPLIANT WRITTEN ORDER

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

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

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

SPACE FOR SCHOOL/AGENCY INFORMATION
(You can list your company address and phone number here to be sure that it is included on the order.)

PS&HSP 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 John Smith DOB 1/2/15

District Optional County Optional

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

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

(Required)
Term of Service: School Year July 1, 2019 to June 30, 2020 (Frequency, Duration & Class Ratio as per the IEP)

| Evaluation/Service | (Required) ICD CODE for EVALUATION(S) | (Required) ICD CODE for SERVICE(S) * | Medical Diagnosis/Purpose of Treatment |
|--|---|--|--|
| Audiological | | | |
| Occupational Therapy | | | |
| Physical Therapy | | | |
| Speech | | <u>F90.2</u> | <u>Mixed receptive-expressive language disorder.</u> |
| Psychological/Psychological Counseling | | | |
| Skilled Nursing (Requires a Physician's Order) | | | |

The most specific ICD code is required for each evaluation/service.
Medicaid requires that a written referral be in place prior to the initiation of evaluations/services.
* An order/referral for service must be completed for each IEP period.
A new order/referral must be completed whenever a review conducted during an IEP period results in a change in service (i.e., frequency/duration/ratio).

Signature Handwritten Signature or Electronic Signature Only Date Signed Date is Required
Original Signature Required - Stamp Not Permitted (800/3400) (Required)

Print Name PRINT NAME HERE (Stamp Accepted) Title M.D.

Address & Phone (Required) - (Stamp Accepted) (Required) License # 123456 (REQUIRED)
REQUIRED: COMPLETE ADDRESS & PHONE # (Required) NPI # 1234567890 (REQUIRED)
ABC Agency Medicaid # _____
123 Main St. New York City, NY 12345 Fax # _____
(000) 123-4567

(Signature of NYS Licensed and registered physician, a physician or a licensed nurse practitioner acting within the scope of practice [for psychological counseling services this also includes an appropriate school official and/or speech therapy services; a speech-language pathologist who has seen the child])

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 7/1/20 – 6/30/21)

*SLPs will be able to include the NPI and License #s, Address and phone number to the template.

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 | | | |

QUESTIONS

Questions??

WHEN IS A NEW ORDER REQUIRED?

- 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 a decrease in service)*
 - ✓ 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)
- 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.

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'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]

NEW SERVICE / FREQUENCY / DURATION NEW ORDER REQUIRED

- ❑ Script dated 7/1/19, which covers the enrollment 7/1/19 to 8/9/19. The enrollment beginning 10/22/19 (added service) requires a new prescription. Why? New session/new frequency/duration and new IEP.

Uploaded IEPs

1.

| School Year | Effective Date | Invalidated By | Invalidation Reason | |
|-------------|----------------|----------------|---------------------|----------------------------|
| 2019 - 2020 | 10/22/2019 | | | View Image |
| 2019 - 2020 | 7/1/2019 | | | View Image |

| SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES | | |
|---|--|-------------|
| Special Education Itinerant Services: 1:1 : Direct | 11/12/2019 - 06/26/2020 1 x Daily, 1hr. | Home/School |
| Speech/Language Therapy: Individual | 10/22/2019 - 06/26/2020 2 x Weekly, 45min. | Home/School |
| Occupational Therapy: Individual | 09/03/2019 - 06/26/2020 2 x Weekly, 30min. | Home |
| Physical Therapy: Individual | 09/03/2019 - 06/26/2020 2 x Weekly, 30min. | Home |
| Special Education Itinerant Services: 1:1 : Direct | 07/01/2019 - 08/09/2019 1 x Daily, 1hr. | Home |
| Speech/Language Therapy: Individual | 07/01/2019 - 07/25/2019 3 x Weekly, 30min. | Home |

2. IEP Services

Invalid Image _____
Reason: _____ Other: _____ [Invalidate](#)

Order Details

| | Action | School Year | Ordering Provider NPI | Signed Date | Type | ICD Codes | |
|------------------------|------------------------|-------------|-----------------------|-------------|----------------|--------------|--|
| Select | Detach | 201920 | 1053620658 | 7/1/2019 | Speech Therapy | F80.0, F80.2 | edit delete UnVerify |
| | | 201920 | 1053620658 | 7/1/2019 | | | Add |

Enrollments

| Start | End | ESID | From | To | Service | |
|----------|----------|----------------|----------|----------|--------------------|------------------------|
| 07/01/19 | 06/30/20 | RS1920S0166948 | 07/01/19 | 08/09/19 | ST 3x30 Individual | Remove |
| 07/01/19 | 06/30/20 | RS1920W0167037 | 10/22/19 | 06/26/20 | ST 2x45 Individual | Remove |

This enrollment needs a new Rx due to the change in frequency.

[Goto Prescription Images without Detail](#) [Goto Verified Orders Without Enrollments](#) [Goto Verify Prescriptions](#)

3. Verification Screen

Student Name: _____
Date of Birth: _____
Provider: Corinthian Therapy Management Services, Inc.
(Agency, Center Based Program or Individual Provider)
District: Westbury
Period of Service: School Year: July 1, 2019 thru June 30, 2020

☐ EVALUATION
Reason for Evaluation: _____
REQUIRED - Use official ICD-10 code for all Evaluations. Use as many ICD 10 codes as appropriate or describe the Presenting Problem if no diagnosis exists at time of evaluation.

☒ SERVICES: F80.0, F80.2
REQUIRED - Use official ICD-10 code for all services. Use as many ICD 10 codes as appropriate.

(Please Print Name) *Signature: [Signature]
NYS Licensed Speech Pathologist

**Title: Speech Language Pathologist **DATE: 7/1/19

**ADDRESS: 1415 HOLIDAY PARK DRIVE, WANTAGH, NY 11793

**PHONE NUMBER: 516-884-7868

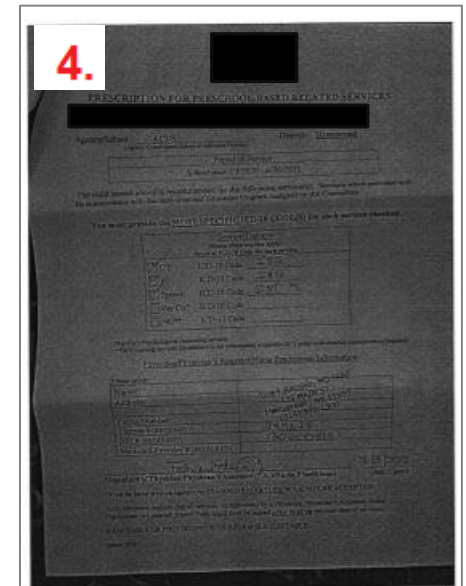
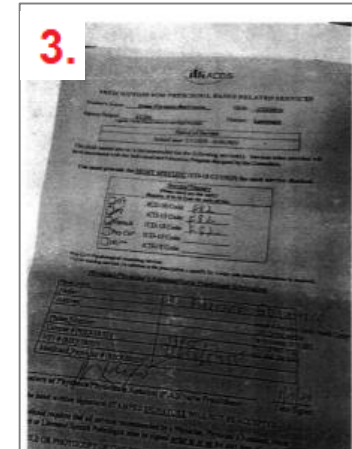
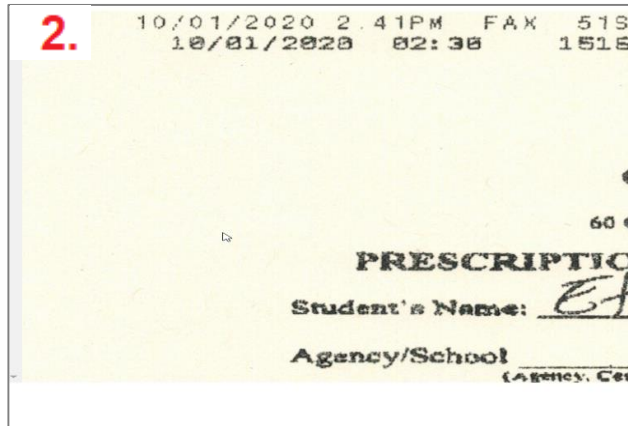
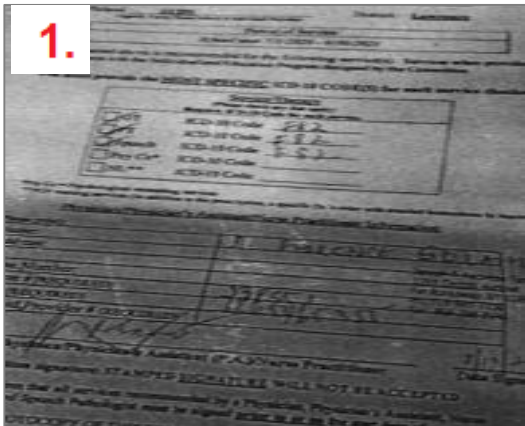
This Rx can cover the first enrollment. Due to the frequency change on 10/22 a new Rx is required.

VERIFICATION PROCESS

What makes an uploaded written order invalid?

- ❑ During the upload process, an incorrect Medicaid document (*Consent form instead of a written order*) or a document for a different child is uploaded.
- ❑ A document was scanned but is not readable due to lines and dark spots on the image or some of the scanned document was cut off.
- ❑ After uploading documents, open them to see how they scanned.

EXAMPLES



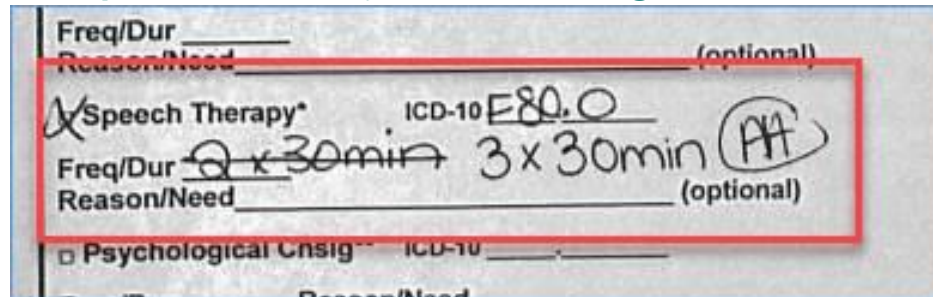
VERIFICATION PROCESS

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))

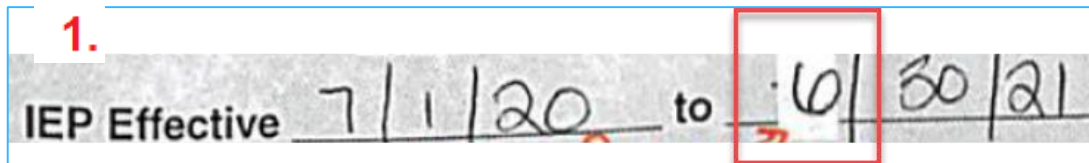
Example – Correct Way to make a change on a Medicaid Rx.



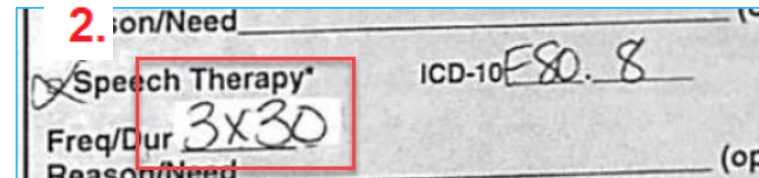
A Medicaid Rx form with a red box highlighting the correction. The form includes fields for Freq/Dur, Reason/Need, and ICD-10. The original entry is "Speech Therapy" with ICD-10 E80.0 and Freq/Dur 2x30min. The correction is "3x30min" with initials "PH" in a circle. The original "Reason/Need" field is crossed out with a red line.

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

White-Out was used on this Rx.



Example 1: A Medicaid Rx form showing a correction made using white-out. The form includes fields for IEP Effective, to, and Freq/Dur. The original entry is "IEP Effective 7/1/20 to 6/30/21". The correction is "7/1/20 to 6/30/21". The original "to" date is crossed out with a red line.



Example 2: A Medicaid Rx form showing a correction made using white-out. The form includes fields for Reason/Need, ICD-10, and Freq/Dur. The original entry is "Speech Therapy" with ICD-10 E80.8 and Freq/Dur 3x30. The correction is "3x30" with initials "PH" in a circle. The original "Reason/Need" field is crossed out with a red line.

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

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.

ALTERATIONS TO A PRESCRIPTION

Question #95 in the Medicaid Q&A states that an original prescription cannot be altered.

This prescription was altered by someone to include information that was not on the original prescription.

This is not permitted on a Medicaid prescription.

The image shows a Medicaid prescription form with several handwritten alterations highlighted by red arrows:

- Top Right:** An arrow points to the handwritten text "2x45" next to the "Occupational Therapy" ICD10 Code field.
- Middle Right:** An arrow points to the handwritten text "delayed milestones in childhood" in the "Reason/Need" field.
- Bottom Left:** An arrow points to the handwritten signature "Dr. Ari Rosenblatt" and the address "295 Knollwood Road, White Plains, NY 10607, 914.989.7600".
- Bottom Right:** An arrow points to the handwritten text "Npi - 1225356181" and "license - 274745".

The form includes a table for services and ICD10 codes, and a section for the provider's signature and date.

| Service | ICD10 Code |
|----------------------|------------|
| Audiological | |
| Occupational Therapy | |
| Physical Therapy | |
| Speech* | |
| Skilled Nursing** | |
| Psychological*** | |
| Reason/Need | |

Referrals for Speech Evaluation or Services may be signed by a Speech Language Pathologist who has seen the child.
Referrals for Skilled Nursing Services require specific physician's order with specific instructions.
Referrals for a Psychological Evaluation or Psychological Counseling Services may be signed by an appropriate school official such as school administrator or the chairperson of the CPSE or a licensed practitioner acting within his/her scope of practice. Psychological Evaluation and/or Psychological counseling can have ICD10 Code OR Reason Need: all others need ICD10

Original Signature of Physician, Physician Assistant, Nurse Practitioner or other professional explained below

Date: 9/23/19

Npi - 1225356181
license - 274745

QUESTIONS

Questions??

ORDERING, PRESCRIBING, REFERRING, ATTENDING (for SLPs Only)

- ☐ In order for Medicaid to pay on a claim, the ordering/referring provider must be enrolled with Medicaid as an Ordering, Prescribing, Referring or Attending (OPRA) provider.
(If you are a “servicing provider” only (OT/PT) – not ordering/referring, OPRA enrollment is not required.)
- ☐ Most counties require that their SLPs (*who are recommending/ordering*) be OPRA enrolled so the services they provide will be Medicaid reimbursable.
- ☐ How do you know if you are enrolled? The link below will allow you to search eMedNY to determine your eligibility.

Enrolled Practitioner’s Search Page: (to check your enrollment status):

<https://www.emedny.org/info/opra.aspx>

Enrolled Practitioner's Search (Including OPRAs)

- ❑ Enter your NPI > Click Search
- ❑ If not enrolled, you will see, “**NO RESULTS FOUND.**”
- ❑ If enrolled, you will see, “**1 match found**” and all your pertinent information.

ENROLLED PRACTITIONERS SEARCH (including OPRAs)

Individuals who order/prescribe/refer/attend services payable by the fee-for-service Medicaid Program must be enrolled in the fee-for-service Medicaid Program. Billing/rendering providers should use this search feature to confirm the individual is enrolled.

Searching by NPI brings the best result. If NPI is not provided on the script, the billing/rendering provider should search by name or license number to obtain the NPI. The billing/rendering provider MUST then confirm with the individual that the correct NPI was identified in the search.

Find Enrolled Practitioners (including OPRAs)

Search By:

- ☒ NPI
- ☐ License Number
- ☐ Provider Name

NPI number:

SEARCH

NO RESULTS FOUND

eMedNY ENHANCED BY Gc

What's New Information Provider Enrollment Provider Manuals Provider Outreach and Training Contacts eMedNY HIPAA Support eM Tool

ENROLLED PRACTITIONERS SEARCH (including OPRAs)

Individuals who order/prescribe/refer/attend services payable by the fee-for-service Medicaid Program must be enrolled in the fee-for-service Medicaid Program. Billing/rendering providers should use this search feature to confirm the individual is enrolled.

Searching by NPI brings the best result. If NPI is not provided on the script, the billing/rendering provider should search by name or license number to obtain the NPI. The billing/rendering provider MUST then confirm with the individual that the correct NPI was identified in the search.

Find Enrolled Practitioners (including OPRAs)

Search By:

- ☒ NPI
- ☐ License Number
- ☐ Provider Name

NPI Number:

SEARCH

1 match found

| NPI | LICENSE NUMBER | PROFESSION CODE | NAME |
|------|----------------|-----------------|------|
| 1508 | 000083 | 058 | |

Ordering, Prescribing, Referring, Attending – OPRA Helpful Links / Phone # - eMedNY

- ❑ **eMedNY Call Center Phone Number: 1-800-373-9000**
- ❑ **Enrolled Practitioner's Search Page:** (to check your enrollment status):
<https://www.emedny.org/info/opra.aspx>
- ❑ **Provider Enrollment & Maintenance Screen:** (Application)
New Enrollment • Revalidation • Reinstatement/Reactivation
<https://www.emedny.org/info/ProviderEnrollment/ther/index.aspx>
- ❑ **Revalidation Information:** (Enrolled – Required to Revalidate)
<https://www.emedny.org/info/ProviderEnrollment/revalidation/index.aspx>
- ❑ **Link to Frequently Asked Questions (FAQs):**
https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/Core_OPRA_FAQs.pdf
- ❑ **Link to Change your Address**
<https://www.emedny.org/info/ProviderEnrollment/changeaddress.aspx>

CPSE PORTAL ELECTRONIC DIGITAL ORDER

(for Speech Language Pathologists)

SLPs have the option to generate a digital written order in the Portal. A few reasons to select this method versus a paper document are:

- ✓ This electronic digital order, when successfully generated (*all fields completed*), ensures that you have created a Medicaid-compliant order; no requests for replacement documentation and;
- ✓ The digital order does not have to be scanned and uploaded to the Portal saving the SLP and/or their agency the time that it takes to scan, upload and type in the order details.

We will be conducting a separate webinar (*two presentations*) on **4/26/21 & 4/27/21**.
specifically for SLPs to walk through the process of creating a digital order in the Portal.

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>
 - Email: support@CPSEPortal.com

- ❑ **The following Medicaid-compliant items are available in the Portal Knowledge Base**
 - A Medicaid-compliant checklist
 - A copy of the “sample” compliant written order (*that was shown during the presentation*)
 - A blank customizable Medicaid-compliant written order template
 - eMedNY OPRA Information

- ❑ **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 be forwarded to **Deborah Frank, dfrank@jmcguinness.com**.