

# Medicaid-Compliant Written Orders

(Updated September 2021)

# INTRODUCTIONS

Who will you be working with at McGuinness?

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

# 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 Questions & Answers.

# 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, 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 requirements, a new order should be requested immediately.

# 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 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 9) Page 21, [www.oms.nysed.gov/Medicaid](http://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"><li>Child's First and Last Name (<i>Entire name spelled correctly</i>)</li></ul>	<ul style="list-style-type: none"><li>No Name</li><li>Name spelled incorrectly</li><li>Only first name (<i>or only last name</i>)</li><li>Name of another child (incorrect child uploaded)</li><li>Incorrect date of birth (Not required on Rx, but if delineated must be correct.)</li></ul>

## 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"><li>• July 1, 2021 – June 30, 2022</li><li>• 7/1/21 – 6/30/22</li><li>• 7/1/2021 – 6/30/2022</li><li>• <u>School Year</u> 2021-22</li></ul>	<p><u>Incomplete Dates or No Term of Service Dates</u></p> <ul style="list-style-type: none"><li>• No “Term of Service” listed on order</li><li>• 2021 – 2022 or 21/22</li><li>• 9/2021 – 6/2022</li><li>• July 2021 – June 2022</li><li>• July 2021 – August 2022*</li><li>• Rx is dated <u>7/1/21</u>, the term of service is <u>7/1/21 to 8/31/22</u>.</li></ul> <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 Rtc: ☐ 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 WITH TERM OF SERVICE

Code (5 digit if possible) for each Evaluation/Service checked.

**SERVICES**

Frequency & Duration as per the ICD, for the  
 School Year: 9-8-20 to 6-25-21

☐ Audiological ICD10 Code \_\_\_\_\_

☐ Occupational Therapy ICD10 Code L80

☐ Physical Therapy ICD10 Code P80

☐ Speech\* ICD10 Code F80.9

☐ Skilled Nursing\*\* ICD10 Code \_\_\_\_\_

☐ Psychological Counseling\*\*\* ICD10 Code \_\_\_\_\_

\*\*\* Reason/Need: \_\_\_\_\_

ed by a Speech Language Pathologist who has seen the child  
 student's order with specific instructions  
 if Counseling Services may be signed by an appropriate school official such as  
 a licensed practitioner acting within his/her scope of practice;  
 ing can have ICD9 Code 00 Reason/Need of others read ICD9

Date: 6/11/2020

Practitioner or other professional explained above.

Title: MD

**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.*

	2020 - 2021 Winter	9/8/2020	6/25/2021	CBRS2021W0049272	NEW ROCHELLE CITY SD	CBRS		ST	1x30	I
	2020 - 2021 Winter	9/8/2020	6/25/2021	CBRS2021W0049273	NEW ROCHELLE CITY SD	CBRS		ST1	1x30	C
	2020 - 2021 Winter	9/8/2020	6/25/2021	CBRS2021W0049274	NEW ROCHELLE CITY SD	CBRS		OT	2x30	I
	2020 - 2021 Winter	9/8/2020	6/25/2021	CBRS2021W0049277	NEW ROCHELLE CITY SD	CBRS		PT	2x30	I
	2020 - 2021 Summer	7/6/2020	8/14/2020	RS2021S0184016	FIRST STEPS SERVICES, INC.	RS		ST	2x45	I
	2020 - 2021 Summer	7/6/2020	8/14/2020	RS2021S0184014	ACDS.INC	RS		PT	2x30	I
	2020 - 2021 Summer	7/6/2020	8/14/2020	RS2021S0184015	ACDS.INC	RS		OT	2x30	I



# 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"><li>• Frequency and duration “<u>As per IEP</u>” –OR – <u>Speech - 2x30 (Individual)</u> / <u>Speech - 2x30 (Group)</u></li><li>• If the frequency/duration <u>is</u> specified on the order, <b>it should match the frequency/duration listed in the IEP.</b></li><li>• If the frequency/duration is specified and does not match the IEP, <b><u>a new order should be requested.</u></b></li><li>• If a prescription template is being used with multiple services listed, make sure the correct services are checked.</li></ul>	<ul style="list-style-type: none"><li>• OT 2X (<i>Frequency is listed, but not the duration</i>)</li><li>• If “<u>As per IEP</u>” is delineated on the order, the specific reference of the frequency/duration should <b><u>not</u></b> be written on the order.</li><li>• 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.</li><li>• If the frequency and duration are adopted by IEP reference for a child’s <b><u>initial</u></b> IEP and a <b><u>new</u></b> 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.</li></ul>

# 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

This is an example where the frequency & duration was written on the Rx, 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 – “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
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## 4. PATIENT DIAGNOSIS / NEED FOR SERVICE(S)

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

# 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)

☒ Speech Therapy\* ICD-10 80.2

Freq/Dur 4X30 Reason/Need To Improve Expressive  
(optional) 1X30 and Receptive Language

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

*\* 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](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.

A close-up photograph of a medical form. A rectangular stamp is placed over a handwritten signature. The stamp contains the text 'NPI# 1356832652'. The signature is written in black ink and is partially obscured by the stamp. The form has a grid-like structure with various fields.

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

NPI#	1356032652	
Medicaid#		
Dr. Rafik Khaimov		
Lic # 229933-1		
DEA # BK 8752897		
Signature of the provider/Practitioner/SLP		8/11/20
Phone # (917) 776-3082		Date Signed
Must be hand written signature; STAMPED SIGNATURE WILL NOT BE ACCEPTED		

- ## 2. CFY & SLP both signed Rx.

**CF-SLP**  
(Please Print Name)

**\*Signature:** \_\_\_\_\_  
NYS Licensed Speech Pathologist


**\*\*Title:** Speech Pathologist

**\*\*DATE:** 09/23/19

**\*\*ADDRESS:** \_\_\_\_\_

**\*\*PHONE NUMBER:** \_\_\_\_\_

**\*\*LICENSE NUMBER:** \_\_\_\_\_ **\*\*NPI NUMBER:** \_\_\_\_\_ **\*\*MEDICAID PROVIDER#** \_\_\_\_\_

**UDO:** \_\_\_\_\_, MS. CCC-SLP  Signature: \_\_\_\_\_

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

Physician/Physician's Assistant/Nurse Practitioner Information

(Please print):

Name:	Joseph P. Addabbo Family Health Center
Address:	1288 Central Avenue Far Rockaway, NY 11691 Ph: 718-945-7150 Fax: 866-288-9143
Phone Number:	
License # (REQUIRED)	23852
NPI # (REQUIRED)	161765385
Medicaid Provider # (REQUIRED)	

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

Date Signed

Must be hand written signature: STAMPED SIGNATURE WILL NOT BE ACCEPTED

# 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"><li>• June 1, 2021</li><li>• 6/1/21</li><li>• 6/1/2021</li></ul>	<ul style="list-style-type: none"><li>• Absence of the date the order was written and signed.</li><li>• Incomplete date format: 6/21, June 2021</li><li>• 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.</li></ul>

# 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 signature date

\*\*NOC\*\* 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 Trivani	Happy and Healthy Pediatrics
Address:		Elissa 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 Trivani, 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)	1396404371	happyandhealthypediatrics.com
Medicaid Provider # (REQUIRED)		Date Signed

*Denise Trivani*  
\*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

*Mark A. Bucciell*

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"><li>• NPI Number (<i>Is the NPI # 10 digits?</i>)</li><li>• License Number (<i>Is the License # 6 digits?</i>)<ul style="list-style-type: none"><li>○ NPI # - 1234567890</li><li>○ License # - 123456</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Absence of the NPI or license number. One <u>must</u> be delineated on the order.</li><li>• 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>)</li><li>• A stamp of the practitioner's NPI/License # was used and was stamped over other pertinent information on the order.</li></ul>



# 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 #

Use pre-printed label or office stamp below- NOT HANDWRITTEN - the Name, NPI & License Number are of the practitioner signing above.

Practitioner's Name: KATHLEEN ENNABI MD PC  
Specialty: Pediatrics  
Address: Heritage Plaza  
2529 Route 52 Suite 3  
NY 10502

NYS License Number: 216396  
NPI Number: 1770744518  
Medicaid Number: 02060451  
Phone Number: \_\_\_\_\_

**NPI # Does Not Match Practitioner**

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

**Manage Prescription Entry**

Managing Order Entry For: \_\_\_\_\_  
Image: [Attach To Image](#)

Order Type: Speech Therapy Provider: \_\_\_\_\_

Ordering Provider NPI: 157870 MRS JANET

Use pre-printed label or office stamp below- NOT HANDWRITTEN - the Name, NPI & License Number are of the practitioner signing above.

Practitioner's Name: Cheryl  
Address: \_\_\_\_\_

NYS License Number: \_\_\_\_\_  
NPI Number: 157870  
Medicaid Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

# EXAMPLES OF RX ISSUES WITH NPI / LICENSE #

## NPI & License # Missing – Invalid for Medicaid

NYS License Number \_\_\_\_\_

NPI Number \_\_\_\_\_

Medicaid Number \_\_\_\_\_

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

## 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.

Ordering Practitioner Information

\*\*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  
WHIM  
Somers Pediatric  
193 Route 100 Suite 104  
Somers, New York 10589

(Required) License # 213651

Phone # 1013008820

Medicaid # \_\_\_\_\_

Fax # \_\_\_\_\_

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

## 4. Phone # Missing

OCCUPATIONAL THERAPY REFERRAL

X Doctor/Practitioner name: Vandana 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

# REVIEW PRESCRIPTIONS UPON RECEIPT

## In Summary

- ❑ As per Question #114 from the Medicaid Q&A, review all prescriptions for completeness (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

<p><u>What should I be checking?</u></p> <ul style="list-style-type: none"> <li>✓ Handwriting should be legible for all eight required elements.</li> <li>✓ Scanned documents should be checked to ensure that all content was scanned and the image is clear/readable.</li> <li>✓ Corrections must be crossed out and initialed. White out is not permissible on Medicaid documentation.</li> <li>✓ Check for any missing information – (Items left blank.) <u>OR</u>, Make sure a stamp is not covering other pertinent information.</li> </ul>		
(8) Required Elements	Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
1. CHILD'S NAME	<ul style="list-style-type: none"> <li>• Child's First &amp; Last Name (spelled correctly)</li> </ul>	<ul style="list-style-type: none"> <li>• No Name</li> <li>• Name spelled incorrectly</li> <li>• Only first name (or only last name)</li> <li>• Name of another child</li> <li>• Incorrect date of birth</li> </ul>
2. TERM OF SERVICE	<p><u>Preferred format for expressing dates</u> - (MM/DD/YY)</p> <ul style="list-style-type: none"> <li>• July 1, 2018 – June 30, 2019</li> <li>• 7/1/18 – 6/30/19</li> <li>• 7/1/2018 – 6/30/2019</li> </ul>	<p><u>Incomplete Dates:</u></p> <ul style="list-style-type: none"> <li>• 2018 – 2019 or 18/19</li> <li>• 9/2018 – 6/2019</li> <li>• July 2018 – June 2019</li> <li>• No "Term of Service" listed on the order</li> </ul>
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> )	<p><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. <b>-OR-</b></p> <p><u>Option 2:</u> Actual Frequency and Duration of Service</p> <ul style="list-style-type: none"> <li>• Frequency and duration "As per the IEP"</li> <li><b>-OR-</b> <u>Speech 2x30 (I) - Speech 1x30 (G)</u></li> <li>• 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.</li> <li>• If an order template is being used with multiple services, make sure the correct services are checked.</li> </ul>	<ul style="list-style-type: none"> <li>• OT 2X (frequency listed, but not the duration)</li> <li>• 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>.</li> <li>• 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.</li> </ul>
4. Patient Diagnosis / Need for Service(s)	<ul style="list-style-type: none"> <li>• ICD Code – F82</li> <li>• "Specific developmental disorder of motor function"</li> </ul>	<ul style="list-style-type: none"> <li>• The absence of an ICD code or reason/need for service.</li> </ul>
5. Signature of the Order Practitioner Is the order Signed?	<p><u>Acceptable methods of signing:</u></p> <ul style="list-style-type: none"> <li>• Signed with a hand-written signature</li> <li>• Signed with an electronic or digital signature"</li> </ul>	<p><u>Unacceptable methods of signing:</u></p> <ul style="list-style-type: none"> <li>• Signature stamp</li> <li>• Scanned "image" of signature (i.e., JPEG) or font substitution</li> </ul>
6. Date the Order was Written & Signed	<ul style="list-style-type: none"> <li>• June 1, 2019,</li> <li>• 6/1/19, or</li> <li>• 6/1/2019</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of the date the order was signed.</li> <li>• Date is unclear</li> <li>• An unacceptable correction was made.</li> </ul>
7. Ordering Practitioner's NPI or License #	<p>NPI <u>or</u> license number is required on the order; however, both the NPI and license number are preferred* on the order.</p> <ul style="list-style-type: none"> <li>• NPI number (Is the NPI # 10 digits?) 1234567890</li> <li>• License number (Is the license # 6 digits?) 123456</li> </ul> <p>* Having both the NPI and License number on the order will reduce the chance of potential issues.</p>	<ul style="list-style-type: none"> <li>• Absence of the NPI or the license number. One must be delineated on the order.</li> <li>• NPI and license numbers are listed on order, but are not readable. (Handwriting is illegible or a stamp was used and not readable.)</li> <li>• A stamp of the practitioner's NPI/License # was used and was stamped over other pertinent information on the order.</li> </ul>
8. Ordering Practitioners Contact Information	<ul style="list-style-type: none"> <li>• 123 Main Street (Street Address)</li> <li>Anytown, NY 12345 (City, State, Zip)</li> <li>(516) 555-5555 (Phone number w/ area code)</li> </ul>	<ul style="list-style-type: none"> <li>• 123 Main Street</li> <li>Anytown, NY 12345 (Phone # missing)</li> <li>• 123 Main Street</li> <li>Anytown (State, zip &amp; phone # missing)</li> <li>• 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.</li> </ul>
<p><b>A NEW WRITTEN ORDER IS REQUIRED FOR THE FOLLOWING REASONS:</b> (Annual Review Meeting • Change in Service • Transfer Meeting • New Referral)</p> <ul style="list-style-type: none"> <li>✓ Each IEP period (Annual Review, Summer Session/Winter Session (if not listed on the same IEP))</li> <li>✓ Whenever a review meeting results in a change of service (frequency/duration/class size)</li> <li>✓ The child transfers to another school district (This requires a new IEP so a new order is required.)</li> <li>✓ New Referrals (Newly-identified students)</li> </ul> <p>* The "As per IEP" reference does not apply once the IEP changes. A new order is required for any of the circumstances listed above.</p>		

# 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 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(s)/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 <u>July 1, 2019</u> to <u>June 30, 2020</u> (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		<b>F80.2</b>	<b>Mixed receptive-expressive language disorder.</b>
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 services 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/setting).

Signature Handwritten Signature or Electronic Signature Only Date Signed Date is Required  
(Original Signature Required - Stamps Not Permitted) (PS&HSP) (Required)

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

Address & Phone (Required) - (Stamp Accepted)

**REQUIRED: COMPLETE ADDRESS & PHONE #**

ABC Agency  
123 Main St.  
New York City, NY 12345  
(000) 123-4567

(Required) License # 123456 (REQUIRED)

(Required) NPI # 1234567890 (REQUIRED)

Medicaid # \_\_\_\_\_

Fax # \_\_\_\_\_

(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 for speech therapy services, a speech-language pathologist who has seen the child.)

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

If all 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 7/1/21 – 6/30/22)

\*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

<b>TERM OF SERVICE:</b> (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!

Requesting replacement documentation from a doctor can be a challenge. Here is a process that seems to get results...

- ☐ Print out the “invalid” prescription from the Portal. Note the reason that the prescription is invalid.
- ☐ Prepare a new prescription on a Medicaid-compliant prescription template (*including the information that was either missing or incorrect from the invalid prescription*).
- ☐ Fax copies of the invalid and corrected prescriptions to the doctor along with an explanation that the first prescription did not meet Medicaid requirements and that you are sending a Medicaid-compliant prescription for the doctor to sign/date.
- ☐ **Medicaid-Compliant Rx Template:** <http://support.cpseportal.com/kb/a172/medicaid-compliant-prescription-template.aspx>

# 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 summer enrollment, 7/1/19 to 8/9/19. The enrollment beginning 10/22/19 (change in service) requires a new prescription. Why? New session/new frequency/duration and new IEP.

## 1. Uploaded IEPs

School Year	Effective Date	Invalidated By	Invalidation Reason	
2019 - 2020	10/22/2019			<a href="#">View Image</a>
2019 - 2020	7/1/2019			<a href="#">View Image</a>

## 3. Verification Screen

Invalid Image

Reason:  Other:

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	<a href="#">edit</a> <a href="#">delete</a> <a href="#">UnVerify</a>
		201920	1053620658	7/1/2019	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

Enrollments

Start	End	ESID	From	To	Service	
07/01/19	06/30/20	RS1920S0166948	07/01/19	08/09/19	ST 3x30 Individual	<a href="#">Remove</a>
07/01/19	06/30/20	RS1920W0167037	10/22/19	06/26/20	ST 2x45 Individual	<a href="#">Remove</a>

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](#)

## 2. IEP Services

### 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

Student

Date of

Provided

District:

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.

Debra R. Levy-Salomon  
(Please Print Name)

\*Signature: Debra R. Levy-Salomon  
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.



# VERIFICATION PROCESS

## Corrections Made to Medicaid Documents

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

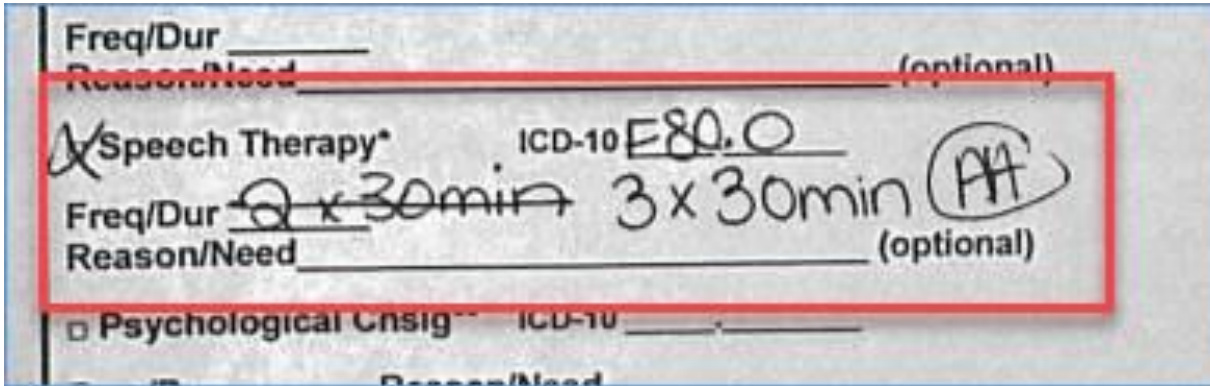
- ☐ If a written order needs correction, the ordering provider/practitioner must put a line through the error and initial the change. (i.e., ~~material to be deleted~~ (TF))
- ☐ White-out (or correction tape) is not permissible when making corrections on any Medicaid documentation.
- ☐ If corrections are not made in accordance with the Medicaid regulations, the document will be invalid for claiming.



# VERIFICATION PROCESS

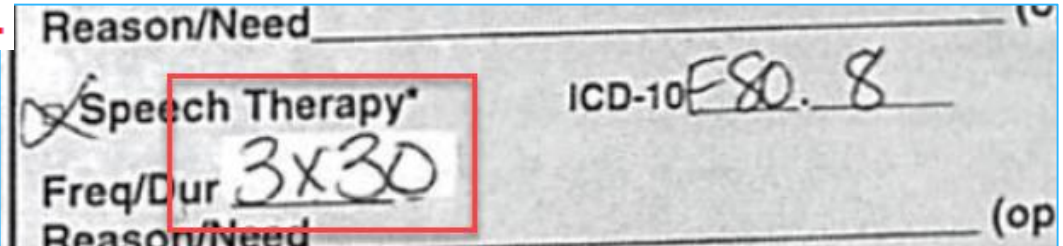
## Corrections Made to Medicaid Documents

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

1. A Medicaid Rx form for Speech Therapy. The form has fields for Freq/Dur, Reason/Need, and ICD-10. The ICD-10 code is E80.0. The Freq/Dur field shows a correction from 2x30min to 3x30min. The Reason/Need field is empty. The form is marked with a red box around the Freq/Dur and ICD-10 fields.

**White-Out was used on this Rx.**

2. A Medicaid Rx form for IEP Effective dates. The form shows a correction from 7/1/20 to 6/30/21. The correction is made by white-out and the new date is written in the same space.

3. A Medicaid Rx form for Speech Therapy. The form has fields for Reason/Need, ICD-10, Freq/Dur, and Reason/Need. The ICD-10 code is E80.8. The Freq/Dur field shows a correction from 2x30 to 3x30. The Reason/Need field is empty. The form is marked with a red box around the Freq/Dur and ICD-10 fields.

# 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 and red arrows pointing to them:

- Top Table:** A table with two columns: "Audiological", "Occupational Therapy", "Physical Therapy", "Speech\*", "Skilled Nursing\*\*", "Psychological\*\*\*", and "Reason/Need". Each row has an "ICD10 Code" field. The "Reason/Need" field is marked with a red arrow pointing to the handwritten text "delayed multi-sensory in childhood".
- Right Side:** A handwritten "2x45" with a red arrow pointing to it.
- Signature:** A handwritten signature "Ari Rosenblatt" with a red arrow pointing to it.
- Date:** A handwritten date "9/23/19".
- Address:** A handwritten address "Dr. Ari Rosenblatt, 295 Knollwood Road, White Plains, NY 10607" with a red arrow pointing to it.
- License:** A handwritten license number "Npi - 1225356181" and "license - 274745" with a red arrow pointing to it.

Below the signature, there is a handwritten number "914.989.7600".



# 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**” with 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 Google

What's New Information Provider Enrollment Provider Manuals Provider Outreach and Training Contacts eMedNY HIPAA Support SM 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](https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/Core_OPRA_FAQs.pdf)
- ❑ **Link to Change your Address**  
<https://www.emedny.org/info/ProviderEnrollment/changeaddress.aspx>

# 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](mailto: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 – Rockland County approved
  - 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](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@jmccguinness.com](mailto:dfrank@jmccguinness.com)**.