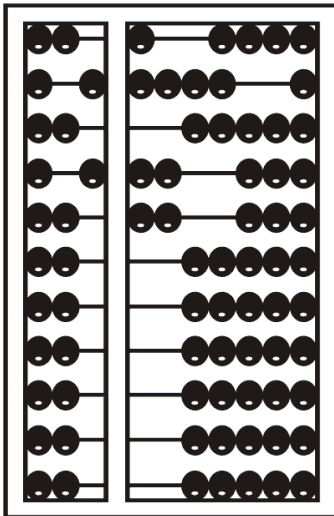


JAMES MCGUINNESS
& ASSOCIATES INC.
Consultants



Medicaid-Compliant Written Orders

(Updated March 2022)

INTRODUCTIONS

Who will you be working with at McGuinness?

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

MEDICAID@CPSEPORTAL.COM

One thing to note before we get started.

McGuinness now has a separate Portal mailbox strictly for Medicaid Issues. The mailbox is **MEDICAID@CPSEPORTAL.COM**. You will see this noted on the bottom of every slide.

Here are some things that you can address to the Medicaid mailbox:

- Medicaid Compliance
- Medicaid Documentation; including how to upload documentation
- IEPs
- Prescriptions & Digital Recommendations
- Credential Verification

TOPICS COVERED

- Purpose of Webinar
- Prescriptions Should be Review Upon Receipt
- What should you be Checking?
- What are the Eight Items Required on a Medicaid Prescription?
- Examples of Valid versus Invalid Prescription Items
- Medicaid-Compliant Written Order Template
- Replacement Prescriptions
- When is a New Prescription Required?
- Verification Process
- Altering Prescriptions
- Review (*Summary of Things to Review*)

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 at the end this presentation are citations from either the Medicaid Provider Policy & Billing Handbook (Update 9), and/or the Medicaid Questions & Answers. (Slides #75 – #90)

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

* Medicaid Provider Policy & Billing Handbook (Update 9)
http://www.oms.nysed.gov/medicaid/handbook/sshsp_handbook_9_march_21_2018_final.pdf

PRESCRIPTIONS SHOULD BE REVIEWED UPON RECEIPT

- ❑ **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.** [Medicaid Q&A #114]
- ❑ 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 Medicaid requirements, a replacement (new) order should be requested immediately.** (The replacement order will have a subsequent date.)

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 (next slide) 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*).

QUESTIONS

Questions??

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**

Eight Elements of a Written Order Defined

The next several slides will show you the **valid** verses **invalid** way to express each required item of a Medicaid prescription.

1. CHILD'S NAME

Medicaid Compliant (Valid)

- Child's First and Last Name (*Entire name spelled correctly*)

Non-Medicaid Compliant (Invalid)

- No Name
- Name spelled incorrectly
- Only first name (*or only last name*)
- 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)

Preferred Format: (MM/DD/YY or MM/DD/YYYY)

- July 1, 2021 – June 30, 2022
- 7/1/21 – 6/30/22
- 7/1/2021 – 6/30/2022
- **School Year 2021-22**

(Citations – Slide 76-77)

Questions? Contact Medicaid@CPSEPortal.com.

Non-Medicaid Compliant (Invalid)

Incomplete Dates or No Term of Service Dates

- No “Term of Service” listed on order
- 2021 – 2022 or 21/22
- 9/2021 – 6/2022
- July 2021 – June 2022
- July 2021 – August 2022*
- Rx is dated 7/1/21, the term of service is 7/1/21 to 8/31/22 (limiting the life of the prescription)

* *The Fiscal year for a school district ends on June 30; therefore, a new written order will need to be submitted beginning July 1.*

(Medicaid Handbook – Page 21 and Medicaid Q&A #34 & #37.)

3. SERVICE(S) BEING ORDERED

Frequency & Duration of Service

□ The service (OT/PT/ST) should be listed on the written 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)

- Frequency and duration “As per IEP” –OR– Speech - 2x30 (Individual) / Speech - 2x30 (Group)
- If the frequency/duration ***is*** 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, **a new order should be requested.**
- If a prescription template is being used with multiple services listed, make sure the correct services are checked.

(Citations – Slide 78)

Questions? Contact Medicaid@CPSEPortal.com.

Non-Medicaid Compliant (Invalid)

- OT 2X (*Frequency is listed, but not the duration*)
- If “As per IEP” is delineated on the order, the specific reference of the frequency/duration should **not** 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 ***initial*** order and a ***new*** IEP is subsequently generated due to a ***change in service***, 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.

(Medicaid Handbook – Page 21 and Medicaid Q&A #33.)

4. PATIENT DIAGNOSIS / NEED FOR SERVICE(S)

Medicaid Compliant (Valid)

- ICD Code – **F82**
- Reason/Need for Service:
 - “***Specific developmental disorder of motor function***”
 - “***Treatment of speech, language, voice, communication, and/or auditory processing disorder***”
- “Preferred practice” would be to have **both** the ICD code as well as the reason/need for service delineated on the order.

(Citation – Slide 79)

Questions? Contact Medicaid@CPSEPortal.com.

Non-Medicaid Compliant (Invalid)

- 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.
 - 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.

(Medicaid Handbook – Page 21 and Medicaid Q&A #157.)

5. SIGNATURE OF THE ORDERING PRACTITIONER

Is the order signed?

Medicaid Compliant (Valid)

Acceptable methods of signing:

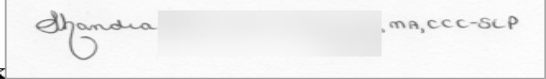
- Signed with a hand-written signature
- Signed with an electronic or digital signature*

(Citation – Slide #80)

Questions? Contact Medicaid@CPSEPortal.com.

Non-Medicaid Compliant (Invalid)

Unacceptable methods of signing:

- Signature stamp* 
- Scanned “image” of a signature (*i.e.*, JPEG) or font substitution (Jane Doe – *Jane Doe*)*
- Doctor’s signature was signed by another staff employee (*i.e.*, nurse) and then initialed
- Signed by a Clinical Fellowship Year (CFY)
- Signed with two signatures (No UDO on scripts)

(Medicaid Handbook – Page 21.)

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

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. (Citation 81)

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.

6. DATE THE ORDER WAS WRITTEN & SIGNED

Was the order dated?

Complete date the order was written and signed.

Medicaid Compliant (Valid)

Complete date format (MM/DD/YY or MM/DD/YYYY):

- June 1, 2021
- 6/1/21
- 6/1/2021

(Citation – Slide #82)

Questions? Contact Medicaid@CPSEPortal.com.

Non-Medicaid Compliant (Invalid)

- Absence of the date the order was written and signed.
- Incomplete date format: 6/21, June 2021
- 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.

(Medicaid Handbook – Page 21 and Medicaid Q&A #37 & #38.)

7. ORDERING PRACTITIONER'S NPI OR LICENSE

Medicaid Compliant (Valid)

AND / OR:

The NPI or license number is required on the written order; however, *preferred practice* is to have both the NPI and license numbers on the order. Having both on the order will reduce the chance of potential issues.

- NPI Number (*NPI # should be 10 digits?*)
 - NPI # - **1234567890**
- License Number (*License # should be 6 digits?*)
 - License # - **123456**

(Citation – Slide #83)

Questions? Contact Medicaid@CPSEPortal.com.

Non-Medicaid Compliant (Invalid)

- Absence of the NPI or license number. One must be delineated on the order.
- NPI and license numbers are delineated on the 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.

(Medicaid Handbook – Page 21 and Medicaid Q&A #114.)

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> <p><i>(Citation – Slide #84)</i></p> <p>Questions? Contact Medicaid@CPSEPortal.com.</p>	<ul style="list-style-type: none">• 123 Main Street Anytown, NY 12345 <i>(Phone number missing)</i>• 123 Main Street Anytown <i>(State, Zip and phone number missing)</i>• (555) 555-5555 <i>(Address is missing)</i>• The contact information is included, but not readable, or a stamp was used and the stamped information was placed over other pertinent information on the order. <p>(Medicaid Handbook – Page 21 and Medicaid Q&A #114.)</p>

CHECKLIST

CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER

Questions? Contact Medicaid@CPSEPortal.com.

CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER

<p><i>What should I be checking?</i></p> <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.) OR, Make sure a stamp is not covering other pertinent information. 		
(8) Required Elements	Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
1. CHILD'S NAME	<ul style="list-style-type: none"> • Child's First & Last Name (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	<p><u>Preferred format for expressing dates</u> - (MM/DD/YY)</p> <ul style="list-style-type: none"> • July 1, 2018 – June 30, 2019 • 7/1/18 – 6/30/19 • 7/1/2018 – 6/30/2019 	<p><u>Incomplete Dates:</u></p> <ul style="list-style-type: none"> • 2018 – 2019 or 18/19 • 9/2018 – 6/2019 • July 2018 – June 2019 • No "Term of Service" listed on the order
3. SERVICE(S) BEING ORDERED Frequency & Duration of Service	<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. -OR-</p> <p><u>Option 2:</u> Actual Frequency and Duration of Service</p> <ul style="list-style-type: none"> • Frequency and duration "As per the IEP" -OR- <u>Speech 2x30 (I) - Speech 1x30 (G)</u> • 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. <p><i>(The service (OT/PT/ST) should be listed on the order along with ONE of the following options – NOT BOTH)</i></p>	<ul style="list-style-type: none"> • OT 2X (frequency listed, but not the duration) • As per the regulations, either the reference to the IEP or the specific frequency/duration should be used on the order; not both. • 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)	<ul style="list-style-type: none"> • ICD Code – F82 • "Specific developmental disorder of motor function" 	<ul style="list-style-type: none"> • The absence of an ICD code or reason/need for service.
5. Signature of the Order Practitioner Is the order Signed?	<p><u>Acceptable methods of signing:</u></p> <ul style="list-style-type: none"> • Signed with a hand-written signature • Signed with an electronic or digital signature* 	<p><u>Unacceptable methods of signing:</u></p> <ul style="list-style-type: none"> • Signature stamp • Scanned "image" of signature (i.e., JPEG) or font substitution
6. Date the Order was Written & Signed	<ul style="list-style-type: none"> • June 1, 2019, • 6/1/19, or • 6/1/2019 	<ul style="list-style-type: none"> • Absence of the date the order was signed. • Date is unclear • An unacceptable correction was made.
7. Ordering Practitioner's NPI or License #	<p>NPI OR license number is required on the order; however, both the NPI and license number are preferred* on the order.</p> <ul style="list-style-type: none"> • NPI number (Is the NPI # 10 digits?) 1234567890 • License number (Is the license # 6 digits?) 123456 <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"> • 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 Practitioner's Contact Information	<ul style="list-style-type: none"> • 123 Main Street (Street Address) Anytown, NY 12345 (City, State, Zip) (516) 555-5555 (Phone number w/ area code) 	<ul style="list-style-type: none"> • 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.
<p>A NEW WRITTEN ORDER IS REQUIRED FOR THE FOLLOWING REASONS: (Annual Review Meeting • Change in Service • Transfer Meeting • New Referral)</p> <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) <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>		

QUESTIONS

Questions??

EXAMPLES


The next grouping of slides are examples of valid & invalid items on Medicaid Prescriptions that we see during the prescription verification process.

EXAMPLE OF RX ISSUES FOR THE DATE OF BIRTH

The date of birth is not required on Medicaid prescriptions, but if it is delineated on the prescription, it must be correct.

The **Portal** shows **10/28/17** and the **Rx** shows **10/26/17**.

Child Number: C13000168496
DOB: 10/28/2017 Gender: M
Address: County: District: Matched?: Y




Prescription for Occupational Therapy Services

Student's Name: _____ Date of Birth: 10/26/17
Recommended School: The Starting Place

I recommend that this student receive Occupational Therapy in accordance with the frequency, and duration as indicated on the child's Individualized Education Plan (IEP).

Related Service	Ratio	Frequency	Duration	Period	Start Date	End Date
Occupational Therapy	Individual	2	30 minutes	weekly	7/12/21	8/20/21



EXAMPLES OF RX ISSUES FOR THE TERM OF SERVICE

Status	School Year	From	To	ESID	Provider	Enrollment	CB Program	Service	Frequency
	2021 - 2022 Winter	9/1/2021	6/24/2022	RS2122W0181090	KIDZ THERAPY SERVICES	RS		ST	2x30

This example has multiple issues. The term of service is only one issue.

Corrections were made incorrectly and as such it appears like the prescription has been altered.

District: Westbury UFSD

Period of Service: School Year: July 1, 2021 thru June 30, 2022

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: F80.2 Speech
REQUIRED - Use official ICD-10 code for all services. Use as many ICD 10 codes as appropriate.

Kim _____ *Signature: [Signature] SA CCC-SLP, TSSLD
(Please Print Name) NYS Licensed Speech Pathologist

**Title: Speech-Language Pathologist **DATE: 9/15/2021

**ADDRESS: 300 GARDEN CITY PLAZA, GARDEN CITY, NY 11530

**PHONE NUMBER: 516-747-9030

**LICENSE NUMBER: 017912 **NPI NUMBER: 1912337411 **MEDICAID PROVIDER #: 04215867

EXAMPLES OF RX ISSUES FOR THE 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 FOR THE TERM OF SERVICE

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

SERVICES:

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

Audiological ICD10 Code _____

Occupational Therapy ICD10 Code L80

Physical Therapy ICD10 Code R0

Speech* ICD10 Code S049

Skilled Nursing** ICD10 Code _____

Psychological Counseling*** ICD10 Code _____

*** Reason/Need: _____

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.

	ESID	Provider	Enrollment	CB Program	Service	Frequency
	CB2021W0051637	NEW ROCHELLE CITY SD	CB	Classroom (9160-I)		2.5 hrs/day
	CBRS2021W0049272	NEW ROCHELLE CITY SD	CBRS		ST	1x30
	CBRS2021W0049273	NEW ROCHELLE CITY SD	CBRS		ST1	1x30
	CBRS2021W0049274	NEW ROCHELLE CITY SD	CBRS		OT	2x30
	CBRS2021W0049277	NEW ROCHELLE CITY SD	CBRS		PT	2x30
	RS2021S0184016	FIRST STEPS SERVICES, INC.	RS		ST	2x45
	RS2021S0184014	ACDS.INC	RS		PT	2x30
	RS2021S0184015	ACDS.INC	RS		OT	2x30

EXAMPLE OF RX ISSUES FOR FREQUENCY/DURATION

Doctor's prescriptions usually do **not** include all eight required elements for a Medicaid prescription.

This prescription is missing the **term of service** and the **frequency/duration** of the service.

If you receive a prescription like this, enter the missing information on a Medicaid-compliant prescription template and request a replacement/new prescription.

OFFICIAL NEW YORK STATE PRESCRIPTION

SARAH M SERCOMBE NP
LIC: 382841
NPI: 1992244768

207 WASHINGTON ST POUGHKEEPSIE, NY 12601 (845) 249-2501

DOB: 5/15/18

Patient Name Ju Date 10/15/21

Address _____

City _____ State _____ Zip _____ Age _____ Sex M F

Rx Referral for OT
R62.5

LEP Preferred Language

Prescriber Signature Sarah Sercombe, DNP

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES (d/w) IN THE BOX BELOW

REFILLS None Refills: _____

PHARMACIST TEST AREA: _____ Dispense As Written

0TJ7CF 16

EXAMPLE OF RX ISSUES FOR FREQUENCY/DURATION

This prescription is missing the **duration** of the service. The Rx shows the frequency of the service (2 times per week), but not the duration, which is required.

This prescription has all other elements of a Medicaid prescription.

NEW YORK STATE Prescription Form 17 of 22 10/2018 IN
OFFICIAL NEW YORK STATE PRESCRIPTION

BEHZAD TALEBIAN MD
LIC: 141420
NPI: 1366524878
DEA: AT2306199

877 STEWART AVENUE SUITE 33 GARDEN CITY, NY 11530 (516) 745-5621

Patient Name William Fitzgerald Date 8/27/21

Address _____

City _____ State _____ Zip _____ Age _____ Sex M F

Rx OT & PT

2 times per week

School year 2021/22

Prevent medication errors. Please see back of prescription.

Prescriber Signature [Signature]

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'don' IN THE BOX BELOW

REFILLS None _____

PHARMACIST TEST AREA: _____ Dispense As Written

0TK10L 05

EXAMPLES OF RX ISSUES FOR SERVICE / FREQUENCY-DURATION

This is an example where the prescription had narrative indicating that the services would be in accordance with the IEP, but the provider typed in the frequency and duration and it was the incorrect frequency/duration.

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)

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

This prescription does not have an ICD Code or a reason-need for service; therefore, it was marked as not valid for Medicaid purposes.

All scripts MUST INCLUDE ICD-10 CODES.
You must provide the MOST SPECIFIC ICD CODE(S) for each service/evaluation checked.

SERVICE(S)	EVALUATIONS
<input type="checkbox"/> Audiological ICD-10 <u>HL</u> Freq/Dur _____ Reason/Need _____ (optional)	<input type="checkbox"/> Audiological ICD-10 _____ Reason/Need _____
<input checked="" type="checkbox"/> Occupational Therapy ICD-10 <u>F84</u> Freq/Dur <u>1:1 2x/wk for 30 min</u> Reason/Need _____ (optional)	<input type="checkbox"/> Occupational Therapy ICD-10 _____ Reason/Need _____
<input type="checkbox"/> Physical Therapy ICD-10 _____ Freq/Dur _____ Reason/Need _____ (optional)	<input type="checkbox"/> Physical Therapy ICD-10 _____ Reason/Need _____
<input checked="" type="checkbox"/> Speech Therapy* ICD-10 _____ Freq/Dur <u>1:1 2x/wk for 30 min</u> Reason/Need _____ (optional)	<input type="checkbox"/> Speech* ICD-10 _____ Reason/Need _____
<input type="checkbox"/> Psychological Cnslg** ICD-10 _____ Freq/Dur _____ Reason/Need _____ (optional)	<input type="checkbox"/> Psychological** ICD-10 _____ Reason/Need _____

* Referrals for Speech services or evaluations may be signed by a Speech Language Pathologist who has seen the child.
** Referrals for Psychological Counseling services or evaluations may be signed by an authorized official such as a school administrator or the chairman of the

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

Incorrect ICD-10 Code – Should be F80.2

(optional)

~~Speech Therapy*~~ ICD-10 80.2 ←

Freq/Dur 4X30I Reason/Need To Improve Expressive
(optional) 1X30G and Receptive Language

Psychological Cnslg** ICD-10 _____

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

When the doctor uses ICD Code(s) that are not accepted,
provide an acceptable 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>

EXAMPLES OF SIGNATURE ISSUES

Prescription Image Details

Child Name: [redacted] DOB: 5/6/2018 District: HEMPSTEAD UFSD
 School Year: 2021 - 2022 County: NASSAU Provider: CHILDRENS LEARNING CTR (THE) - UC
 Date Signed: 8/13/2021

Ordering Provider NPI: 1932150877 **SHITAL SHETH, MD**

Update

Invalid Image
 Reason: [] Other: [] Invalidate

Order Details

Action	School Year	Ordering Provider NPI	Signed Date	Type	ICD Codes
Select	202122	1932150877	8/13/2021	Occupational Therapy	R52.50
Detach	202122	1932150877	8/13/2021	[]	[]

Agency/School: The Children's Learning Center District: _____

Period of Service
 School year 7/6/2021 - 6/24/2022

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.

Note: Please provide an ICD-10 code for each service selected

Service/Therapy
 (Please check any that apply)
 Require: most specific ICD-10 Code for each service.

<input checked="" type="checkbox"/> OT	ICD-10 Code	R61.50
<input checked="" type="checkbox"/> PT	ICD-10 Code	R61.50

Physician/Physician's Assistant/Nurse Practitioner Information

(Please print):

Name: Christine Johnson, PA-C Dr. Shital Sheth

Address: FULTON PEDIATRICS
 609 Fulton Avenue
 Hempstead, NY 11550

Phone Number: Tel: 516.489.8888
 Fax: 516.489.6262

License # (REQUIRED): 233657

NPI # (REQUIRED): 1932150877

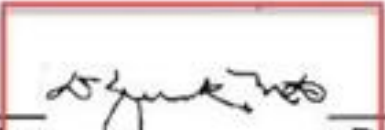
Medicaid Provider # (REQUIRED): 2734458

Christine Johnson, PA-C 8/13/2021
 "Signature of Physician/Physician's Assistant (P.A.)/Nurse Practitioner" Date Signed

EXAMPLES OF SIGNATURE STAMPS

Computer-Generated Signature Stamp

Phone Number
License # (REQUIRED)
NPI # (REQUIRED)
Medicaid # (Optional)

Sign,  n/P A./Nurse Practitioner
Must be hand written signature; STAMP

Note: Medicaid requires that all services be provided by a Licensed Speech Pathologist or Licensed Speech Pathologist Assistant.

A FACSIMILE OR PHOTOCOPY OF THIS FORM IS NOT ACCEPTABLE.

Font Substitution in place of Signature

SERVICES: F80.2
(Use official ICD-10 code) REQUIRED - Use as many ICD10 codes as appropriate

Jennifer Sheridan
(Please Print Name) _____
Pathologist

MEDICAID PROVIDER NUMBER: 03654799

DATE: 09/01/2021

LICENSE NUMBER: 09127495 NPI NUMBER: 1285942367 SIGNED: 9/1/2021

*Signature: Jennifer Sheridan
NYS Licensed Speech Pathologist

EXAMPLES OF SIGNATURE ISSUES

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

NPI# 1350132652
Medicaid#
Dr. Rafik Khaimov
Lic # 229033-1
DEA # BK 8752897
Phone # (917) 776-0092
Signature of Ordering Provider/SLP
Date Signed 8/11/20
Must be hand written signature: STAMPED SIGNATURE WILL NOT BE ACCEPTED

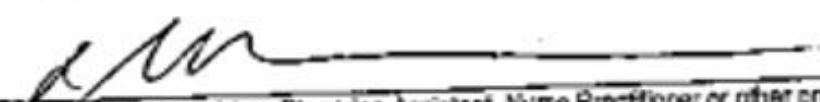
2. CFY & SLP both signed Rx.

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
Phone Number: 718-945-7150
License # (REQUIRED)
NPI # (REQUIRED)
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

EXAMPLES OF SIGNATURE ISSUES

x  _____
Original Signature of Physician, Physician Assistant, Nurse Practitioner or other professional as explained above

D.D. _____ Title
11/30/21 Signature Date (mm/dd/yyyy)

Please print or use computer. Please make sure the Name, NPI & License Number are of the practitioner signing the prescription.

		OFFICE USE ONLY	
Practitioner's Name	Scott Owitz	Specialty	Pediatrics
NYS License number		Practitioner Name	Brett Macaluso, DO
NPI Number		Address	1561 Rte 9W Lake Katrine, NY 12449
Phone Number		License	178755
		NPI	1528016581

Address: _____
1561 Rte 9W
Lake Katrine NY 12449

The signature of this prescription, does not match the practitioner's name. The signature, NPI and License #s also do not match the Practitioner's name. In this example, Scott Owitz is a licensed Nurse Practitioner and as such can sign prescriptions. Either the doctor or the nurse practitioner should have signed the prescription. The credentials, practitioner name and signature must all match. This prescription was not valid for Medicaid purposes.

EXAMPLES OF ISSUES FOR THE SIGNATURE DATE

This prescription was **signed** by the ordering practitioner, but the prescription was **not dated**.

This prescription does not meet Medicaid requirements.

Agency/School Sound Hearing Audiology + Speech District: Westbury
(Agency, Center Based School or Individual Provider)

Period of Service
School year 07/01/2021 - 06/30/2022

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.

Note: Please provide an ICD-10 code for each service selected

Service/Therapy (Please check any that apply) Require: ICD-10 Code for each service.	
<input type="checkbox"/> OT	ICD-10 Code _____
<input type="checkbox"/> PT	ICD-10 Code _____
<input checked="" type="checkbox"/> Speech	ICD-10 Code <u>F80.2</u>
<input type="checkbox"/> Psy Co*	ICD-10 Code _____
<input type="checkbox"/> NU**	ICD-10 Code _____

*Psy Co = Psychological counseling services
**NU= 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:	<u>Robin Zeller</u>
Address:	<u>50 Hazelwood Dr Jericho NY 11753</u>
Phone Number:	<u>516-932-7577</u>
License # (REQUIRED)	<u>009670-1</u>
NPI # (REQUIRED)	<u>1316075674</u>
Medicaid Provider # (REQUIRED)	<u>03666819</u>

Robin Zeller, PhD
Signature of Physician/Physician's Assistant (P.A.) / Nurse Practitioner

Date Signed _____

*Must be hand written signature

EXAMPLES OF ISSUES FOR THE SIGNATURE DATE

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 Trivana	Happy and Healthy Pediatrics
Address:		Elissa Rubin, MD, FAAP, IBCLC, RLC Deborah Saunders, MD, FAAP, FSAHM
Phone Number:		Sherba Johnson, MD, FAAP, IBCLC, RLC Alyssa Nastro, MD, FAAP, IBCLC, RLC
License # (REQUIRED):	251728	Rachael Bilello, DO, FAAP
NPI # (REQUIRED):	1396404371	Denise Trivana, MD, FAAP
Medicaid Provider # (REQUIRED):		77 Jericho Tpke. Ste. 175 Mineola, NY 11501
Signature of Physician/Physician's Assistant (P.A.) / Nurse Practitioner	<i>Denise Trivana</i>	Phone (516) 216-5910 / Fax (516) 216-5907 happyandhealthypediatrics.com Date Signed

2. Signature Date Missing

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

Mark A. Bucciardi, MD

Date: _____

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

EXAMPLES OF RX ISSUES FOR NPI / LICENSE #s

1912516345 JENNIFER GUBELL, MA, CCC-SLP, TSSLD

Prescription Image Details

Child Name: _____ DOB: 9/13/2017 District: HICKSVILLE UFSD
 School Year: 2021 - 2022 County: NASSAU Provider: KIDZ THERAPY SERVICES
 Date Signed: 10/20/2021 Ordering Provider NPI: 1912516345 JENNIFER GUBELL, MA, CCC-SLP, TSSLD

Update

Invalid Image
 Reason: _____ Other: _____ Invalidate

Order Details

Action	School Year	Ordering Provider NPI	Signed Date	Type	ICD Codes
Select Detach	202122	1750427258	10/20/2021	Speech Therapy	F80.2
	202122	1912516345	10/20/2021		

Enrollments

Start	End	Provider	ESID	From	To	Service
07/01/21	06/30/22	KIDZ THERAPY SERVICES	RS2122W0181475	0/20/21	06/24/22	ST 3x30 Individual Remove

Date of Birth: 9/13/17
 Provider: Kidz Therapy Services, PLLC
 (Agency, Center based Program or Individual Provider)

District:
 Period of Service: School Year: July 1, 2021 thru June 30, 2022

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

** Judy Mahoney, MA, CCC-SLP *Signature: Judy Mahoney MA CCC-SLP
 (Please Print Name) NYS Licensed Speech Pathologist

**Title: Speech-Language Pathologist **Date: 10/20/21

**ADDRESS _____

**PHONE NUMBER _____

**LICENSE NUMBER: 031178 **NPI NUMBER: 1750427258 **MEDICAID PROVIDER:

EXAMPLES OF RX ISSUES FOR NPI / LICENSE #s

This prescription does not have either the NPI # or License # for the ordering practitioner. As a result, this prescription was deemed invalid for Medicaid purposes.

Questions? Contact Medicaid@CPSEPortal.com.

(Agency, Center based school or individual provider)

Period of Service
School year 7/1/21 - 6/30/22

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.

Note: Please provide an ICD-10 code for each service selected

Service/Therapy	
(Please check any that apply)	
Require: ICD-10 Code for each service.	
<input checked="" type="checkbox"/> OT	ICD-10 Code <u>P62.50-F84.0</u>
<input checked="" type="checkbox"/> PT	ICD-10 Code <u>F84.0-F82.0</u>
<input checked="" type="checkbox"/> Speech	ICD-10 Code <u>F80.1</u>
<input type="checkbox"/> Psy Co*	ICD-10 Code _____
<input type="checkbox"/> NU**	ICD-10 Code _____

*Psy Co = Psychological counseling services
**NU= 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:	Dr. Linda Jaske KIDFIXERS
Address:	NEW YORK HEALTH CARE ASSOCIATES, LLP 575 UNDERHILL BOULEVARD SYOSSET, N.Y. 11791
Phone Number:	TEL. 516-921-2122 FAX 516-921-0870
License # (REQUIRED)	
NPI # (REQUIRED)	
Medicaid Provider # (REQUIRED)	

[Handwritten Signature]
*Signature of Physician/Physician's Assistant (P.A.)/Nurse Practitioner

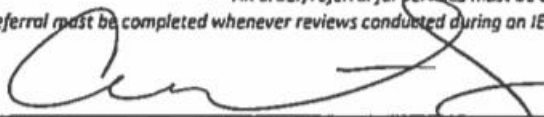
5/6/21
Date Signed

EXAMPLES OF RX ISSUES FOR ORDERING PRACTITIONER'S CONTACT INFORMATION

This prescription is missing the phone number of the ordering practitioner, which is required.

Audiological			
Occupational Therapy		R62.50	
Physical Therapy			
Speech			
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 reviews conducted during an IEP period results in a change in service (i.e., frequency/duration/Inv-Grp).*

Signature  Date Signed 9/9/21
(Original Signature Required - Stamps Not Permitted) (Required)

Print Name Caitlin Smart Title CPNP

(REQUIRED) - (Stamp Accepted)
Address

THE CHILDREN'S MEDICAL GROUP PLLC
SUITE 105
301 MANCHESTER ROAD
POUGHKEEPSIE, NEW YORK 12603

Phone ←

(REQUIRED) License # F382734

(REQUIRED) NPI # 1437508207

Medicaid # 4761193

Fax # _____

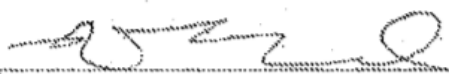
EXAMPLES OF RX ISSUES FOR ORDERING PRACTITIONER'S CONTACT INFORMATION

This prescription has the doctor's contact information, but it is unreadable.

(Required) (Check)		ICD CODE / MEDICAL DIAGNOSIS-PURPOSE OF TREATMENT	
	ICD Code	Description	(Frequency, Duration & Class Ratio as per the IEP)
<input checked="" type="checkbox"/>	F82	Coordination Disorder	
<input type="checkbox"/>	F84.0	Autism	
<input type="checkbox"/>	R62.50	Unspecified lack of expected normal physiological development in childhood	
<input type="checkbox"/>	R26.39	Abnormality of Gait: Ataxic, paralytic, spastic, staggering	
<input type="checkbox"/>	R27.8	Lack of Coordination: Ataxia, not otherwise specified; muscular incoordination	
<input type="checkbox"/>	Other (Please Specify)		

*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 reviews conducted during an IEP period results in a change in service (i.e., frequency/duration/ratio).*

Signature  Date Signed 9/8/2022
(Original Signature Required - Stamps Not Permitted) (Required)

Print Name Robert Felix Title MD

Address & Phone (Required) - (Stamp Accepted)

YEC CHILDREN'S MEDICAL GROUP PLLC
SUITE 105
200 WICHESTER ROAD
NEW YORK, NY 12603

(Required) License # 202807
(Required) NPI # 1740281286
Medicaid # _____
Fax # _____

EXAMPLES OF RX ISSUES FOR 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
Somers Pediatric
193 Route 100 Suite 104
Somers, New York 10589

(Required) License # 213651

Phone # 1013005820

Medicaid # _____

Fax # _____

Signature of MD, Resident and registered physician, or physician or a licensed nurse practitioner acting within the scope of practice (for psychological counseling services) or a licensed social worker, 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

QUESTIONS

Questions??

PRESCRIPTION TEMPLATES

- ❑ Best practice for all related service providers would be to use the **“most recent”** prescription 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 up-to-date 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

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

Questions? Contact Medicaid@CPSEPortal.com.

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 the 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		190.2	Mixed receptive-expressive language disorder.
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/total).

Signature: Handwritten Signature or Electronic Signature Only Date Signed: Date is Required
Original Signature Required - Stamps Not Permitted (800)398011 (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 completing a digital speech recommendation on the Portal.

Questions? Contact Medicaid@CPSEPortal.com.

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) <small>(Please type in the last two digits of the school year. Format YYYY.)</small>			
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! (Replacement Prescriptions)

Suggestion for Obtaining a Medicaid-Compliant Replacement Prescription:

1. **Print out the invalid prescription from the Portal and note the reason** *(on the invalid Rx)* that the prescription does not meet Medicaid requirements. (e.g., practitioner's contact information was missing).
2. **Complete a new prescription** *(on a Medicaid-compliant template)* **and include the missing or illegible information.** *(e.g., If the doctor's contact information was missing or not readable, include that information on the replacement prescription.)*
3. **Prepare a fax cover sheet** that explains that you need a Medicaid-compliant prescription and that you are transmitting the previous (non-compliant prescription) along with the new (Medicaid-compliant) prescription and requesting that the doctor sign and date the replacement prescription. The prescription will have a **subsequent** signature date.

PRESCRIPTIONS

(Recommended Replacement Prescription Process)

1) Non-Compliant Rx - Contact Info Missing

PRESCRIPTION/RECOMMENDATION FOR PRESCHOOL SERVICES

Student's Name: _____ DOB: _____ CIN: _____
 School/Provider: _____ District: _____
(Agency, Center Based School or Individual Provider)

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.

Period of Service: School Year 7/1/2020 - 6/30/2021

Diagnosis (ICD-10 code) REQUIRED

You must provide the **MOST SPECIFIC ICD-10 CODE(S)** for each service checked.

Service/Therapy	ICD-10 Code
<input checked="" type="checkbox"/> OT	F82
<input checked="" type="checkbox"/> PT	F82
<input type="checkbox"/> Speech	
<input type="checkbox"/> Psych Co*	
<input type="checkbox"/> NU**	

*Psych Co = Psychological Counseling Services
 **NU = nursing services (in addition to the prescriber, a specific Dr.'s order with detailed instructions is required)

Physician/Physician's Assistant/Nurse Practitioner/SLP Information:
 (Please print or use stamp):

Name (REQUIRED):	Sharon Inkeles, MD
Address:	NYS Lic 160924
Phone Number:	Medicaid 01033967
License # (REQUIRED):	NPI 1376625954
NPI # (REQUIRED):	
Medicaid # (Optional):	

Signature of Physician/P.A./Nurse Practitioner/SLP: _____ Date Signed: 5/4/21

Doctor's address & phone # are missing

Note: Medicaid requires that all services recommended by a Physician, Physician's Assistant, Nurse Practitioner or Licensed Speech Pathologist must be signed prior to or on the start date of services.

2) Replacement Rx - w/ Contact Info Filled In

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: _____ DOB: _____
 District: _____ County: _____
 Agency: _____
(Name of Agency, Center-based Program or Individual Provider / Phone)

Reason for Rcv. Annual Review Meeting Change in Service Transfer Meeting Re-Eval Meeting New Referral

Term of Service: School Year July 1, 2020 to June 30, 2021 (Frequency, Duration & Class Ratio as per the IEP)

Evaluation/Service	ICD CODE for EVALUATION(S)	ICD CODE for SERVICE(S) *	Medical Diagnosis/Purpose of Treatment
<u>Audiological</u>		F82	
Occupational Therapy		F82	
Physical Therapy			
Speech			
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.

Signature: _____ Date Signed: _____
(Original Signature Required - Stamps Not Permitted)

Print Name: _____

Subsequent Signature Date

Address & Phone (REQUIRED) - (Stamp Accepted)	License #	160924
Stony Brook Advanced Pediatric Care 260 Middle Country Road - Suite 107 Smithtown, NY 11787 (631) 265-7518	NPI #	1376625954
	Medicaid #	01033967

Dr.'s address & phone # added.

3) Fax Coversheet - w/ both Rxs

SAMPLE FAX MESSAGE

TO	Community Care Pediatrics	Phone #	555-555-5555
Agency	ABC School District	FAX #	555-555-5666
School District			
DATE	00/00/00	# of Pages	
FROM	Amazing Kids Agency		
SUBJECT	Replacement Prescription Required for <u>Child Name?</u>		

The prescription that we recently received from your office for the child noted above not Medicaid compliant, which is required for all County health-related services.

I am transmitting to you the original (non-compliant Medicaid) prescription that you signed on Date? along with a replacement prescription (that now includes all the required Medicaid information) for your signature and signature date.

Please fax the signed replacement prescription to: Fax #

If you require additional information, I can be reached at phone number?

Thank you.

How can you service the child with a prescription that is not compliant with Medicaid?

- ❑ The **prescription requirements** for ***servicing/treating*** the child are much less than the requirements for a Medicaid prescription.
- ❑ In most cases, the service provider should be able to continue servicing the child while waiting for a replacement Medicaid prescription.

Unless the prescription has not been signed and/or dated by the ordering practitioner, the child's treatment can continue with a non-compliant Medicaid prescription.

WHEN IS A NEW ORDER REQUIRED?

Page 22 Medicaid Handbook – Medicaid Q & A #92 & 93

- ❑ 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.

LIFE OF A WRITTEN ORDER

- Shown below is a 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. (Citation #86)

1 - Enrollment Screen

Status	School Year	From	To	ESID	Provider	Enrollment	CB Program	Service	Frequency
	2019 - 2020 Winter	11/12/2019	6/26/2020	SE1920W0029824		SEIT		ST	5x60
	2019 - 2020 Winter	10/22/2019	6/26/2020	RS1920W0167037		RS		ST	2x45
	2019 - 2020 Summer	7/1/2019	8/9/2019	RS1920S0166948		RS		ST	3x30

2 - Verification Screen

Invalid Image
Reason: Other:

Order Details

Action	School Year	Ordering Provider NPI	Signed Date	Type	ICD Codes
Select	201920	1053620658	7/1/2019	Speech Therapy	F80.0, F80.2
	201920	1053620658	7/1/2019		

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.

3 - Prescription

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.

Debra R. Levy-Salomon *Signature: Debra R. Levy-Salomon
(Please Print Name) NYS Licensed Speech 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 a written order invalid?

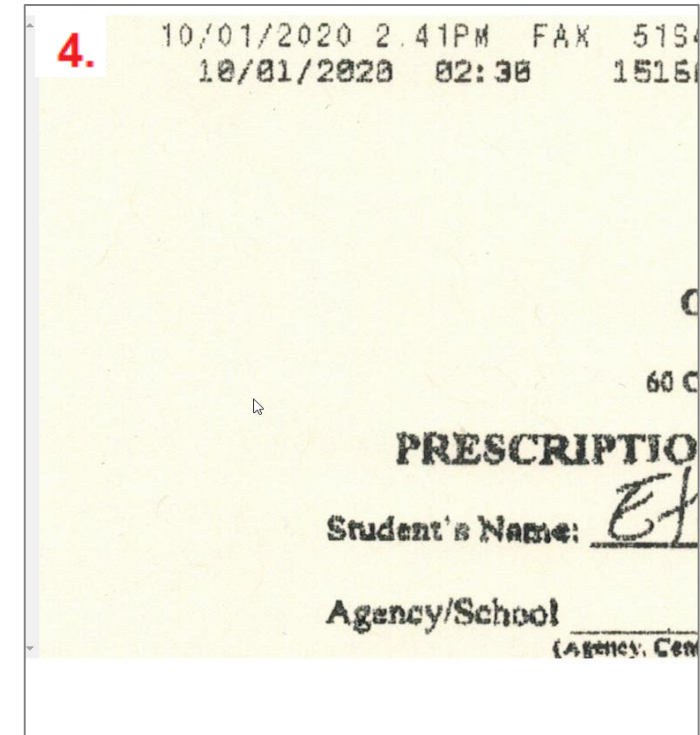
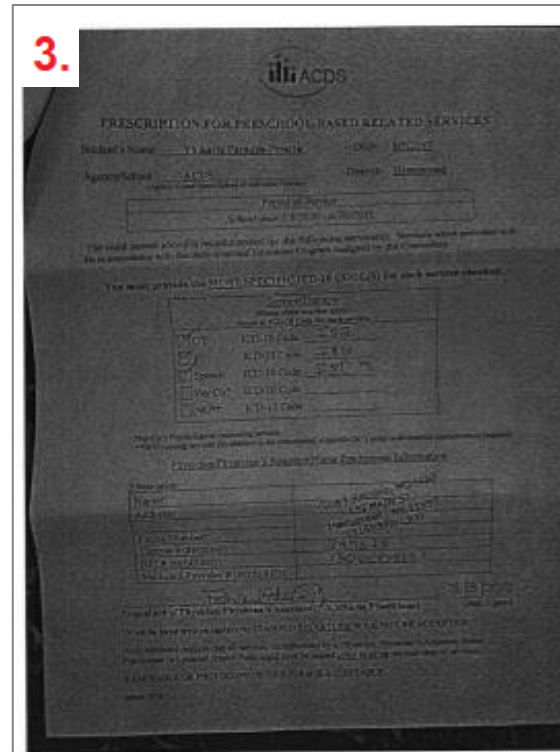
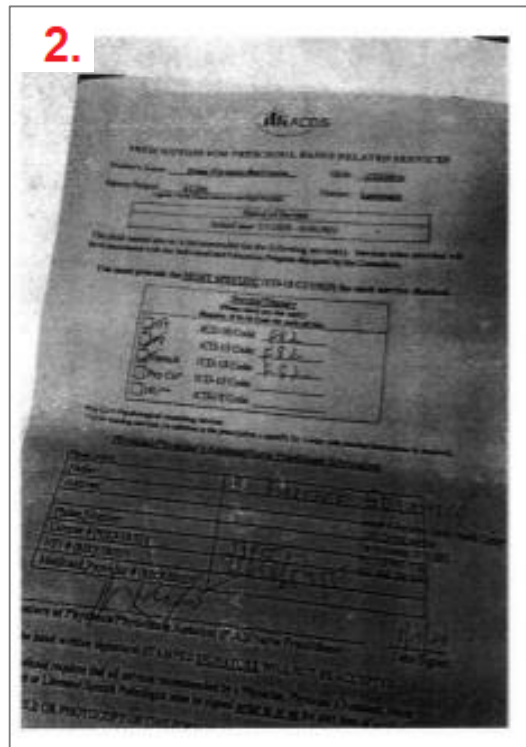
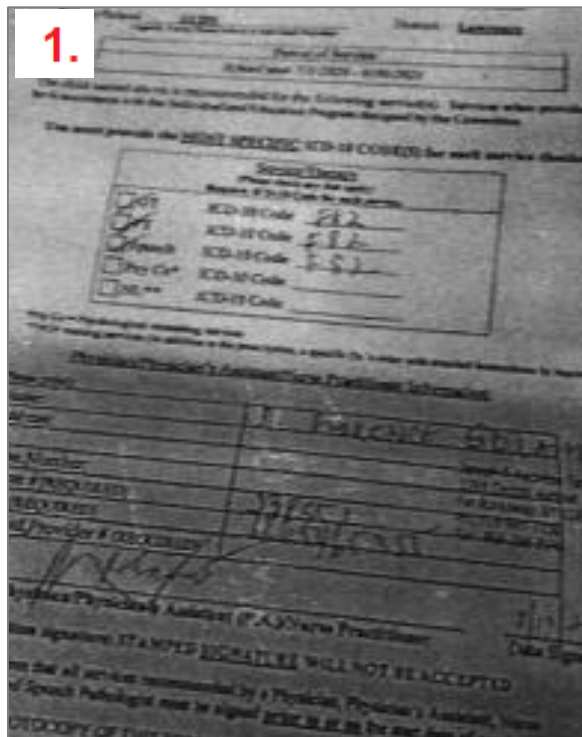
- ❑ During the upload process, an incorrect Medicaid document (*Consent form instead of a written order*) or a document for a different child is uploaded.
- ❑ A document was scanned, but is not readable due to lines and dark spots on the image, or some of the scanned document was cut off.

VERIFICATION PROCESS

What makes a written order invalid?

- ❑ After uploading documents, open them to see how they scanned.

EXAMPLES OF BAD SCANS



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.

(Citation: Slide 92)

VERIFICATION PROCESS

Corrections Made to Medicaid Documents

Example of the Correct Way to make a change on a Medicaid Rx.

Freq/Dur _____ (optional)
Reason/Need _____ (optional)

Speech Therapy* ICD-10 E80.0

Freq/Dur ~~Q x 30min~~ 3 x 30min (PA)

Reason/Need _____ (optional)

Psychological Cnsig ICD-10 _____

Reason/Need _____

VERIFICATION PROCESS

Corrections Made to Medicaid Documents

Incorrect Way to make a change on a Medicaid Rx.

White-Out or correction tape was used on these Rxs.

1.

Period of Service: School Year: ~~July~~ 1, 2021 thru June 30, 2022

2.

IEP Effective 7/1/20 to 6/30/21

3.

Reason/Need _____
Speech Therapy* ICD-10 E80.8
Freq/Dur 3x30
Reason/Need _____ (op

ALTERATIONS TO A PRESCRIPTION

This prescription was altered after it left the doctor's office. A replacement prescription was not requested. The provider simply added the missing Medicaid information, which invalidated the prescription.

(Citation: Slide 93-94)

[Agency, Center Based School or Individual Provider]

Period of Service
School year 7/1/21 - 6/30/22

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.

Note: Please provide an ICD-10 code for each service selected

Service/Therapy (Please check any that apply) Require: ICD-10 Code for each service.	
<input checked="" type="checkbox"/> OT	ICD-10 Code <u>R62.50-F84.0</u>
<input checked="" type="checkbox"/> PT	ICD-10 Code <u>F84.0-F82.0</u>
<input checked="" type="checkbox"/> Speech	ICD-10 Code <u>F80.1</u>
<input type="checkbox"/> Psy Co*	ICD-10 Code _____
<input type="checkbox"/> NU**	ICD-10 Code _____

*Psy Co = Psychological counseling services
**NU= nursing services (In addition to the prescription, a specific Dr.'s order)

Physician/Physician's Assistant/Nurse Practitioner

(Please print):

Name:	<u>DR. LINDA JACOBS</u> KIDFIXERS
Address:	<u>PROHEALTH CARE ASSOCIATES, LLP</u> 675 UNDERHILL BOULEVARD SYOSSET, N.Y. 11791
Phone Number:	TEL. 516-921-2122
License # (REQUIRED)	FAX 516-921-0670
NPI # (REQUIRED)	
Medicaid Provider # (REQUIRED)	

Linda Jacobs
LIC 217901
NPI 1275627556
Medicaid 2414193

[Signature] 5/6/22
*Signature of Physician/Physician's Assistant (P.A.)/Nurse Practitioner Date Signed

*Must be handwritten signature: STAMPED SIGNATURE WILL NOT BE ACCEPTED

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.

(Medicaid Handbook – Page 21 and Medicaid Q&A #133.)

Questions? Contact Medicaid@CPSEPortal.com.

The image shows a Medicaid prescription form with several handwritten alterations and red arrows pointing to them:

- Occupational Therapy:** The 'X' in the 'Occupational Therapy' row is checked, and the ICD10 Code is written as 'R12-0, F82.0'. A red arrow points to this code, and another red arrow points to the handwritten '2x45' next to it.
- Reason/Need:** The handwritten text 'delayed milestones in childhood.' is written in the 'Reason/Need' field. A red arrow points to this text.
- Signature:** The signature 'Ari Rosenblatt' is written in the 'Original Signature of Physician, Physician Assistant, Nurse Practitioner or other professional explained below' field. A red arrow points to this signature.
- Physician Information:** The address '295 Knollwood Road, White Plains, NY 10607' and phone number '914.989.7600' are handwritten below the signature. A red arrow points to the address.
- NPI and License:** The NPI '1225356181' and license '274745' are handwritten in the bottom right corner. A red arrow points to the NPI.

The form also includes a table for ICD10 codes and a section for 'Reason/Need'.

	ICD10 Code		ICD10 Code
— Audiological		— Audiological	
— Occupational Therapy		— Occupational Therapy	R12-0, F82.0
— Physical Therapy		— Physical Therapy	
— Speech*		— Speech*	
— Skilled Nursing**		— Skilled Nursing**	
— Psychological***		— Psychological***	
***Reason/Need:		***Reason/Need:	delayed milestones in childhood.

REVIEW

Prescriptions Upon Receipt * What Should You Be Checking?

- ❑ 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 Should You Be Checking?

- All eight required elements are filled in – No blanks.
- Any 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.)

CITATIONS

Medicaid Handbook & Medicaid Q & A

Item	(Slide #)	Medicaid Handbook	Medicaid Questions & Answers #
Eight Required Items of a Medicaid Rx	(75)	Page 21	-
1. Name	-	Page 21	-
2. Term of Service	(76-77)	Page 21	34 & 37
3. Services/Frequency/Duration	(78)	Page 21	33
4. Diagnosis/ICD Code	(79)	Page 21	157
5. Signature	(80)	Page 21	-
<i>Electronic Signatures</i>	(81)	-	129 & 130
6. Signature Date	(82)	Page 21	37 & 38
7. NPI/License #s	(83)	Page 21	114
8. Practitioner Contact Information	(84)	Page 21	114
When is a new order required?	(85-87)	Page 22	92 & 158
Corrections to Medicaid Documents	(88)	-	133
Altering Prescriptions	(89-90)	-	95 & 96

QUESTIONS

Questions??

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: Medicaid@CPSEPortal.com

- ❑ **Questions can be sent to the new Portal Medicaid mailbox: Medicaid@CPSEPortal.com**

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

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**

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]

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] (Slide #86)

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...**

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

Medicaid Q & A

Question # 129

Are electronic signatures acceptable?

Answer

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. However, providers must be prepared to authenticate or prove that the record was electronically signed by the person authorized to sign the record. Electronic signatures affixed by someone other than the actual practitioner are not allowable. An exception to this rule would apply where the applicable statute or regulation specifically requires a hand-written signature. The provider's electronic medical record must have control features, such as pass codes for electronic signatures. [June 6, 2011]

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]

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.**

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.**

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]

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.

ALTERING MEDICAID PRESCRIPTIONS

Medicaid Q & A

Question # 95

- Can the old prescriptions received for 2009-2010 services, some of which may be 12-15 months old by this time, be returned to the physician with a request to annotate them to include the diagnosis code or treatment purpose without affecting the validity of the original prescription?*

Answer

No. *An original prescription cannot be altered [December 13, 2010]*

ALTERING MEDICAID PRESCRIPTIONS

Medicaid Q & A

Question # 96

- Can a statement signed and dated by the physician now, indicating the diagnosis or purpose of the treatment which was prescribed for the 2009-2010 school year on, for example 7/1/2009, be used as a supplement to the original prescription, allowing it to be used to meet the new prescription (written order/referral) requirements?*

Answer

No. *Written orders for services must be prospective. [December 13, 2010]*