MEDICAID-COMPLIANT SESSION NOTES

May 23 & 25, 2023

Questions & Answers

Q	If a Make-up session is done in a subsequent week, is the make-up Medicaid billable?
A	**If a session is made up within the same week, it is not a make-up** – it is considered a regular session. If the session is **not** made-up within the same week, it should be flagged as a ***"Make-up"*** and a ***"Make-up For Date"*** should be entered for the missed session. The Portal will handle whether or not the session can be billed to Medicaid. The *"Does Not Meet Medicaid Requirements"* box does not need to be checked.
Q	Can a service be delivered to a child that has a non-compliant Medicaid prescription if the session is marked as ***"Does Not Meet Medicaid Requirements*?"**
A	Yes. If the prescription does not have all eight Medicaid elements, until a Medicaid-compliant prescription is received, each session should be marked as *"Does Not Meet Medicaid Requirements."*
Q	Is there a link to the Medicaid Resources that pertains to make-ups?
A	Yes. The links to the Medicaid Questions and Answers and the Medicaid Handbook will be provided with the Webinar follow-up.
Q	Regarding the Location… If the address of the location is entered on the session note, does the specific room number within the location also need to be entered?
A	No. As long as the setting (home, daycare, preschool, etc.) is entered and either the address or the name of the school is entered to define the specific location, the room number is not necessary.
Q	Can two sessions of the same service be done on the same day? Will each session be billable to Medicaid?
A	There are certain circumstances where billing Medicaid for the same service on the same day is allowable. It is always better to schedule sessions so they are not delivered on the same day, but the Portal can discern if the session is billable to Medicaid.
Q	Regarding using diagnosis sub codes for treatment, OT/PT providers are not permitted to diagnose. What should the therapist use for the session if the ordering practitioner completes the prescription with a R62 diagnosis code?
A	When a therapist enters a sub-diagnosis code on the session note, the therapist is not determining the diagnosis. The therapist is reporting the billable/specific diagnosis for the reason for treatment. The licensed professional who is providing the treatment can make a determination of the specificity for the provided session.

Q	If a make-up session has to be done for a mandated 30-minute session as a back-to-back session, should the therapist complete one session note or two.
A	The session note should always match the mandate on the IEP. For this example two session notes would need to be completed.
Q	If the ordering practitioner completes a prescription using R62 for the diagnosis code and the therapist uses a "more specific" diagnosis code (adding digits – such as R62.50) are both ICD codes entered on the session note or just the more-specific diagnosis code.
A	The therapist would only enter the ***more-specific diagnosis code***. The R62 diagnosis code is not a Medicaid-billable diagnosis code. Without the more-specific code, the session would not be Medicaid reimbursable.
Q	Does the *"Does Not Meet Medicaid Requirements"* box need to be checked for a *Group of One*?
A	No. For group sessions, the group number (in attendance) must be entered. If the group number entered on the session note is ***one***, the session will not be billed to Medicaid.