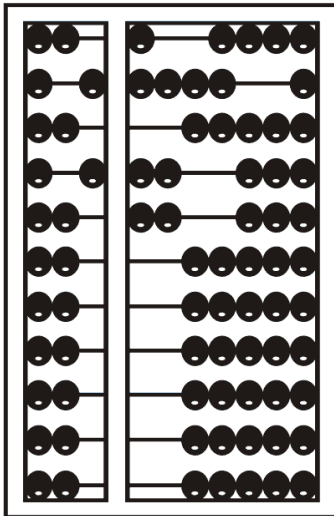




Medicaid-Compliant Written Orders

(Updated March 2024)

INTRODUCTIONS

Who will you be working with at McGuinness?

- Deborah Frank, McGuinness Medicaid Specialist
 - Kelly Knowles, Medicaid Team
 - Danielle Croskey, Medicaid Team
 - Ellen Farney, Medicaid Team

TOPICS COVERED

- ☐ Purpose of Webinar
- ☐ Prescriptions Should be Reviewed 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

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.

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

PRESCRIPTIONS SHOULD BE REVIEWED FOR COMPLETENESS 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*).

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

QUESTIONS

Questions??

Eight Elements of a Written Order Defined

The next several slides will show you the **valid** verses **invalid** way to express each Medicaid element on a 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)	Non-Medicaid Compliant (Invalid)
<u>Preferred Format:</u> (MM/DD/YY or MM/DD/YYYY) School Year: • July 1, 2024 – June 30, 2025 • 7/1/24 – 6/30/25 • 7/1/2024 – 6/30/2025 • <u>School Year 2024-25*</u> Calendar Year: • Term of Service Dates should coincide with the IEP Service Dates (e.g., 11/1/24 to 10/31/25) * NYSED recognizes a school year fiscal year as 7/1 to 6/30; therefore, School Year can be substituted for the specific dates 7/1 to 6/30.	<u>Incomplete Dates or No Term of Service Dates</u> • No “Term of Service” listed on the order • 2024 – 2025 or 24/25 • 9/2024 – 6/2025 • July 2024 – June 2025 • ESY Term of Service dates 7/1 to 8/31 cannot be applied for the 10-month session. • A script that was signed on 9/1 cannot be applied for the summer session.

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 references:

➤ 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) – 2x30 Ind.,

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

3. FREQUENCY & DURATION OF SERVICE

Continued

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
- Frequency and duration “<u>As per IEP</u>” –OR – <u>Speech - 2x30 (Individual)</u> / <u>Speech - 2x30 (Group)</u> - If the frequency/duration <u>is</u> specified on the order, it should match the frequency/duration listed in the IEP. - If the frequency/duration is specified and does not match the IEP, <u>a new order should be requested.</u> - If a prescription template is being used with multiple services listed, make sure the correct services are checked.	- OT 2X (<i>Frequency is listed, but not the duration</i>) - If “<u>As per IEP</u>” is delineated on the order, the specific reference of the frequency/duration should <u>not</u> be written on the order. - If the frequency and duration is delineated on the Rx and it does not match the IEP mandate, the Rx will be invalid for Medicaid. - If the frequency and duration are adopted by IEP reference for a child’s <u>initial</u> order and a <u>new</u> IEP is subsequently generated due to a <u>change in service</u>, a new order is required. If the previous Rx is uploaded to the new enrollment for the change in service it will not be valid for Medicaid.

4. PATIENT DIAGNOSIS / NEED FOR SERVICE(S)

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
• ICD Code – F82 • <u>Reason/Need for Service:</u> <i>“Specific developmental disorder of motor function”</i> <i>“Treatment of speech, language, voice, communication, and/or auditory processing disorder”</i> • <u>“Preferred practice”</u> would be to have <u>both</u> the ICD code as well as the reason/need for service delineated on the order.	• The absence of an ICD code and reason/need for service; one must be on the written order. • The ICD code is not legible on the Rx. Without the reason/need for services narrative, the written order is not valid for Medicaid purposes. • There is no ICD code and the Reason/Need for Service is <u>not specific enough</u>. - <i>Developmental delay, or</i> - <i>Preschooler with a disability</i>

5. SIGNATURE OF THE ORDERING PRACTITIONER

Is the order signed?

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
Acceptable methods of signing: - Signed with a hand-written signature - Signed with an electronic or digital signature*	Unacceptable methods of signing: - Signature stamp*  - Scanned “image” of a signature (i.e., JPEG) or font substitution (Jane Doe – <i>Jane Doe</i>)* - 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.

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)	Non-Medicaid Compliant (Invalid)
<u>Complete date format (MM/DD/YY or MM/DD/YYYY):</u> • June 1, 2024 • 6/1/24 • 6/1/2024	• 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**

Non-Medicaid Compliant (Invalid)

- Absence of the NPI and 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.

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)
• 123 Main Street <i>(Street address)</i> Any Town, NY 12345 <i>(City, State, Zip)</i> (555) 555-5555 <i>(Phone number Including area code)</i>	• 123 Main Street Any Town, NY 12345 (Phone number missing) • 123 Main Street Any Town, (State, Zip and phone number missing) • (555) 555-5555 (Address is missing) • The contact information is included, but not readable, or a stamp was used and the stamped information was placed over other pertinent information on the order.

CHECKLIST

CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER

(Check One)

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

CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER

What should I be checking?				
✓ Handwriting should be legible for all eight required elements. ✓ Scanned documents should be checked to ensure that all content was scanned and the image is clear/readable. ✓ Corrections must be crossed out and initialed. White out is not permissible on Medicaid documentation. ✓ Check for any missing information – (Items left blank.) <u>OR</u>, Make sure a stamp is not covering other pertinent information.				
(8) Required Elements	Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)		
1. CHILD'S NAME	• Child's First & Last Name (spelled correctly)	• No Name • Name spelled incorrectly • Only first name (or only last name) • Name of another child • Incorrect date of birth		
2. TERM OF SERVICE	<u>Preferred format for expressing dates - (MM/DD/YY)</u> • July 1, 2018 – June 30, 2019 • 7/1/18 – 6/30/19 • 7/1/2018 – 6/30/2019	<u>Incomplete Dates:</u> • 2018 – 2019 or 18/19 • 9/2018 – 6/2019 • July 2018 – June 2019 • No "Term of Service" listed on the order		
3. SERVICE(S) BEING ORDERED Frequency & Duration of Service (The service (OT/PT/ST) should be listed on the order along with <u>ONE</u> of the following options – <u>NOT BOTH</u>)	<u>Option 1:</u> Specific reference to adopt the frequency and duration "as per the IEP." (If this option is used, the frequency/duration should not be delineated on the order.) * Using this option is "best practice" and will reduce the chance of potential issues. -OR- <u>Option 2:</u> Actual Frequency and Duration of Service <table border="0"> <tr> <td> • Frequency and duration "As per the IEP" -OR- Speech 2x30 (I) - Speech 1x30 (G) </td> <td> • 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; <u>not both</u>. • If the frequency/duration are adopted by IEP reference, on the order and the frequency/duration changes, a new written order is required; "as per IEP" no longer applies once the IEP changes. </td> </tr> </table> • 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.		• Frequency and duration "As per the IEP" -OR- Speech 2x30 (I) - Speech 1x30 (G)	• 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; <u>not both</u>. • If the frequency/duration are adopted by IEP reference, on the order and the frequency/duration changes, a new written order is required; "as per IEP" no longer applies once the IEP changes.
• Frequency and duration "As per the IEP" -OR- Speech 2x30 (I) - Speech 1x30 (G)	• 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; <u>not both</u>. • If the frequency/duration are adopted by IEP reference, on the order and the frequency/duration changes, a new written order is required; "as per IEP" no longer applies once the IEP changes.			
4. Patient Diagnosis / Need for Service(s)	• ICD Code – F82 • "Specific developmental disorder of motor function"	• The absence of an ICD code or reason/need for service.		
5. Signature of the Order Practitioner Is the order Signed?	<u>Acceptable methods of signing:</u> • Signed with a hand-written signature • Signed with an electronic or digital signature*	<u>Unacceptable methods of signing:</u> • Signature stamp • Scanned "image" of signature (i.e., JPEG) or font substitution		
6. Date the Order was Written & Signed	• June 1, 2019, • 6/1/19, or • 6/1/2019	• Absence of the date the order was signed. • Date is unclear • An unacceptable correction was made.		
7. Ordering Practitioner's NPI or License #	NPI <u>OR</u> license number is required on the order; however, both the NPI and license number are preferred* on the order. • NPI number (Is the NPI # 10 digits?) 1234567890 • License number (Is the license # 6 digits?) 123456 * Having both the NPI and License number on the order will reduce the chance of potential issues.	• Absence of the NPI or the license number. One must be delineated on the order. • NPI and license numbers are listed on order, but are not readable. (Handwriting is illegible or a stamp was used and not readable.) • A stamp of the practitioner's NPI/License # was used and was stamped over other pertinent information on the order.		
8. Ordering Practitioners Contact Information	• 123 Main Street (Street Address) Anytown, NY 12345 (City, State, Zip) (516) 555-5555 (Phone number w/ area code)	• 123 Main Street Anytown, NY 12345 (Phone # missing) • 123 Main Street Anytown (State, zip & phone # missing) • The contact information is included, but not readable, or a stamp was used and the stamped information was placed over other pertinent information or the order.		
A NEW WRITTEN ORDER IS REQUIRED FOR THE FOLLOWING REASONS: (Annual Review Meeting • Change in Service • Transfer Meeting • New Referral) ✓ Each IEP period (Annual Review, Summer Session/Winter Session if not listed on the same IEP) ✓ Whenever a review meeting results in a change of service (frequency/duration/class size) ✓ The child transfers to another school district (This requires a new IEP so a new order is required.) ✓ New Referrals (Newly-identified students) * The "As per IEP" reference does not apply once the IEP changes. A new order is required for any of the circumstances listed above.				

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 **01/7/18** for the DOB and the **Rx** shows a DOB of **01/17/18**.

Portal Demographics

Upload Order Image for 

[Hide File Details](#)

Order Image Details

Child 

County: **NASSAU** District: **UNIONDALE UFSD** DOB: **1/7/2018** [Redo Search](#)

Prescription

PRESCRIPTION FOR PRESCHOOL BASED RELATED SERVICES

Student's Name:  DOB: **1/17/2018**

Agency/School **ACDS** District: **Uniondale**
(Agency, Center Based School or Individual Provider)

Period of Service
School year 7/1/2023 - 6/30/2024

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

Prescription

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

SERVICES:

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

☐ Audiological	ICD10 Code	
☐ Occupational Therapy	ICD10 Code	180
☐ Physical Therapy	ICD10 Code	7809
☐ Speech*	ICD10 Code	
☐ 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
 of 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: _____

Date: **6/11/2020**

Practitioner or other professional explained above:

Title: **MD**

There are Summer and Winter Enrollments
Rx Term of Service is for Winter Only.

If Term of Service was written as 7/1/20 – 6/25/21, the prescription could be used for the entire school year.

Portal

				ESID	Provider	Enrollment	CB Program	Service	Frequency	
				CB2021W0051637		CB	Classroom (9160-I)		2.5 hrs/day	
	2020 - 2021 Winter	9/8/2020	6/25/2021	CBRS2021W0049272		CBRS		ST	1x30	I
	2020 - 2021 Winter	9/8/2020	6/25/2021	CBRS2021W0049273		CBRS		ST1	1x30	G
	2020 - 2021 Winter	9/8/2020	6/25/2021	CBRS2021W0049274		CBRS		OT	2x30	I
	2020 - 2021 Winter	9/8/2020	6/25/2021	CBRS2021W0049277		CBRS		PT	2x30	I
	2020 - 2021 Summer	7/6/2020	8/14/2020	RS2021S0184016		RS		ST	2x45	I
	2020 - 2021 Summer	7/6/2020	8/14/2020	RS2021S0184014		RS		PT	2x30	I
	2020 - 2021 Summer	7/6/2020	8/14/2020	RS2021S0184015		RS		OT	2x30	I

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, complete a Medicaid-compliant prescription template with all of the required/missing information and request a replacement (not amended) 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, NP

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

REFILLS ☐ None ☐ Refills: _____

PHARMACIST TEST AREA: _____

Dispense As Written

0TJ7CF 16

MAXIMUM DAILY DOSE (provide instructions only)

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 of the other elements of a Medicaid prescription.

NEW YORK STATE DEPARTMENT OF HEALTH
OFFICIAL NEW YORK STATE PRESCRIPTION

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

877 STEWART AVENUE SUITE 33 GARDEN CITY, NY 11530 (516) 745-5821

Patient Name _____ Date 8/27/21

Address _____

City _____ State _____ Zip _____ Age _____ Sex ☒ M ☐ F

Rx OT & PT

2 times per week

☐ LEP Preferred Language

Prevent medication errors. Please see back of prescription.

Prescriber Signature: *[Signature]*

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

REFILLS ☐ None ☐ Refills: _____

PHARMACIST TEST AREA: _____ Dispense As Written

0TK10L 06

EXAMPLES OF RX ISSUES FOR 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 RX ISSUES FOR FREQUENCY-DURATION

Portal Enrollment shows OT 2x30

Order Details								
	Service Type	ICD	Start Date	End Date	Frequency	Duration	Unit	I/G
Select	Physical Therapy	R62.50	7/1/2023	6/30/2024				
Select	Occupational Therapy	R62.50	7/1/2023	6/30/2024				
Select	Speech Therapy	R62.50	7/1/2023	6/30/2024				
			7/1/2023	6/30/2024			Weekly	

Apply To Enrollments							
Provider Name	ESID	From Date	To Date	Service	Status		
CHILDRENS LEARNING CTR (THE) - UCP	CBRS2324W0064469	10/16/2023	02/26/2024	OT 2x30	ON PREVIOUS ORDER	Attach	
CHILDRENS LEARNING CTR (THE) - UCP	CBRS2324W0065349	02/27/2024	06/21/2024	OT 2x30	ON PREVIOUS ORDER	Attach	

This is another example of a prescription with the “As per IEP” reference, but the provider wrote the incorrect frequency on the Rx. The frequency was incorrect (3X) and the duration was not written on the Rx.

Prescription shows OT 3x per week

PREScription FOR PRESCHOOL/SCHOOL AGE BASED RELATED SERVICES

Student's Name: _____ DOB: 07/18/2019

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

Period of Service
School year 7/3/2023 - 6/21/2024

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.	
<u>OT 3x/wk</u>	ICD-10 Code <u>R62.50, G80.0</u>
<u>PT 3x/wk</u>	ICD-10 Code <u>R62.50, G80.0</u>
<u>ST 3x/wk</u>	<u>R62.50, R63.30</u>

Physician/Physician's Assistant/Nurse Practitioner Information

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	
☐ Audiological	ICD-10 <u>H9</u>	☐ Audiological	ICD-10 _____
Freq/Dur _____		Reason/Need _____	
Reason/Need _____		☐ Occupational Therapy	ICD-10 _____
(optional)		Reason/Need _____	
☒ Occupational Therapy	ICD-10 <u>F84</u>	☐ Physical Therapy	ICD-10 _____
Freq/Dur <u>1:1 2x/wk for 30 min</u>	Reason/Need _____	Reason/Need _____	
(optional)		☐ Speech *	ICD-10 _____
☐ Physical Therapy	ICD-10 _____	Reason/Need _____	
Freq/Dur _____		☐ Psychological**	ICD-10 _____
Reason/Need _____		Reason/Need _____	
(optional)			
☒ Speech Therapy*	ICD-10 _____		
Freq/Dur <u>1:1 2x/wk for 30 min</u>			
Reason/Need _____			
(optional)			
☐ Psychological Cnslg**	ICD-10 _____		
Freq/Dur _____	Reason/Need _____		
(optional)			

* 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 Interscholastic Athletic Union (IAU) school administrator or the chairman of the IAU.

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

Incorrect ICD Code – Should be F80.2

Due to the “specific” Reason for Service being written on the Rx it is Medicaid compliant.

(optional)	
☒ Speech Therapy*	ICD-10 <u>80.2</u> ←
Freq/Dur <u>4X30I</u>	Reason/Need <u>To Improve Expressive</u>
(optional) <u>1X30G</u>	<u>and Receptive Language</u>
☐ Psychological Cnslg**	ICD-10 _____

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

ICD Code in the Evaluation Column. Cannot be used for Services.

District _____ County WESTCHESTER

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

Term of Service: School Year July 1, 23 to June 30, 24 (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 *	<u>F84.0</u>		
Physical Therapy			
Speech *	<u>F84.0</u>		
Psychological/Psychological Counseling			
Skilled Nursing (Requires a Physician's Order)			

*The most specific ICD code is required for each evaluation/service.
Medicaid requires that a written referral be in place prior to the initiation of evaluations/services.*

* An order/referral for 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 Reel Asante Date Signed 8/30/23
(Original Signature Required – Stamps Not Permitted) (Required)

Print Name BAAH ASANTE, MD, MPH Title _____
License # 220346

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

The diagnosis code used on this prescription (**R62.5**) is a **Non-Billable ICD Code**. This ICD Code is **not specific-enough** for billing Medicaid (*requires more digits*).

R62.5 can be used on the prescription, but a more specific code must be used on the Session Note.

Search by...
Version: ☐ ICD9 ☒ ICD10
ICD Code begins with Short description contains

Lookup>ICD Code Lookup

Version	ICD Code	Specific Enough	Short Description
10	R62	Requires additional digits	Lack of expected normal physiol dev in childhood a
10	R62.0	OK	Delayed milestone in childhood
10	R62.5	Requires additional digits	Oth and unsp lack of expected normal physiol dev i
10	R62.50	OK	Unsp lack of expected normal physiol dev in childh
10	R62.51	OK	Failure to thrive (child)
10	R62.52	OK	Short stature (child)
10	R62.59	OK	Oth lack of expected normal physiol development in
10	R62.7	OK	Adult failure to thrive

OFFICIAL NEW YORK STATE PRESCRIPTION

SARAH M SERCOMBE NP
LIC: 382841
NPI: 1992244768

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

PROFESSOR DEA NUMBER: _____ DOB: 5/15/18

Patient Name: _____ Date: 10/15/21

Address: _____

City: _____ State: _____ Zip: _____ Age: _____ Sex: ☒ M ☐ F

Rx Referral for OT

R62.5

LEP: _____

Prescriber Signature: _____

THIS PRESCRIPTION WILL BE FILLED GENERALLY UNLESS PRESCRIBER WRITES 'dow' IN THE BOX BELOW

REFILLS: ☐ None ☐ _____

PHARMACIST TEST AREA: _____

Dispense As Written

0TJ7CF 16

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

If the ordering practitioner uses a non-billable code (*requires additional digits*) such as **F80** or **F80.8**, the therapist can use any ICD code within the *family of codes* that the therapist deems applicable.

If **F80** is written on the Rx, **F80.0** through **F80.4** can be used on the session note by the therapist.

If **F80.8** is written on the Rx, **F80.81** through **F80.89** can be used on the session note by the therapist.

ICD Code begins with f80 Short description contains			
Lookup>ICD Code Lookup			
Version	ICD Code	Specific Enough	Short Description
10	F80	Requires additional digits	Specific developmental disorders of speech and lan
10	F80.0	OK	Phonological disorder
10	F80.1	OK	Expressive language disorder
10	F80.2	OK	Mixed receptive-expressive language disorder
10	F80.4	OK	Speech and language development delay due to heari
10	F80.8	Requires additional digits	Other developmental disorders of speech and langua
10	F80.81	OK	Childhood onset fluency disorder
10	F80.82	OK	Social pragmatic communication disorder
10	F80.89	OK	Other developmental disorders of speech and langua
10	F80.9	OK	Developmental disorder of speech and language, uns

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

When the ordering practitioner uses ICD Code(s) that are not, Medicaid reimbursable codes, you can provide an acceptable list of ICD codes in the Rx Template.

ICD 10 Code: Please check any/all that apply:

☐	F82	Coordination disorder (clumsiness, dyspraxia and or motor development disorder)
☒	F84.0	Autism
☒	R62.50	Unspecified lack of expected normal physiological development in childhood
☐	R26.89	Abnormality of Gait: ataxic, paralytic, spastic, staggering
☐	R27.8	Lack of coordination: ataxia, not otherwise specified; muscular incoordination
☒	Other	(Please Specify) <u>F80.9</u>

EXAMPLE OF THE SIGNATURE & CREDENTIALS NOT MATCHING

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: [REDACTED] Other: [REDACTED] Invalidate

Order Details

Action	School Year	Ordering Provider NPI	Signed Date	Type	ICD Codes
Select	202122	1932150877	8/13/2021	Occupational Therapy	R62.50
Detach	202122	1932150877	8/13/2021		

The Rx credentials must match the practitioner that signs the prescription.

Agency/School: The [REDACTED] District: [REDACTED]

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.	
☒ OT	ICD-10 Code R62.50
☒ PT	ICD-10 Code R62.50

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 Tel: 516.489.8888 Fax: 516.489.6262
Phone Number:	
License # (REQUIRED)	23367
NPI # (REQUIRED)	1932150877
Medicaid Provider # (REQUIRED)	2734458

Signature of Physician/Physician's Assistant (P.A.)/Nurse Practitioner: [Signature] Date Signed: 8/13/2021

EXAMPLES OF SIGNATURE STAMPS

Computer-Generated Signature Stamp

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

Sign, [Handwritten Signature] n/P A./Nurse Practitioner
Must be hand written signature; STA

Note: Medicaid requires that all services
Practitioner or Licensed Speech Pathologist

A FACSIMILE OR PHOTOCOPY OF THIS FORM

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

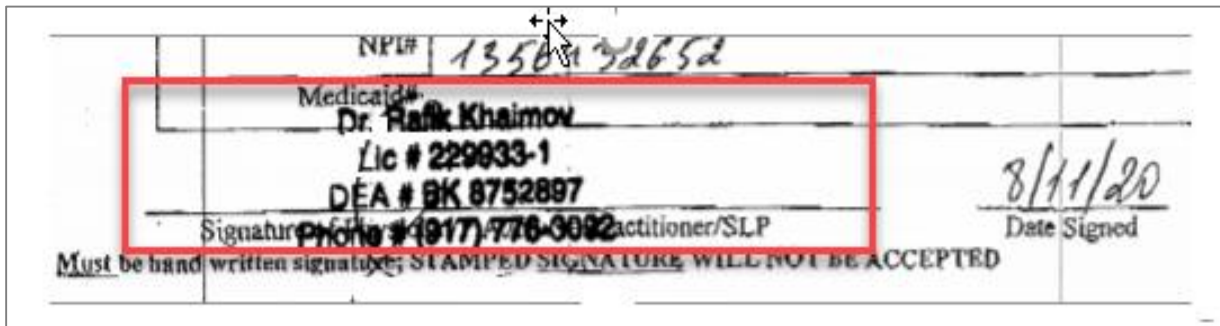
MEDICAID PROVIDER NUMBER: 03654799

DATE: 09/01/2021
LICENSE NUMBER: 09127495 NPI NUMBER: 1285942367 SIGNED: 9/1/2021

*Signature: Jennifer Sheridan
NYS Licensed Speech

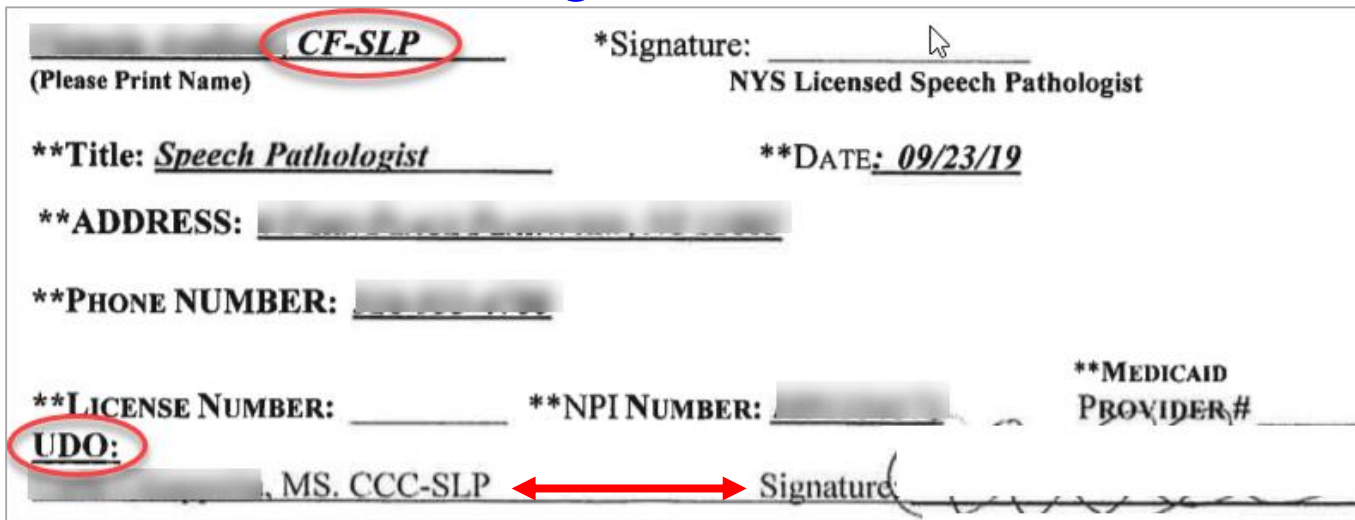
EXAMPLES OF SIGNATURE ISSUES

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



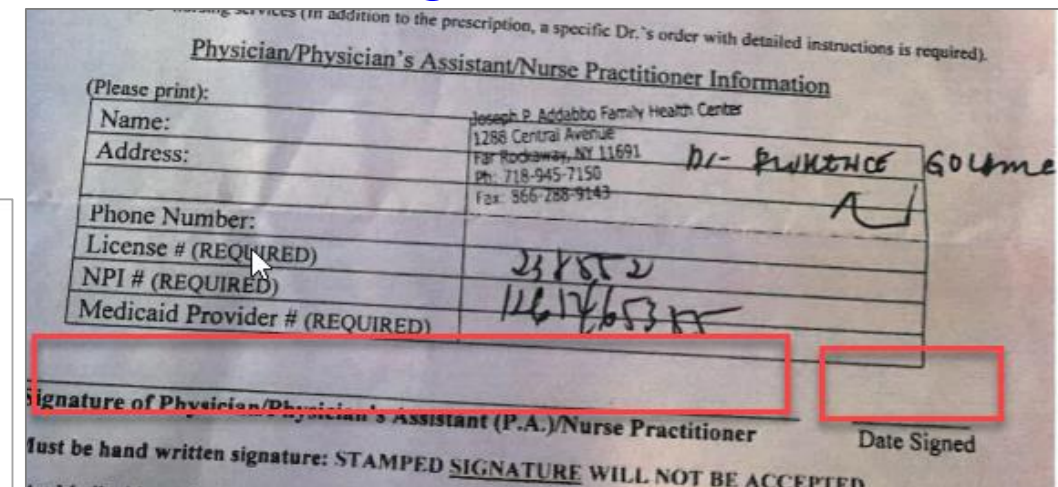
This image shows a medical form with a red rectangular stamp over a signature. The stamp contains the following information: NPI# 1350132652, Medicaid Dr. Rafik Khaimov, Lic # 229033-1, DEA # BK 8752897, and Phone # (917) 776-0092. To the right of the stamp, the date 8/11/20 is written. Below the stamp, the text "Must be hand written signature; STAMPED SIGNATURE WILL NOT BE ACCEPTED" is visible.

2. CFY & SLP both signed Rx.



This image shows a medical form with two signatures. The first signature is "CF-SLP" (Circled in red) and is followed by "NYS Licensed Speech Pathologist". The second signature is "UDO:" (Circled in red) and is followed by "MS. CCC-SLP". A red double-headed arrow points between the two signatures. The form also includes fields for "Title: Speech Pathologist", "Date: 09/23/19", "Address", "Phone Number", "License Number", "NPI Number", and "Medicaid Provider #".

3. Doctor did not sign or date the prescription.



This image shows a medical form with a red rectangular stamp over a signature. The stamp contains the following information: Name: Joseph P. Addabbo Family Health Center, Address: 1288 Central Avenue, Far Rockaway, NY 11691, Phone: 718-945-7150, Fax: 866-288-9143, License # (REQUIRED) 23852, NPI # (REQUIRED) 12617653, and Medicaid Provider # (REQUIRED). To the right of the stamp, the date 8/11/20 is written. Below the stamp, the text "Must be hand written signature; STAMPED SIGNATURE WILL NOT BE ACCEPTED" is visible.

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

<u>Service/Therapy</u> (Please check any that apply) Require: ICD-10 Code for each service.	
☐ OT	ICD-10 Code _____
☐ PT	ICD-10 Code _____
☒ Speech	ICD-10 Code <u>F80.2</u>
☐ Psy Co*	ICD-10 Code _____
☐ 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</u> <u>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 _____

EXAMPLES OF ISSUES FOR THE SIGNATURE DATE

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 Tavano	Happy and Healthy Pediatrics Elissa Rubin, MD, FAAP, IBCLC, RLC Deborah Saunders, MD, FAAP, FSAHM Shetba Johnson, MD, FAAP, IBCLC, RLC Alyssa Nastro, MD, FAAP, IBCLC, RLC Rachael Bilello, DO, FAAP Denise Tavano, MD-PAAP 77 Jericho Tpke. Ste. 175 Mineola, NY 11501 Phone (516) 216-5910 / Fax (516) 216-5907 happyandhealthypediatrics.com
Address:		
Phone Number:		
License # (REQUIRED)	251728	
NPI # (REQUIRED)	1396404321	
Medicaid Provider # (REQUIRED)		

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

Date Signed: 08/24/2020

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.

(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.	
☒ OT	ICD-10 Code <u>P62.50-F84.0</u>
☒ PT	ICD-10 Code <u>F84.0-F82.0</u>
☒ Speech	ICD-10 Code <u>F80.1</u>
☐ Psy Co*	ICD-10 Code _____
☐ 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 J. Jabe	KIDFIXERS
Address:	KID OF PRO 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)		



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

5/6/21
Date Signed

EXAMPLES OF RX ISSUES FOR THE NPI

NPI # does not match the Dr. that signed the Rx

This prescription is signed by **Dr. Brian Quinn** with NPI # **1265506919**.

The NPI Registry shows **Dr. Douglas R. Puder**, as the owner of this NPI#.

You will notice that the NPI # does not match when you upload the prescription and enter the NPI #.

Prescription Upload Screen

Ordering Provider Details

Search Criteria

NPI: Begins With: **1912322454** Ends With: State: Search

Last Name: Begins With: Ends With: Clear

First Name: Begins With: Ends With: Clear

Select	NPI	Last Name	First Name	Credentials	Address1	City	State	Zip
☒	1912322454	LEMONS	CAROLYN		522 GLENWOOD AVE	NEW BOSTON	OH	456625505

Date Signed: Redo NPI Search

Signature _____ Date Signed **9/11/23**
(Original Signature Required - Stamps Not Permitted) (Required)

Print Name _____ Title _____

Address (Required) **BRIAN F. QUINN, M.D., F.A.A.P.** License # **195573**
CLARKSTOWN PEDIATRIC
25 SMITH STREET, STE. 210
NANUET, NEW YORK 10954
(845) 623-7100 (Required) NPI # **1265506919**

Phone (Required) _____ Medical # _____ Fax _____

(Signature of NYS licensed and registered physician, a physician or a licensed nurse practitioner services this also includes an appropriate school official and for speech therapy services.)

Dr. DOUGLAS R PUDER MD

Gender: Male

NPI: 1265506919

Last Updated: 2007-07-08
Certification Date:

Details

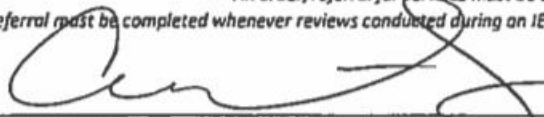
Name	Value
NPI	1265506919

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

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
WHM
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: 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

CONFIRMATION OF PRESCRIPTION REQUIREMENTS

When you upload prescriptions, there are three items that you must check/confirm on the **Upload Order Screen**:

- The Ordering Practitioner's **Address**,
- The Ordering Practitioner's **Phone Number**,
- Ordering Practitioner's **Signature**.

Please do not check these boxes if there is no address or phone number, can't read the address/phone number or if the prescription has a signature stamp for the practitioner's signature.

Upload Order Image

[Reupload File](#)

Order Image Details

Child
Hansen, Mark County: **ERIE** District: **Buffalo** DOB: **4/3/2019** [Redo Search](#)

Period of Service
☒ Applies to entire school year **2023 - 2024** [v](#)
☐ Applies to specific school year / session [v](#)
☐ Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details
NPI: **1912322454**
Name: **CAROLYN LEMONS**
Address: **522 GLENWOOD AVE
NEW BOSTON, OH 456625505**

Date Signed: **1/18/2023** [Redo NPI Search](#)

Required Field Checklist

☒ Child Name	Mark Hansen
☒ Time Period of Service	7/1/2023 to 6/30/2024 (202324)
☒ Ordering Practitioner's Name	CAROLYN LEMONS
☒ Ordering Practitioner NPI/ License	1912322454
☐ Ordering Practitioner's Address	
☐ Ordering Practitioner's Phone Number	
☒ Signature Date	1/18/2023
☐ Signature	

QUESTIONS

Questions??

PRESCRIPTION TEMPLATES

❑ Most Full-Service Medicaid Counties are using the prescription templates that are uploaded to the Knowledge Base.

❑ **Link to Prescription Templates:**

- Multi-Discipline – School Year & Calendar Year:
<https://support.cpseportal.com/kb/a266/medicaid-compliant-multi-discipline-prescription-template.aspx>
- OT/PT – School Year & Calendar Year:
<https://support.cpseportal.com/kb/a347/medicaid-compliant-ot-pt-prescription-template.aspx>

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		F80.2	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 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:

School Year **7/1/24 – 6/30/25**, or
Calendar Year **11/1/24 – 10/31/25**)

* SLPs will be completing a digital speech recommendation in the Portal.

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name	Jane Doe	DOB	9/1/17
District	Albany	County	Albany
Agency			

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

(Check One)
Reason for Rx: ☒ Annual Review Meeting ☐ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

TERM OF SERVICE: (REQUIRED) School Year: July 1, 2020 to June 30, 2021 (Services to be delivered as per the IEP)			
(Please type in the last two digits of the school year. Format YYYY.)			
Evaluation/Service	(REQUIRED) ICD CODE for EVALUATION(S)	(REQUIRED) ICD CODE for SERVICE(S) *	Medical Diagnosis/Purpose of Treatment
Audiological			
Occupational Therapy			

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
☒ OT	F82
☒ PT	F82
☐ Speech	
☐ Psych Co*	
☐ NU**	

*Psych Co = Psychological Counseling Services
 **NU = nursing services (In addition to the physician, 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

PSSHP 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)

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

(REQUIRED)
 Term of Service: School Year July 1, 2020 to June 30, 2021 (Frequency, Duration & Class Ratio 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
<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.
 * As 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 result in a change in service (i.e., frequency/duration/class size).

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

Address & Phone (REQUIRED) - (Stamp Accepted) (REQUIRED) License # 160924
Stony Brook Advanced Pediatric Care
260 Middle Country Road - Suite 107
Selden, NY 11787
(631) 265-7518 (REQUIRED) 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 School District	ABC School District	FAX #	555-555-5666
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.

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 stringent 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, most likely 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 an increase/decrease in service as well as an Individual/Group designation)*
 - ✓ 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)

Knowledge Base Rx Template

(Check One) Reason for Rx:	☐ Annual Review Meeting	☐ Change in Service	☐ Transfer Meeting	☐ Re-Eval 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

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	Unit	I/G	Per IEP	
Select	Speech Therapy	F80.2	7/1/2022	6/30/2023					☒	
Select	Physical Therapy	F82	7/1/2022	6/30/2023					☒	
Select	Occupational Therapy	F82	7/1/2022	6/30/2023					☒	
	▼		7/1/2022	6/30/2023			Weekly ▼	▼	☐	Add Detail

Apply To Enrollments

Provider Name	ESID	From Date	To Date	Service	Status	
	RS2223W0189835	09/01/2022	06/23/2023	ST 1x30 I	ATTACHED	Detach
		02/09/2023	06/23/2023	ST 2x30 I	New Rx Needed	Attach

This provider tried to use the Rx on this slide (with an **8/2/22** signature date) for the **2/9/23 – 6/23/23** enrollment. Since the frequency changed from **once** per week to **twice** per week on **2/9/23**, a new Rx that coincides with the new IEP implementation date (2/9/22) is required.

PRESCRIPTION FOR PRESCHOOL BASED RELATED SERVICES

Student's Name: _____ DOB: 3/19/19

Agency/School: _____ District: _____
(Agency, Charter School or Individual Provider)

Period of Service
School year 07/01/2022 – 06/30/2023

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.	
☒ OT	ICD-10 Code <u>F82</u>
☒ PPT	ICD-10 Code <u>F82</u>
☒ Speech	ICD-10 Code <u>F80.2</u>
☐ Psy Co*	ICD-10 Code _____
☐ 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: Shantel Schitt, D.O.

Address: _____

Phone Number: _____

Licensure # (REQUIRED): 204803-3

NPI # (REQUIRED): 1235 208465

Medicaid Provider # (REQUIRED): 007005

*Signature of Physician/Physician's Assistant (P.A.) or Nurse Practitioner: _____

Date Signed: 8/2/22

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.

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	I
	2019 - 2020 Winter	10/22/2019	6/26/2020	RS1920W0167037		RS		ST	2x45	I
	2019 - 2020 Summer	7/1/2019	8/9/2019	RS1920S0166948		RS		ST	3x30	I

2 - Verification Screen

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

Order Details

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

Enrollments

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

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

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

3 - Prescription

Student Name: _____
Date of Birth: _____
Provider: _____
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 *Signature: [Signature]
(Please Print Name) NYS Licensed Speech Pathologist

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 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

1.

Prescription Form

Service	ICD-10 Code
DOT	822
OT	822
PT	822
ST	822

Signature: [Illegible]

2.

Prescription Form

Service	ICD-10 Code
DOT	822
OT	822
PT	822
ST	822

Signature: [Illegible]

3.

Prescription Form

Service	ICD-10 Code
DOT	822
OT	822
PT	822
ST	822

Signature: [Illegible]

4.

10/01/2020 2:41PM FAX 519
10/01/2020 02:30 1516

Prescription Form

Service	ICD-10 Code
DOT	822
OT	822
PT	822
ST	822

Student's Name: [Illegible]

Agency/School: [Illegible]

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 Medicaid purposes.

VERIFICATION PROCESS

Corrections Made to Medicaid Documents

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

Freq/Dur _____
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

Incorrect 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.

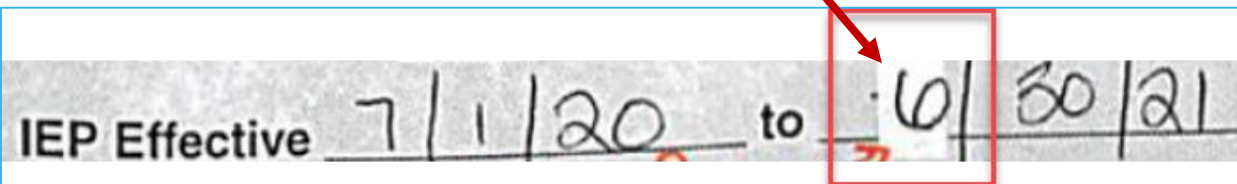
1.

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

A photograph of a Medicaid form showing the 'Period of Service' and 'School Year' fields. The handwritten text is 'July 1, 2021 thru June 30, 2022'. Red arrows point to the word 'July' and the year '2021', which have been partially obscured by white-out correction tape. The word 'thru' is also underlined.

2.

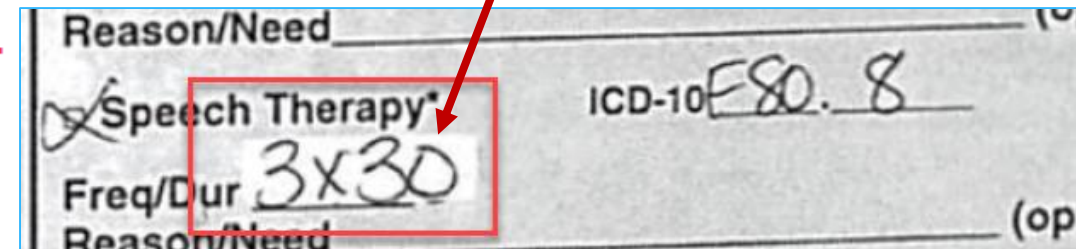
IEP Effective 7/1/20 to 6/30/21

A photograph of an IEP form showing the 'IEP Effective' date. The handwritten text is '7/1/20' followed by 'to' and '6/30/21'. A red box highlights the date '6/30/21', and a red arrow points to it, indicating a correction from a previous date.

3.

Reason/Need Speech Therapy* ICD-10 E80.8

Freq/Dur 3x30 Reason/Need (op

A photograph of a Medicaid form showing the 'Reason/Need' and 'Freq/Dur' fields. The handwritten text is 'Speech Therapy*' and '3x30'. A red box highlights the frequency '3x30', and a red arrow points to it, indicating a correction from a previous frequency.

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.

(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.	
☒ OT	ICD-10 Code <u>R62.50-F84.0</u>
☒ PT	ICD-10 Code <u>F84.0 F82.0</u>
☒ Speech	ICD-10 Code <u>F80.1</u>
☐ Psy Co*	ICD-10 Code _____
☐ 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:	DR. Linda Jacobs
Address:	KIDFIXERS A DIV. OF PROHEALTH CARE ASSOCIATES, LLP 675 UNDERHILL BOULEVARD SYOSSET, N.Y. 11791
Phone Number:	TEL. 516-921-2122
License # (REQUIRED)	FAX 516-921-0670
NPI # (REQUIRED)	
Medicaid Provider # (REQUIRED)	

Signature of Physician/Physician's Assistant (P.A.)/Nurse Practitioner: [Signature] Date Signed: 5/6/21

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

Handwritten notes in red box:
Linda Jacobs
LIC 217901
NPI 1275627556
Medicaid 2414193

ALTERATIONS TO A PRESCRIPTION

This prescription was also altered after it left the doctor's office.

The agency sent this prescription back to the doctor, who changed the ICD code and the purpose of treatment and re-dated the change.

A replacement prescription should have been requested in September.

TERM OF SERVICE: (REQUIRED) School Year: <u>July 1, 2022</u> to <u>June 30, 2023</u> (Services to be delivered as per the IEP)			
(Please enter the 4 digit years of the school year)			
Evaluation/Service	(REQUIRED) ICD CODE for EVALUATION(S)	(REQUIRED) ICD CODE for SERVICE(S) *	Medical Diagnosis/Purpose of Treatment
Audiological		R62.0	motor delay / abnormal gait
Occupational Therapy		R62.50	Developmental Delay
Physical Therapy		F82	fine motor Delay
Speech		F80.9	Speech Delay
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/class size).

Signature [Signature] Date Signed 9/19/22

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>
- ❑ Questions can be sent to the Portal mailbox for Medicaid: 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.
- ❑ Citations for all of the guidance that we have provided during this presentation, follow this slide.

CITATIONS

Medicaid Handbook & Medicaid Q & A

Item	Medicaid Handbook	Medicaid Questions & Answers
EIGHT REQUIRED ITEMS OF A MEDICAID RX	Page 21	
1) Name		
2) Term of Service	Page 21	34 & 37
3) Service/Frequency/Duration	Page 21	33
4) Diagnosis - ICD/Reason for Service	Page 21	157, 176 – M.A. #12-04
5) Signature	Page 21	
Electronic Signatures		129 & 130
6) Signature Date	Page 21	37 & 38
7) NPI/License #s	Page 21	114
8) Practitioner's Contact Information	Page 21	114
When is a New Order required?	Page 22	92 & 158
Service Change		158
Corrections to Medicaid Documents		133
Altering Prescriptions		95 & 96

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]

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. Practitioners should seek guidance on assigning ICD-9 Codes from their professional organizations.**

4. Patient Diagnosis / Reason-Need for Service(s)

Medicaid Q & A

☐ **Question #176**

Will the State be supplying providers with a list of ICD-9 Codes that are acceptable for SSHSP Medicaid billing purposes?

Answer

No. NYS Medicaid does not plan to supply a discrete list of ICD-9 Codes to providers for use in SSHSP claim submission. Questions regarding coding for reimbursement can be referred to professional organizations such as: APTA, AOTA, ASHA, APA, AMA. [December 5, 2011]

4. Patient Diagnosis / Reason-Need for Service(s)

Medicaid Alert #12-04

❑ Medicaid Alert #12-04 [Medicaid in Education : OMS : NYSED](#)

What format should the ICD-9 codes be in (how many positions – 3, 4 or 5) on the SSHSP Medicaid Claims? **Providers must use the most specific code available.** A provider would assign...

For example:

314 Hyperkinetic syndrome of childhood
314.0 Attention deficit disorder
314.00 Without mention of hyperactivity
314.01 With hyperactivity
314.1 Hyperkinesis with developmental delay
314.2 Hyperkinetic conduct disorder
314.8 Other specified manifestations of hyperkinetic syndrome
314.9 Unspecified hyperkinetic syndrome

The provider would not be able to assign ICD-9-CM code 314 (Hyperkinetic syndrome of childhood) or 314.0 (Attention deficit disorder) because there are five-digit codes within the category. The provider would be able to assign the following codes because they represent the highest level of specificity within that category: 314.00, 314.01, 314.1, 314.2, 314.8, or 314.9.



Please note: Preparations are underway for ICD-10-CM coding, which will bring a greater level of specificity. Clinicians can keep informed about changes through the [CMS](#) website.

For ICD-9 Codes, the provider would assign a 3-digit code if there are no 4-digit codes, or a 4-digit code if there are no 5-digit codes for that category, etc.

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]*