

MEDICAID-COMPLIANT SESSION NOTES

5/1/25 & 5/2/25

Questions & Answers

Q	Can you un-sign a session note?
A	You can sign and un-sign the session note prior to the attendance being vouchered. Once the attendance is on a voucher, the session cannot be un-signed.
Q	Who sets up caseload defaults? The therapist or the billing admin?
A	Only the therapist can set up the defaults.
Q	Can the last five minutes of the session be used to write the child's session note?
A	No. The entire duration of the session should be dedicated to the child's treatment. If the service mandate is not delivered in accordance with the IEP, the session must be marked as, "Does not meet Medicaid requirements."
Q	When/how will a therapist know that the session does not meet Medicaid requirements? Can the session note be corrected?
A	There are certain audits/errors that will prevent the therapist from signing the session note. There are also "warnings" that will occur that will need to be checked prior to signing. Warnings will not prevent signing. Other errors may occur when the voucher is submitted by your agency biller. Until a session is put on a voucher, the session can be un-signed, corrected and re-signed.
Q	What invalidates a signature or a service location?
A	A signature will be invalidated if the signature does not show the signature, title and credentials for the provider. A service location will be invalidated if between the setting and location fields it cannot be determine "where" the service took place.
Q	Can the child be serviced at another location (other than the one delineated on the IEP)?
A	Yes, the child can be seen at an alternate location periodically. If the alternate location becomes more frequent (than periodically) the IEP should be amended to reflect the new location (as per SED).
Q	How are make-ups handled for Medicaid?
A	If the child's weekly sessions are delivered in accordance with the authorized sessions for the week, it is considered a regular session (not a make-up session) and will be Medicaid reimbursable. If one (or more) of the authorized weekly sessions is delivered in the following week, the number of sessions for the following week will be "over frequency." The extra session(s) will not be Medicaid reimbursable.
Q	Regarding CPT codes... If the child is picked up from school early and the OT session is only 15-minutes, should one 15-minute CPT code be entered or should the session be deemed not Medicaid eligible?
A	If the IEP has a 30-minute duration and you only provided 25 minutes, the session will not meet Medicaid requirements.

Q	If it is easier, can we enter absences under Activity Management?
A	All missed sessions should be marked as a missed session.
Q	Are counseling services Medicaid reimbursable?
A	Psychological Counseling is a Medicaid reimbursable service and must be stated as such on the IEP. The service must also be provided by a licensed LMSW that is supervised by a licensed LCSW, a licensed LCSW or a licensed psychologist to be Medicaid reimbursable.
Q	How does Medicaid handle back-to-back sessions?
A	Back-to-back sessions are Medicaid reimbursable as long as the session is delivered in accordance with the written order, IEP and Medicaid policy. The exact time-in and time-out must be entered on the session note. It is recommended that you record exactly what occurred and Medicaid will decide whether the session is reimbursable or not.
Q	Who creates the default settings? The service provider or the billing admins?
A	Only the service provider can create the caseload defaults.
Q	Does a group of one need to be marked as not Medicaid eligible?
A	No. The Portal will not bill Medicaid for a group of one.
Q	Do default settings need to be entered for all children?
A	Since all children have different settings, locations and medical billing codes, the default settings must be entered specifically for each child.
Q	If the service provider is absent, what is the period of time in which to conduct a make-up session?
A	Each county sets the parameters for how make-ups are handled. Please contact your county.
Q	If I enter my notes at the end of the month, will Medicaid deny reimbursement?
A	As per Medicaid Q&A #25, providers should be completing and signing their notes “as soon as practicable” following each session. Signing notes daily (or at least weekly) will ensure that the sessions are signed contemporaneously. If the note is signed at the end of the month and the agency biller requires the service provider to make a correction and re-sign the note, it is possible that the session may be signed outside the 45-day contemporaneous window. McGuinness does not recommend signing notes at the end of the month.
Q	If a child did not receive their entire session, does the session need to be marked as Medicaid ineligible?
A	Yes.