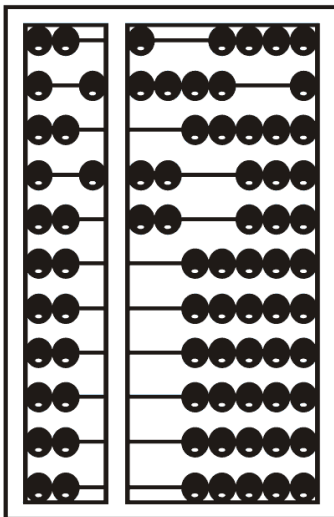


JAMES MCGUINNESS  
& ASSOCIATES INC.  
Consultants



# Medicaid-Compliant Written Orders

(Updated October 2025)

# INTRODUCTIONS

Who will you be working with at McGuinness?

- Deborah Frank, McGuinness Medicaid Specialist
  - Kelly Knowles, Medicaid Team
  - Ellen Farney, Medicaid Team
  - Darcy McMullen, 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 Templates
- Replacement Prescriptions
- When is a New Prescription Required?
- Medicaid Documentation
- Altering Prescriptions

# MEDICAID COMPLIANCE FOR PRESCRIPTIONS

Most contracts between counties and providers stipulate that the provider will comply with Medicaid regulations.

The prescription compliance (*policy/regulations*) discussed during today's presentation is required for the county to bill 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 10), 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

\* Medicaid Provider Policy & Billing Handbook (Update 10)

<https://www.oms.nysed.gov/medicaid/handbook/Final%20SSHSP%20Handbook%20Update%2010%20-corrected.pdf>

# 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 of 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 of the Medicaid requirements, a replacement (new) order should be requested immediately. (The replacement order will have a subsequent signature date.)

# WHAT ARE THE EIGHT REQUIRED ELEMENTS OF A MEDICAID PRESCRIPTION?

Per the **Medicaid Provider Policy and Billing Handbook** (Update 10) Page 21, [www.oms.nysed.gov/Medicaid](http://www.oms.nysed.gov/Medicaid), there are eight (8) required elements on a written order.

1. **Child's Name**
2. **Term of Service**
3. **Service(s) being ordered** (OT/PT/ST).  
*The **frequency and duration** of the ordered service must be **specified on the order** itself, ~~or the order can explicitly adopt the frequency and duration of the service **in the IEP reference**~~\**  
*\* This option is no longer being accepted by Full-Service Medicaid Counties.*
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 of the eight Medicaid elements on a prescription.

After each Medicaid element, there will be examples of prescription issues that do not meet Medicaid requirements.

# 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 on the prescription must be correct.)

# INCORRECT DOB

This prescription was determined to be invalid for Medicaid due to an incorrect DOB. The Portal shows 7/25/2020 and the prescription shows 7/24/2020.

## Demographics in Portal – 7/25/2020

Child Details ( [REDACTED] JORDAN)  
Child Number: C28000282873 CIN: STAC ID: L15258  
DOB: 7/25/2020 Gender: M  
Address: [REDACTED]  
County: NASSAU  
District: [REDACTED]  
Matched?: Y

## DOB on the Prescription – 7/24/2020

DSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

By the County: [REDACTED] LI EVALUATION: [REDACTED]

Student Name \_\_\_\_\_ DOB 7/24/20  
District Port Washington County Nassau  
Agency Communication Therapies and Rehab Managing Associates  
(Agency, Center-based Program or Individual Provider/Phone)

## 2. TERM OF SERVICE

### Time Period of the Ordered Service

#### Medicaid Compliant (Valid)

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

**School Year:**

- July 1, 2025 – June 30, 2026
- 7/1/25 – 6/30/26
- 7/1/2025 – 6/30/2026
- **School Year 2025-26\***

**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.*

#### Non-Medicaid Compliant (Invalid)

- No “Term of Service” listed on the order
- Incomplete Dates
  - ✓ 2025 – 2026 or 25/26
  - ✓ 9/2025 – 6/2026
  - ✓ July 2025 – June 2026
- ESY Term of Service dates **7/1 to 8/31** cannot be applied to the 10-month session.
- A script that was signed on **9/1** cannot be applied for the summer session.

# Term of Service Dates & Mandates

- If you have service mandates listed on the order for both **ESY & 10-Month**, you must select the **Full School Year option (7/1 to 6/30)** for the term of service dates.
- If you have service mandates for one school session (Either ESY or 10-Month), the **School Session Term of Service** option can be selected and the specific **From and To** dates for the session can be entered.

**TERM OF SERVICE** (Only select one option – Selecting two options will result in an invalid prescription)

**SELECT ONE** Enter Year Enter Year

<input checked="" type="checkbox"/> School Year:	July 1, <b>2025</b>	To	June 30, <b>2026</b>	
	FROM DATE		TO DATE	
<input type="checkbox"/> School Session:				
<input type="checkbox"/> Specific Dates:				

**Extended School Year Services (ESY)**

Discipline	Frequency	Duration	(I/G)	ICD Code Services	Purpose of Treatment
Occupational Therapy	1	30	I	Provider	Provider
Physical Therapy	1	30	I	Provider	Provider
Speech Therapy					
Psychological Counseling					

**10-Month Services**

Discipline	Frequency	Duration	(I/G)	ICD Code Services	Purpose of Treatment
Occupational Therapy	2	30	I	Provider	Provider
Physical Therapy	1	30	I	Provider	Provider
Speech Therapy					
Psychological Counseling					

# EXAMPLES OF RX ISSUES FOR THE TERM OF SERVICE

- This prescription has a **summer session only** term of service but lists the frequency & duration for both summer and winter services.
- This prescription will **only** be valid for **summer services**, and a new prescription will be requested for winter services.

**TERM OF SERVICE (REQUIRED)** (ONLY SELECT ONE OPTION – SELECTING TWO OPTIONS WILL RESULT IN AN INVALID PRESCRIPTION)

School Year: 7/1/ \_\_\_\_\_ to 6/30/ \_\_\_\_\_ -OR-  Specific Dates: \_\_\_\_\_ to \_\_\_\_\_  
(Enter entire School Year or School Year/Session Dates) (Select One) (Enter IEP Dates for Calendar Year IEPs)

School Session 7/1/25 \_\_\_\_\_ to 8/31/25 \_\_\_\_\_  
(Calendar Year Dates)

ESY				10-MONTH			
SERVICE	FREQUENCY	DURATION	(I/G)	SERVICE	FREQUENCY	DURATION	(I/G)
Occupational Therapy	1	30	I	Occupational Therapy	2	30	I
Occupational Therapy			G	Occupational Therapy			G
Physical Therapy	1	30	I	Physical Therapy	2	30	I
Physical Therapy			G	Physical Therapy			G

# 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

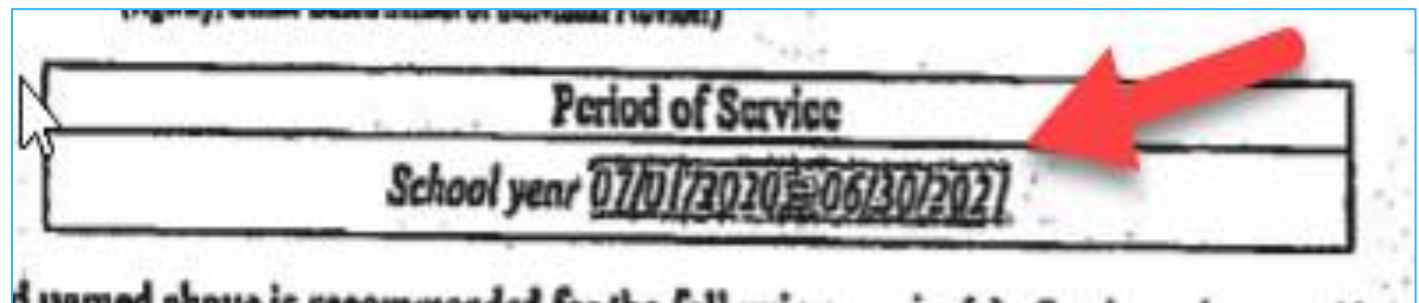
(Required)

Term of Service: School Year \_\_\_\_\_ to June \_\_\_\_\_

## 2. Highlighting - “Unreadable”

Period of Service

School year 07/01/2020 - 06/30/2021



# 3. SERVICE(S) BEING ORDERED

## Medicaid Alert 25-09 – “Per IEP” on Written Orders/Referrals

- Effective with **7/1/27** service dates, SSHSP billing providers **will no longer be able to bill Medicaid** when written orders/referrals contain the phrase **“Per IEP” in place of the frequency/duration.\***

[https://www.oms.nysed.gov/medicaid/medicaid\\_alerts/alerts\\_2025/25\\_09.html](https://www.oms.nysed.gov/medicaid/medicaid_alerts/alerts_2025/25_09.html)

[https://www.oms.nysed.gov/medicaid/medicaid\\_alerts/alerts\\_2026/26\\_05.html](https://www.oms.nysed.gov/medicaid/medicaid_alerts/alerts_2026/26_05.html)

### Medicaid in Education Alert

New York State Department of Health (DOH), Office of Health Insurance Programs (OHIP)  
New York State Education Department (NYSED)  
Preschool/School Supportive Health Services Program (SSHSP)  
Medicaid in Education

Issue #25-09

**TO:** All SSHSP Medicaid Providers  
**FROM:** NYS DOH OHIP SSHSP &  
NYSED Medicaid in Education Unit  
**DATE:** July 16, 2025  
**SUBJECT:** Regarding “Per IEP” on Written Orders/Referrals

Beginning with  
**7/1/27**  
Service Dates

... Written Orders/Referrals must include details about the service(s) being ordered. Details such as the **frequency and duration of the service must be included on the written order/referral.**

**\*\* All Full-Service Medicaid counties have discontinued accepting “Per IEP” for the frequency/duration on prescriptions – effective with **7/1/25** Service Dates.**

# 3. FREQUENCY & DURATION OF SERVICE

Continued

*\*Beginning with 7/1/25 Service Dates , referrals/written orders can no longer use the “Per IEP” Option.*

## Medicaid Compliant (Valid)

- Speech - 2x30 (Individual) / Speech - 2x30 (Group)
- The frequency and duration specified on the order **should match the frequency and duration listed in the IEP.**
- If a prescription template is being used with multiple sessions or services, make sure the correct sessions/services are selected or listed correctly.

## Non-Medicaid Compliant (Invalid)

- OT 2X (*Frequency is listed, but not the duration*)
- If the frequency and duration are delineated on the Rx and it does not match the IEP mandate, the Rx will be deemed invalid for Medicaid; **a new order should be requested.**
- ***Per IEP*** is no longer an option on SSHSP prescriptions.

# 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 'd/w' IN THE BOX BELOW

REFILLS  None  \_\_\_\_\_

PHARMACIST TEST AREA: \_\_\_\_\_ Dispense As Written

**0TJ7CF 16**

# EXAMPLE OF RX ISSUES FOR FREQUENCY/DURATION

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

This prescription has all of the other elements of a Medicaid prescription.

NEW YORK STATE DEPARTMENT OF HEALTH Form 17 of 22 10/2018 IN  
**OFFICIAL NEW YORK STATE PRESCRIPTION**

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

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

Patient Name \_\_\_\_\_ Date 8/27/21

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_ Sex  M  F

Rx OT & PT  
2 times per week

LEP Preferred Language School year 2021/22  
Prevent medication errors. Please see back of prescription.

Prescriber Signature [Signature]  MAXIMUM DAILY DOSE (optional additional only)

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

REFILLS  None  \_\_\_\_\_  
Rfills: \_\_\_\_\_

PHARMACIST TEST AREA: \_\_\_\_\_ Dispense As Written

0TK10L 05

# Pre-Filling the Frequency & Duration

When pre-filling the frequency and duration be sure to pay attention to **where** you enter them. There is a place on the templates for both ESY and 10-month mandates.

If the frequency & duration are listed in the wrong place, the prescription will **not** be accepted for Medicaid purposes.

**TERM OF SERVICE (REQUIRED)** **ONLY SELECT ONE OPTION** – SELECTING TWO OPTIONS WILL RESULT IN AN INVALID PRESCRIPTION)

School Year: **7/1/** to **6/30/** -OR-  Specific Dates: \_\_\_\_\_ to \_\_\_\_\_  
(Enter entire School Year or School Year/Session Dates) (Select One) (Enter IEP Dates for Calendar Year IEPs)

School Session **9/1/25** to **6/30/26** (Calendar Year Dates)

ESY				10-MONTH			
SERVICE	FREQUENCY	DURATION	(I/G)	SERVICE	FREQUENCY	DURATION	(I/G)
Occupational Therapy	1	30	I	Occupational Therapy			I
Occupational Therapy			G	Occupational Therapy			G
Physical Therapy	1	30	I	Physical Therapy			I
Physical Therapy			G	Physical Therapy			G

# 4. PATIENT DIAGNOSIS / NEED FOR SERVICE(S)

## Medicaid Compliant (Valid)

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

## Non-Medicaid Compliant (Invalid)

- 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 not specific enough.
  - ***Developmental delay, or***
  - ***Preschooler with a disability***

# 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 order, the order is Medicaid compliant without the ICD Code. When uploading, select *Has Reason* instead of entering an ICD Code.

(Optional)

~~Speech Therapy\*~~ ICD-10 80.2 ←

Freq/Dur 4X30M Reason/Need To Improve Expressive and Receptive Language

(optional) 1X30G

Psychological Cnslg\*\* ICD-10 \_\_\_\_\_

### Are Details entered correctly

**Rx shows a reason for service without the ICD Code, select "Has Reason"**

Type	ICD	Has Reason	Start Date	End Date	Frequency	Duration	Unit	I/G	Per IEP	Verification Status	
Occupational Therapy	R62.50	<input type="checkbox"/>	7/7/2025	8/15/2025					<input checked="" type="checkbox"/>		Edit Delete
Physical Therapy	R62.50	<input type="checkbox"/>	7/7/2025	8/15/2025					<input checked="" type="checkbox"/>		Edit Delete Verify

# 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.

Summer Session				10-Month Session			
SERVICE	FREQUENCY	DURATION	(I/G)	SERVICE	FREQUENCY	DURATION	(I/G)
Occupational Therapy			I	Occupational Therapy			I
Occupational Therapy			G	Occupational Therapy			G
<b>OT ICD Code(s)</b>				<b>OT ICD Code(s)</b>			
Physical Therapy			I	Physical Therapy			I
Physical Therapy			G	Physical Therapy			G
<b>PT ICD Code(s)</b>				<b>PT ICD Code(s)</b>			

**FREQUENTLY-USED ICD CODES** – Enter the appropriate ICD code(s) next to the specific service above.

ICD Code	Description	ICD Code	Description
F82	Coordination Disorder	R27.8	Lack of Coordination: Ataxia, not otherwise specified; muscular incoordination
R62.0	Delayed Milestones in Childhood	F84.0	Autism
R62.50	Unspecified lack of expected normal physiological development in childhood	Q90.9	Down Syndrome, Unspecified
R26.89	Abnormality of Gait: Ataxic, paralytic, spastic, staggering		

# 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 (within the same family of codes) must be used on the Session Note.

Search by...  
 Version:  ICD9  ICD10  
**Lookup>ICD Code Lookup**  
 ICD Code begins with  Short description contains

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

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 Preferred Language

Prescriber Signature *Sarah Sercombe, DNP*

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "AW" IN THE BOX BELOW

REFILLS  None  Refills:

PHARMACIST TEST AREA:

Dispense As Written

8TJ7CF 16

QUESTIONS

Questions?

# 5. SIGNATURE OF THE ORDERING PRACTITIONER

Is the order signed?


## Medicaid Compliant (Valid)

Acceptable methods of signing:

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

## Non-Medicaid Compliant (Invalid)

Unacceptable methods of signing:

- Signature stamp\* 
- Scanned “image” of a signature (*i.e.*, JPEG) or font substitution (Jane Doe – *Jane Doe*)\*
- Doctor’s signature was signed by another staff employee (*i.e.*, nurse) and then initialed
- Signed by a Clinical Fellow Student (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.**

# EXAMPLES OF SIGNATURE STAMPS

## Computer-Generated Signature Stamp

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

Signature: [Handwritten Signature]  
n/P A./Nurse Practitioner  
**Must be hand written signature; STAMP**

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

A FACSIMILE OR PHOTOCOPY OF THIS FORM IS NOT ACCEPTABLE.

## Font Substitution in place of Signature

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

Jennifer Sheridan  
(Please Print Name)  
Pathologist  
MEDICAID PROVIDER NUMBER: 03654799

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

\*Signature: Jennifer Sheridan  
NYS Licensed Speech Pathologist

## Physical Stamp

OTHER:

Signature of NYS licensed and registered physician, a physician or a licensed nurse practitioner acting within the scope of their license, or a school official and for speech therapy services, a speech-language pathologist or speech therapist.

Signature: [Handwritten Signature] M.D.  
Date: \_\_\_\_\_

(Required: Original Signature - Stamps Not Permitted)

# EXAMPLES OF SIGNATURE ISSUES

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

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

2. CFY & SLP both signed Rx.

**CF-SLP**  
(Please Print Name)  
\*Signature: \_\_\_\_\_  
NYS Licensed Speech Pathologist  
\*\*Title: Speech Pathologist  
\*\*DATE: 09/23/19  
\*\*ADDRESS: \_\_\_\_\_  
\*\*PHONE NUMBER: \_\_\_\_\_  
\*\*LICENSE NUMBER: \_\_\_\_\_ \*\*NPI NUMBER: \_\_\_\_\_ \*\*MEDICAID PROVIDER # \_\_\_\_\_  
**UDO:** \_\_\_\_\_ MS. CCC-SLP ← Signature

3. Doctor did not sign or date the prescription.

Physician/Physician's Assistant/Nurse Practitioner Information  
(Please print):  
Name: Joseph P. Addabbo Family Health Center  
Address: 1288 Central Avenue, Far Rockaway, NY 11691  
Phone Number: Ph: 718-945-7150, Fax: 866-288-9143  
License # (REQUIRED)  
NPI # (REQUIRED)  
Medicaid Provider # (REQUIRED)  
Signature of Physician/Physician's Assistant (P.A.)/Nurse Practitioner  
Date Signed  
Must be hand written signature: STAMPED SIGNATURE WILL NOT BE ACCEPTED

# ELECTRONIC SIGNATURES

## Are Electronic Signatures Acceptable?

Yes, electronic signatures are acceptable if adequate security is in place and confidentiality is maintained. The use of an electronic signature has the **same validity as a signature affixed by hand.**\*

- Providers must be prepared to authenticate or prove that the record was electronically signed by the person authorized to sign the record, and,
- Electronic signatures affixed by someone other than the actual practitioner are not allowable.
- James McGuinness and Associates, as the Medicaid claiming agent for the county, will require that an attestation be signed to acknowledge that all the requirements of the electronic signature meets the applicable requirements of the Medicaid Program found in federal and state (18 NYCRR) regulations.

\* Medicaid Questions and Answers – Questions 129 & 130.

[http://www.oms.nysed.gov/medicaid/q\\_and\\_a/q\\_and\\_a\\_combined\\_revised\\_12\\_9\\_16.pdf/](http://www.oms.nysed.gov/medicaid/q_and_a/q_and_a_combined_revised_12_9_16.pdf/)

# ELECTRONIC SIGNATURES

*If you use electronic signatures an attestation is required.*

*What are you attesting to?*

- ✓ The signature meets all the requirements of federal and state laws and regulations.
- ✓ The signature has the features of an electronic signature and **not the characteristics of a stamped signature, such as an image or font substitution.**
- ✓ **There is a record of who added the electronic signature, when the record was created, that the record was created through some type of secure authorization (password, PIN #, etc.), that the record cannot be altered or, if altered, records the original and altered versions, dates of creation and creator.**
- ✓ There is adequate security in place to ensure that **only the person authorized to sign the record can affix the electronic signature.**
- ✓ The electronic signature **cannot be affixed by someone other than the actual practitioner.**
- ✓ **The electronic record is accessible to any auditing agency,** which may require a certification that the paper reproduction is an exact copy of the electronic record.
- ✓ The content of the record **meets the applicable requirements of the Medicaid Program** found in federal and state (18 NYCRR) regulations to support the claim for payment.

# 6. DATE THE ORDER WAS WRITTEN & SIGNED

Was the order dated?

Complete date the order was written and signed.

## Medicaid Compliant (Valid)

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

- June 1, 2024
- 6/1/24
- 6/1/2024

## Non-Medicaid Compliant (Invalid)

- Absence of the date the order was written and signed.
- Incomplete date format: 6/21, June 2021
- The date was handwritten, crossed out and a new date written. The correction was not initialed or white-out was used in place of the cross-out before the correction was made.

# EXAMPLES OF ISSUES FOR THE SIGNATURE DATE

Doctor's stamp was stamped over the signature date

\*\*NO\*\* 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	<b>Happy and Healthy Pediatrics</b>
Address:		Elissa Rubin, MD, FAAP, IBCLC, RLC Deborah Saunders, MD, FAAP, FSAHM Sheeba Johnson, MD, FAAP, IBCLC, RLC Alyssa Nastro, MD, FAAP, IBCLC, RLC Rachael Bilello, DO, FAAP Denise Tavano, MD, FAAP
Phone Number:		77 Jericho Tpke. Ste. 175 Mineola, NY 11501
License # (REQUIRED)	251728	Phone (516) 216-5910 / Fax (516) 216-5907
NPI # (REQUIRED)	1396404371	happyandhealthypediatrics.com
Medicaid Provider # (REQUIRED)		Date Signed

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

**08/20/2020**

# EXAMPLES OF ISSUES FOR THE SIGNATURE DATE

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

This prescription does not meet Medicaid requirements.

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

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

The child named above is recommended for the following service(s). Services when provided will be in accordance with the Individualized Education Program designed by the Committee.

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

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

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

Physician/Physician's Assistant/Nurse Practitioner Information

(Please print):

Name:	<u>Robin Zeller</u>
Address:	<u>50 Hazelwood Dr Jericho NY 11753</u>
Phone Number:	<u>516-932-7577</u>
License # (REQUIRED)	<u>009670-1</u>
NPI # (REQUIRED)	<u>1316075674</u>
Medicaid Provider # (REQUIRED)	<u>03666819</u>

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

Date Signed

# 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.
- If the prescription has only a license number, it can be uploaded, but the NPI # will need to be entered during the prescription upload process.
- 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 Medicaid information on the order.

# 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.

<input checked="" type="checkbox"/> Speech	ICD-10 Code	<u>F80.1</u>
<input type="checkbox"/> Psy Co*	ICD-10 Code	_____
<input type="checkbox"/> NU**	ICD-10 Code	_____

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

**Physician/Physician's Assistant/Nurse Practitioner Information**

(Please print):

Name:	<u>Dr. Linda Tasho</u>	KIDFIXERS
Address:		A DIV. OF PROHEALTH CARE ASSOCIATES, LLP 575 LINDERHILL BOULEVARD SYOSSET, N.Y. 11791
Phone Number:		TEL. 516-921-2222 FAX 516-921-0670
License # (REQUIRED)		
NPI # (REQUIRED)		
Medicaid Provider # (REQUIRED)		

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

5/6/21 Date Signed

# 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
	202122	1932150877	8/13/2021		

Agency/School: The \_\_\_\_\_ District: \_\_\_\_\_

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

The child named above is recommended for the following service(s). Services when provided will be in accordance with the Individualized Education Program designed by the Committee.

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

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

<input checked="" type="checkbox"/> OT	ICD-10 Code	R62.50
<input checked="" type="checkbox"/> 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
Phone Number:	Tel: 516.489.8888 Fax: 516.489.6262
License # (REQUIRED)	233057
NPI # (REQUIRED)	1932150877
Medicaid Provider # (REQUIRED)	2734458

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

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

# 8. ORDERING PRACTITIONER'S CONTACT INFORMATION

*(office stamp or preprinted address and telephone number)*

What should be on the written order?

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
<ul style="list-style-type: none"><li>• <b>123 Main Street</b>      <i>(Street address)</i> <b>Any Town, NY 12345</b>   <i>(City, State, Zip)</i> <b>(555) 555-5555</b>        <i>(Phone number Including area code)</i></li></ul>	<ul style="list-style-type: none"><li>• 123 Main Street Any Town, NY 12345 <b>(Phone number missing)</b></li><li>• 123 Main Street Any Town, <b>(State, Zip and phone number missing)</b></li><li>• (555) 555-5555 <b>(Address is missing)</b></li><li>• The contact information is included, but not readable, or a stamp was used and the stamped information was placed over other pertinent information on the order.</li></ul>

# EXAMPLES OF RX ISSUES FOR ORDERING PRACTITIONER'S CONTACT INFORMATION

1. & 2. Ordering practitioner's contact information is missing.

Form fields for ordering practitioner's contact information:

\*\*Tide: \_\_\_\_\_ \*\*DATE: 9/9/2020

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

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

\*\*MEDICAID

Address & Phone (Required) - (Stamp Accepted)

Missing

3. Unreadable Contact Information

Address & Phone (Required) - (Stamp Accepted)

Northwell Health Physician Partners  
WHM  
Somers Pediatric  
193 Route 100 Suite 104  
Somers, New York 10589

(Required) License # 213651

Phone # 1013005820

Medical # \_\_\_\_\_

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

(Signature of MD's Required and registration, physician, or physician or a licensed nurse practitioner acting within the scope of practice (for psychological counseling services) or a licensed social worker or appropriate school official and for speech therapy services, a speech-language pathologist who has seen the child.)

4. Phone # Missing

OCCUPATIONAL THERAPY REFERRAL

X Doctor/Practitioner name: Nandana Bacon

X Doctor Address: THE CHILDREN'S MEDICAL GROUP  
104 FULTON AVENUE  
POUGHKEEPSIE, NEW YORK 12603

X Doctor phone number: \_\_\_\_\_

X Doctor NPI #: 1356657498

X License #: 264564

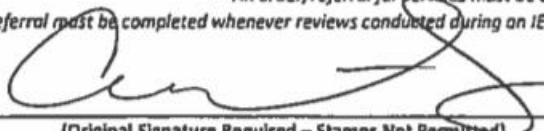
# EXAMPLES OF RX ISSUES FOR ORDERING PRACTITIONER'S CONTACT INFORMATION

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 # <u>F382734</u>
	(REQUIRED) NPI # <u>1437508207</u>
	Medicaid # <u>4761193</u>
	Fax # _____

# QUESTIONS

Questions??

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

# CONFIRMATION OF PRESCRIPTION REQUIREMENTS

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

- 1) The Ordering Practitioner's **Address**,
- 2) The Ordering Practitioner's **Phone Number**,
- 3) 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.

**A replacement prescription should be requested if any of the (8) required items are missing or illegible on the prescription.**

**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  Applies to specific school year / session  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

<input checked="" type="checkbox"/>	Child Name	Mark Hansen
<input checked="" type="checkbox"/>	Time Period of Service	7/1/2023 to 6/30/2024 (202324)
<input checked="" type="checkbox"/>	Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/>	Ordering Practitioner NPI/ License	1912322454
<input type="checkbox"/>	Ordering Practitioner's Address	
<input type="checkbox"/>	Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/>	Signature Date	1/18/2023
<input type="checkbox"/>	Signature	

# 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.

# PRESCRIPTION TEMPLATES

# MULTI-DISCIPLINE PRESCRIPTION TEMPLATE

This prescription template can be used for both the **ESY & 10-Month Sessions**.

No need to complete two templates.

## Link to Template:

<https://support.cpseportal.com/kb/a266/medicaid-compliant-multi-discipline-prescription-template.aspx>

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

**PSSHSP RECOMMENDATION FOR SERVICES**

Student Name SAMPLE DOB 1/1/21 (optional – must be correct)

District Optional County Optional

Agency Optional  
(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** (Only select one option – Selecting two options will result in an invalid prescription)

SELECT ONE Enter Year Enter Year

School Year: July 1, 2026 To June 30, 2027

FROM DATE TO DATE

School Session: \_\_\_\_\_

Specific Dates: \_\_\_\_\_

**Extended School Year Services (ESY)**

Discipline	Frequency	Duration	(I/G)	ICD Code Services	Purpose of Treatment
Occupational Therapy	2	30	I	F84.0	
Physical Therapy	3	30	I	F84.0	
Speech Therapy	1	30	G		
Psychological Counseling					

**10-Month Services**

Discipline	Frequency	Duration	(I/G)	ICD Code Services	Purpose of Treatment
Occupational Therapy	2	30	I	F84.0	
Physical Therapy	4	30	I	F84.0	
Speech Therapy					
Psychological Counseling					

**PRACTITIONER** **PRACTITIONER**

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
(Required: Original Signature – Stamps Not Permitted)

**PRACTITIONER**  
(Please Print) Ordering Practitioner's Name/Title/Credentials

**REQUIRED ORDERING PRACTITIONER INFORMATION (Stamp Accepted)**

**Address:**  
  
123 Main Street  
Anytown, NY

**Phone: (000)-000-0000**

License # PRACTITIONER

NPI # PRACTITIONER

Medicaid # optional

Phone # (000)-000-0000

Fax # optional

# OT/PT PRESCRIPTION TEMPLATE

This prescription template can be used for both the **ESY & 10-Month Sessions**.

No need to complete two templates.

**Link to Template:**

<https://support.cpseportal.com/kb/a347/medicaid-compliant-ot-pt-prescription-template.aspx>

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

**PSSHSP REFERRAL FOR OT/PT SERVICES**

Student Name SAMPLE DOB 1/1/21 (optional – must be correct)

District optional County optional

Agency optional  
(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) (ONLY SELECT ONE OPTION)**

School Year: 7/1/26 to 6/30/27 -OR-  Specific Dates: \_\_\_\_\_ to \_\_\_\_\_  
(Calendar Year Annual Review Dates)

Summer Session				10-Month Session			
SERVICE	FREQUENCY	DURATION	(I/G)	SERVICE	FREQUENCY	DURATION	(I/G)
Occupational Therapy	1	30	I	Occupational Therapy	1	30	I
Occupational Therapy	2	30	G	Occupational Therapy	2	30	G
<b>OT ICD Code(s)</b>	F84.0			<b>OT ICD Code(s)</b>	F84.0		
Physical Therapy	1	30	I	Physical Therapy	1	30	I
Physical Therapy	2	30	G	Physical Therapy	2	30	G
<b>PT ICD Code(s)</b>	F84.0			<b>PT ICD Code(s)</b>	F84.0		

**FREQUENTLY-USED ICD CODES – Enter the appropriate ICD code(s) next to the specific service above.**

ICD Code	Description	ICD Code	Description
F82	Coordination Disorder	R27.8	Lack of Coordination: Ataxia, not otherwise specified; muscular incoordination
R62.0	Delayed Milestones in Childhood	F84.0	Autism
R62.50	Unspecified lack of expected normal physiological development in childhood	Q90.9	Down Syndrome, Unspecified
R26.89	Abnormality of Gait: Ataxic, paralytic, spastic, staggering		

Signature \_\_\_\_\_ **PRACTITIONER** Date Signed \_\_\_\_\_ **PRACTITIONER**  
(Required: Original Signature – Stamps Not Permitted)

Ordering Practitioner's Name/Title/Credentials (Please Print)

**REQUIRED ORDERING PRACTITIONER INFORMATION (Stamp Accepted)**

Address:  
123 Main Street  
Anytown, NY

Phone: (000)-000-0000

License # PRACTITIONER

NPI # PRACTITIONER

Medicaid # optional

Phone # (000)-000-0000

Fax # optional

# 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.

All of the items in **red** can be completed by the agency (if known). (Name, DOB, Term of Service Dates, Frequency/Duration, I/G, Ordering Practitioner's address & phone #)

All of the items shown in **purple**, must be completed by the ordering practitioner. (ICD Code, Purpose of Treatment, License #, NPI #, Signature & Signature Date)

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

**PSSHSP RECOMMENDATION FOR SERVICES**

Student Name SAMPLE DOB 1/1/21 (optional – must be correct)

District Optional County Optional

Agency Optional  
(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** (Only select one option – Selecting two options will result in an invalid prescription)

SELECT ONE Enter Year Enter Year

School Year: July 1, 2026 To June 30, 2027

FROM DATE TO DATE

School Session: \_\_\_\_\_

Specific Dates: \_\_\_\_\_

**Extended School Year Services (ESY)**

Discipline	Frequency	Duration	(I/G)	ICD Code Services	Purpose of Treatment
Occupational Therapy	<b>2</b>	<b>30</b>	<b>I</b>	<b>F84.0</b>	
Physical Therapy	<b>3</b>	<b>30</b>	<b>I</b>	<b>F84.0</b>	
Speech Therapy	<b>1</b>	<b>30</b>	<b>G</b>		
Psychological Counseling					

**10-Month Services**

Discipline	Frequency	Duration	(I/G)	ICD Code Services	Purpose of Treatment
Occupational Therapy	<b>2</b>	<b>30</b>	<b>I</b>	<b>F84.0</b>	
Physical Therapy	<b>4</b>	<b>30</b>	<b>I</b>	<b>F84.0</b>	
Speech Therapy					
Psychological Counseling					

**Signature** PRACTITIONER **Date Signed** \_\_\_\_\_  
(Required: Original Signature – Stamps Not Permitted)

**PRACTITIONER**  
(Please Print) Ordering Practitioner's Name/Title/Credentials \_\_\_\_\_

**REQUIRED ORDERING PRACTITIONER INFORMATION (Stamp Accepted)**

**Address:**  
123 Main Street  
Anytown, NY

**Phone:** (000)-000-0000

License # PRACTITIONER

NPI # PRACTITIONER

Medicaid # optional

Phone # (000)-000-0000

Fax # optional

QUESTIONS

# Questions about Templates

# DOCUMENT VERIFICATION

# 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 incorrect information is crossed out, corrected and initialed by the ordering practitioner*).

# 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: <input type="checkbox"/> Annual Review Meeting <input type="checkbox"/> Change in Service <input type="checkbox"/> Transfer Meeting <input type="checkbox"/> Re-Eval Meeting <input type="checkbox"/> New Referral

- ❑ A new written order is required if any of the circumstances listed above occur.

# REPLACEMENT PRESCRIPTIONS

*Getting a Medicaid-Compliant Rx from a doctor is challenging!*

## **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.

# REPLACEMENT PRESCRIPTIONS

## (Recommended Replacement Prescription Process)

### 1) Non-Compliant Rx - Contact Info Missing

**PRESCRIPTION/RECOMMENDATION FOR PRESCHOOL SERVICES**

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

The child named above is recommended for the following service(s). Services when provided will be in accordance with the Individualized Education Program designed by the Committee.

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

**Diagnosis (ICD-10 code) REQUIRED**

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

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

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

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

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

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

**Doctor's address & phone # are missing**

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

### 2) Replacement Rx - w/ Contact Info Filled In

**PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES**

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

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

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

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

Evaluation/Service	ICD CODE for EVALUATION(S)	ICD CODE for SERVICE(S) *	Medical Diagnosis/Purpose of Treatment
<u>Audiological</u>		F82	
Occupational Therapy		F82	
Physical Therapy			
Speech			
Psychological/Psychological Counseling			
Skilled Nursing (Requires a Physician's Order)			

**The most specific ICD code is required for each evaluation/service.**  
 Medicaid requires that a written referral be in place prior to the initiation of evaluations/services.  
\* 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: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(Original Signature Required - Stamps Not Permitted) (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  
 Smithtown, NY 11787  
 (631) 265-7518 (REQUIRED) NPI # 1376625954  
 Medicaid # 01033967

**Dr.'s address & phone # added.**

### 3) Fax Coversheet - w/ new template

**SAMPLE FAX MESSAGE**

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

The prescription that we recently received from your office for the child noted above is 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.

# 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))  
*\*\*This must take place while the prescription is being completed initially. Corrections cannot be made after the prescription has been signed and left the practitioner's office.*
- 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.

# CORRECTIONS

Made to Medicaid Documents

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

The image shows a handwritten Medicaid prescription form. A red rectangular box highlights the section for 'Speech Therapy\*'. The form includes fields for 'Freq/Dur' and 'Reason/Need' (optional). The handwritten entry is as follows:

<input checked="" type="checkbox"/> Speech Therapy*	ICD-10 E80.0
Reason/Need _____	(optional)
Freq/Dur <del>2 x 30min</del> 3 x 30min	(AA)
Reason/Need _____	(optional)

Below the red box, the form shows an unchecked box for 'Psychological Cnsig' and an ICD-10 field.

# 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

2.

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

3.

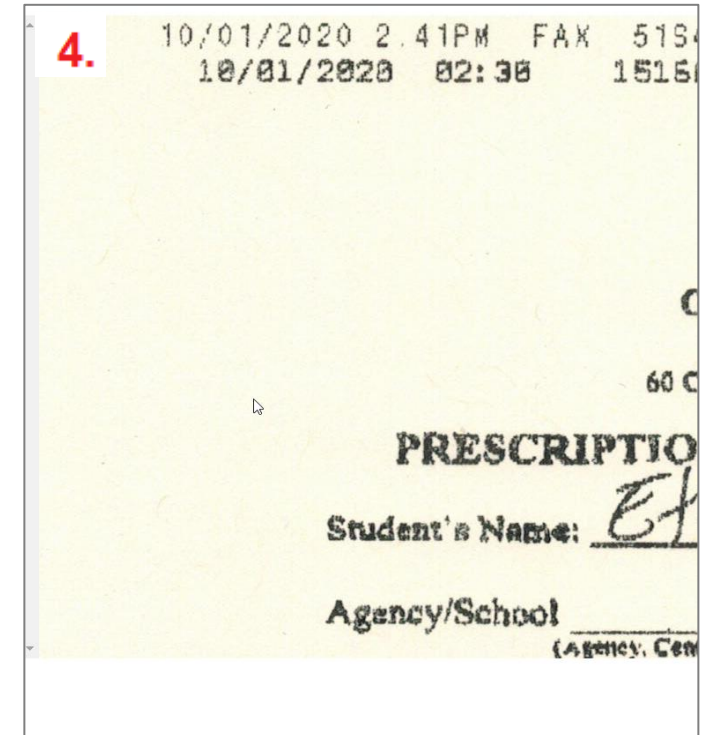
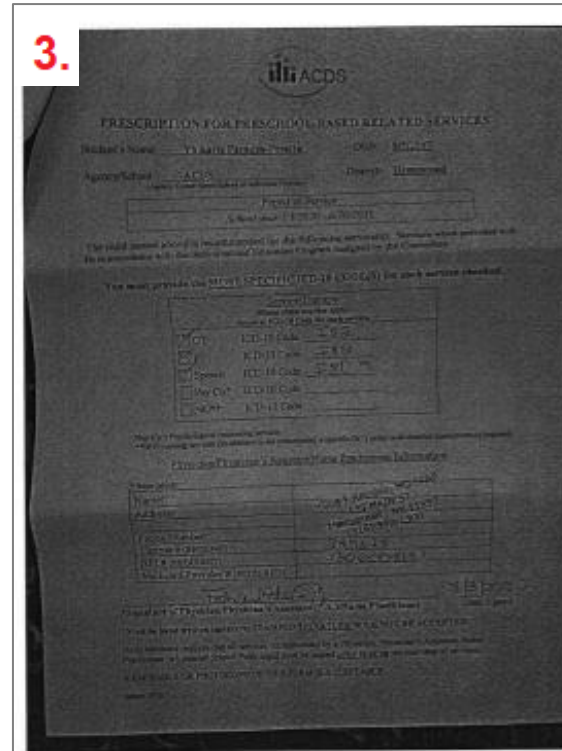
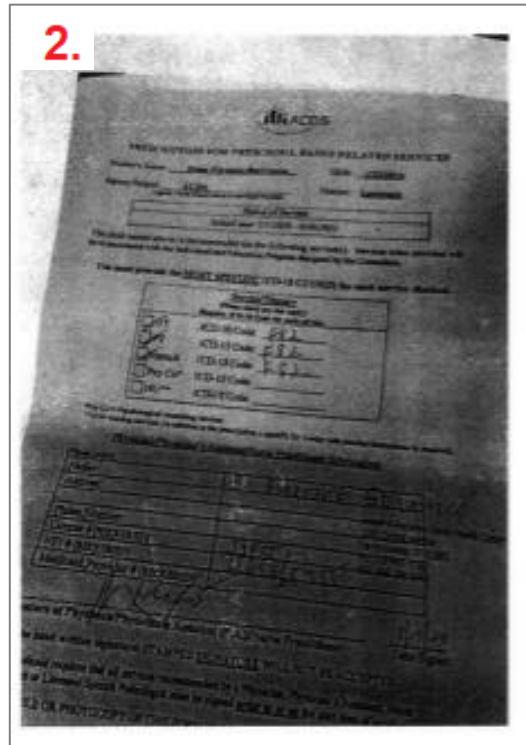
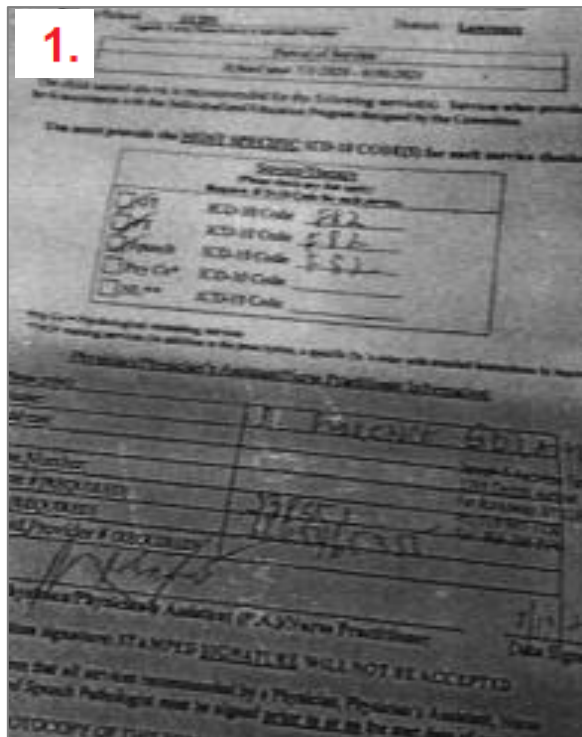
Reason/Need  Speech Therapy\* ICD-10 E80.8  
Freq/Dur 3x30  
Reason/Need (op

# SCANNING

## Medicaid Documents

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

### EXAMPLES OF BAD SCANS



# ALTERED PRESCRIPTIONS

(Medicaid Q&A #95 & #96)

- ❑ Prescriptions must be prospective, which means that a Medicaid prescription must be in place prior to billing Medicaid. (*Exception: SLPs cannot write a prescription prior to meeting with the child.*)
- ❑ Prescriptions cannot be sent back to the ordering practitioner to be annotated with missing or updated information.
- ❑ Once a prescription leaves the practitioner's office, if the prescription has missing information or non-compliant information on the prescription, a NEW prescription template must be completed and sent to the practitioner for a new signature and current signature date.

# ALTERED PRESCRIPTIONS

(Medicaid Q&A #95 & #96)

- ❑ It is **not** okay for the prescription to be updated by the Agency or service provider to include missing information such as the practitioner's address and/or phone number. Once the prescription is altered, the prescription becomes "**VOID.**"
  
- ❑ The most common reasons that prescriptions are invalidated are:
  - **Incorrect DOB**
  - **Missing or illegible Practitioner's Address**
  - **Missing phone number** for the ordering practitioner. (Cannot be added after the Rx leaves the doctor's office.)
  - **ICD Codes** are not entered exactly as they appear on the prescription. (During the upload process, the person uploading the prescription cannot correct an incorrect ICD code. The ICD code must be entered as delineated on the Rx.)
  - **Term of Service dates** are not entered as delineated on the prescription; instead, are entered to coincide with the enrollment. McGuinness checks the child's entire enrollment history when verifying scripts.
  - **Corrections** are made to the prescription, but are not initialed or are initialed by someone other than the ordering practitioner.

# 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 new prescription should have been requested in September.

<b>TERM OF SERVICE:</b>			
<b>(REQUIRED)</b> 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		<del>F82.12</del> R62.50	Developmental Delay 9/13/23
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

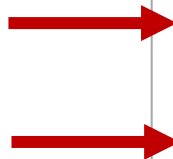
# QUESTIONS

Questions??

# NEW OT/PT PRESCRIPTION TEMPLATE (Minor Change)

ICD CODE MUST BE ENTERED ON THE ICD CODE LINE UNDER EACH DISCIPLINE.

DO NOT CIRCLE THE ICD CODE(S) SHOWN IN THE FREQUENTLY USED ICD CODES



## PSSHSP REFERRAL FOR OT/PT SERVICES

Student Name \_\_\_\_\_ DOB \_\_\_\_\_  
 District \_\_\_\_\_ County \_\_\_\_\_  
 Agency \_\_\_\_\_  
(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) **ONLY SELECT ONE OPTION**

School Year: 7/1/\_\_\_\_ to 6/30/\_\_\_\_ -OR-  Specific Dates: \_\_\_\_\_ to \_\_\_\_\_  
(Calendar Year Annual Review Dates)  
 School Session \_\_\_\_\_ to \_\_\_\_\_

Summer Session				10-Month Session			
SERVICE	FREQUENCY	DURATION	(I/G)	SERVICE	FREQUENCY	DURATION	(I/G)
Occupational Therapy			I	Occupational Therapy			I
Occupational Therapy			G	Occupational Therapy			G
<b>OT ICD Code(s)</b>				<b>OT ICD Code(s)</b>			
Physical Therapy			I	Physical Therapy			I
Physical Therapy			G	Physical Therapy			G
<b>PT ICD Code(s)</b>				<b>PT ICD Code(s)</b>			

### FREQUENTLY-USED ICD CODES – Enter the appropriate ICD code(s) next to the specific service above.

ICD Code	Description	ICD Code	Description
F82	Coordination Disorder	R27.8	Lack of Coordination: Ataxia, not otherwise specified; muscular incoordination
R62.0	Delayed Milestones in Childhood	F84.0	Autism
R62.50	Unspecified lack of expected normal physiological development in childhood	Q90.9	Down Syndrome, Unspecified
R26.89	Abnormality of Gait: Ataxic, paralytic, spastic, staggering		

# UPCOMING WEBINARS

## May

- 5/13/26: Medicaid Compliant Session Notes
- 5/20/26: OPRA

## June

- 6/2/26: Successful Medicaid Claiming Using CLAIMS, CLAIMS Online, & EnterClaims
- 6/3/26: Digital Speech Recommendations (for Portal SLPs)
- 6/4/26: EnterClaims Digital Orders
- 6/10/26: Supervision/UDO Process

## July

- 7/28/26: EnterClaims Digital Orders
- 7/29/26: Digital Speech Recommendations (for Portal SLPs)

## August

- 8/4/26: Successful Medicaid Claiming Using CLAIMS, CLAIMS Online, & EnterClaims
- 8/5/26: Supervision/UDO Process

# 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](mailto: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](http://www.oms.nysed.gov/medicaid/q_and_a/q_and_a_combined_revised_12_9_16.pdf)
  
- ❑ Citations for all 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	
<i>Electronic Signatures</i>		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](http://www.oms.nysed.gov/Medicaid), there are eight (8) required elements on a written order.

1. **Child's Name**
2. **Term of Service**
3. **Service(s) being ordered** (OT/PT/ST).  
The **frequency and duration** of the ordered service must be either **specified on the order** itself **-OR-** the order can explicitly adopt the frequency and duration of the service **in the IEP reference**
4. **Patient diagnosis/need for service(s)**
5. **Signature** of the ordering practitioner
6. **Date** the order was written and signed
7. Ordering Practitioner's **NPI or license number**
8. **Ordering Practitioner's Contact information with both address and phone number**

## 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]*