

MEDICAID-COMPLIANT WRITTEN ORDERS

Thursday, September 30, 2021

10:00 & 2:00

Questions & Answers

Q	If there is an increase/decrease in mandate and a new prescription is received, do we attach it to the new enrollment (the one with the new mandate)?
A	Yes. If a change in service occurs, a new enrollment should be created and the new prescription will be uploaded to the new enrollment/ESID. If the county has not created the enrollment before you need to treat the child (with the new mandate), an unmatched enrollment should be created.
Q	For the prescriptions that we have already uploaded, if group or individual is not written on the prescription, should the prescription be re-written?
A	If group or individual is delineated in the IEP, it does not need to be written on the prescription.
Q	Does the OPRA number need to be delineated on the prescription?
A	No. The SLP needs to be OPRA enrolled in order for the county to receive Medicaid reimbursement for their provided sessions, but the OPRA number does not need to be delineated on the prescription.
Q	Can the SLP who does the evaluation, write the prescription for the child if another SLP will provide the service?
A	Yes.
Q	Can you review the rules of providing make-up sessions and identify when it can be Medicaid billable versus not Medicaid eligible.
A	In essence there are no make-up sessions with Medicaid sessions. If the IEP mandates that the session be delivered twice per week and the missed session was delivered during the same week, the session is Medicaid reimbursable. If the session were delivered in the following week, making the frequency 3 times per week, the missed session would need to be marked as “not Medicaid eligible” on the session note. <u>For example:</u> You have a child that is scheduled for an OT service <u>twice per week for 30 minutes</u> . The therapist scheduled the child for Monday and Wednesday on their schedule. The child was absent on Wednesday; the therapist rescheduled the session to Friday of the same week. Since the service was delivered two times in that week, once on Monday and once on Friday, the session is eligible for Medicaid reimbursement. If the session were made up the following week on Tuesday, the Tuesday session would need to be marked as “not Medicaid eligible” on the session note. It becomes more of a scheduling issue rather than a make-up.
Q	If the prescription shows the frequency as “2X” instead of 2x30 is the prescription invalid for Medicaid?
A	Yes. The prescription needs to have both the frequency (# of times per week) and duration (length of the session; 30 minutes) for the service.

