

# Medicaid-Compliant Written Orders

(Updated March 2022)

# INTRODUCTIONS

Who will you be working with at McGuinness?

- Deborah Frank, McGuinness Medicaid Specialist
- Kelly Knowles, McGuinness Medicaid Team

# MEDICAID@CPSEPORTAL.COM

McGuinness has a separate Portal mailbox strictly for Medicaid Issues. The mailbox is **MEDICAID@CPSEPORTAL.COM**. You will see this noted on the bottom of every slide.

Here are some things that you can address to the Medicaid mailbox:

- Medicaid Compliance
- Medicaid Documentation; including how to upload documentation
- IEPs
- Prescriptions & Digital Recommendations
- Credential Verification

# 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
- ☐ Review (*Summary of Things to Review*)

# 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. (Slides #75 – #90)

# 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 9)  
[http://www.oms.nysed.gov/medicaid/handbook/sshsp\\_handbook\\_9\\_march\\_21\\_2018\\_final.pdf](http://www.oms.nysed.gov/medicaid/handbook/sshsp_handbook_9_march_21_2018_final.pdf)

# PRESCRIPTIONS SHOULD BE REVIEWED 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*).

# QUESTIONS

## Questions??

# 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

# 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)   | Non-Medicaid Compliant (Invalid)  |
|--|---|
| <ul style="list-style-type: none"><li>Child's First and Last Name (<i>Entire name spelled correctly</i>)</li></ul> | <ul style="list-style-type: none"><li>No Name</li><li>Name spelled incorrectly</li><li>Only first name (<i>or only last name</i>)</li><li>Name of another child (incorrect child uploaded)</li><li>Incorrect date of birth<br/>(Not required on Rx, but if delineated must be correct.)</li></ul> |

## 2. TERM OF SERVICE

### Time Period of the Ordered Service

| Medicaid Compliant (Valid)  | Non-Medicaid Compliant (Invalid)  |
|---|---|
| <p><u>Preferred Format:</u> (MM/DD/YY or MM/DD/YYYY)</p> <ul style="list-style-type: none"><li>• July 1, 2021 – June 30, 2022</li><li>• 7/1/21 – 6/30/22</li><li>• 7/1/2021 – 6/30/2022</li><li>• <b><u>School Year 2021-22</u></b></li></ul> | <p><u>Incomplete Dates or No Term of Service Dates</u></p> <ul style="list-style-type: none"><li>• No “Term of Service” listed on order</li><li>• 2021 – 2022 or 21/22</li><li>• 9/2021 – 6/2022</li><li>• July 2021 – June 2022</li><li>• July 2021 – August 2022*</li><li>• Rx is dated <u>7/1/21</u>, the term of service is <u>7/1/21 to 8/31/22</u> (limiting the life of the prescription)</li></ul> <p><i>* The Fiscal year for a school district ends on June 30; therefore, a new written order will need to be submitted beginning July 1.</i></p> <p>(Medicaid Handbook – Page 21 and Medicaid Q&amp;A #34 &amp; #37.)</p> |

# 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:

➤ 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),

\* Using this option is “best practice” and will reduce the chance of potential issues.

# 3. FREQUENCY & DURATION OF SERVICE

## Continued

| Medicaid Compliant (Valid)  | Non-Medicaid Compliant (Invalid)  |
|---|---|
| <ul style="list-style-type: none"><li>Frequency and duration “<u>As per IEP</u>” –OR – <u>Speech - 2x30 (Individual)</u> / <u>Speech - 2x30 (Group)</u></li><li>If the frequency/duration <b><u>is</u></b> specified on the order, <b>it should match the frequency/duration listed in the IEP.</b></li><li>If the frequency/duration is specified and does not match the IEP, <b><u>a new order should be requested.</u></b></li><li>If a prescription template is being used with multiple services listed, make sure the correct services are checked.</li></ul> | <ul style="list-style-type: none"><li>OT 2X (<i>Frequency is listed, but not the duration</i>)</li><li>If “<u>As per IEP</u>” is delineated on the order, the specific reference of the frequency/duration should <b><u>not</u></b> be written on the order.</li><li>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.</li><li>If the frequency and duration are adopted by IEP reference for a child’s <b><u>initial</u></b> order and a <b><u>new</u></b> IEP is subsequently generated due to a <b><u>change in service</u></b>, a new order is required. If the initial Rx is uploaded to the new enrollment for the change in service it will not be valid for Medicaid.</li></ul> |



## 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 or reason/need for service; one must be on the written order.
- There is no ICD code and the Reason/Need for Service is not specific enough.
  - Developmental delay, or
  - Preschooler with a disability
- A non-approved ICD code was listed on the written order without an explanation for the reason/need for services. Without the **reason/need for services**, the written order is not valid for Medicaid purposes.

(Medicaid Handbook – Page 21 and Medicaid Q&A #157.)

# 5. SIGNATURE OF THE ORDERING PRACTITIONER

Is the order signed?

| Medicaid Compliant (Valid)   | Non-Medicaid Compliant (Invalid)   |
|--|--|
| <p>Acceptable methods of signing:</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>Questions? Contact <a href="mailto:Medicaid@CPSEPortal.com">Medicaid@CPSEPortal.com</a>.</p> | <p>Unacceptable methods of signing:</p> <ul style="list-style-type: none"><li>• Signature stamp*</li><li>• Scanned “image” of a signature (<i>i.e., JPEG</i>) or font substitution (Jane Doe – <i>Jane Doe</i>)*</li><li>• Doctor’s signature was signed by another staff employee (<i>i.e., nurse</i>) and then initialed</li><li>• Signed by a Clinical Fellowship Year (CFY)</li><li>• Signed with two signatures (No UDO on scripts)</li></ul> <p>(Medicaid Handbook – Page 21.)</p> |

***\* 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](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)  |
|---|---|
| <p><u>Complete date format (MM/DD/YY or MM/DD/YYYY):</u></p> <ul style="list-style-type: none"><li>• June 1, 2021</li><li>• 6/1/21</li><li>• 6/1/2021</li></ul> | <ul style="list-style-type: none"><li>• Absence of the date the order was written and signed.</li><li>• Incomplete date format: 6/21, June 2021</li><li>• 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.</li></ul> <p>(Medicaid Handbook – Page 21 and Medicaid Q&amp;A #37 &amp; #38.)</p> |

# 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 or 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)   |
|---|--|
| <ul style="list-style-type: none"><li>• <b>123 Main Street</b> <i>(Street address)</i><br/><b>Anytown, NY 12345</b> <i>(City, State, Zip)</i><br/><b>(555) 555-5555</b> <i>(Phone number Including area code)</i></li></ul> | <ul style="list-style-type: none"><li>• 123 Main Street<br/>Anytown, NY 12345<br/><b>(Phone number missing)</b></li><li>• 123 Main Street<br/>Anytown<br/><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> |



# CHECKLIST

## CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER

Questions? Contact [Medicaid@CPSEPortal.com](mailto:Medicaid@CPSEPortal.com).

### CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER

| <p><u>What should I be checking?</u></p> <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 not permissible on Medicaid documentation.</li> <li>✓ Check for any missing information – (Items left blank.) <u>OR</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 (spelled correctly)</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</u> - (MM/DD/YY)</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<br>Frequency & Duration<br>of Service   | <p><u>Option 1:</u> Specific reference to adopt the frequency and duration "as per the IEP."<br/>(If this option is used, the frequency/duration should not be delineated on the order.)<br/>* Using this option is "best practice" and will reduce the chance of potential issues. <b>-OR-</b></p> <p><u>Option 2:</u> Actual Frequency and Duration of Service</p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>• Frequency and duration "As per the IEP"</li> <li><b>-OR-</b> Speech 2x30 (I) - Speech 1x30 (G)</li> <li>• 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.</li> <li>• If an order template is being used with multiple services, make sure the correct services are checked.</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>• OT 2X (frequency listed, but not the duration)</li> <li>• As per the regulations, either the reference to the IEP <u>or</u> the specific frequency/duration should be used on the order; <u>not both</u>.</li> <li>• 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.</li> </ul> </td> </tr> </table> <p>(The service (OT/PT/ST) should be listed on the order along with <u>ONE</u> of the following options – <b><u>NOT BOTH</u></b>)</p> |  | <ul style="list-style-type: none"> <li>• Frequency and duration "As per the IEP"</li> <li><b>-OR-</b> Speech 2x30 (I) - Speech 1x30 (G)</li> <li>• 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.</li> <li>• If an order template is being used with multiple services, make sure the correct services are checked.</li> </ul> | <ul style="list-style-type: none"> <li>• OT 2X (frequency listed, but not the duration)</li> <li>• As per the regulations, either the reference to the IEP <u>or</u> the specific frequency/duration should be used on the order; <u>not both</u>.</li> <li>• 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.</li> </ul> |
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| 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<br>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 <u>OR</u> license number is required on the order; however, both the NPI and license number are preferred* on the order.</p> <ul style="list-style-type: none"> <li>• NPI number (Is the NPI # 10 digits?) 1234567890</li> <li>• License number (Is the license # 6 digits?) 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. (Handwriting is illegible or a stamp was used and not readable.)</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 Practitioners Contact Information   | <table border="0"> <tr> <td> <ul style="list-style-type: none"> <li>• 123 Main Street</li> <li>Anytown, NY 12345</li> <li>(516) 555-5555</li> </ul> </td> <td> <p>(Street Address)<br/>(City, State, Zip)<br/>(Phone number w/ area code)</p> </td> </tr> </table>   | <ul style="list-style-type: none"> <li>• 123 Main Street</li> <li>Anytown, NY 12345</li> <li>(516) 555-5555</li> </ul>   | <p>(Street Address)<br/>(City, State, Zip)<br/>(Phone number w/ area code)</p>   | <ul style="list-style-type: none"> <li>• 123 Main Street</li> <li>Anytown, NY 12345</li> <li>(Phone # missing)</li> <li>• 123 Main Street</li> <li>Anytown (State, zip &amp; phone # missing)</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>  |
| <ul style="list-style-type: none"> <li>• 123 Main Street</li> <li>Anytown, NY 12345</li> <li>(516) 555-5555</li> </ul>  | <p>(Street Address)<br/>(City, State, Zip)<br/>(Phone number w/ area code)</p>   |  |  |   |

**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 **10/28/17** and the **Rx** shows **10/26/17**.

## Portal

Child Number: C13000168496  
DOB: 10/28/2017 Gender: M  
Address: County:  
District:  
Matched?: Y

## Prescription

### Prescription for Occupational Therapy Services

Student's Name: \_\_\_\_\_ Date of Birth: 10/26/17  
Recommended School: The Starting Place

I recommend that this student receive Occupational Therapy in accordance with the frequency, and duration as indicated on the child's Individualized Education Plan (IEP).

| Related Service      | Ratio      | Frequency | Duration   | Period | Start Date | End Date |
|----------------------|------------|-----------|------------|--------|------------|----------|
| Occupational Therapy | Individual | 2         | 30 minutes | weekly | 7/12/21    | 8/20/21  |

# 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 & Duration as per the ICD-10, for the  
 School Year: 9-8-20 to 6-25-21

☐ Audiological ICD10 Code \_\_\_\_\_

☐ Occupational Therapy ICD10 Code L80

☐ Physical Therapy ICD10 Code P80

☐ Speech\* ICD10 Code S809

☐ Skilled Nursing\*\* ICD10 Code \_\_\_\_\_

☐ Psychological Counseling\*\*\* ICD10 Code \_\_\_\_\_

\*\*\* Reason/Need: \_\_\_\_\_

ed by a Speech Language Pathologist who has seen the child  
 system'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

## Summer/Winter Enrollments

Rx Term of Service is for Winter Only.

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

## Portal

|  | ESID               | Provider             | Enrollment     | CB Program                 | Service | Frequency   |   |
|--|--------------------|----------------------|----------------|----------------------------|---------|-------------|---|
|  | CB2021W0051637     | NEW ROCHELLE CITY SD | CB             | Classroom (9160-I)         |         | 2.5 hrs/day |   |
|  | CBRS2021W0049272   | NEW ROCHELLE CITY SD | CBRS           |                            | ST      | 1x30        | I |
|  | CBRS2021W0049273   | NEW ROCHELLE CITY SD | CBRS           |                            | ST1     | 1x30        | G |
|  | CBRS2021W0049274   | NEW ROCHELLE CITY SD | CBRS           |                            | OT      | 2x30        | I |
|  | CBRS2021W0049277   | NEW ROCHELLE CITY SD | CBRS           |                            | PT      | 2x30        | I |
|  | 2020 - 2021 Winter | 9/8/2020 6/25/2021   | RS2021S0184016 | FIRST STEPS SERVICES, INC. | RS      |             |   |
|  | 2020 - 2021 Summer | 7/6/2020 8/14/2020   | RS2021S0184014 | ACDS.INC                   | RS      |             |   |
|  | 2020 - 2021 Summer | 7/6/2020 8/14/2020   | RS2021S0184015 | ACDS.INC                   | RS      |             |   |
|  |                    |                      |                |                            | ST      | 2x45        | I |
|  |                    |                      |                |                            | PT      | 2x30        | I |
|  |                    |                      |                |                            | 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, enter the missing information on a Medicaid-compliant prescription template and request a replacement/new prescription.

**OFFICIAL NEW YORK STATE PRESCRIPTION**

SARAH M SERCOMBE NP  
LIC: 382841  
NPI: 1992244768

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

PROFESSOR DEB HENRY  
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 'dow' IN THE BOX BELOW

REFILLS ☐ None ☐ Refills: \_\_\_\_\_

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 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 William Fitzgerald Date 8-27-21

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

Rx OT & PT

2 times per week

School year 2021/22

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 SERVICE / 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)

~~X~~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 |
|--------------------|----------|-----------|-------------|------|----|------|---|



# 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                                   |              |
|--|-------------------|---|--------------|
| <input type="checkbox"/> Audiological                    | ICD-10 <u>H9</u>  | <input type="checkbox"/> Audiological         | ICD-10 _____ |
| Freq/Dur _____   |                   | Reason/Need _____                             |              |
| Reason/Need _____  |                   | <input type="checkbox"/> Occupational Therapy | ICD-10 _____ |
| (optional)   |                   | Reason/Need _____                             |              |
| <input checked="" type="checkbox"/> Occupational Therapy | ICD-10 <u>F84</u> | <input type="checkbox"/> Physical Therapy     | ICD-10 _____ |
| Freq/Dur <u>1:1 2x/wk for 30 min</u>                     | Reason/Need _____ | Reason/Need _____                             |              |
| (optional)   |                   | <input type="checkbox"/> Speech *             | ICD-10 _____ |
| <input type="checkbox"/> Physical Therapy                | ICD-10 _____      | Reason/Need _____                             |              |
| Freq/Dur _____   |                   | <input type="checkbox"/> Psychological**      | ICD-10 _____ |
| Reason/Need _____  |                   | Reason/Need _____                             |              |
| (optional)   |                   |   |              |
| <input checked="" type="checkbox"/> Speech Therapy*      | ICD-10 _____      |   |              |
| Freq/Dur <u>1:1 2x/wk for 30 min</u>                     |                   |   |              |
| Reason/Need _____  |                   |   |              |
| (optional)   |                   |   |              |
| <input type="checkbox"/> 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 appropriate official such as a school administrator or the chairman of the

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

**Incorrect ICD-10 Code – Should be F80.2**

|   |  |
|---|--|
| (optional)  |  |
| <input checked="" type="checkbox"/> 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>            |
| <input type="checkbox"/> Psychological Cnslg**      | ICD-10 _____                             |

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

When the doctor uses ICD Code(s) that are not accepted,  
provide an acceptable list in the Rx Template

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

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

# EXAMPLES OF SIGNATURE ISSUES

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 | R52.50    |
| Detach | 202122      | 1932150877            | 8/13/2021   |                      |           |

Agency/School: The Children's Learning Center 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. |                    |
| <input checked="" type="checkbox"/> OT               | ICD-10 Code R61.50 |
| <input checked="" type="checkbox"/> PT               | ICD-10 Code R61.50 |

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: 516.489.8882  
Fax: 516.489.6262

Phone Number:

License # (REQUIRED): 233657

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, *Jennifer Sheridan* n/P A./Nurse Practitioner  
**Must be hand written signature; STA**

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

A FACSIMILE OR PHOTOCOPY OF THIS FORM IS NOT ACCEPTED.

## 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

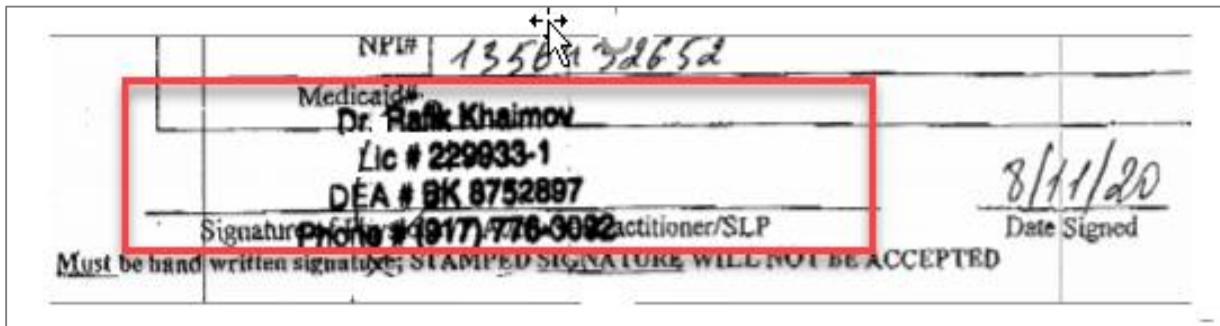
LICENSE NUMBER: 09127495 NPI NUMBER: 1285942367 SIGNED: 9/1/2021

\*Signature: Jennifer Sheridan  
NYS Licensed Speech Pathologist



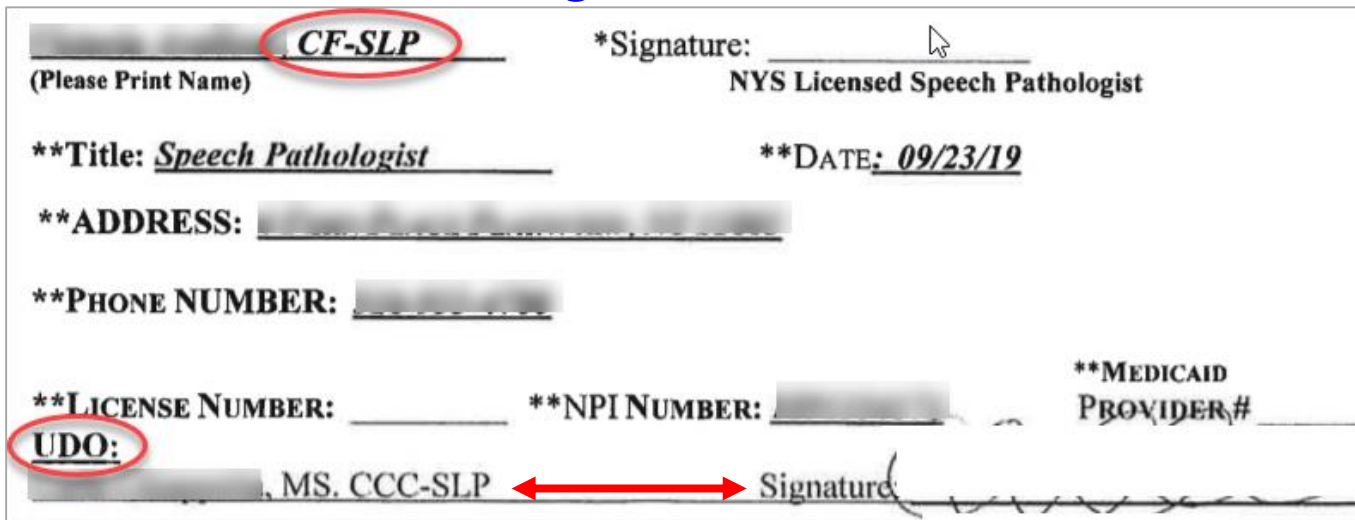
# EXAMPLES OF SIGNATURE ISSUES

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



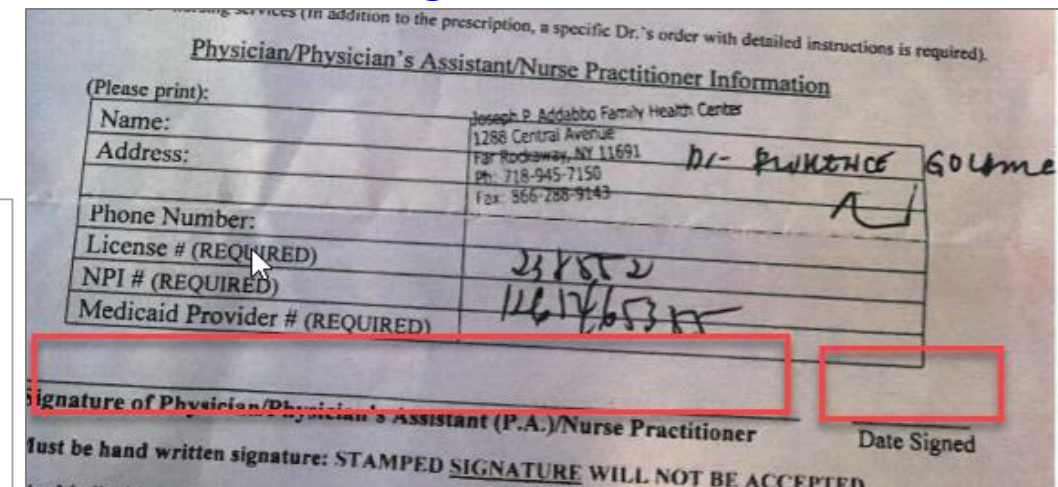
This image shows a medical form with a red rectangular stamp over a signature. The stamp contains the following information: NPI# 1350132652, Medicaid Dr. Rafik Khaimov, Lic # 229033-1, DEA # BK 8752897, and Phone # (917) 776-0092. To the right of the stamp, the date 8/11/20 is written. Below the stamp, 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, Address, Phone Number, License Number, NPI Number, and Medicaid Provider #. The date 09/23/19 is written. The text "Must be hand written signature; STAMPED SIGNATURE WILL NOT BE ACCEPTED" is visible at the bottom.

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 Number: 718-945-7150, 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.

# EXAMPLES OF SIGNATURE ISSUES

**Original Signature of Physician, Physician Assistant, Nurse Practitioner or other professional as explained above:** [Illegible Signature]

**Title:** DO

**Signature Date (mm/dd/yyyy):** 11/30/21

**Please print or use a free stamp. Please make sure the Name, NPI & License Number are of the practitioner signing above:**

**Practitioner's Name:** Scott Owitz

**Address:** 1561 Rte 9W  
Lake Katrine NY 12461

**NYS License Number:** Pediatrics  
Brett Macaluso, DO

**NPI Number:** 1561 Rte 9W  
Lake Katrine, NY

**Phone Number:** 845-202-6128  
License: 178755  
NPI: 1528016581

**OFFICE USE ONLY**

School Year \_\_\_\_\_  
Number of Months \_\_\_\_\_  
License Exp \_\_\_\_\_  
OPBA Enrolled \_\_\_\_\_  
Approved on \_\_\_\_\_  
Approved by \_\_\_\_\_

☐ Begins on signature date  
☐ Logged in Preschool

The signature of this prescription, does not match the practitioner's name. The signature, NPI and License #s also do not match the Practitioner's name. In this example, Scott Owitz is a licensed Nurse Practitioner and as such can sign prescriptions. Either the doctor or the nurse practitioner should have signed the prescription. The credentials, practitioner name and signature must all match. This prescription was not valid for Medicaid purposes.

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<br>(Please check any that apply)<br>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</u><br><u>Tericho NY 11753</u> |
| Phone Number:                  | <u>516-932-7577</u>                               |
| License # (REQUIRED)           | <u>009670-1</u>                                   |
| NPI # (REQUIRED)               | <u>1316075624</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

## 1. 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 Trivani | <b>Happy and Healthy Pediatrics</b>   |
| Address:                       |                | Elissa Rubin, MD, FAAP, IBCLC, RLC<br>Deborah Saunders, MD, FAAP, FSAHM     |
| Phone Number:                  |                | Sherba Johnson, MD, FAAP, IBCLC, RLC<br>Alyssa Nastro, MD, FAAP, IBCLC, RLC |
| License # (REQUIRED)           | 251728         | Rachael Bilello, DO, FAAP<br>Denise Trivani, MD, FAAP                       |
| NPI # (REQUIRED)               | 1396404371     | 77 Jericho Tpke., Ste. 175 Mineola, NY 11501                                |
| Medicaid Provider # (REQUIRED) |                | Phone (516) 216-5910 / Fax (516) 216-5907                                   |

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

happyandhealthypediatrics.com  
Date Signed: 08/28/2020

## 2. Signature Date Missing

Psychological Evaluation and/or Psychological Counseling can have ICD9 Code OR Reason/Need: all others need IC109

*Mark A. Buechler, MD*

**Original Signature of Physician, Physician Assistant, Nurse Practitioner or other professional explained above.**

**Date:** \_\_\_\_\_

# EXAMPLES OF RX ISSUES FOR NPI / LICENSE #s

**1912516345** **JENNIFER GUBELL, MA, CCC-SLP, TSSLD**

Prescription Image Details

Child Name: [REDACTED] DOB: 9/13/2017 District: HICKSVILLE UFSD  
 School Year: 2021 - 2022 County: NASSAU Provider: KIDZ THERAPY SERVICES  
 Date Signed: 10/20/2021 Ordering Provider NPI: 1912516345 **JENNIFER GUBELL, MA, CCC-SLP, TSSLD**

Update

Invalid Image

Reason: [REDACTED] Other: [REDACTED] Invalidate

Order Details

| Action | School Year | Ordering Provider NPI | Signed Date | Type           | ICD Codes |
|--------|-------------|-----------------------|-------------|----------------|-----------|
| Select | 202122      | 1750427258            | 10/20/2021  | Speech Therapy | F80.2     |
| Detach | 202122      | 1912516345            | 10/20/2021  |                |           |

Enrollments

| Start    | End      | Provider              | ESID           | From    | To       | Service            |
|----------|----------|-----------------------|----------------|---------|----------|--------------------|
| 07/01/21 | 06/30/22 | KIDZ THERAPY SERVICES | RS2122W0181475 | 0/20/21 | 06/24/22 | ST 3x30 Individual |

Date of Birth: 9/13/17  
 Provider: Kidz Therapy Services, PLLC  
 (Agency, Center based Program or Individual Provider)

District: [REDACTED]  
 Period of Service: School Year: July 1, 2021 thru June 30, 2022

☐ EVALUATION

**Reason for Evaluation:** [REDACTED]  
 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: F80.2  
 REQUIRED - Use official ICD-10 code for all services. Use as many ICD 10 codes as appropriate.

Judy Mahoney, MA, CCC-SLP \*Signature: Judy Mahoney MA CCC-SLP  
 (Please Print Name) NYS Licensed Speech Pathologist

\*\*Title: Speech-Language Pathologist \*\*Date: 10/20/21

\*\*ADDRESS [REDACTED]

\*\*PHONE NUMBER [REDACTED]

\*\*LICENSE NUMBER: 031178 \*\*NPI NUMBER: 1750427258 \*\*MEDICAID PROVIDER: [REDACTED]

# 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<br>(Please check any that apply)<br>Require: ICD-10 Code for each service. |                                 |
|--|---------------------------------|
| <input checked="" type="checkbox"/> OT   | ICD-10 Code <u>P62.50-F84.0</u> |
| <input checked="" type="checkbox"/> PT   | ICD-10 Code <u>F84.0-F82.0</u>  |
| <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:                          | Dr. Linda J. Jabe  | KIDFIXERS |
| Address:                       | KID OF PRO HEALTH CARE ASSOCIATES, LLP<br>575 UNDERHILL BOULEVARD<br>SYOSSET, N.Y. 11791 |           |
| Phone Number:                  | TEL. 516-921-2122<br>FAX 516-921-0870  |           |
| License # (REQUIRED)           |  |           |
| NPI # (REQUIRED)               |  |           |
| Medicaid Provider # (REQUIRED) |  |           |



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

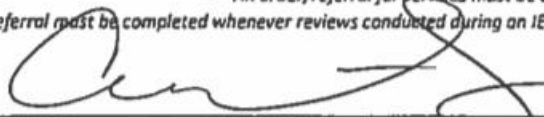
5/6/21  
Date Signed

# EXAMPLES OF RX ISSUES FOR 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

(REQUIRED) License # F382734  
(REQUIRED) NPI # 1437508207  
Medicaid # 4761193  
Fax # \_\_\_\_\_

Phone 



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

This prescription has the doctor's contact information, but it is unreadable.

| (Required)<br>(Check)                              | ICD Code | ICD CODE / MEDICAL DIAGNOSIS-PURPOSE OF TREATMENT<br>Description               | (Frequency, Duration & Class Ratio as per the IEP) |
|--|----------|--|--|
| <input checked="" type="checkbox"/>                | F82      | Coordination Disorder  |  |
| <input type="checkbox"/>                           | F84.0    | Autism   |  |
| <input type="checkbox"/>                           | R62.50   | Unspecified lack of expected normal physiological development in childhood     |  |
| <input type="checkbox"/>                           | R26.39   | Abnormality of Gait: Ataxic, paralytic, spastic, staggering                    |  |
| <input type="checkbox"/>                           | R27.8    | Lack of Coordination: Ataxia, not otherwise specified; muscular incoordination |  |
| <input type="checkbox"/> Other<br>(Please Specify) |          |  |  |

*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 [Signature] Date Signed 9/8/2022  
(Original Signature Required - Stamps Not Permitted) (Required)

Print Name Robert Felix Title MD

Address & Phone (Required) - (Stamp Accepted)

YIC "CIBENS MEDICAL GROUP PLLC  
SUITE 105  
214 W. WINCHESTER ROAD  
NEW YORK, NY 10003

(Required) License # 202807  
(Required) NPI # 1740281286  
Medicaid # \_\_\_\_\_  
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/PA/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

# QUESTIONS

## Questions??

# PRESCRIPTION TEMPLATES

- ❑ Best practice for all related service providers would be to use the **“most recent”** prescription template available from the County or James McGuinness and Associates.
- ❑ At the start of each annual review season, check with your county representative to ensure that you are using the most up-to-date written order template. Most counties update their written order template on an annual basis and can usually be found on the county’s website.
- ❑ A customizable Medicaid-Compliant Written Order template can also be found in the CPSE Portal Knowledge Base as well as the **“Sample Medicaid-Compliant Written Order”** shown during this presentation.



# 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

Questions? Contact [Medicaid@CPSEPortal.com](mailto:Medicaid@CPSEPortal.com).

**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)<br>ICD CODE for<br>EVALUATION(S) | (Required)<br>ICD CODE for<br>SERVICE(S) * | Medical Diagnosis/Purpose of Treatment               |
| Audiological  |   |  |  |
| Occupational Therapy  |   |  |  |
| Physical Therapy  |   |  |  |
| Speech  |   | <b>F80.2</b>                               | <b>Mixed receptive-expressive language disorder.</b> |
| 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) (00000000) (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 **7/1/21 – 6/30/22**)

\*SLPs will be completing a digital speech recommendation on 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

|  |   |  |  |
|--|---|--|--|
| <b>TERM OF SERVICE:</b><br>(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)<br>ICD CODE for<br>EVALUATION(S) | (REQUIRED)<br>ICD CODE for<br>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 |
|--|-------------|
| <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 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  
**Must be hand written signature; STAMPED SIGNATURE WILL NOT BE ACCEPTED**

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.

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

### 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)

(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  
 Smithtown, 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.

# How 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 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, 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 a decrease in service)*
  - ✓ 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)
- ❑ 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

- ❑ 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: Corinthian Therapy Management Services, Inc.  
(Agency, Center based Program or Individual Provider)  
District: Westbury  
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  
\*\*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.

(Medicaid Handbook – Page 21 and Medicaid Q&A #33.)

# 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.

Prescription Form

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

Signature: [Illegible]

# VERIFICATION PROCESS

## Corrections Made to Medicaid Documents

### What is the acceptable way to make a correction on Medicaid documentation?

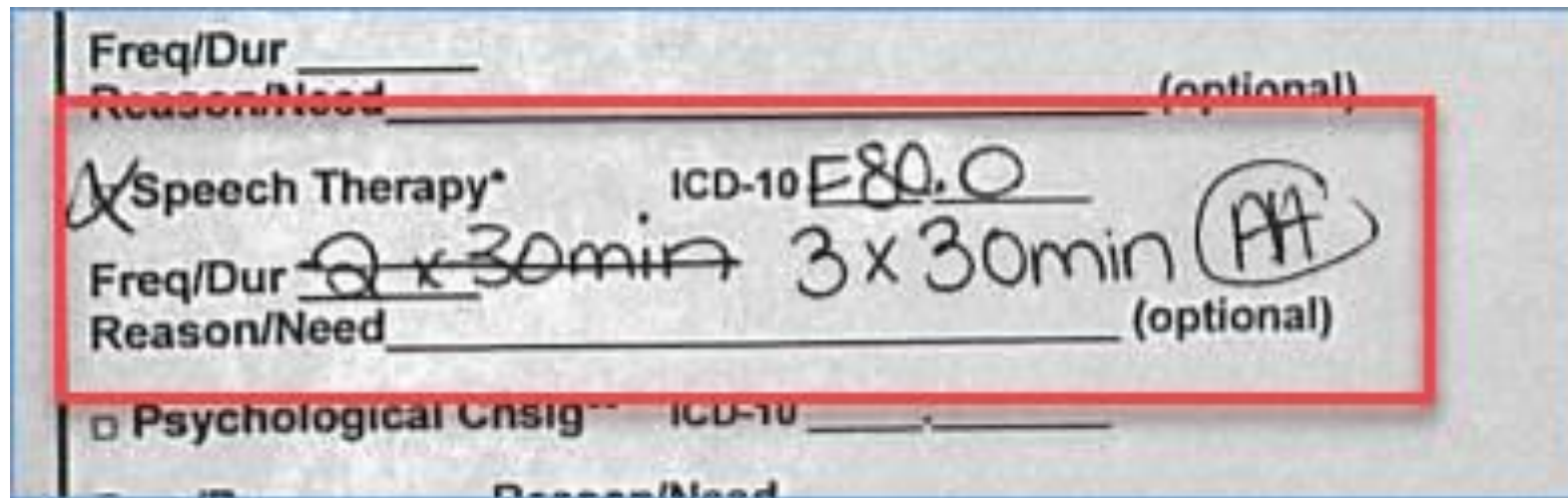
- ☐ If a written order needs correction, the ordering provider/practitioner must put a line through the error and initial the change. (i.e., ~~material to be deleted~~ (TF))
- ☐ White-out (or correction tape) is not permissible when making corrections on any Medicaid documentation.
- ☐ If corrections are not made in accordance with the Medicaid regulations, the document will be invalid for claiming.

(Citation: Slide 92)

# VERIFICATION PROCESS

## Corrections Made to Medicaid Documents

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



Form fields and handwritten entries:

- Top section: 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

## 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 handwritten Medicaid form. The text 'Period of Service: School Year: July 1, 2021 thru June 30, 2022' is visible. The word 'July' is written over a white-out patch. Three red arrows point to the white-out, the word 'July', and the end of the date '2022'.

2.

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

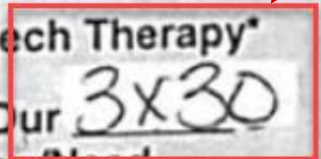
A photograph of a handwritten IEP form. The text 'IEP Effective 7/1/20 to 6/30/21' is visible. A red box highlights the date '6/30/21', and a red arrow points to it from above.

3.

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

Freq/Dur 3x30

Reason/Need \_\_\_\_\_ (op

A photograph of a handwritten Medicaid form. The text 'Reason/Need Speech Therapy\* ICD-10 E80.8' and 'Freq/Dur 3x30' is visible. A red box highlights the frequency '3x30', and a red arrow points to it from above.



# 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<br>(Please check any that apply)<br>Require: ICD-10 Code for each service. |   |
|--|---|
| <input checked="" type="checkbox"/> OT   | ICD-10 Code <u>R62.50 - F84.0</u>         |
| <input checked="" type="checkbox"/> PT   | ICD-10 Code <u><del>F84.0</del> F82.0</u> |
| <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)

Physician/Physician's Assistant/Nurse Practitioner

(Please print):

|                                |   |
|--------------------------------|---|
| Name:                          | DR. Linda Jacobs  |
| Address:                       | KIDFIXERS<br>A DIV. OF PROHEALTH CARE ASSOCIATES, LLP<br>675 UNDERHILL BOULEVARD<br>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 provider sent this prescription back to the provider, who changed the ICD code and the purpose of treatment.

A replacement prescription should have been requested.

| TERM OF SERVICE:<br>(REQUIRED) School Year: July 1, 2022 to June 30, 2023 (Services to be delivered as per the IEP) |   |  |  |
|---|---|--|--|
| (Please enter the 4 digit years of the school year)   |   |  |  |
| Evaluation/Service  | (REQUIRED)<br>ICD CODE for<br>EVALUATION(S) | (REQUIRED)<br>ICD CODE for<br>SERVICE(S) * | Medical Diagnosis/Purpose of Treatment |
| Audiological  |   | R62.0                                      | motor delay / abnormal gait            |
| Occupational Therapy  |   | <del>F82.12</del><br>R62.50                | Developmental Delay 11/13/23           |
| 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

# ALTERATIONS TO A PRESCRIPTION

Question #95 in the Medicaid Q&A states that an original prescription **cannot be altered**.

This prescription was altered by someone to include information that was not on the original prescription.

This is not permitted on a Medicaid prescription.

(Medicaid Handbook – Page 21 and Medicaid Q&A #133.)

Questions? Contact Medicaid@CPSEPortal.com.

|                      | ICD10 Code |  | ICD10 Code                       |
|----------------------|------------|--|----------------------------------|
| Audiological         |            | Audiological   |                                  |
| Occupational Therapy |            | <input checked="" type="checkbox"/> Occupational Therapy | R62.0, F82.0                     |
| Physical Therapy     |            | Physical Therapy   |                                  |
| Speech*              |            | Speech   |                                  |
| Skilled Nursing**    |            | Skilled Nursing**  |                                  |
| Psychological***     |            | Psychological***   |                                  |
| ***Reason/Need:      |            | ***Reason/Need:  | delayed milk spine in childhood. |

Referrals for Speech Evaluation or Services may be signed by a Speech Language Pathologist who has seen the child.  
\*\* Referrals for Skilled Nursing Services require specific physician's order with specific instructions.  
\*\*\* Referrals for a Psychological Evaluation or Psychological Counseling Services may be signed by an appropriate school official such as school administrator or the chairperson of the CPSE or a licensed practitioner acting within his/her scope of practice. Psychological Evaluation and/or Psychological counseling can have ICD10 Code OR Reason Need: all others need ICD10

Original Signature of Physician, Physician Assistant, Nurse Practitioner or other professional explained below

Date: 9/23/19

Dr. Ari Rosenblatt  
295 Knollwood Road  
White Plains, NY 10607  
914.989.7600

Npi - 1225356181  
license - 274745

# REVIEW

## Review Prescriptions Upon Receipt \* What Should You Be Checking?

- ☐ As per **Question #114** from the Medicaid Q&A, **review all prescriptions for completeness (upon receipt)**.
- ☐ Review the prescription for readability (**ensure that handwriting and/or stamps are legible**).
- ☐ Ensure that stamps are **not stamped over other pertinent information**.
- ☐ Check the document to ensure that the scanned image is clear/readable and scanned in its entirety (**nothing is cut off**).



# REVIEW

## Prescriptions Upon Receipt \* What Should You Be Checking?

- All eight required elements are filled in – No blanks.
- Any corrections (if any) were made in accordance with Medicaid (no white-out).
- All eight required elements are expressed in accordance with Medicaid (complete dates, no stamped signatures, etc.)

# QUESTIONS

## Questions??

# TRAINING TIMELINE

(Presentations are at 10:00 AM & 3:30 PM)

## ☐ 1/18/23 – How to Complete a Speech Recommendation (for SLPs)

*Effective 7/1/22 Sullivan County is requiring SLPs to use the digital option for all prescriptions.*

## ☐ 1/23/23 – Supervision (UDO/USO/Pre-License) – New Screen

# CITATIONS

## Medicaid Handbook & Medicaid Q & A

| Item   | (Slide #)      | Medicaid Handbook | Medicaid Questions & Answers # |
|--|----------------|-------------------|--------------------------------|
| <b>Eight Required Items of a Medicaid Rx</b>   | <b>(76)</b>    | <b>Page 21</b>    | <b>-</b>                       |
| 1. Name  | -              | Page 21           | -                              |
| 2. Term of Service   | (77-78)        | Page 21           | 34 & 37                        |
| 3. Services/Frequency/Duration   | (79)           | Page 21           | 33                             |
| 4. Diagnosis/ICD Code  | (80)           | Page 21           | 157                            |
| 5. Signature   | (81)           | Page 21           | -                              |
| Electronic Signatures  | (82)           | -                 | 129 & 130                      |
| 6. Signature Date  | (83)           | Page 21           | 37 & 38                        |
| 7. NPI/License #s  | (84)           | Page 21           | 114                            |
| 8. Practitioner Contact Information  | (85)           | Page 21           | 114                            |
| <b>When is a new order required?</b>   | <b>(86-88)</b> | <b>Page 22</b>    | <b>92 &amp; 158</b>            |
| <b>Corrections to Medicaid Documents</b>   | <b>(89)</b>    | <b>-</b>          | <b>133</b>                     |
| <b>Altering Prescriptions</b>  | <b>(90-91)</b> | <b>-</b>          | <b>95 &amp; 96</b>             |
| Medicaid Handbook: <a href="http://www.oms.nysed.gov/medicaid/handbook/">http://www.oms.nysed.gov/medicaid/handbook/</a> Medicaid Questions & Answers: <a href="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</a> |                |                   |                                |

# 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>
  - Email: [Medicaid@CPSEPortal.com](mailto:Medicaid@CPSEPortal.com)
  
- ❑ **Questions can be sent to the new Portal Medicaid mailbox: [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)
  
- ❑ **Clarification regarding Medicaid compliance and/or documentation can also be forwarded to Deborah Frank, [dfrank@jmcguinness.com](mailto:dfrank@jmcguinness.com).**

# CITATIONS

## Medicaid Handbook & Medicaid Q & A

| Item   | (Slide #)      | Medicaid Handbook | Medicaid Questions & Answers # |
|--|----------------|-------------------|--------------------------------|
| <b>Eight Required Items of a Medicaid Rx</b>   | <b>(76)</b>    | <b>Page 21</b>    | <b>-</b>                       |
| 1. Name  | -              | Page 21           | -                              |
| 2. Term of Service   | (77-78)        | Page 21           | 34 & 37                        |
| 3. Services/Frequency/Duration   | (79)           | Page 21           | 33                             |
| 4. Diagnosis/ICD Code  | (80)           | Page 21           | 157                            |
| 5. Signature   | (81)           | Page 21           | -                              |
| Electronic Signatures  | (82)           | -                 | 129 & 130                      |
| 6. Signature Date  | (83)           | Page 21           | 37 & 38                        |
| 7. NPI/License #s  | (84)           | Page 21           | 114                            |
| 8. Practitioner Contact Information  | (85)           | Page 21           | 114                            |
| <b>When is a new order required?</b>   | <b>(86-88)</b> | <b>Page 22</b>    | <b>92 &amp; 158</b>            |
| <b>Corrections to Medicaid Documents</b>   | <b>(89)</b>    | <b>-</b>          | <b>133</b>                     |
| <b>Altering Prescriptions</b>  | <b>(90-91)</b> | <b>-</b>          | <b>95 &amp; 96</b>             |
| Medicaid Handbook: <a href="http://www.oms.nysed.gov/medicaid/handbook/">http://www.oms.nysed.gov/medicaid/handbook/</a> Medicaid Questions & Answers: <a href="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</a> |                |                   |                                |

# 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] (Slide #86)

# 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...**

# 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]*