CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER

What should I be checking?

- ✓ ***Handwriting should be legible for all eight required elements.***
- ✓ ***Scanned documents should be checked to ensure that all content was scanned and the image is clear/readable.***
- ✓ ***Corrections must be crossed out and initialed. White out is not permissible on Medicaid documentation.***
- ✓ ***Check for any missing information – (Items left blank.) OR, Make sure a stamp is not covering other pertinent information.***

(8) Required Elements	Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
1. CHILD'S NAME	•Child's First & Last Name *(spelled correctly)*	•No Name •Name spelled incorrectly •Only first name (or only last name) •Name of another child •Incorrect date of birth
2. TERM OF SERVICE	Preferred format for expressing dates - (MM/DD/YY) •July 1, 2018 – June 30, 2019 •7/1/18 – 6/30/19 •7/1/2018 – 6/30/2019	Incomplete Dates: •2018 – 2019 or 18/19 •9/2018 – 6/2019 •July 2018 – June 2019 •No "Term of Service" listed on the order
3. SERVICE(S) BEING ORDERED Frequency & Duration of Service *(The service (OT/PT/ST) should Be listed on the order along with **ONE** of the following options – **NOT BOTH**.)*	**Option 1:*** Specific reference to adopt the frequency and duration "as per the IEP." (*If this option is used, the frequency/duration should **not** be delineated on the order.)* *** Using this option is "best practice" and will reduce the chance of potential issues.* **–OR–** **Option 2**: Actual Frequency and Duration of Service	
	•Frequency and duration "As per the IEP" **–OR–** Speech 2x30 (I) - Speech 1x30 (G) •If the frequency/duration is specified on the order, it should match the frequency/duration listed on the IEP. If the frequency/duration is specified and does not match the IEP, a new order should be requested. •If an order template is being used with multiple services, make sure the correct services are checked.	•OT 2X *(frequency listed, but not the duration)* •As per the regulations, either the reference to the IEP **or** the specific frequency/duration should be used on the order; not both. •If the frequency/duration are adopted by IEP reference, on the order and the frequency/duration changes, a new written order is required; "as per IEP" no longer applies once the IEP changes.
4. Patient Diagnosis / Need for Service(s)	•ICD Code – F82 • *"Specific developmental disorder of motor function"*	•The absence of an ICD code or reason/need for service.
5. Signature of the Order Practitioner ***Is the order Signed?***	Acceptable methods of signing: •Signed with a hand-written signature •Signed with an electronic or digital signature*	Unacceptable methods of signing: •Signature stamp •Scanned "image" of signature (i.e., JPEG) or font substitution
6. Date the Order was Written & Signed	•June 1, 2019, •6/1/19, or •6/1/2019	•Absence of the date the order was signed. •Date is unclear •An unacceptable correction was made.
7. Ordering Practitioner's NPI or License #	NPI **or** license number is required on the order; however, both the NPI and license number are *preferred** on the order. •NPI number *(Is the NPI # 10 digits?) 1234567890* •License number *(Is the license # 6 digits?) 123456* *** Having both the NPI and License number on the order will reduce the chance of potential issues.*	•Absence of the NPI or the license number. One must be delineated on the order. •NPI and license numbers are listed on order, but are not readable. *(Handwriting is illegible or a stamp was used and not readable.)* •A stamp of the practitioner's NPI/License # was used and was stamped over other pertinent information on the order.
8. Ordering Practitioners Contact Information	• **123 Main Street** *(Street Address)* **Anytown, NY 12345** *(City, State, Zip)* **(516) 555-5555** *(Phone number w/ area code)*	• 123 Main Street Anytown, NY 12345 *(Phone # missing)* • 123 Main Street Anytown *(State, zip & phone # missing)* • The contact information is included, but not readable, or a stamp was used and the stamped information was placed over other pertinent information or the order.

A NEW WRITTEN ORDER IS REQUIRED FOR THE FOLLOWING REASONS: **(Annual Review Meeting • Change in Service • Transfer Meeting • New Referral)**

- ✓ Each IEP period *(Annual Review, Summer Session/Winter Session if not listed on the same IEP)*
- ✓ Whenever a review meeting results in a change of service *(frequency/duration/class size)*
- ✓ The child transfers to another school district *(This requires a new IEP so a new order is required.)*
- ✓ New Referrals *(Newly-identified students)*

*** The "As per IEP" reference does not apply once the IEP changes. A new order is required for any of the circumstances listed above.*