

Medicaid in Education Alert

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

Issue #12-11

TO: All SSHSP Medicaid Providers

FROM: NYS OHIP SSHSP & NYSED
Medicaid in Education Units

DATE: December 10, 2012

SUBJECT: **Medicaid Policy Regarding Written Orders/Referrals
Requirement for Preschool/School Supportive Health
Services Program (SSHSP)**

All written orders/referrals completed on or after January 1, 2013 must either contain the frequency and duration of the service(s) to be furnished or must adopt - by explicit reference to the IEP - the frequency and duration of the ordered service(s) in the IEP.

As a result of this policy update, relevant [SSHSP Questions and Answers](#) (Q&As) issued between 6/11/2010 and 12/5/2011 have been revised to clarify information previously provided. This revision assures that SSHSP policy is aligned with the following regulation:

18 NYCRR 515.2(b)(1)(c), Unacceptable practices under the medical assistance program, states that an unacceptable practice is conduct which constitutes fraud or abuse and includes submitting, or causing to be submitted, a claim or claims for medical care, services or supplies provided at a frequency or in an amount not medically necessary.

This means that SSHSP providers cannot bill Medicaid for services that are in excess of those specified on the written order/referral. If the frequency and duration of the ordered services are not explicitly stated then there is no documentation of the determination of medical necessity for those services and therefore, they cannot be billed to Medicaid.

Medical necessity must be established for medical services provided through special education programs to students with Individualized Education Programs (IEPs) under the Preschool/School

Supportive Health Services Program (SSHSP). This is documented through the written order/referral provided by the primary care provider or other Medicaid qualified ordering/referring practitioner.

The written order/referral **must** be in place prior to the initiation of services (prospective), including evaluations, or the school districts, counties, and § 4201 schools will not receive Medicaid reimbursement for the services provided. Additional information regarding the requirement to include frequency and duration in written orders/referrals, along with other documentation requirements can be found in the [SSHSP Provider Policy and Billing Handbook \(Update 7\)](#) issued April 2012.

Q&A REVISIONS

The following section includes amendments to previous SSHSP Q&As #32, #33, #35, #137, and #156 related to written orders. They are posted in the respective SSHSP Q&As on the Medicaid-in-Education website at <http://www.oms.nysed.gov/medicaid/> with excerpts provided here for your convenience.

Note: The response to Question #32 was revised December 10, 2012. Deletions are ~~struck through~~ and additions are underlined.

32. Q. Do the written orders need to be on a prescription pad form?

A. No. However, the written order must include:

- The name of the child for whom the order is written;
- The complete date the order was written and signed;
- The service(s) ~~that is~~ being ordered;
 - Note on frequency and duration: The frequency and duration of the ordered service must either be specified on the order itself or the order must explicitly adopt the frequency and duration of the service in the IEP by reference;
- Ordering Provider's contact information (office stamp or preprinted address and telephone number);
- Signature* of a NYS licensed and registered physician, a physician assistant, or a licensed nurse practitioner acting within his or her scope of practice (for psychological counseling services this also includes an appropriate school official and for speech therapy services, a speech-language pathologist**);
- The time period for which services are being ordered;
- The ordering practitioner's National Provider Identifier (NPI) or license number; and,
- Patient diagnosis and/or reason/need for ordered services.

* Please note that stamped signatures are not allowable.

**For purposes of the SSHSP, where written referrals are permitted (e.g., speech therapy services, psychological counseling services), the written referral must include the information listed above. It should be noted that the written order/written referral must be in place prior to the initiation of services (prospective), including evaluations. Refer to Medicaid Alert # 12-11 for further clarification on written orders/referrals.

Note: The response to Question #33 was revised December 10, 2012. Deletions are ~~struck through~~ and additions are underlined.

33. Q. Can/should frequency of services be included in the written order?

A. ~~The frequency of services may be included on the written order at the discretion of the ordering provider.~~ 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.

Note: The response to Question #35 was revised December 10, 2012. Deletions are ~~struck through~~ and additions are underlined.

35. Q. Is it sufficient for the written order to state ... “per the IEP”?

A. ~~No.~~ According to 20 U.S.C. §1401(26)(A), related services “are ‘designed to enable a child with a disability to receive a free appropriate public education’ or ‘to benefit from special education.’” SSHSP services are a subset of IDEA-defined related services. The IEP determines which related services are needed to facilitate the student’s educational progress. It does not constitute medical necessity.

All written orders/referrals completed on and after 1/1/2013 must include frequency and duration of the service to be furnished or must adopt — by explicit reference to the IEP — the frequency and duration that will be delivered to the student. The use of the terminology “per the IEP” is acceptable on a written order/referral and means that the ordering provider is making an explicit reference to the frequency, duration, and other conditions of service delivery (e.g., individual vs. group) of the service detailed in the existing IEP. Regardless of how the ordering practitioner chooses to specify frequency and duration of the ordered service(s) the written order must contain all other required elements as stated in Q+A # 32.

Note: The response to Question #137 was revised December 10, 2012. Deletions are ~~struck through~~ and additions are underlined.

137. Q. Under the SSHSP, is there any limitation on the number of therapy sessions that can be billed to Medicaid for a student?

A. Medicaid can be billed for medically necessary services that are provided by Medicaid qualified personnel and documented properly. Related services must be delivered in the manner stated in the student’s IEP. Medical necessity is established by the written order/referral. Medicaid reimbursement will be consistent with the frequency and duration of services specified on the written order, ~~or if not specified on the written order, with the frequency and intensity documented in the IEP.~~ Either the written order must include the frequency and duration of the service to be furnished or it must adopt — by explicit reference to the IEP — the frequency and duration that will be delivered in accordance with the IEP. See [Question and Answer #36](#) on the Medicaid in Education website for additional information.

Note: The response to Question #156 was revised December 10, 2012. Deletions are ~~struck through~~ and additions are underlined.

156. Q. a) If the original written order for physical therapy called for group therapy to be delivered two times weekly, would a new written order be required if the therapy recommendation is changed from group to individual? b) What if the written order didn't specifically contain a requirement that the therapy be delivered individually or in a group?

A. a) Yes, for SSHSP reimbursement purposes, a new written order is required whenever there is a change to a medically necessary service being furnished to a student pursuant to the student's Individualized Education Program (IEP).

b) Either the written order must include frequency and duration of the service to be furnished or it must adopt, by explicit reference to the IEP, the frequency and duration that will be delivered to the student based on his/her individual needs. Because districts are not required to include group or individual in the IEPs they develop, where the student's record does not document whether the service will be furnished in a group or individual session, this must be specified in the written order. Regardless, if there is a change in service delivery from group to individual or vice versa, a new written order is required because the amount billed for the sessions differs depending on whether the service was delivered individually or in a group, the student's record must specify how the service will be delivered. Medicaid reimbursement is available for medically necessary services for which all Medicaid requirements are met.

Note: [Q+A #35](#) indicated that it was not appropriate for the written order to state "per the IEP". This prohibition was intended to address written orders that said nothing other than "per the IEP", it was not meant to prohibit the inclusion of the phrase on a written order/referral that contained all other required elements such as the service being ordered, the time frame for the services, etc. as delineated in [Q+A #32](#) where the intent was to mirror the frequency and duration specified in the IEP.

If you have any questions or comments regarding this Alert, please contact your local Regional Information Center representative or the NYS Education Department, Medicaid Unit at medined@mail.nysed.gov.