227. Q. What documentation is needed by billing providers for those encounters, not submitted for Medicaid reimbursement, that are included in the annual cost report’s total of encounters for each service type?

A. The types of data that support the number of encounters are different than the data necessary to support a Medicaid claim for an encounter. Documentation that establishes an encounter was Medicaid-eligible, such as consent for release of information, provider agreements and statements of reassignment, clinician credentials, medical orders and referrals, and signed session notes and Current Procedural Terminology (CPT) coding, is not necessary. Documentation which is appropriate to support the reported total number of encounters will demonstrate the type, frequency and duration of services. There are multiple sources of data that a school district or county could maintain to support the total number of encounters they report. School districts and counties can determine if this information is found in special education data reports, billing and fiscal reports, or other documentation.