

# MEDICAID QUALIFIED PROVIDERS & MEDICAID DOCUMENTATION REQUIREMENTS

**SERVICE MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE**

SERVICES <sup>1</sup>		ORDERING/REFERRING REQUIREMENTS FOR MEDICAID REIMBURSEMENT	MEDICAID QUALIFIED SERVICE PROVIDER <sup>2</sup>	DOCUMENTATION IS REQUIRED FOR EACH ENCOUNTER
THERAPIES	SPEECH	SIGNED/DATED WRITTEN ORDER OR REFERRAL FROM A PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER OR SPEECH-LANGUAGE PATHOLOGIST (SLP) WHO IS CURRENTLY LICENSED, REGISTERED AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED SPEECH-LANGUAGE PATHOLOGIST (SLP)	EVALUATION REPORT <sup>3</sup> ONGOING THERAPY: SESSION NOTE <sup>4</sup>
			CERTIFIED TEACHER OF THE SPEECH AND HEARING HANDICAPPED OPERATING UNDER THE DIRECTION OF AN SLP	
			CERTIFIED TEACHER OF STUDENTS WITH SPEECH AND LANGUAGE DISABILITIES OPERATING UNDER THE DIRECTION OF AN SLP	
	PHYSICAL	SIGNED/DATED WRITTEN ORDER FROM A PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER WHO IS CURRENTLY LICENSED, REGISTERED AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED PHYSICAL THERAPIST (PT)	
			CERTIFIED PHYSICAL THERAPY ASSISTANT (PTA) OPERATING UNDER THE DIRECTION OF A PT	
	OCCUPATIONAL	SIGNED/DATED WRITTEN ORDER FROM A PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER WHO IS CURRENTLY LICENSED, REGISTERED AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED OCCUPATIONAL THERAPIST (OT)	
CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (OTA) OPERATING UNDER THE DIRECTION OF AN OT				
MENTAL HEALTH	PSYCHOLOGICAL COUNSELING	REFERRAL BY AN APPROPRIATE SCHOOL OFFICIAL SUCH AS A SCHOOL ADMINISTRATOR OR THE CHAIRPERSON OF THE CSE/CPSE OR OTHER LICENSED PRACTITIONER ACTING WITHIN HIS/HER SCOPE OF PRACTICE - SEE Q&A #21 FOR MORE INFORMATION	LICENSED & REGISTERED PSYCHIATRIST	ONGOING THERAPY: SESSION NOTE <sup>4</sup>
			LICENSED & REGISTERED PSYCHOLOGIST	
			LICENSED CLINICAL SOCIAL WORKER (LCSW)	
			LICENSED MASTER SOCIAL WORKER (LMSW) OPERATING UNDER THE SUPERVISION OF A PSYCHIATRIST, PSYCHOLOGIST, OR LCSW	
NURSING	SKILLED NURSING	SIGNED/DATED WRITTEN ORDER FROM A PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER WHO IS CURRENTLY LICENSED, REGISTERED AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED PROFESSIONAL NURSE	MEDICATION ADMINISTRATION: MEDICATION ADMINISTRATION RECORD (MAR)  OTHER SKILLED NURSING SERVICES: SESSION NOTE <sup>4</sup>
			LICENSED & REGISTERED PRACTICAL NURSE (LPN) SUPERVISED BY A LICENSED & REGISTERED HEALTH CARE PROVIDER IN ACCORDANCE WITH THE NURSE PRACTICE ACT	

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<b>SERVICES<sup>1</sup></b>		<b>ORDERING/REFERRING REQUIREMENTS FOR MEDICAID REIMBURSEMENT</b>	<b>MEDICAID QUALIFIED SERVICE PROVIDER<sup>2</sup></b>	<b>DOCUMENTATION IS REQUIRED FOR EACH ENCOUNTER</b>
<b>E V A L U A T I O N S</b>	PSYCHOLOGICAL	REFERRAL BY AN APPROPRIATE SCHOOL OFFICIAL SUCH AS A SCHOOL ADMINISTRATOR OR THE CHAIRPERSON OF THE CSE/CPSE OR OTHER LICENSED PRACTITIONER ACTING WITHIN HIS/HER SCOPE OF PRACTICE - SEE Q&A #21 FOR MORE INFORMATION	LICENSED & REGISTERED PSYCHIATRIST OR PSYCHOLOGIST	EVALUATION REPORT <sup>3</sup>
	MEDICAL	REFERRAL BY CSE/CPSE DOCUMENTED AS PART OF THE IEP PROCESS	LICENSED & REGISTERED PHYSICIAN	EVALUATION REPORT <sup>3</sup>
			CERTIFIED PHYSICIAN ASSISTANT	
			LICENSED & REGISTERED NURSE PRACTITIONER	
MEDICAL SPECIALIST	SIGNED/DATED WRITTEN ORDER FROM A PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER WHO IS LICENSED, REGISTERED, AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED PHYSICIAN	EVALUATION REPORT <sup>3</sup>	
		CERTIFIED PHYSICIAN ASSISTANT		
		LICENSED & REGISTERED NURSE PRACTITIONER		
AUDIOLOGICAL	SIGNED/DATED WRITTEN ORDER FROM A PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER WHO IS LICENSED, REGISTERED, AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED AUDIOLOGIST HAVING A CERTIFICATE OF CLINICAL COMPETENCE (CCC) FROM THE AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION (ASHA)	EVALUATION REPORT <sup>3</sup>	
<b>S P E C I A L</b>	SPECIAL TRANSPORTATION	CSE/CPSE MUST IDENTIFY IN IEP MEDICAL NEED FOR SPECIAL TRANSPORTATION AND HOW VEHICLE IS MODIFIED TO MEET THE NEEDS OF THE STUDENT & MAY ONLY BE BILLED ON A DAY THAT A MEDICAID REIMBURSABLE SERVICE (OTHER THAN TRANSPORTATION) IS DELIVERED. SEE MEDICAID ALERT #13-10 FOR MORE INFORMATION.	A VENDOR LAWFULLY AUTHORIZED TO PROVIDE TRANSPORTATION SERVICES ON THE DATE THE SERVICE IS RENDERED	TRANSPORTATION LOG FOR EACH ONE-WAY TRIP

<sup>1</sup>"Services" include therapy sessions, medication administration and other skilled nursing services, evaluations, and special transportation.

<sup>2</sup> Provider licenses, registrations and certifications must be on file prior to submitting claims for Medicaid reimbursement.

<sup>3</sup> If the evaluation is used to identify a student's health related needs, it must be reflected in the IEP in order to be Medicaid reimbursable.

<sup>4</sup> Contemporaneous Session Notes: Providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program [18 NYCRR Section 504.3(a)]. "Contemporaneous" means as close to the conclusion of the session as practicable.