

Office of Medicaid Services (OMS) Frequently Asked Questions
OMS QA Occupational Therapy (OT) and Physical Therapy (PT) October 2023 Training sessions

Disclaimers: All responses below are based on services the district intends to bill Medicaid for reimbursement. Each example is dependent on the billed dates of service and may not be applicable to all scenarios as each scenario may be different. Please reach out to your district's assigned Education Associate with all questions.

Consent, Release of Information, and Medicaid Annual Notification Form

1. **Are the notification form and the consent form the same and do both forms need to be signed?** No. The Medicaid Notification form is different from the consent form. The Medicaid Notification form must be sent annually while the Medicaid Consent form must be completed at least once in a lifetime. The signature line on the Medicaid annual notification form was added at the request of a school district. It is the district's discretion if the signature line is used. The consent form must be signed (handwritten or electronically) and dated by the parent/guardian.
2. **Is the general consent form offered in different languages?** Currently the general consent is only posted in English. However, if the district needs assistance with obtaining the general consent form in a different language contact your district assigned Education Associate (EA) for assistance.
3. **Is a parent permission form (i.e., consent form) required annually? The school district has a separate release of information form that states it must be updated annually. Do we have to have it updated annually?** If the release form states it must be updated annually then yes, the OMS will look for the form to be updated annually. Medicaid does not require the consent form to be updated annually. The consent and release of information form may be combined into one form.
4. **Can the consents be electronically signed?** Yes. If the signature meets the SCDHHS electronic signature requirements.

Referral

5. **Can a nurse practitioner refer for Physical Therapy services?** No, the Nurse Practitioner cannot complete the referral for Physical Therapy services. Please refer to the SCDE LPHA Referrals for School- Based Rehabilitative Services (SBRS) [form](#) posted on the OMS webpage.
6. **The LEA manual (page 29) indicates that physical therapy can accept referrals from licensed physician assistants and licensed advanced practice RNs. Why are physician assistants and APRNs not included as acceptable referrals for PT?** The list on page 29 of the LEA Provider Manual is a list which indicates the professional designations of those considered as LPHAs for the purposes of Medicaid reimbursement of school-based rehabilitative therapy services. The list does not identify the specific service to which each LPHA may refer. Please refer to the SCDE LPHA Referrals for School-based Rehabilitative Services (SBRS) [form](#) posted on the OMS webpage for a list of clinicians approved by SCDHHS to refer for each service.

7. **What is the timeline from the date the referral is signed to when the evaluation/reevaluation is conducted?** Medicaid does not specify a timeframe for completing the referral and the evaluation/reevaluation. Although Medicaid does not specify a timeframe for completing the referral and the evaluation/reevaluation, once a new referral is completed the previous referral is no longer valid. The documentation sequence must be adhered to (i.e., referral, evaluation/reevaluation, IEP, clinical service notes, 90-day progress summary).
8. **IEPs do not run neatly from July 1st to June 30th. The doctor referral is good for 365 days it may run through two academic years (July 1st through June 30th). Correct? Otherwise, if a referral cannot be obtained over the summer, services will be interrupted.** The doctor's referral is good for 365 calendar days. Remember, once a new doctor's referral is obtained the previous referral is no longer valid and the documentation sequence restarts (i.e. referral, evaluation/reevaluation, IEP, CSN, Progress Summaries).
9. **Do we need a new referral for a student who transferred from another district?** If the referral is not received with the student file or does not meet Medicaid requirements yes, the district will need to obtain a new referral (e.g., LPHA).
10. **Can an Occupational Therapist refer for Occupational Therapy services?** Yes, an Occupational Therapist (OT) may complete a referral for OT services. Refer to the SCDE LPHA Referrals for School-based Rehabilitative Services (SBRS) [form](#) posted on the OMS webpage.
11. **Can a Physician Assistant and or Nurse Practitioner refer for Physical Therapy?** For Medicaid Billing purposes a physician assistant cannot refer for physical therapy services. Refer to the SCDE LPHA Referrals for School-based Rehabilitative Services (SBRS) [form](#) posted on the OMS webpage.
12. **Can a Physical Therapy referral be accepted if written by an out of state provider?** Yes. The referring provider must be currently and appropriately licensed in South Carolina and located within the South Carolina Medical Service Area (SCMSA), which is defined as the state of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina state border.
13. **If the sequence of documentation is out of order, can Medicaid be billed when the new referral is obtained?** If a new referral is obtained the sequence of documentation restarts (i.e., Consent, Referral, Evaluation, treatment plan, CSN). Once the sequence of documentation meets Medicaid requirements, services rendered may be billed to Medicaid.
14. **If an initial referral is made by an LPHA (e.g., Occupational Therapist) in the district and the student transfers to another school within the same district that is served by the referring OT, is a new referral required?** If the student is transferring to another school within the same district a new referral is not needed. The district must document the condition(s) which caused the situation.
15. **Does the referral have to be signed after July 1st?** All documents are good for 365 days. The referral does not need to be signed after July 1st. The documentation must cover all billed dates of service. Medicaid does not state a specific time for a referral to be signed.

16. **The state of SC allows for DNP/PNP to make referrals for PT, are they allowed to sign the referral in addition to MD/DO? How often do they get together to review the regulations?** No, the LPHA referral may only be completed and signed by the approved LPHAs. Refer to the SCDE LPHA Referrals for School-based Rehabilitative Services (SBRS) [form](#). Please direct the question regarding regulations to the South Carolina Department of Labor, Licensing and Regulation (SCLLR).
17. **Under a physician's referral is it permitted to bill one annual evaluation and one reevaluation in that period?** Yes, that is correct. Any evaluation performed after the initial evaluation is considered a reevaluation and should be billed utilizing the reevaluation code. Once a new evaluation is completed, the documentation sequence will start over. A new treatment plan or amendment to the treatment plan would be needed to reflect changes from the reevaluation.
18. **The district was told they needed to have a referral or LPHA within 6 months of the annual review. It is our understanding that historically districts were asked to have multiple referrals. Does the district need to obtain a referral or LPHA within 6 months of the evaluation/reevaluation?** Medicaid does not require multiple referrals. Medicaid requires that the sequence of documentation be followed (i.e., consent, referral, evaluation, and IEP). Medicaid does not specify the time in which a referral is obtained before the evaluation/reevaluation.

Evaluation/Reevaluation

19. **Are norm referenced assessments (vs. standardized) adequate?** The LEA Provider manual does not specify the type of assessment which must be used for PT and OT. The manual only states, *“the evaluation must include diagnostic testing and assessment and a written report with recommendations.”* Therapists should defer to their associations standards and requirements such as American Occupational Therapy Association (AOTA) and the American Physical Therapy Association (APTA).
20. **How do you determine what is deemed medically necessary? Also, does a reevaluation require diagnostic testing as well?** Medical necessity is determined by the results of the evaluation which reflects a medical functional impairment that requires services. Per the SCDHHS LEA Provider Manual, “Medical Necessity means the need for treatment services is necessary to diagnose, treat, cure, or prevent an illness, or participation in services is reasonably expected to relieve pain, improve and preserve health, or be essential to life.” The evaluation must include diagnostic testing and assessment, and a written report with recommendations. For Medicaid purposes the evaluation is synonymous with reevaluation.
21. **If a student transfers to a school district from another school district with an IEP that includes both OT and PT, can the district render and bill Medicaid for the OT and PT services?** If the transfer student is from a district in SC, and the documents received are Medicaid compliant, yes, the district can bill for OT and PT services. If the documentation is not compliant with Medicaid policies the district will need to complete the documentation according to Medicaid policy prior to seeking reimbursement from the SCDHHS. The district must have also sought and received a signed consent form prior to rendering services to the student.

22. **If we do not receive an OT or PT evaluation from the district the student is transferring from, do we have to do our own evaluation on the transfer student?** If the evaluation is not received with the student file or does not meet Medicaid requirements yes, the district will need to complete a new evaluation.
23. **Can the evaluation/reevaluation be completed in May for the following school year?** Medicaid does not specify a timeframe for completing the evaluation/reevaluation. The evaluation/reevaluation is valid for 365 calendar days.
24. **Under a physician's referral for one calendar year is it still correct that we are permitted (for PT) to bill one annual evaluation and one reevaluation in that time period?** Yes, a referral valid for one year (365 days) may cover an evaluation and reevaluation; however, the referral is only valid for 365 days. Once a new referral is obtained the documentation sequence will restart.
25. **Can Medicaid be billed for an evaluation if it is determined that the student does not need Physical or Occupational Therapy services?** Yes, the district can bill for the evaluation even if services are not provided. The district would bill using the evaluation procedure code.
26. **Should OT/PT services in schools be educational based rather than medical?** For Medicaid billing purposes, no, services in the school must be medically necessary. Per the LEA Provider Manual, "the South Carolina Department of Health and Human Services (SCDHHS) provides Medicaid reimbursement for medically necessary services provided to Medicaid-eligible individuals in the Local Education Agency (LEA)."
27. **Is a reevaluation required annually for Medicaid students?** Yes, for Medicaid reimbursement purposes an evaluation/reevaluation is required annually.

Treatment Plan

28. **Can goals be labeled as Daily Living Skills (marked as academic and related services)?** Medicaid does not specify where the service appears; however, we must be able to trace the goal back to the service being rendered. The goal must be related to a medical functional impairment and include what the therapist (i.e., PT or OT) will be working on with the student. Daily Living Skills may be used if the goal specifies an impairment that was treated by the PT or OT therapist.
29. **Can we specify that it is a goal that will be worked on by both OT and PT to maximize performance of the functional tasks such as transition skills?** Yes, the therapist must specify that the goal will be worked on by both OT and PT. The goal must explain what each of the therapists will be treating specific to their scope of practice. Services may not overlap in time when PT and OT are treating the student during the same session; only the specific time that the OT is providing services during the session can be billed as OT and the specific time that the PT is providing services during the session can be billed as PT. If there is a 30-minute session, both OT and PT cannot be billed for 30 minutes as the session was not a one-hour session.
30. **Some states require a PT or OT Treatment plan separate from the IEP. Is this needed in SC?** No, for South Carolina Medicaid billing purposes, PT and OT may both be reflected on the same treatment plan or IEP.

31. **Does the supervising OT have to attend each IEP meeting attended by the COTA? Or can the supervisor be available by phone?** No, the supervising OT does not have to attend each IEP meeting that the COTA attends. Whether the IEP meeting is attended virtually, by phone, or in person, the supervising OT must sign the IEP or a supplemental statement agreeing to the IEP.
32. **Can treatment sessions be billed if the referral or evaluation were not completed prior to the IEP meeting?** The documentation sequence of referral, evaluation/reevaluation, and IEP must be completed prior to billing Medicaid for services.
33. **Are short-term objectives for all students or just those in SC ALT for third grade and higher?** Short-term objectives are required for all SC-ALT students and when the ITP or IPOC is used as the treatment plan.
34. **If a student has individual therapy specified on the IEP, can therapy be provided and billed as a group?** No, the services are to be provided and billed as formulated on the IEP.

Clinical Service Note (CSN)

35. **How do you determine if notes need to be co-signed?** Services provided by assistants (i.e., PTAs or COTAs) require co-signatures of the supervising PT or OT on all documentation.

Progress Summary

36. **If the requirements are met within the Progress Report within Enrich, does a separate document have to be completed? Are the four Progress Reports within Enrich sufficient for the Summary of Progress?** No, a separate document does not need to be completed as long as Medicaid requirements are met within the Progress Report in Enrich. Progress summaries must be completed at least every three months.
37. **If the child has their attendance reported in minutes in the IEP, how do we document attendance in the progress summary?** Medicaid does not specify how attendance is reported in the progress summary. It is the discretion of the therapist to decide how the attendance is documented in the progress summary note.

QA Review

38. **How does the Office of Medicaid Services (OMS) determine the dates of service to be reviewed?** The billing report for QA reviews are based on the fiscal year (i.e., July 1 to June 30). The QA review includes services that Medicaid reimbursed during this period.

Miscellaneous

39. **Can you clarify again as to whether providers from Georgia and North Carolina can make referrals?** Yes, the health professional must be currently and appropriately licensed in South Carolina and located within the South Carolina Medical Service Area (SCMSA), which is defined as the state of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina state border.

40. **Are there limits to the number of students in a group for OT and PT?** Yes, there are group size limits. The LEA Manual specifies the group size under the specific service. Per the LEA Provider Manual, “A group may consist of no more than six children”.

41. **If a consent for a transfer student is obtained after the IEP, can the district bill Medicaid?** The school district cannot bill Medicaid for services until a consent has been obtained and a referral is signed by the health professional who is currently and appropriately licensed in South Carolina and located within the South Carolina Medical Service Area (SCMSA), which is defined as the state of South Carolina and areas in North Carolina and Georgia within 25 miles of the South Carolina state border. If a consent is received after the IEP, the school district would then need to obtain a new referral, schedule, and conduct a new evaluation and schedule, an IEP meeting or amend the current IEP.