



# Recommendation, Referral and Prescription Requirements \*

\* From LEA Medi-Cal Billing Option Program 2016 Training

# RECOMMENDATION, REFERRAL AND PRESCRIPTION

- Recommendation: May consist of a note in the student's file that indicates the observation/reason for assessment, practitioner type, name and signature
- Referral: Less formal than a prescription, but meets certain documentation standards (i.e., student name, date, reason for referral, name and signature of practitioner)
- Prescription: A written order from a licensed physician, podiatrist or dentist for specialized treatment services - [22 CCR § 51476\(d\)](#)
- REMEMBER...
  - ❖ A parent, teacher or registered credentialed school nurse can request an evaluation, as well. If the parent is making the referral for assessment, the written request should be included in the student's file, and should include the parent's signature and date.
  - ❖ Recommendations, referrals and prescriptions must be documented in the student's file

| Assessment Type  | Recommendation                                    | Referral  | Prescription            |
|--|---|---|-------------------------|
| <b>Speech-Language &amp; Hearing</b><br>CCR, Title 22, Section 51309(a)<br>(Includes Developmental Assessment)               |   | Physician<br>Dentist<br>*   |                         |
| <b>Health, Health/Nutrition &amp; Health Education/Anticipatory Guidance</b>   | Physician<br>Registered Credentialed School Nurse | *   |                         |
| <b>Occupational Therapy &amp; Physical Therapy</b><br>CCR, Title 22, Section 51309(a)<br>(Includes Developmental Assessment) |   | *   | Physician<br>Podiatrist |
| <b>Psychological &amp; Psychosocial Status</b>   |   | Physician<br>Registered Credentialed School Nurse<br>Licensed Clinical Social Worker<br>Licensed Psychologist<br>Licensed Educational Psychologist<br>Licensed Marriage & Family Therapist<br>* |                         |
| <b>Vision</b>  | Physician<br>Registered Credentialed School Nurse | *   |                         |

\* In substitution of the written authorization requirements noted above, a registered credentialed school nurse, teacher or parent may refer the student for an assessment. This written referral must be documented in the student's file.

**Provider Manual Reference: loc ed bil 6**

| Treatment Type  | Recommendation   | Referral   | Prescription            |
|---|--|--|-------------------------|
| <b>Speech-Language</b><br>CCR, Title 22, Section 51309(a)                             |  | Physician<br>Dentist<br>Licensed Speech-Language Pathologist * |                         |
| <b>Occupational Therapy &amp; Physical Therapy</b><br>CCR, Title 22, Section 51309(a) |  |  | Physician<br>Podiatrist |
| <b>Psychology &amp; Counseling</b>  | Physician<br>Registered Credentialed School Nurse<br>Licensed Clinical Social Worker<br>Licensed Psychologist<br>Licensed Educational Psychologist<br>Licensed Marriage and Family Therapist |  |                         |
| <b>School Health Aide Services</b>  |  |  | Physician               |

\* If a written referral is provided by a speech-language psychologist, a physician-based standards protocol must be developed and used to document medical necessity of speech and audiology treatment services to meet California State requirements that a written referral be provided by a physician or dentist.

**Provider Manual Reference: loc ed bil 6**