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LEA Medi-Cal Billing Option Program
Frequently Asked Questions (FAQs)



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Prescriptions, Referrals, Recommendations and Protocol

****PLEASE REVIEW THE LEA MEDI-CAL BILLING OPTION PROVIDER MANUAL FOR COMPLETE LEA PROGRAM AND POLICY INFORMATION****

Q1. What are the referral/recommendation/prescription requirements for IEP assessments and treatment services?

- A. A written referral/recommendation by one of the following is required for IEP assessments: An appropriate health services practitioner within their scope of practice, a registered credentialed school nurse, a teacher or the student's parent. Regardless of who refers the student for an IEP assessment, the referral/recommendation documentation must be maintained in the student's file, including the reason for the assessment and observations made by the person referring. Prescription requirements for treatment services vary by practitioner type. LEAs should refer to the specific treatment section of the LEA Provider Manual for prescription requirements. Additional information is located in the [loc ed bil](#) section in the LEA Provider Manual.

Q2. For IEP/IFSP students receiving treatment services, prescriptions, referrals and recommendations may be established in the IEP/IFSP. What does this mean?

For treatment services, the appropriate health service practitioner(s) may record the [Prescription, Referral, and/or Recommendation Requirements](#) for treatment services directly in the child's IEP/IFSP. Additionally, any prescriptions should be attached as a separate document to the IEP/IFSP or retained in the student's file.

Q3. Will a physician's telephone orders for G-tube feeding, diabetic care, etc. suffice for OT/PT treatment documentation?

- A. No, a written prescription is required for physical therapy and occupational therapy treatments. At a minimum, the prescription must identify: school name, student's name, practitioner observations and reason for treatment, type of practitioner, and signature of practitioner. The documentation should be maintained in the student's files.

Q4. Is it necessary to have a prescription, referral or recommendation from a health services practitioner to provide assessment services?

- A. The prescription, referral or recommendation for an assessment must be documented in one of two ways: (1) your LEA can obtain an individual written prescription, referral or recommendation from an appropriate health services practitioner; or (2) a referral by a parent, teacher or credentialed school nurse. Regardless of which option is used, the required documentation must be maintained in the student's files.

Q5. Can an occupational therapist prescribe treatment services based on his/her assessment?

- A. The occupational therapist conducting the assessment may determine the need for treatment services. However, State regulations ([22 CCR, § 51309 \(a\)](#)) require a written prescription by a physician or podiatrist, within the practitioner's scope of practice, to bill for occupational therapy treatment services in the LEA Program.

Q6. When the parent signs the parental consent portion of the Assessment Plan, is this form adequate to document a parental request for assessment services?

- A. No. There must be referral/recommendation documentation on file, including the reason for the assessment and observations made by the person referring. A parent, teacher, or school nurse request for assessment requires specific documentation of the observations and reason for the assessment. A parent signature on an Assessment Plan is not adequate documentation under the LEA Program requirements. LEAs may be able to modify documentation they currently use to incorporate the information required to bill Medi-Cal when a parent requests an assessment service.

Q7. Can a registered credentialed school nurse self-refer a student for a health assessment?

- A. Yes, a registered credentialed school nurse can self-refer, since they are one of the qualified practitioners listed to refer for assessment services. If a self-referral is made, the practitioner must still include the appropriate documentation in the student's file, including: observations and reason(s) for assessment, and the signature and practitioner title of the registered credential school nurse that is self-referring the student for the assessment.

Q8. Does the speech protocol take the place of having an individual referral authorizing speech therapy services?

- A. A physician-based standards protocol may 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. The protocol does not fulfill **federal** requirements, as defined in [42 CFR 440.110\(c\)](#), which requires a physician or other licensed practitioner of the healing arts within the practitioner's scope of practice (i.e., licensed speech-language pathologist or licensed audiologist) to refer the student for speech and audiology treatment services. LEAs must meet both State and federal documentation requirements.

Q9. Will DHCS provide the physician-based standards protocol cover letter for the LEA providers?

- A. No, your LEA must develop and maintain its own physician-based standards protocol. The protocol may only be used to meet State requirements documenting medical necessity for speech and audiology treatment services. The protocol does not fulfill federal requirements as defined in [42 CFR 440.110\(c\)](#), and noted in the answer above.

Q10. When can a physician-based standards protocol be used to establish medical necessity?

- A. A physician-based standards protocol may be developed by your LEA and used to document the medical necessity of speech and audiology treatment services to meet **California** State requirements that a written referral be provided by a physician or dentist prior to rendering speech and audiology treatment services. However, according to **federal** law ([42 CFR 440.110\(c\)](#)), a written referral from a physician or other licensed practitioner of the healing arts within the practitioner's scope of practice is required to document medical necessity of speech and audiology treatment services. LEAs must meet both State and federal documentation requirements. Physician-based standards protocol does not meet federal requirements for documenting medical necessity of speech and audiology treatment services. In order to meet federal documentation requirements, a physician or other licensed practitioner of the healing arts (i.e., licensed speech-language pathologist or licensed audiologist) must refer the student for speech and audiology treatment services.

Q11. Are we to assume students enrolling in the district with a current IEP for speech therapy have already been referred by a doctor for services?

- A. No, there must be a written referral for speech therapy in the Medi-Cal eligible student's file for Medi-Cal to reimburse the LEA for speech therapy. In order to rely on another LEA's physician referral for speech therapy services, your LEA must maintain the referral documentation in the student's files, and have this information readily available for State and/or federal review.

Q12. If a student enrolls in the district and already has a current IEP, do we need to get a new referral/recommendation/prescription to provide treatment services?

- A. No. The LEA may use the existing referral/recommendation/prescription. The documentation must be maintained in the student's file.

Q13. Are referrals necessary for annual and/or amended assessments? Typically, the referral is only done for the initial assessment, not for follow-up assessments.

- A. All assessments (initial, triennial, annual, and/or amended) require either a written prescription, written referral or recommendation depending on the service type. In substitution of the prescription, referral or recommendation, a registered credentialed school nurse, teacher or parent may refer the student for the assessment. Each LEA service type has a separate LEA Provider Manual section, which identifies prescription, referral, or recommendation requirements for assessments and treatments. Refer to the specific service type section or the LEA Provider Manual, [loc ed bil](#).

Q14. Does a student's prescription for OT/PT services need to be renewed annually to continue to bill for treatment services?

- A. Written prescriptions for occupational therapy and physical therapy treatment services must be updated annually and maintained in the student's files. Refer to [loc ed serv occu](#) and [loc ed psy](#) in the LEA Provider Manual.

Q16. SLPs utilize a physician-based protocol for treatment services in lieu of having an individual referral for speech therapy services. Can a physician-based protocol be used for occupational therapy/physical therapy treatments in lieu of an individual prescription?

- A. Occupational therapy and physical therapy treatment services require a written prescription by a physician or podiatrist, within the practitioner's scope of practice ([22 CCR, § 51309 \(a\)](#)). The written prescription must be maintained in the student's files. LEAs may not use a physician-based protocol for occupational therapy or physical therapy treatment services.

Q17. Is a prescription required for occupational therapy treatment services? Can the prescription be signed by a physician's assistant?

- A. Occupational therapy treatment services require a written prescription by a physician or podiatrist, within the practitioner's scope of practice ([22 CCR, § 51309 \(a\)](#)). The written prescription must be maintained in the student's files. A Physician's Assistant may not provide a prescription for occupational therapy treatment services. Refer to [loc ed serv occu](#) in the LEA Provider Manual.

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