

# IMPORTANT INFORMATION FOR ALL MEDICAID PROVIDERS

AFMC has begun doing retrospective reviews for the last 2 quarters of 2002. I have received information from them in regards to several important items that if addressed will make your audit less painful.

1. No prescriptions or invalid scripts: What is this? No script is self explanatory, if we are treating Medicaid children we must have a script to cover the provided services. What is an invalid script? This is a script that states "PT Eval And Treat". To be a valid script for Medicaid the best answer, practice and actual requirement of Medicaid is to have a completed DMS-640. AFMC wants to script to states exact frequency and duration for each discipline. (i.e. 30min PT 2 times per week for 2002-2003 school year or PT 30 min 2 times per week January 2003 through March 2003). Under the "NEW" Guidelines that went into effect January 1, 2003. We are required to have an Evaluation script, then submit this to the doctor for review, and then a Treat script that spells out frequency and duration. ( best practice use the DMS-640 for each to ensure less hassle) You must also have an Evaluation order to do Annual Evals and an Additional order to continue services.

In essence you need a DMS-640 for every eval and a DMS-640 that covers the treatment.

2. Documentation: Hopefully in the near future AFMC will sit down with representatives from the state association to discuss "APPROPRIATE" documentation (according to AFMC and their therapist). But at this point after spending many hours sitting on the retrospective review committee with DHS it was determined that various formats are acceptable but we need to document what you did, why you did it and what was the result. (Good session! Could trigger a denial not descriptive enough). Upon working with this committee and with several other pediatric therapist, we have found that the old SOAP note format works the best. Note writing for AFMC is like taking an essay test, hopeful you will write enough and be thorough enough to avoid denial. Additionally, in regards to GOALS some red flags have been sent up. If you have 6 goals for a client and only work on 2 or 3 you must document why you did not work on all the goals. AFMC has told one therapist that since they only worked on 3 of 6 goals then they should only get half pay. This issue was addressed with DHS and they stated if that is what AFMC wants then that is what we need to provide them. All notes must state time in and out, units, date and have FULL signature after each. (Signature on page and initials at the end of each note are no longer acceptable)

If there are any specific questions you may contact Matt Jackson at 501-676-5540 or by email at [mhjlpt@aristotle.net](mailto:mhjlpt@aristotle.net)