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## Prescription Referrals

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This section describes prescription requirements for therapeutic services, orthotic and prosthetic (O & P) appliances and Durable Medical Equipment (DME) rentals and purchases.

### **Prescription Requirements for Speech Therapy, Physical Therapy, Occupational Therapy and Audiology**

The written prescription of a licensed practitioner, acting within the scope of his or her practice, is a requirement of the Medi-Cal program for coverage of services by physical therapists, occupational therapists, speech pathologists and audiologists.

#### **Medical Necessity**

With the passage of AB1074 (1985), the Medi-Cal program definition of medical necessity limits health care services to those necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

It is important that the practitioner prescribing services supply the therapist with the information required to document the medical necessity for the services according to the above criteria.

#### **Required Information**

In addition to the signature of the practitioner, the following information must be supplied on the prescription form:

- Name, address and telephone number of the prescribing practitioner
- Date of prescription
- Medical condition necessitating the service(s)
- Supplemental summary of the medical condition or functional limitations (may be attached to the prescription)
- Specific services (for example, evaluation, treatments, modalities) prescribed
- Duration of medical necessity for services (Specific dates and length of treatment should be provided if possible. Duration of therapy should be set by the prescriber, but a prescription should extend no longer than six months.)
- Anticipated medical outcome as a result of the therapy

## **Authorization**

When authorization is required, as for services in a rehabilitation center or in a Long Term Care facility, a copy of the prescription itself must accompany the *Treatment Authorization Request* (TAR) and must contain all the preceding information.

## **Specific Prescription Requirements for Speech Therapy**

As appropriate, the following data regarding the recipient should be included on each prescription:

- Age
- Developmental status and rate of achievement of developmental milestones
- Mental status and ability to comprehend
- Related medical conditions

### Purpose of Speech Therapy

The goal of therapy should be achievement of intelligibility rather than age-specific qualities or previous condition status (such as with a stroke victim).

## **Specific Prescription Requirements for Physical Therapy**

Prescriptions should be as specific as possible regarding procedures, modalities and services. For example, “physical therapy” alone is not a sufficient notation on the prescription. A specified duration of therapy should be indicated in weeks or months.

### Purpose of Physical Therapy

The purpose of therapy should be the return of adequate function, not necessarily restoration of full capacity.

## **Specific Prescription Requirements for Occupational Therapy**

As appropriate, prescriptions should include the following information regarding the recipient:

- Age
- Functional limitations
- Mental status and ability to comprehend
- Related medical conditions
- Delay in achievement of developmental milestones in a child or impairment of normal achievement in an adult

### Purpose of Occupational Therapy

Prescriptions should be realistically related to activities of daily living (such as nutrition, elimination, dressing and locomotion), in light of the recipient's functional limitations. The specific goals of training or devices prescribed should be indicated.

## **Specific Prescription Requirements for Audiology Services**

Prescriptions for audiologic services should include the following information regarding the recipient:

- Age
- Medical condition requiring evaluation or treatment
- Ability to perform the specific testing procedures prescribed
- Projected treatment depending upon the result of audiometric testing or evaluation

## **Prescription Requirements for Orthotic and Prosthetic (O&P) Appliances**

The written prescription of a licensed practitioner, acting within the scope of his or her practice, is a Medi-Cal program requirement for the provision of orthotic and prosthetic (O&P) appliances. When the cumulative program cost for purchase, rental or repair/maintenance of such appliances is \$250 for orthotics and \$500 for prosthetics, authorization is required (*California Code of Regulations* [CCR], Title 22, Section 51315[a][2]).

### **Medical Necessity**

With the passage of AB1074 (1985), the Medi-Cal program definition of medical necessity limits health care services to those necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Therefore, prescribed O&P appliances may only be covered as medically necessary to restore bodily functions essential to activities of daily living, or to prevent significant physical disability or serious deterioration of health, or to alleviate severe pain. The practitioner prescribing the items must supply the O&P dealer with information required to document the medical necessity for the item(s) according to the above criteria.

### **Authorization**

If a TAR is required, a copy of the prescription itself must accompany the TAR submitted to the TAR Processing Center and contain all the data listed below.

### **Required Information**

In addition to the signature of the practitioner, the following information must be supplied on the prescription form:

- Name, address and telephone number of the prescribing practitioner
- Date of prescription
- Item being prescribed
- California state license number

## **Elastic Stockings**

Custom-made elastic gradient compression stockings or sleeves (HCPCS code A6549) are reimbursable, with authorization, when medically necessary to treat symptomatic venous insufficiency or lymphedema in the lower extremities.

Providers billing for custom elastic stockings must have a written prescription from a licensed practitioner for the item(s). A generic prescription for “elastic support stockings” is not acceptable. The prescription must specify the compression measurement and length of the stocking.

## **Prescription Requirements for DME Rentals and Purchases**

The written prescription of a licensed practitioner, acting within the scope of his or her practice, is a requirement of the Medi-Cal program for all Durable Medical Equipment (DME) rentals and purchases.

### **Required Information**

In addition to the signature of the practitioner, the following specific information must be supplied clearly on the prescription form:

- Full name, address and telephone number of the prescribing practitioner, if not preprinted on the prescription form
- Date of prescription
- Item(s) being prescribed (If multiple or above-standard items are prescribed, these facts must be separately specified.)
- Medical condition necessitating the particular DME item (A supplemental summary of the medical condition or functional limitations may be attached to the prescription.)
- Duration of medical necessity (The term of use should be stated as precisely as possible; for example, short-term use in months and long-term use as “permanent,” “indefinite” or “lifetime.”)

**Note:** A copy of the written prescription should not be attached to the claim when it is submitted for payment, but must be kept in the provider’s file.

## **Blood Glucose Monitors**

Blood glucose monitors (glucometers), with or without special features, may be prescribed for the purpose of monitoring a recipient's blood glucose levels at home when the recipient has any of the following conditions:

- Type I insulin-dependent diabetes
- Type II non-insulin-dependent diabetes
- Diabetes Mellitus complicating pregnancy
- Gestational diabetes

Home blood glucose monitors are billed with HCPCS code E0607. Blood glucose monitors with special features (for example, an integrated voice synthesizer or integrated lancing/blood sample) are billed with HCPCS codes E2100 and E2101. Reimbursement is limited to one glucometer every five years when billed for the same recipient, by any provider.

## **Documentation Requirements**

Claims for any blood glucose monitor must include the ICD-10-CM diagnosis (including all relevant digits) related to the type of diabetes for which the instrument is being prescribed. Claims for code E0607 must contain documentation that the recipient or caregiver is competent to monitor the equipment and that the device is designed for home rather than clinical use.

## Authorization

Authorization is always required for glucometers with special features (HCPCS codes E2100 and E2101). Authorization is required for code E0607 only when the cost exceeds the established *Treatment Authorization Request* (TAR) threshold limits for rental or purchase of DME.

The TAR must contain the following documentation:

- Diagnosis of secondary diabetes mellitus (E08.00 thru E09.9), diabetes mellitus (E10.10 thru E13.9), diabetes mellitus complicating pregnancy or gestational diabetes (O24.011 thru O24.93, O99.810 thru O99.815), with intent to monitor blood glucose at home, and
- Written statement that the requested glucometer is the least costly item available that will meet the recipient's medical needs, and
- For codes E2100 and E2101, written explanation of the severity of the impairment justifying a special feature for the effective use of the equipment, and
- For codes E2100 and E2101, written statement that the recipient requesting a glucometer with special features is capable of using the equipment in the home setting, and is not dependent upon a caregiver for blood glucose testing. If the recipient is dependent upon a caregiver, the caregiver's need for any requested special features must be justified.

## Supplies

Glucometer test strips, lancets and other monitoring supplies are billed using specific medical supply codes. For information about specific codes, refer to the *Medical Supplies List* sections in the appropriate Part 2 manual.

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.