Referral for Speech Therapy by Contact Agencies

eReferral Users' Guide

Medicaid Operations
Office of the Chief Financial Officer

Department of Education
Carmen Fariña, Chancellor

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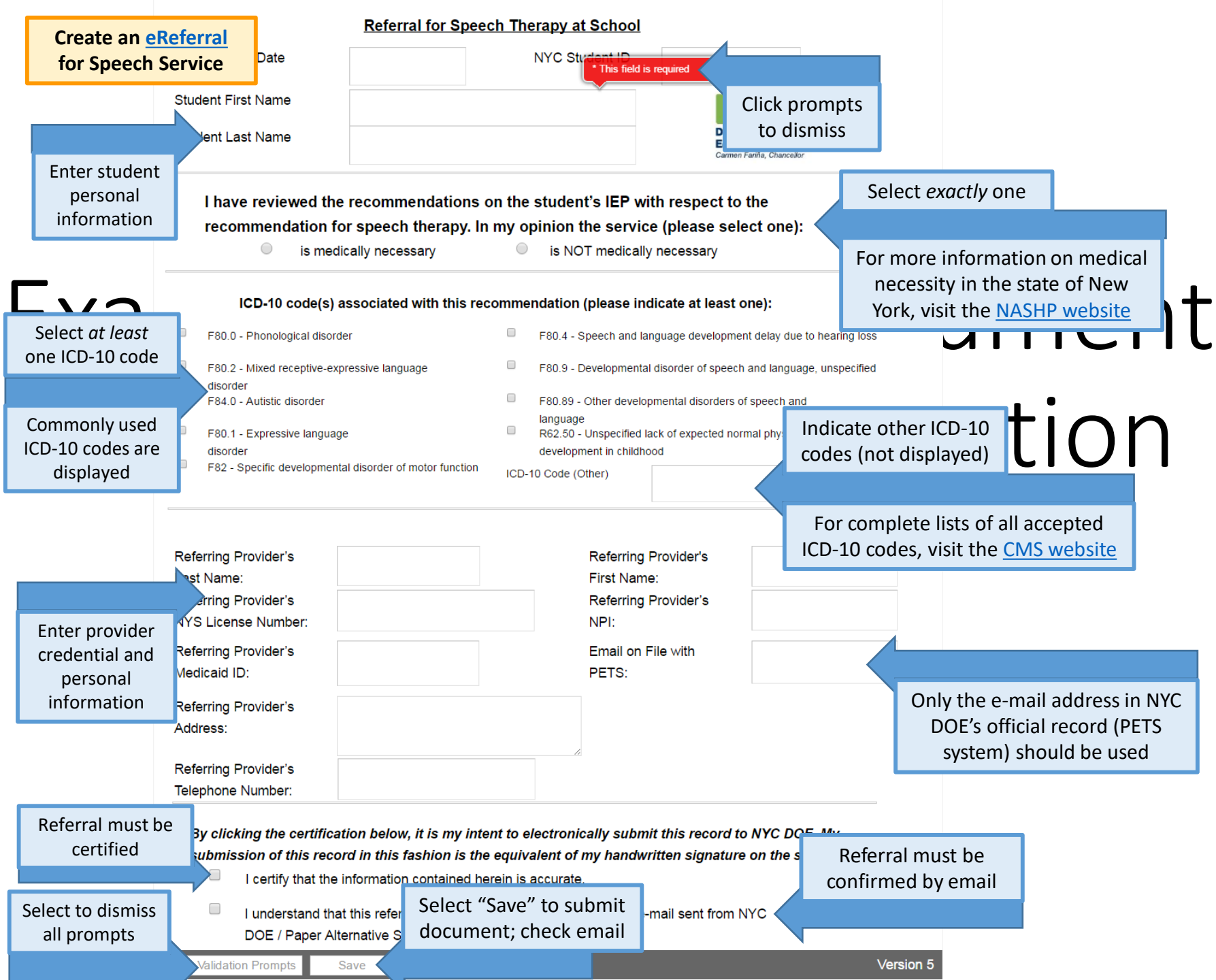
Create an eReferral for Speech Service
Referral for Speech Therapy at School
Date
NYC Student ID
* This field is required
Student First Name
Student Last Name
Carmen Fariña, Chancellor
Click prompts to dismiss
Enter student personal information
I have reviewed the recommendations on the student's IEP with respect to the recommendation for speech therapy. In my opinion the service (please select one):
is medically necessary
is NOT medically necessary
Select exactly one
For more information on medical necessity in the state of New York, visit the NASHP website
ICD-10 code(s) associated with this recommendation (please indicate at least one):
Select at least one ICD-10 code
F80.0 - Phonological disorder
F80.2 - Mixed receptive-expressive language disorder
F84.0 - Autistic disorder
F80.1 - Expressive language disorder
F82 - Specific developmental disorder of motor function
F80.4 - Speech and language development delay due to hearing loss
F80.9 - Developmental disorder of speech and language, unspecified
F80.89 - Other developmental disorders of speech and language
R62.50 - Unspecified lack of expected normal phy development in childhood
Commonly used ICD-10 codes are displayed
ICD-10 Code (Other)
Indicate other ICD-10 codes (not displayed)
For complete lists of all accepted ICD-10 codes, visit the CMS website
Referring Provider's Last Name:
Referring Provider's First Name:
Referring Provider's NYS License Number:
Referring Provider's NPI:
Referring Provider's Medicaid ID:
Email on File with PETS:
Referring Provider's Address:
Referring Provider's Telephone Number:
Enter provider credential and personal information
Only the e-mail address in NYC DOE's official record (PETS system) should be used
By clicking the certification below, it is my intent to electronically submit this record to NYC DOE. My submission of this record in this fashion is the equivalent of my handwritten signature on the s
I certify that the information contained herein is accurate.
I understand that this refer -mail sent from NYC DOE / Paper Alternative S
Referral must be certified
Referral must be confirmed by email
Select to dismiss all prompts
Validation Prompts
Save
Select "Save" to submit document; check email
Version 5

Department of Education
Carmen Fariña, Chancellor

Dear John Smith,

After creating a valid referral for service, you will receive an email at the address indicated on the form

You recently submitt [redacted] to the New York City Department of Education. This referral is not complete until it has been confirmed using the link below. Please select the link to confirm.

I confirm that I intend to create this referral

Click to confirm this referral

Regards,

The Office of Medicaid Operations

NYC Dept of Education

855-740-5928

Questions? Contact us.

Help Desk: 855-740-5928

Email: MedicaidOps@schools.nyc.gov

Web: http://infohub.nyced.org/providers-partners/special-ed-partners/medicaid

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