ROPA **REFERRING, ORDERING, PRESCRIBING, OR ATTENDING**

Presented by Lisa Pelotte

WHAT IS ROPA REALLY?

It refers to the set of rules mandating that any healthcare professional who orders tests, prescribes medications, refers patients, or certifies medical necessity must be **officially enrolled in state Medicaid or Medicare programs to ensure valid claims processing**

OVERVIEW

Under federal regulations (like 42 C.F.R. § 455.410), **these providers must be fully enrolled in the state Medicaid systems, even if they do not directly submit claims themselves**

When a claim is submitted to Medicaid, **it must include the National Provider Identifier (NPI) of the ROPA provider who approved the prescription. If the ROPA provider is not enrolled and screened by the state/federal agency, the claim will be denied or suspended.**

OVERVIEW

In the school based setting the referring provider is:

The provider listed on any applicable DSC claim **is the same QMP who signed the IEP or POC for the service billed**. (exception is evaluations)

Qualified Medical Provider Definition

“An individual who provides qualifying covered services and who meets all the applicable licensure/certification requirements, is enrolled with AHCCCS and has obtained an AHCCCS provider Identification (ID) number and is employed by or working under contract with a participating Local Education Agency (LEA) or one of its individual schools.”

> **For evaluations –** the referring provider for the evaluation should be the SAME person that performed the evaluations – this is true for evaluations that qualify for services as well as ones that do not qualify.

NAVIGATING THE LANDSCAPE

WHAT SERVICES REQUIRE A REFERRING PROVIDER? OT

CODE	SERVICE	DESCRIPTION	Referring, Ordering, Prescribing REQUIRED
92609	OT	Therapeutic services for use of speech-generating device with programming	Y
97032	OT	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	Y
97110	OT	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercise to develop strength and endurance, range of motion and flexibility	Y
97112	OT	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Y
97116	OT	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	Y
97124	OT	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Y
97129	OT	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Y
97130	OT	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Y
97139	OT	Unlisted therapeutic procedure (specify)	Y
97140	OT	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	Y
97150	OT	Therapeutic procedure(s), group (2 or more individuals)	Y
97165	OT	Occupational therapy evaluation, low complexity,	Y
97166	OT	Occupational therapy evaluation, moderate complexity,	Y
97167	OT	Occupational therapy evaluation, high complexity,	Y
97168	OT	Re-evaluation of occupational therapy established plan of care,	Y
97530	OT	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	Y
97533	OT	Sensory technique to enhance processing and adaptation to environmental demamnds, each 15 minutes	Y
97542	OT	Wheelchair management (eg, assessment fitting training), each 15 minutes	Y
97760	OT	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, each 15 minutes	Y
97761	OT	Prosthetic training, upper and/or lower extremities, each 15 minutes	Y

WHAT SERVICES REQUIRE A REFERRING PROVIDER? PT

CODE	SERVICE	DESCRIPTION	Referring, Ordering, Prescribing REQUIRED
92609	PT	Therapeutic services for use of speech-generating device with programming	Y
97032	PT	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	Y
97110	PT	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercise to develop strength and endurance, range of motion and flexibility	Y
97112	PT	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	Y
97116	PT	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	Y
97124	PT	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Y
97129	PT	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Y
97130	PT	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Y
97139	PT	Unlisted therapeutic procedure (specify)	Y
97140	PT	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	Y
97150	PT	Therapeutic procedure(s), group (2 or more individuals)	Y
97161	PT	Physical therapy evaluation: low complexity,	Y
97162	PT	Physical therapy evaluation: moderate complexity,	Y
97163	PT	Physical therapy evaluation: high complexity,	Y
97164	PT	Re-evaluation of physical therapy established plan of care,	Y
97530	PT	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	Y
97533	PT	Sensory technique to enhance processing and adaptation to environmental demamnds, each 15 minutes	Y
97542	PT	Wheelchair management (eg, assessment fitting training), each 15 minutes	Y
97760	PT	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, each 15 minutes	Y
97761	PT	Prosthetic training, upper and/or lower extremities, each 15 minutes	Y

WHAT SERVICES REQUIRE A REFERRING PROVIDER? SL

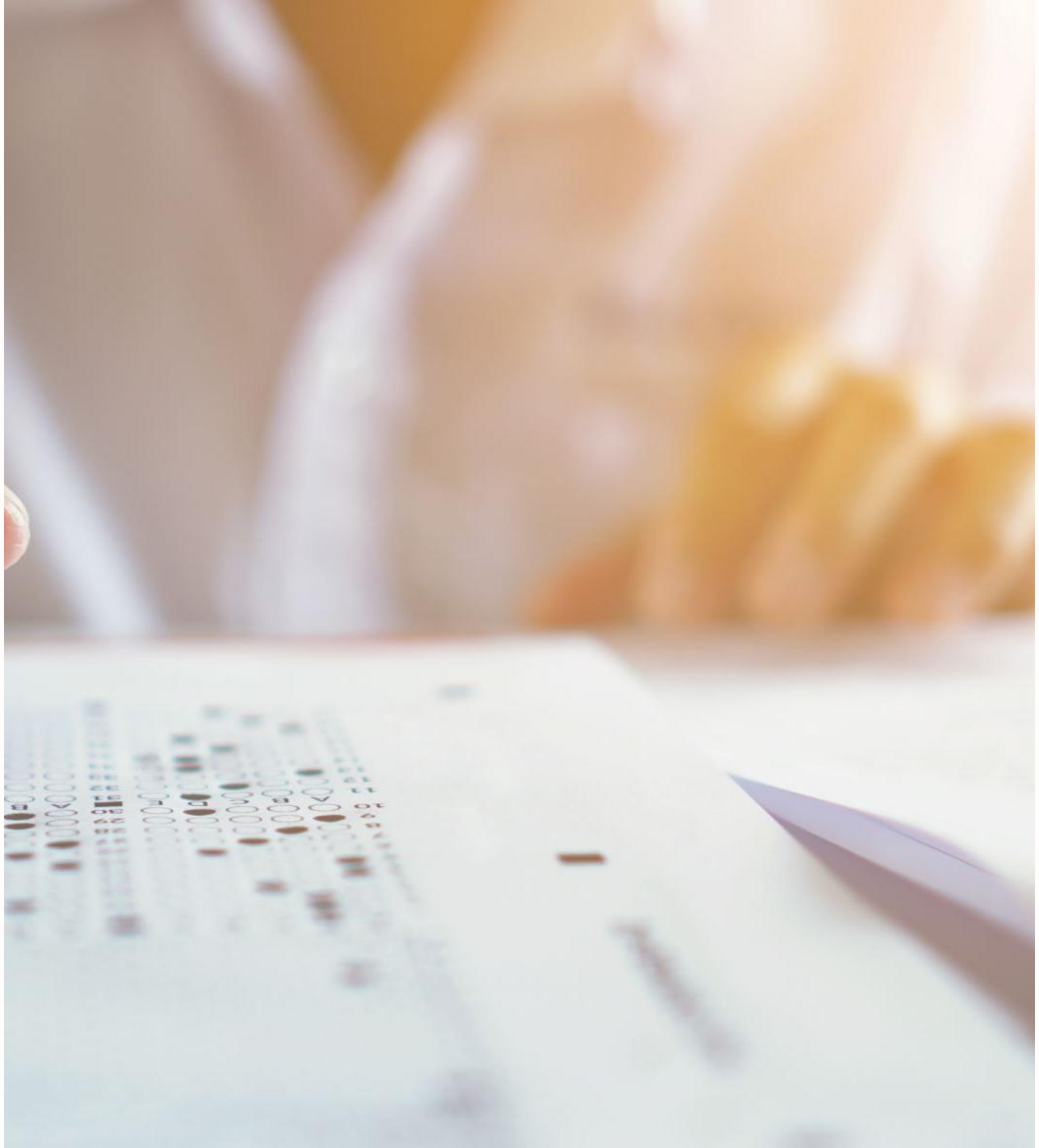
CODE	SERVICE	DESCRIPTION	Referring, Ordering, Prescribing REQUIRED
92507	SLP	Treatment of speech, language, voice , communication, and/or auditory processing disorder; individual	Y
92508	SLP	Treatment of speech, language, voice , communication, and/or auditory processing disorder; group, 2 or more individuals	Y
92521	SLP	Evaluation of speech fluency (eg, stuttering, cluttering)	Y
92522	SLP	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)	Y
92523	SLP	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	Y
92524	SLP	Behavioral and qualitative analysis of voice and resonance	Y
92526	SLP	Treatment of swallowing dysfunction and/or oral function for feeding	Y
92607	SLP	Evaluation for prescription for speech-gerating augmentative and alternative communication device, face-to-face with the patient	Y
92607	SLP	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient	Y
92608	SLP	Evaluation and prescription of speech-generating and alternative communication	Y
92609	SLP	Therapeutic services for use of speech-generating device with programming	Y
92610	SLP	Evaluation of oral and pharyngeal swallowing function	Y
92630	SLP	Auditory rehabilitation; pre-lingual hearing loss (limited to individuals with Cochlear Implants or hearing aids to assess speech)	Y
92633	SLP	Auditory rehabilitation; post-lingual hearing loss (limited to individuals with Cochlear Implants or hearing aids to assess speech)	Y

WHAT SERVICES REQUIRE A REFERRING PROVIDER? SLA

CODE	SERVICE	DESCRIPTION	Referring, Ordering, Prescribing REQUIRED
92507	SLPA	Treatment of speech, language, voice , communication, and/or auditory processing disorder; individual	Y
92508	SLPA	Treatment of speech, language, voice , communication, and/or auditory processing disorder; group, 2 or more individuals	Y
92609	SLPA	Therapeutic services for use of speech-generating device with programming	Y

What services require a referring provider? AUDIO

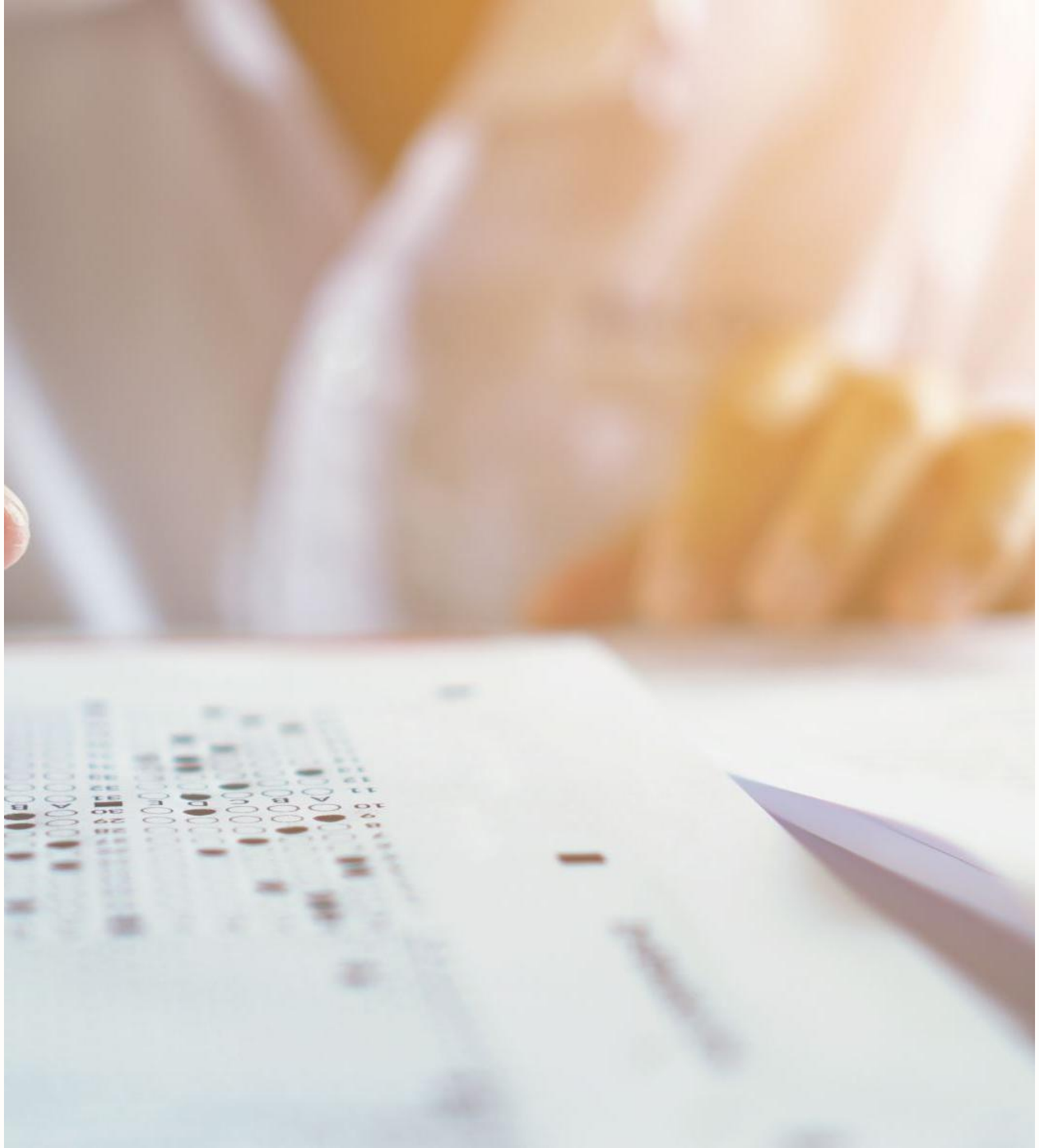
CODE	SERVICE	DESCRIPTION	Referring, Ordering, Prescribing REQUIRED
92507	AUIDIO	Treatment of speech, language, voice , communication, and/or auditory processing disorder; individual	Y
92508	AUIDIO	Treatment of speech, language, voice , communication, and/or auditory processing disorder; group, 2 or more individuals	Y
92609	AUIDIO	Therapeutic services for use of speech-generating device with programming	Y



OVERVIEW

- Who is the referring provider for therapy services that require them?
  - The Referring provider is the QMP that signed the IEP for that service
    - Example if there are speech services in the IEP/OPOC the QMP for Speech that signed the plan is the one that would need to be sent with any speech claims for the student for the DOS covered in that plan.

  - **To be a qualifying QMP the signer must be registered with AHCCCS to meet the Medicaid requirements (this is not any different than before – we just need to know who the QMP is now when submitting claims)**



OVERVIEW

- Evaluation exceptions to the Referring provider
  - The Referring provider list on the claim for evaluations per PCG on 3/12/2026 = “ the QMP in the referring field should also be the **QMP listed on the evaluation report**.”
  - They also need to maintain the evaluation report that lists the appropriate QMP on the evaluation report for audit purposes

OUR GOAL

To assist you getting all the information that we require to submit claims for you. **Without the ROPA information we cannot submit therapy claims on your behalf**

COULD NOT GETTING THE ROPA INFORMATION NEGATIVELY IMPACT US?

Prioritizing the transfer of referring provider data to SEAS is essential. Missing information halts claim submissions and results in lost Medicaid funding for the district

To ensure the district doesn't miss out on Medicaid reimbursements, we need to focus on getting referring provider details into SEAS. This information is required for successful claim processing.

For most district Therapy services are on average 40% of the school-based Medicaid funding.

THERE ARE ITEMS THAT HAVE ALWAYS BEEN PART OF THE COMPLIANCE REVIEWS

- IEP/OPOC is signed and dated by qualified medical provider
- Progress reports Signed and dated by qualified medical provider
- QMP that is signing the IEP/OPOC is registered with AHCCCS

The ROPA is not a new requirement, however the new requirement is the QMP provider needs to be included in the claim line.

STRUGGLES

- Districts that are no able to extract the signature information from their IEP program are having to manually look up wet signatures to obtain referring provider information – has been a huge roadblock

Solution Ideas discussion

Create a signature log that can be shared with the Medicaid coordinator after each IEP meeting

Student Name	Student ID	IEP start date	IEP end date	Service Area	QMP signature date	QMP name	QMP NPI
Lisa Pelotte	111222	08/01/2026	07/31/2027	OT	07/31/2025	Curt Smith	1234567890
Lisa Pelotte	111222	08/01/2026	07/31/2027	SL	08/01/2026	Samantha Jones	2345678901
Finnegan Cooper	222333	08/15/2026	08/14/2027	SL	08/16/2026	Samantha Jones	2345678901

Q & A

Let’s discuss questions
as a team.