

**NON-HOSPITAL SERVICES**

MEDICAL NECESSITY

1. Documentation in the medical record does not establish that the beneficiary has a diagnosis contained in California Code of Regulations, (CCR), title 9, chapter 11, section 1830.205(b)(1)(A-R).

*CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R); CCR, title 9, chapter 11, section 1810.345(a); CCR, title 9, chapter 11, section 1840.112(b)(1)(4)*

**ACBHCS COMMENTS:**

- a) Non-Included Dx.
- b) No Assessment with included diagnosis present for date of service.
- c) Assessment not signed by LPHA. (Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waived staff or registered intern.)
- d) Documentation in the Assessment does not support the included diagnosis.

2. Documentation in the medical record does not establish that, as a result of a mental disorder listed in CCR, title 9, chapter 11, section 1830.205(b)(1)(A-R), the beneficiary has, at least, one of the following impairments:

- A significant impairment in an important area of life functioning;
- A probability of significant deterioration in an important area of life functioning;
- A probability the child will not progress developmentally as individually appropriate; or
- For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

*CCR, title 9, chapter 11, section 1830.205(b)(2)(A – C); CCR, title 9, chapter 11, section 1830.210(a)(3)*

**ACBHCS COMMENTS:**

- a) Non-Included Dx.
- b) No Assessment present for date of service.
- c) Assessment not signed by LPHA. (Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waived staff or registered intern.)
- d) Documentation in the Assessment does not support the impairment criteria.
- e) The condition can be treated in a physical health care based setting only.

3. Documentation in the medical record does not establish that the focus of the proposed intervention is to address the condition identified in CCR, title 9, chapter 11, section 1830.205(b)(2)(A),(B),(C)-(see below):

- A significant impairment in an important area of life functioning;
- A probability of significant deterioration in an important area of life functioning;
- A probability the child will not progress developmentally as individually appropriate; and
- For full-scope Medi-Cal beneficiaries under the age of 21 years, a condition as a result of the mental disorder that specialty mental health services can correct or ameliorate.

*CCR, title 9, chapter 11, section 1830.205(b)(3)(A); CCR, title 9, chapter 11, section 1840.112(b)(4)*

**ACBHCS COMMENTS:**

- a) Non-Included Dx.
- b) No Assessment present for date of service.
- c) Assessment not signed by LPHA. (Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waived staff or registered intern.)
- d) Documentation in the Assessment and/or Client Plan does not establish proposed intervention criteria.
- e) The condition can be treated in a physical health care based setting only.

4. Documentation in the medical record does not establish the expectation that the proposed intervention will do, at least, one of the following:

- a) Significantly diminish the impairment;
- b) Prevent significant deterioration in an important area of life functioning;
- c) Allow the child to progress developmentally as individually appropriate; or
- d) For full-scope Medi-Cal beneficiaries under the age of 21 years, correct or ameliorate the condition.

*CCR, title 9, chapter 11, section 1830.205(b)(3)(B); CCR, title 9, chapter 11, section 1810.345(c)*

**ACBHCS COMMENTS:**

- a) Non-Included Dx.
- b) No Assessment present for date of service.
- c) Assessment not signed by LPHA. (Diagnosis is not established by licensed LPHA OR not co-signed by licensed LPHA if established by a waived staff or registered intern.)
- d) Documentation in the Assessment and/or Client Plan does not establish proposed intervention criteria.
- e) The condition can be treated in a physical health care based setting only.

CLIENT PLAN

5. Initial client plan was not completed within the time period specified in the Mental Health Plan (MHP's) documentation guidelines, or lacking MHP guidelines, within 60 days of the intake unless there is documentation supporting the need for more time.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract*

**ACBHCS COMMENTS:**

- a) SMHS Service claimed does not relate back to a current mental health objective in Client Plan.
- b) Service modality claimed is not indicated in Client Plan.
- c) No Client Plan or Plan Update for date of service.
- d) Client Plan is missing required staff signature(s) for date of service.

6. The client plan was not completed, at least, on an annual basis or as specified in the MHP's documentation guidelines.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract*

**ACBHCS COMMENTS:**

- a) SMHS Service claimed does not relate back to a current mental health objective in Client Plan.
- b) Service modality claimed is not indicated in Client Plan.
- c) No Client Plan or Plan Update for date of service.
- d) Client Plan is missing required staff signature(s) for date of service.

7. No documentation of beneficiary or legal guardian participation in the plan or written explanation of the beneficiary's refusal or unavailability to sign as required in the MHP Contract with the Department.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract*

**ACBHCS COMMENTS:**

- a) No client (or guardian) signature on Client Plan for date of service, w/o documentation of reason.
- b) Late client (or guardian) signature on Client Plan for date of service, w/o documentation of reason.

8. For beneficiaries receiving Therapeutic Behavioral Services (TBS), no documentation of a plan for TBS.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(5); MHP Contract, DMH Letter No. 99-03, Pages 6-7*

PROGRESS NOTES

9. No progress note was found for service claimed.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, section 1840.112(b)(3); CCR, title 22, chapter 3, section 51458.1(a)(3); MHP Contract*

**ACBHCS COMMENTS:**

- a) PN missing.
- b) PN incorrectly dated.

10. The time claimed was greater than the time documented.

*CCR, title 9, chapter 11, section 1810.440(c); CCR, title 9, chapter 11, sections 1840.316 - 1840.322; CCR, title 22, chapter 3, section 51458.1(a)(3)(4)(5); CCR, title 22, chapter 3, section 51470(a); MHP Contract*

**ACBHCS COMMENTS:**

- a) Documentation *content* does not support amount of time claimed.
- b) Time documented on PN does not equal time claimed (overbilled).
- c) Time noted for documentation is excessive.
- d) Time on PN is not broken down into face-to-face (time based codes—crisis, ind. psychotherapy, E/M when >50% of face-to-face time is spent as Counseling & Coordination of Care) and total time.

11. The progress note indicates that the service was provided while the beneficiary resided in a setting where the beneficiary was ineligible for Federal Financial Participation. (e.g. Institute for Mental Disease, jail, and other similar settings, or in a setting subject to lockouts per CCR, title 9, chapter 11.)

*CCR, title 9, chapter 11, section 1840.312(g-h); CCR, title 9, chapter 11, sections 1840.360-1840.374; Code of Federal Regulations (CFR), title 42, part 435, sections 435.1008 – 435.1009; CFR, title 42, section 440.168; CCR, title 22, section 50273(a)(1-9); CCR, title 22, section 51458.1(a)(8); United States Code (USC), title 42, chapter 7, section 1396d*

12. The progress note clearly indicates that the service was provided to a beneficiary in juvenile hall and when ineligible for Medi-Cal. (Dependent minor is Medi-Cal eligible. Delinquent minor is only Medi-Cal eligible after adjudication for release into community).

*CFR, title 42, sections 435.1008 – 435.1009; CCR, title 22, section 50273(a)(1-9)*

13. The progress note indicates that the service provided was solely for one of the following:

- a) Academic educational service;
- b) Vocational service that has work or work training as its actual purpose;
- c) Recreation; or
- d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors.

*CCR, title 9, chapter 11, section 1840.312(a-d); CCR, title 9, chapter 11, section 1810.247; CCR, title 22, chapter 3, section 51458.1(a)(5)(7)*

***ACBHCS COMMENTS:***

- a) Non- billable service – educational related.
- b) Non- billable service – vocational related.
- c) Non- billable service – recreational related.
- d) Non- billable service – social group related.

14. The claim for a group activity was not properly apportioned to all clients present.

*CCR, title 9, chapter 11, section 1840.314(c); CCR, title 9, chapter 11, section 1840.316(b)(2)*

***ACBHCS COMMENTS:***

- a) Group service note does not include # of clients served.
- b) Inaccurate calculation.

15. The progress note was not signed (or electronic equivalent) by the person(s) providing the service.

***ACBHCS COMMENTS:***

- a) Missing Provider signature.
- b) Missing required LPHA co-signature.

*MHP Contract*

16. The progress note indicates the service provided was solely transportation.

*CCR, title 9, chapter 11, section 1810.355(a)(2), CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); DMH Letter No. 02-07*

***ACBHCS COMMENTS:***

- a) Non- billable activity – transportation related.

17. The progress note indicates the service provided was solely clerical.

*CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)*

**ACBHCS COMMENTS:**

- a) Non- billable activity – clerical related.
- b) Non- billable activity – administrative (i.e. \_\_\_\_\_) related.
- c) Non- billable activity – voicemail activity.
- d) Non- billable activity – No Show.
- e) Non- billable activity – making appointment w/client related.

18. The progress note indicates the service provided was solely payee related.

*CCR, title 9, chapter 11, section 1840.312(f); CCR, title 9, chapter 11, section 1810.247; CCR, title 9, chapter 11, section 1840.110(a); CCR, title 9, chapter 11, section 1830.205(b)(3)*

**ACBHCS COMMENTS:**

- a) Non- billable activity – payee related.

19a. No service was provided.

*CCR, title 9, chapter 11, section 1840.112(b)(3); DMH Letter No. 02-07; CCR, title 22, chapter 3, section 51470(a)*

**ACBHCS COMMENTS:**

- 1) SMHS Service claimed does not match type of SMHS Service documented.
- 2) PN does not include Clinician's Intervention/Response component.
- 3) Extensive cut & paste activity for Intervention/Response component PN.
- 4) Case closed, cannot bill.
- 5) Client deceased, cannot bill.
- 6) Non SMHS Service Intervention.
- 7) Illegible Progress Note (to degree—no actual content for Intervention/Response component).
- 8) Duplication of Services (and list one: Same service billed twice by same provider OR by different providers without documentation to support co-providers).
- 9) Non- billable activity – supervision related.
- 10) Day Rehabilitation did not include all the required service components.
- 11) The total number of minutes/hours the client actually attended Day Rehabilitation were not documented.
- 12) The client did not receive the minimum required hours in order to claim for full or half Day Rehabilitation services.
- 13) Day Rehabilitation did not include all program requirements (program/group descriptions, weekly calendar, etc).

19b. The service was claimed for a provider on the Office of Inspector General List of Excluded Individuals and Entities.

*CFR, title 42, section 438.610; Social Security Act, sections 1128 and 1156; USC, title 42, chapter 7, subchapter XI, part A, sections 1320a-5 and 1320a-7*

19c. The service was claimed for a provider on the Medi-Cal suspended and ineligible provider list

*CCR, title 9, chapter 11, section 1840.314(a); Welfare and Institutions Code, Sections 14043.6, 14043.61 and 14123;*

19d. The service was not provided within the scope of practice of the person delivering the service.

*CCR, title 9, chapter 11, section 1840.314(d)*

20. For beneficiaries receiving TBS, the TBS progress notes overall clearly indicate that TBS was provided solely for one of the following reasons:

- a) For the convenience of the family, caregivers, physician, or teacher;
- b) To provide supervision or to ensure compliance with terms and conditions of probation;
- c) To ensure the child's/youth's physical safety or the safety of others, e.g., suicide watch; or
- d) To address conditions that are not a part of the child's/youth's mental health condition.

*DMH Letter No. 99-03*

21. For beneficiaries receiving TBS, the progress note clearly indicates that TBS was provided to a beneficiary in a hospital mental health unit, psychiatric health facility, nursing facility, or crisis residential facility.

*DMH Letter No. 99-03*