Auditing Mental Health Services

When auditing mental health services, it is important to note not only CPT Guidance, but also local carrier policy guidance. Recently, while reviewing mental health services for a provider in the CAHABA MAC Region, I audited four of the twenty providers before realizing that I needed to validate specifics required by their LCD for psychotherapy services.

As auditors, we are well aware that there are standards for services that, while a carrier may have their own LCD, the requirements are still "in line" with other MAC's. However, a keen defining element for this MAC is that CAHABA policy requires that the time for psychotherapy services includes the actual clock time, not just a broad statement of time spent with the patient. The policy specifically states: *Psychotherapy services (CPT codes 90832-90838) are time based codes. Start and stop times must be documented for CPT codes 90832, 90834, and 90837.*

I then had to go back and re-evaluate my findings of the providers that I had already audited. Not all carriers require start and stop times (this is true for physical therapy time based services as well), but you must always refer to the LCD to ensure the records are audited correctly.

Oftentimes, this leads tot he next question: what do we do when the services are commercial carrier claims and not Medicare? We advise that the auditor should see if the carrier has any specific policy regarding the documentation of time, and if they do not, then they should default to Medicare guidance. Most carriers indicate that they follow Medicare guidance, so this methodology will help to ensure the most accurate documentation of these services.

In addition, many policies have some variation in the expectations of psychotherapy service documentation. Most will require the diagnosis, details of the session, and time, but some carriers also require the technique that was used during the session as well as the functional mental status of the patient on that date of service. While documentation guidelines for these services may not spell out a requirement for HPI, keep in mind that the HPI defines the why of the encounter as well as the interval history of the patient to define how the patient is doing today with their problem, chronicling any changes since the last encounter with the patient. This information is vital to support the complexity of the patient and further substantiate that day's service as well as future services based upon medical need.

This Week's Tip Provided By:

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