

## Simply Compliance – A Conversation about the Process of Enhancing Compliance

### The Progress Note: Critical Information regarding the Course of Treatment

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Treatment is the course to recovery. Each session of therapy, community living supports, respite or any other treatment modality needs to be documented in a way that captures who, how, what and where treatment was delivered. This knowledge is connected to two critical aspects of compliance. The content of the progress note demonstrates that the services provided are consistent with the medically necessary services authorized and identified in the IPOS. In addition, the content of the progress note illustrates that a billable service was delivered to an individual by an appropriately credentialed clinician, technician or therapist.

In *Medicaid Documentation for Behavioral Health Practitioners*, CMS explains the importance of accurate and robust documentation for the individuals we serve:

Behavioral health practitioners are in the business of helping their patients. Patients are their priority. Meeting ongoing patient needs, such as furnishing and coordinating necessary services, is impossible without documenting each patient encounter completely, accurately, and in a timely manner. Documentation is often the communication tool used by and between professionals. Records not properly documented with all relevant and important facts can prevent the next practitioner from furnishing sufficient services. The outcome can cause unintended complications. Another reason for documenting medical services is to comply with Federal and State laws. These laws require practitioners to maintain the records necessary to “fully disclose the extent of the services,” care, and supplies furnished to beneficiaries, as well as support claims billed. In addition, proper documentation can help protect a behavioral health practitioner from challenges to furnished treatment, and civil, criminal, and administrative penalties and litigation.

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Behavioral Health services must meet specific requirements for reimbursement. Documented services must:

- Meet that State’s Medicaid program rules;
- To the extent required under State law, reflect medical necessity and justify the treatment and clinical rationale (remember, each State adopts its own medical necessity definition);
- To the extent required under State law, reflect active treatment;
- Be complete, concise, and accurate, including the face-to-face time spent with the patient (for example, the time spent to complete a psychosocial assessment, a treatment plan, or a discharge plan);
- Be legible, signed, and dated;
- Be maintained and available for review; and

- Be coded correctly for billing purposes.

There are some things to avoid as a behavioral health practitioner. Never bill “chance, momentary social encounters between a therapist and a patient” as valid therapeutic sessions; never bill undocumented services; and never bill services coded at a higher level than those furnished. For example, if furnishing group therapy, be sure and bill group therapy codes rather than individual therapy codes, and document patient-specific information in each attendee’s medical record. [Citations Omitted]

<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-behavioralhealth-factsheet.pdf>

Your staff should know how to document an encounter. They should never copy a progress note from a prior encounter to describe a current encounter. Even if the services are substantially similar to a prior encounter, each interaction is billable only if the documentation is accurate. So, remind everyone of these simple practices in order to avoid some difficult situations. Why is documentation important to the individuals we serve? In short, we, as a team of service providers working with an individual, provide more cohesive and effective service if we communicate thoroughly in our documentation and comply with the rules and regulations regarding the documentation of services. Compliance made simple.