

# Once again with feeling, Coding for Behavioral Health



Recorded July, 2023

## Medicare Improperly Paid Providers for Some Psychotherapy Services, Including Those Provided via Telehealth, During the First Year of the COVID-19 Public Health Emergency



**Department of Health & Human  
Services OIG**

Department of Health & Human  
Services

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**Submitting OIG:** Department of Health & Human Services OIG

**Date Issued:** Tuesday, May 2, 2023

**Agency Reviewed /  
Investigated:** Department of Health & Human Services

## Citations for OIG reports

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Christi A. Grimm Inspector General

**May 2023**

A-09-21-03021

- Found many of the same problems as OIG report from March, 2022

**March 2022**

A-02-21-01006

- Reviewed psychotherapy services, including those provided via telehealth

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**Figure 2: The Total Number of Sampled Enrollee Days for Which Providers Did Not Meet Medicare Requirements, by Type of Deficiency**



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## Time spent in psychotherapy not documented

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- Time spent in psychotherapy must be documented in the record
- Start and stop times not required (check private payer policies)
- State the time: time of psychotherapy 25 minutes

### **Insufficient: code selection describes time**

### **90832 Psychotherapy, 30 minutes with patient**

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## Missing or incomplete treatment plans

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*“The individualized treatment plan must state the type, amount, frequency, and duration of the services to be furnished and indicate the diagnoses of a mental disorder or disease (e.g., generalized anxiety disorder) and anticipated goals of the psychotherapy treatment (e.g., to reduce symptoms) (CGS’s LCD L34353 and NGS’s LCD L33632). A periodic summary of treatment goals, progress toward those goals, and an updated treatment plan must be included in the medical record (WPS’s LCD L34616 and CGS’s LCD L34353).”* page 15

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## 7 Treatment plans did not comply with Medicare requirements

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- No treatment plan
- Did not have type, frequency and duration
- *“For 2 enrollee days, the medical records included initial treatment plans that were established 6 and 8 years before the sampled enrollee days; however, updated treatment plans were not included in the medical records.” page 15*

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## 8 No psychotherapy done, or documentation mission

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- Documentation sent to the OIG, but it did not support psychotherapy

*Or*

- No documentation submitted

***Or (let's not do this)***

- *“For 7 enrollee days, the providers furnished documentation for the sampled items; however, they created the documentation after we had requested the medical records, which was more than 8 months after the sampled enrollee days.”*

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## No psychotherapy done, or documentation mission

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*“The medical record documentation maintained by the provider must include a detailed summary of the session, including descriptive documentation of therapeutic interventions, such as examples of attempted behavior modification and supportive interaction (FCSO’s LCD L33252). Medical records must document the patient’s capacity to participate in psychotherapy if psychotherapy is the chosen treatment (WPS’s LCD L34616 and Novitas’s LCD L35101).”*

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## No psychotherapy done, or documentation missing

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- Psychotherapy did not indicate the therapeutic maneuvers (such as behavioral modification, cognitive behavioral therapy, supportive interactions or interpretative interactions)
- Looking for provider documentation of a reasonable expectation for improvement – (every session??)

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## At every encounter??

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- *“For 6 enrollee days, the providers did not document that the psychotherapy services were expected to improve the enrollees’ condition or maintain the mental health status or function of the enrollees. p.18*
- *For 4 enrollee days, the providers did not include in the medical records a periodic summary of goals or progress toward goals.” p.18*
- *“For 1 enrollee day, the provider did not document the enrollee’s capacity to participate in the psychotherapy.” p. 19*

My recommendation: put this in the treatment plan which is then reviewed and updated

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## Services did not meet incident to requirements

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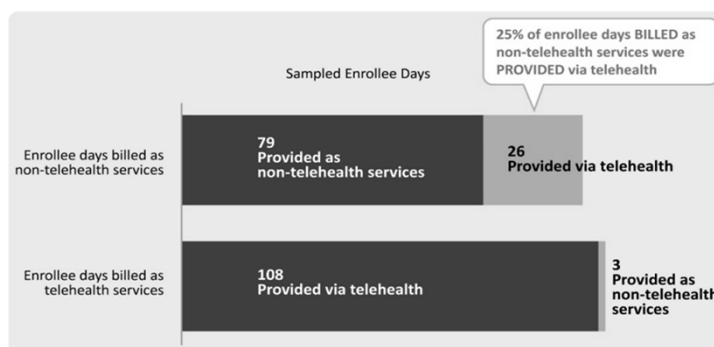
- Physician didn’t see the patient and initiate the plan of care
- Documentation didn’t show that the physician was physically present in the same office suite

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## Incorrectly reported

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**Figure 3: Twenty-Five Percent of the Enrollee Days Billed as Non-Telehealth Services Were Provided via Telehealth**



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## Comparison of MAC policies

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- OIG produced a two page overview of MAC policies related to psychotherapy, which you can download
- Watch the video from April 2022 for more guidance

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## Sing along with me

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- Document time for psychotherapy
- Sign your notes
- Develop a treatment plan and update it periodically
- Recommendation: include in treatment plan that the patient is able to participate in and benefit from therapy
- If an E/M and psychotherapy at the same visit, document time of psychotherapy only

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## Thank you

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