

DEPARTMENT OF SOCIAL SERVICES
AUDIT PROTOCOL- BEHAVIORAL HEALTH CLINICIANS-GROUPS AND INDEPENDENT PRACTITIONERS
UPDATED JUNE 2023

Listed are the most common audit findings for Medicaid behavioral health services, and clarification of the criteria the Connecticut Department of Social Services (the "Department") uses when it makes those findings. Disallowances for behavioral health services under the Medicaid program are governed by policies included in the Connecticut Medical Assistance Program Provider Manual (PM), the Medicaid Provider Enrollment Agreement (PA), Provider Bulletins (PB), the Current Procedure Terminology Codebook (CPT), the Regulations of Connecticut State Agencies (Conn. Agencies Regs.), the Connecticut General Statutes (Conn. Gen. Stat.), the Code of Federal Regulations (C.F.R.) and the United States Code (U.S.C.).

Audit Finding	Department Criteria	Regulatory Reference
Documentation - No Documentation of Service	The Department will disallow payment for service if the required documentation is not available for review/audit. All required documentation must be maintained for at least 5 years.	Conn. Agencies Regs. §§ 17b-262-526(7)(8); 17b-262-919; 17b-262-925(a-g); 17b-262-1063; 19a-14-40 Provider Enrollment Agreement - General Provider Requirements (6) and (7)
Documentation - Inadequate/Incomplete Documentation	The Department will disallow payment for service if the documentation does not contain the required information, as specified in regulations, laws and policies.	Conn. Agencies Regs. §§ 17b-262-526(7)(8); 17b-262-913(29); 17b-262-919; 17b-262-925(a-g); 17b-262-1063; 19a-14-40 Provider Enrollment Agreement - General Provider Requirements (6) Current Procedural Terminology (CPT) Codebook PB 2018-11
Documentation - Medical Record - No Signature	The Department will disallow payment for service if the paid service was based on medical records that are not signed by the performer; or if an electronic signature on an electronic health record does not comply with the requirements of the DSS Electronic Signature Policy.	Conn. Agencies Regs. §§ 17b-262-526(7); 17b-262-925(a); 17b-262-1063(b)(3); 19a-14-40 Provider Enrollment Agreement - Section K - Electronic Signature Policy; General Provider Requirements (39) PB 2018-11; PB 2022-67
Documentation - Duration of Session	The Department will adjust the payment for a time-based code if the provider fails to document the start and stop times of the session.	Conn. Agencies Regs. §§ 17b-262-925(a); 17b-262-1063(b)(3)(c) Current Procedural Terminology (CPT) Codebook
Documentation - Treatment Plan Not Current	The Department will disallow payment for services where the treatment plan was not reviewed within six (6) months of the date of service.	Conn. Agencies Regs. §§ 17b-262-913(5)(29); 17b-262-919; 17b-262-925(a); 17b-262-1057(c)(3)
Documentation - Cloning Documentation	The Department will disallow payment if the medical record for services rendered is the result of identical or similar entries from copying/pasting ("cloning"), which misrepresents the medical necessity required for the rendered service and/or does not reflect updated clinical information.	Conn. Agencies Regs. §§ 17b-262-526(7); 17b-262-925(a-g); 17b-262-1063; 19a-14-40
Service Limitation	The Department will disallow payment for behavioral health services provided that are not in accordance with the client's treatment plan and with the following limits: <ul style="list-style-type: none"> . more than one diagnostic interview in any twelve-month period per licensed behavioral health clinician per client; . more than one (1) unit of individual counseling or individual psychotherapy per client, per day; . more than one (1) unit of family counseling or family psychotherapy counseling per client, per day; . more than one (1) unit of group counseling or group psychotherapy per client, per day. . family, group, and multiple-family group psychotherapy sessions less than 45 minutes in length 	Conn. Agencies Regs. §§ 17b-262-917(1-6); 17b-262-1055
Services Not Covered	The Department will disallow payment for the following behavioral health clinician services: <ul style="list-style-type: none"> . information or services furnished by licensed behavioral health clinician to the client electronically or over the telephone, except for case management services provided to clients age 18 and under (refer to PB 23-18); . case management services provided to clients age nineteen and older; . evaluations, diagnostic interviews and therapy services performed in hospital inpatient or outpatient settings; . concurrent services involving the same treatment modalities for the same client by different health professionals; . services, treatment or items for which the provider does not usually charge; . behavioral health clinician services in excess of those medically necessary to treat the client's condition; . services not directly related to the client's diagnosis, symptoms or medical history; . services provided by anyone other than the provider (refer to PB 22-67); . services that are primarily for vocational or educational guidance 	Conn. Agencies Regs. §§ 17b-262-918; 17b-262-1059 PB 2022-67; PB 2023-18
Billing - Usual and Customary Charge	The Department will disallow payment if the Provider does not bill its usual and customary charge (U&C). If the Provider's U&C is less than the fee schedule amount, the disallowance will be equal to the amount paid and the provider's U&C charge.	Conn. Agencies Regs. §§ 17b-262-921(b); 17b-262-922(b); 17b-262-1059(3)
Billing - Incorrect Place of Service	The Department will adjust payment in instances where the claim is submitted with an incorrect facility type code.	PB 2014-60 PM Chapter 8 – Behavioral Health Clinician Submission Instructions, field 24B

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Audit Finding	Department Criteria	Regulatory Reference
Billing - Incorrect Procedure Code	The Department will adjust payment if the client medical record does not support the procedure code billed.	Conn. Agencies Regs. §§ 17b-262-924(b); 19a-14-40 Current Procedure Terminology (CPT) Codebook PM Chapter 8 – Behavioral Health Clinician Submission Instructions, field 24D.
Billing - Incorrect Use of Modifier	The Department will adjust payment if the medical record does not support the modifier billed.	Conn. Agencies Regs. § 19a-14-40 Current Procedure Terminology (CPT) Codebook PM Chapter 8 – Behavioral Health Clinician Submission Instructions, field 24D PB 2018-82
Qualifications - Unqualified Performing Provider	The Department will disallow payment if the performer of the service does not meet all applicable state laws & policy requirements relating to qualifications.	Conn. Agencies Regs. §§ 17b-262-523(2); 17b-262-526(4)(5); 17b-262-913(14-19); 17b-262-914(1)(2); 17b-262-1058 Conn. Gen. Stat. §§ 20-74s; 20-187(a); 20-195(a-b); 20-195(m-n); 20-195(aa-bb); 20-185(i-j) PB 2022-67
Supervision - Inadequate Supervision	The Department will disallow payment of behavioral health services if the provider does not meet all applicable state laws & policy requirements relating to supervision.	Conn. Agencies Regs. § 17b-262-1058 PB 2022-67
Enrollment - Unenrolled Provider in Group Practice	The Department will disallow payment of behavioral health services rendered by a licensed clinician who is not enrolled in the group practice at the time the service was performed.	Conn. Agencies Regs. §§ 17b-262-526; 17b-262-531(e) PB 2012-53; PB 2012-54; PB 2020-08