



Audit Trends

Magellan Behavioral Health of Pennsylvania (Magellan) has been conducting Claims/ Compliance Audits of network providers since 2010. Through our experiences, the Magellan Compliance Department has comprised a list of audit trends which may result in retraction and/ or an action plan.

**Please note that this is not an inclusive list of adverse audit findings that may result in an overpayment to Magellan; but merely a collection of common observations based on our ongoing auditing efforts.*

- The start and end time of the session must be listed on all progress notes for all services. The time-in and time-out must be indicated as the actual time in clock hours including AM and PM (i.e. 4:00 PM-4:45 PM).
- Upcoding (i.e. billing for 90834 {45-minute session} when in fact only a 30-minute session took place)
- The units billed are not supported by the start and end time of the session as documented on the progress note and/or encounter form (i.e. overbilling or underbilling units)
- Using the incorrect modifier combination per the service that was provided. All claims must be submitted in accordance with a provider's Magellan Rate Sheet/ Exhibit B Reimbursement Schedule(s).
- Missing Progress Notes
- Missing Encounter Forms (including missing signatures on encounter forms)

- Progress Notes are not supported by the Encounter Form (i.e. the start and end times don't match)
- Billing the incorrect dates of service (i.e. the date of service on the progress note does not match the date of service billed)
- Duplicate Progress Notes & Treatment Plans (i.e. copying & pasting content or sections from one progress note or treatment plan to another)
- Overlapping sessions (i.e. individual therapy & medication management occurring at the same time on the same date)
- Missing Signatures
- Treatment does not correlate to the Treatment Plan (all services must be provided in accordance with the identified member's current treatment plan goals)
- Expired Treatment Plans (the Treatment Plan has not been updated in accordance with the minimum expectations per Medicaid regulations)
- Billing for Travel/ Transportation (in programs/ levels of care in which this is excluded)
- Outpatient Group Therapy exceeds maximum number of participants (10 persons; or 12 with an approved waiver from OMHSAS)
- Other Electronic Health Record Audit Trends including:
 - Cut-and-paste/ cloning
 - Clinician/ rendering staff signature stamps proceed the end time of the session
 - Signature stamps conflict with another session or activity
 - Empty data fields
 - Pre-populated code definitions that don't correlate to provider's contract or applicable regulations
 - Credentials not populated on progress notes

**For additional information, please reference all applicable PA Medicaid Regulations, Bulletins and Policy Clarifications*