

Part B Insider (Multispecialty) Coding Alert

Physician Note: Missing Documentation Leads to \$7 Million Fraud Settlement

Plus: OIG exclusion list is no joke.

A New York-based mental health center is at the center of a government case due to allegations that the center billed Medicaid for services that it did not have the documentation to support. The facility consequently settled with the Department of Justice and will pay \$7 million in civil damages under the False Claims Act, an Oct. 24 news release revealed.

Under Medicaid guidelines, practitioners must "maintain certain documents, including progress notes and treatment plans, to ensure that billed services are actually provided, and that the providers are in compliance with the regulations," the DOJ announcement states. However, between August 2001 through June 2010, the mental health agency "repeatedly billed Medicaid for outpatient mental health services without having the core documentation required by the Medicaid regulations in order to bill for those services."

Worse yet, the DOJ maintains, the facility knew "for years" that documentation was missing, and only took minor steps, if any, to address the issue. Therefore, the facility continued to collect money from Medicaid for services that it was not entitled to bill.

To read the complete news release, visit www.justice.gov/usao/nys/pressreleases/October12/WestchesterCH.php.