

## POST-PAYMENT REVIEW SUMMARY

<b>A. PROVIDER NAME:</b>		<b>B. REVIEW DATE:</b> Dates of on-site review
<b>C. PROVIDER #:</b> Collaborative provider/NPI		<b>D. Time Period Covered:</b> Date span for bills reviewed. These will be paid/adjudicated. The claim review period will begin 30 days following the FY10 PPR review date.
<b>CONTRACT AND RULE COMPLIANCE</b>		
<b>Reason Codes:</b>		
1	<b>The Mental Health Assessment report that relates to the claim is not signed and dated by the LPHA.</b>	Rule 132.148.a.7
2	<b>The Mental Health Assessment does not contain all elements as required by Rule 132, 2008 version.</b>	Rule 132.148.a.3.A-T (see attachment)
3	<b>The Individual Treatment Plan (ITP) is not timely /not in effect at time of service.</b>	Rule 132.42a1
4	<b>Time billed is greater than time documented.</b>	Rule 132.100.i.3
5	<b>The volume of service activity documented in the note does not support the amount of time billed.</b>	Rule 132.100.i.3; 132.100.i.6
6	<b>No amount of time or actual time documented.</b>	Rule 132.100.i.3
7	<b>Documentation does not identify allowed mode of delivery.</b> (Group, individual or family modality).	Rule 132.100.i.1
8	<b>Documentation does not include the setting where services were rendered.</b>	Rule 132.100.i.5
9	<b>Location of service not correctly noted on-site vs. off-site</b>	Rule 132.100.i.5
10	<b>Documentation must include a <u>description of the interaction</u> that occurred during service delivery, including the <u>consumer's response</u> to clinical interventions and <u>progress toward attainment of the goals</u> in the ITP.</b>	Rule 132.100.i.6
11	<b>Service provided to ineligible person – service not available for persons in consumer's age category.</b>  i.e., Vocational 14 and older, PSR 18 and older ACT - Rule 132.150.i.1, PSR - Rule 132.150.j.1	
12	<b>Note describes a different service than billing submitted.</b>	Rule 132.100.i.1
13	<b>Note describes a service intervention or activity that is not billable.</b>	Rule 132.100.i.1
14	<b>Service provided by unqualified staff.</b>  Refer to attached grid for definitions of acceptable credentials.	

		Rule 132.42.a.4; Rule 132.150	
15	<b>Note not signed by staff providing service, including signature and credentials.</b>	Rule 132.100.i.4	
16	<b>Specific service not authorized by ITP.</b>	Rule 132.42.a.3; Rule 132.148.c.2.C; 132.148.c.7	
17	<b>The specific service is authorized by the ITP but is not based on a clinical need as identified in the mental health assessment or any additional evaluations.</b>	Rule 132.148.c	
18	<b>Service provided to ineligible person –Diagnosis in the clinical record is not a covered diagnosis.</b>	Rule 132.145.c; Rule 132.148 c.3	
19	<b>No note to match date of service on billing submitted.</b>	Rule 132.100i	
20	<b>The Individual Treatment Plan in effect at the time of the claim could not be located in the clinical record.</b>	Rule 132.100c	
21	<b>The Mental Health Assessment in effect at the time of the claim could not be located in the clinical record.</b>	Rule 132.100d	
<b>COMMENTS:</b>			
Reviewer comments of any other positives or concerns identified during the review.			
<b>Reviewer:</b> _____ <b>Reviewer:</b> _____ <b>Date</b> _____			
<b>Results verbally reviewed with provider and copy of summary provided to:</b> <b>Name:</b> _____ <b>Date</b> _____			
<b>Signature of Provider Representative</b>			

A copy of this summary document is left with the Provider.