



Medi-Cal Reasons for Recoupment Non-Hospital Services Quick Guide Fiscal Year 2018/2019

Medical Necessity/Assessment:

1. The provider did not document a DSM-5 diagnosis code
2. Any services, other than crisis interventions and those needed to establish medical necessity will be recouped if an assessment documenting medical necessity is not present in the treatment record.
3. The provider failed to document the level of impairment in at least one of the following areas:
 - a. A significant impairment in an important area of life functioning
 - b. A probability of significant deterioration in an important area of life functioning
 - c. A probability the child will not progress developmentally as individually appropriate
 - d. For clients under 21, there is a present condition due to the mental disorder, that can be corrected or improved

Client Plan:

4. Services (other than assessment and crisis interventions) were claimed:
 - a. Before the initial client plan was in place; OR
 - b. During a period where there was no approved authorization (gap between OARs)
 - c. That were not authorized on the current client plan

Progress Notes:

5. Failure to document the focus of the interventions is to address the diagnosis being treated
6. Failure to document the intervention is expected to do at least one of the following:
 - a. Significantly diminish the impairment
 - b. Prevent significant deterioration in an important area of life functioning
 - c. Allow the child to progress developmentally as individually appropriate
 - d. For clients under 21, correct or reduce the condition caused by the diagnosis
7. Failure to document how the client responded to treatment
8. There is no progress note for a claimed date of service or the progress note does not match the service, date, or units of time on the claim submitted
9. The service was provided while the client resided in a lock-out setting (IE jail, IMD)
10. The service was provided while the client was in juvenile hall (unless client is a dependent minor and service occurred prior to disposition, with a plan to make the minor's stay temporary)

11. The service was solely one of the following:
 - a. Academic service
 - b. Job training
 - c. Recreation
 - d. Generalized group activities with no focus on specific targeted behaviors
 - e. Transportation
 - f. Clerical
 - g. Payee related
12. The claim for a group was not appropriately divided amongst each participant, resulting in excess time claimed
13. For services involving multiple providers, the documentation in the record does not clearly include:
 - a. Total number of providers and their role in meeting the needs of the client; OR
 - b. Specific amount of service time for each provider, including travel and documentation time (if applicable); OR
 - c. Total number of clients participating in the service
14. The progress note was not signed (or electronic equivalent) by the provider of the service
15. The progress note does not document a valid service that was provided to, or on behalf of, the client
16. The service provided was outside of the scope of practice of the provider