



STATE OF NEW YORK
OFFICE OF THE MEDICAID INSPECTOR GENERAL
800 North Pearl Street
Albany, New York 12204

ANDREW M. CUOMO
GOVERNOR

JAMES C. COX
MEDICAID INSPECTOR GENERAL

OMIG AUDIT PROTOCOL – OASAS INPATIENT CHEMICAL DEPENDENCE REHABILITATION SERVICES

For service dates prior to May 9, 2013

Effective May 9, 2013

Audit protocols assist the Medicaid provider community in developing programs to evaluate compliance with Medicaid requirements under federal and state statutory and regulatory law. Audit protocols are intended solely as guidance in this effort. This guidance does not constitute rulemaking by the New York State Office of the Medicaid Inspector General (OMIG) and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person. Furthermore, nothing in the audit protocols alters any statutory or regulatory requirement. In the event of a conflict between statements in the protocols and either statutory or regulatory requirements, the requirements of the statutes and regulations govern.

A Medicaid provider's legal obligations are determined by the applicable federal and state statutory and regulatory law. Audit protocols do not encompass all the current requirements for payment of Medicaid claims for a particular category of service or provider type and, therefore, are not a substitute for a review of the statutory and regulatory law. The OMIG cannot provide individual advice or counseling, whether medical, legal, or otherwise. If you are seeking specific advice or counseling, you should contact an attorney, a licensed practitioner or professional, a social services agency representative, or an organization in your local community.

Audit protocols are applied to a specific provider or category of service in the course of an audit and involve the OMIG's application of articulated Medicaid agency policy and the exercise of agency discretion. OMIG, consistent with state and federal law, can pursue civil and administrative enforcement actions against any individual or entity that engages in fraud, abuse, or illegal or improper acts or unacceptable practices perpetrated within the medical assistance program.

Audit protocols are amended as necessary. Reasons for amending protocols include, but are not limited to, responding to a hearing decision, litigation decision, or statutory or regulatory change.

**OMIG AUDIT PROTOCOL – OASAS INPATIENT CHEMICAL
DEPENDENCE REHABILITATION SERVICES
Effective May 9, 2013**

1.	Missing Patient Record
OMIG Audit Criteria	If no patient record is available for review, claims for all dates of service associated with the patient record will be disallowed.
Regulatory References	18 NYCRR Section 504.3(a) 18 NYCRR Section 540.7(a)(8)
2.	No Chemical Dependence Diagnosis
OMIG Audit Criteria	Claims will be disallowed in the absence of a diagnosis of alcohol related or psychoactive substance related use disorder, except for court ordered patients, who were not necessarily diagnosed with specific alcohol related or psychoactive substance related abuse.
Regulatory References	14 NYCRR Section 818.4(c)(1)
3.	Missing Comprehensive Evaluation
OMIG Audit Criteria	Each patient admitted must have a comprehensive evaluation completed by staff no later than three days after admission. When missing the comprehensive evaluation, claims will be disallowed from the third day after admission until the completion of the comprehensive treatment plan or its due date, whichever comes first.
Regulatory References	14 NYCRR Section 818.4(a)(4)
4.	Missing Preliminary Individual Treatment Plan
OMIG Audit Criteria	For service dates prior to July 11, 2012, the preliminary individual treatment plan shall be developed and implemented within three days after admission. If the preliminary individual treatment plan is missing, claims will be disallowed from the third day after the admission date until the completion of the comprehensive treatment plan or its due date, whichever comes first.
Regulatory References	14 NYCRR Section 818.4(f)

This document is intended solely for guidance. No statutory or regulatory requirement(s) are in any way altered by any statement(s) contained herein. This guidance does not constitute rulemaking by the OMIG and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person.

**OMIG AUDIT PROTOCOL – OASAS INPATIENT CHEMICAL
DEPENDENCE REHABILITATION SERVICES
Effective May 9, 2013**

4a.	Late Preliminary Individual Treatment Plan
OMIG Audit Criteria	For service dates prior to July 11, 2012, the preliminary individual treatment plan shall be developed and implemented within three days after admission. If the preliminary individual treatment plan is prepared late, claims will be disallowed from the third day after admission until the completion of the preliminary treatment plan, or until the completion of the comprehensive treatment plan or its due date, whichever comes first.
Regulatory References	14 NYCRR Section 818.4(f)

5.	Missing Comprehensive Individual Treatment Plan
OMIG Audit Criteria	The comprehensive individual treatment plan shall be developed and implemented within seven days after admission. If the comprehensive individual treatment plan is missing, claims will be disallowed from the seventh day after admission until the completion of the first treatment plan review or its due date, whichever comes first.
Regulatory References	14 NYCRR Section 818.4(f)

5a.	Late Comprehensive Individual Treatment Plan
OMIG Audit Criteria	The comprehensive individual treatment plan shall be developed and implemented within seven days after admission. If the comprehensive individual treatment plan is prepared late, claims will be disallowed from the seventh day after admission until the completion of the comprehensive treatment plan.
Regulatory References	14 NYCRR Section 818.4(f)

6.	Missing Treatment Plan Review
OMIG Audit Criteria	For service dates prior to July 11, 2012, if no treatment plan review (update) is in place for the required 14-day time period, claims will be disallowed for the dates of service within that time period.
Regulatory References	14 NYCRR Section 818.4(l)

This document is intended solely for guidance. No statutory or regulatory requirement(s) are in any way altered by any statement(s) contained herein. This guidance does not constitute rulemaking by the OMIG and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person.

**OMIG AUDIT PROTOCOL – OASAS INPATIENT CHEMICAL
DEPENDENCE REHABILITATION SERVICES
Effective May 9, 2013**

7.	Missing Physician Signature on Treatment Plan
OMIG Audit Criteria	Physician review and approval of the treatment plan is substantiated by a physician signature. Claims will be disallowed in the absence of a physician signature on the treatment plan for services from the seventh day after admission until the completion of the first treatment plan review or its due date, whichever comes first. For service dates July 11, 2012, and after, claims will be disallowed in the absence of a physician signature on the treatment plan for services from the tenth day after admission until the completion of the first treatment plan review or its due date, whichever comes first.
Regulatory References	14 NYCRR Section 818.4(i)(9)
8.	Missing Patient Signature on Treatment Plan
OMIG Audit Criteria	Patient review and approval of the comprehensive individual treatment plan is substantiated by the patient's signature. Claims will be disallowed in the absence of the patient's signature on the treatment plan for services from the date the treatment plan was implemented until the first treatment plan review is completed or its due date, whichever comes first. No disallowances will be taken if the patient's refusal to sign the plan is documented in the case record.
Regulatory References	14 NYCRR Section 818.4(i)(1)
9.	Missing Responsible Clinical Staff Member Signature on Treatment Plan
OMIG Audit Criteria	The comprehensive treatment plan must be reviewed and signed by the responsible clinical staff member within seven days of admission.* Claims will be disallowed in the absence of the responsible clinician's signature on the treatment plan for services from the seventh day after admission until the first treatment plan review is completed or its due date, whichever comes first. *Although 14 NYCRR Section 818.4(i)(8) states that the comprehensive treatment plan must be reviewed and signed by the responsible clinical staff member within three days of admission, for purposes of internal consistency with Section 818.4(f), the standard to be applied upon audit shall be seven days.
Regulatory References	14 NYCRR Section 818.4(f) 14 NYCRR Section 818.4(i)(8)

This document is intended solely for guidance. No statutory or regulatory requirement(s) are in any way altered by any statement(s) contained herein. This guidance does not constitute rulemaking by the OMIG and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person.

**OMIG AUDIT PROTOCOL – OASAS INPATIENT CHEMICAL
DEPENDENCE REHABILITATION SERVICES**
Effective May 9, 2013

10.	No Order for Medical Service Found
OMIG Audit Criteria	All medical services provided must be provided pursuant to a physician's, physician's assistant's, or nurse practitioner's order. Claims will be disallowed for services provided without a medical order.
Regulatory References	14 NYCRR Section 818.5(d)
11.	Missing Progress Note
OMIG Audit Criteria	If a progress note written by the responsible clinical staff member is missing for the weekly time period beginning on the day after admission and/or is missing for each weekly time period thereafter, the last paid date of the weekly time period will be disallowed. For service dates July 11, 2012, and after, progress notes may be written by a clinical staff member familiar with the patient's care.
Regulatory References	14 NYCRR Section 818.4(n)(1)
12.	Certified Bed Capacity Exceeded
OMIG Audit Criteria	Claims will be disallowed for services provided to patients in beds in excess of the provider's certified bed capacity.
Regulatory References	14 NYCRR Section 818.2(f)
13.	No Explanation of Benefits (EOB) For Medicare Covered Services (Hospital-Based Chemical Dependence Inpatient Rehabilitation Providers Only)
OMIG Audit Criteria	If an EOB for a Medicare covered service cannot be found, the claim will be disallowed.
Regulatory References	18 NYCRR Section 360-7.2 <i>MMIS Provider Manual for Clinics</i> , Apr. 2004, Section 2.1.9
14.	Improper Medicaid Billings for Medicare Crossover Patients (Hospital-Based Chemical Dependence Inpatient Rehabilitation Providers Only)
OMIG Audit Criteria	If a review of Medicare's EOB shows Medicaid's billed co-payment to be incorrect, the disallowance will be the difference between the Medicaid incorrect co-payment billed and the correct co-payment amount.
Regulatory References	18 NYCRR Section 360-7.7(a) <i>MMIS Provider Manual for Clinics</i> , Apr. 2004, Section 2.1.2

This document is intended solely for guidance. No statutory or regulatory requirement(s) are in any way altered by any statement(s) contained herein. This guidance does not constitute rulemaking by the OMIG and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person.

**OMIG AUDIT PROTOCOL – OASAS INPATIENT CHEMICAL
DEPENDENCE REHABILITATION SERVICES
Effective May 9, 2013**

15.	No EOB for Third Party Health Insurance (TPHI) Covered Service
OMIG Audit Criteria	If an EOB for a TPHI (commercial carrier) covered service cannot be found, the claim will be disallowed. Other documentation sources, such as an email, a phone call log, or a print-out of a benefits rejection notice from the carrier’s web-site may be accepted when denial of service by a third party health insurance carrier is clearly indicated.
Regulatory References	18 NYCRR Section 360-7.2 <i>MMIS Provider Manual for Clinics</i> , Apr. 2004, Section 2.1.9
16.	Improper Medicaid Billings for TPHI Patients
OMIG Audit Criteria	If a review of the TPHI EOB shows Medicaid’s billed co-payment to be incorrect, the disallowance will be the difference between the Medicaid incorrect co-payment billed and the correct co-payment amount.
Regulatory References	18 NYCRR Section 360-7.2
17.	Missing Discharge Plan
OMIG Audit Criteria	A discharge plan is to be developed in collaboration with the patient and any significant other(s) the patient chooses to involve. A missing discharge plan will result in the disallowance of the last paid date of service prior to discharge.
Regulatory References	14 NYCRR Section 818.4(p)
18.	Missing Discharge Summary
OMIG Audit Criteria	A summary which includes the course and results of care and treatment must be prepared and included in each patient’s record within 20 days of discharge. A missing discharge summary will result in the disallowance of the last paid date of service prior to discharge.
Regulatory References	14 NYCRR Section 818.4(s)

This document is intended solely for guidance. No statutory or regulatory requirement(s) are in any way altered by any statement(s) contained herein. This guidance does not constitute rulemaking by the OMIG and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person.

**OMIG AUDIT PROTOCOL – OASAS INPATIENT CHEMICAL
DEPENDENCE REHABILITATION SERVICES
Effective May 9, 2013**

19.	Improper Length of Stay Billing
OMIG Audit Criteria	In computing patient days, the day of admission is counted, but not the day of discharge. Claims will be disallowed for services dates exceeding the allowed billable service days.
Regulatory References	14 NYCRR Section 841.10(a)(2)

This document is intended solely for guidance. No statutory or regulatory requirement(s) are in any way altered by any statement(s) contained herein. This guidance does not constitute rulemaking by the OMIG and may not be relied on to create a substantive or procedural right or benefit enforceable, at law or in equity, by any person.