



**STATE OF CONNECTICUT**  
**Department of Mental Health & Addiction Services**



**Commissioner's Policy Statement and Implementing Procedures**

<b>SUBJECT:</b>	Billing and Documentation Compliance
<b>P &amp; P NUMBER:</b>	Chapter 3.8
<b>APPROVED:</b>	Miriam Delphin-Rittmon, Commissioner <span style="float: right;">Date: 10/15/2015</span>
<b>EFFECTIVE DATE:</b>	October 15, 2015 <i>Miriam Delphin-Rittmon</i>
<b>REVISED:</b>	11/1/2009
<b>REFERENCES:</b>	Agency Compliance Plan
<b>FORMS AND ATTACHMENTS:</b>	

**STATEMENT OF PURPOSE:** The purpose of this policy is to ensure the correct coding and billing of services provided by The Department of Mental Health and Addiction Services facilities and staff in both inpatient and outpatient settings.

**POLICY:** The Department of Mental Health and Addiction Services is committed to maintaining the highest level of integrity as it relates to our billing and documentation practices.

Patient care provided at The Department of Mental Health and Addiction Services facilities will only be billed for actual services rendered as documented in the medical record in full compliance with all relevant laws, standards, regulations and Federal, State and third party reimbursement requirements.

The Department of Mental Health and Addiction Services providers have a collective responsibility to be knowledgeable about the meaning of diagnostic and treatment codes applicable to their area of practice and must provide documentation in the medical record that supports the level of service billed. All written and electronic documents must reflect truth and accuracy and meet appropriate standards for billing. Clinical staff communicates clearly with billing and coding staff about what services are billed.

## **PROCEDURE:**

Each of the Department of Mental Health and Addiction Services facilities will prospectively review samples of services to be billed on a routine basis to ensure that all services rendered and recorded are documented legibly, appropriately and in a timely manner.

Quality reviews of records will assure billing of actual services that meet medical necessity, correct coding of diagnoses, documentation supporting the services billed and that services billed were rendered within the scope of properly licensed providers, in accordance with the individual's Recovery Plan.

The Department of Mental Health and Addiction Services does **not** submit services for billing that are known to contain erroneous information. Any claims that are identified with incomplete or inaccurate coding or documentation are not submitted for payment to any third party. Staff responsible for clinical operations, billing and utilization review will investigate the cause and scope of errors and remedy the billing error in a timely manner, consistent with payor requirements.

Any employee of The Department of Mental Health and Addiction Services with knowledge of an error in billing or reimbursement from a federal or other healthcare insurance program is required to provide that information in a timely manner to their supervisor. Delay of corrections of errors should be promptly reported to the Compliance Officer.