

# Clinical Policy: Behavioral Health Treatment Documentation Requirements

Reference Number: CP.BH.500

Date of Last Revision: 12/22

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## Description

Documentation in a medical record facilitates patient safety, decreases error, improves quality of care, and ensures regulatory and reimbursement compliance. Behavioral health services must meet specific requirements and be documented in a manner that adheres to applicable regulations, accreditation standards, and professional practice standards.<sup>7</sup>

## Policy/Criteria

- I. It is the policy of Centene Advanced Behavioral Health and health plans affiliated with Centene Corporation<sup>®</sup> that behavioral health treatment records must contain at a minimum all of the following elements, in addition to any state required components:
  - A. All entries in the treatment record are legible to another person other than the writer, dated and signed/authenticated (including licensure and/or certification) by the rendering provider prior to submission of the claim;
  - B. Patient name documented on each page;
  - C. Date of service (DOS) documented at the top of each note and no less frequently than on each page;
  - D. Current (Diagnostic and Statistical Manual of Mental Disorders) DSM or ICD-10 diagnosis is documented, consistent with the presenting problems, history, mental status examination, and/or other assessment data;
  - E. Type of service documented;
  - F. Exact start and stop times of the service;
  - G. Reason for service (problem statement);
  - H. Support for medical necessity that clearly outlines justification for frequency/intensity of requested services;
  - I. Clear clinical/therapeutic interventions and member/enrollee response to the interventions;
  - J. Interventions are clearly linked to the member/enrollee's goals, behavioral health needs, and diagnosis;
  - K. Interventions are related to evidence-based treatment;
  - L. Summary of progress or lack thereof toward identified goals, with care plan changed accordingly.
  - M. Plan for ongoing treatment, i.e. the plan for the next session;
  - N. Treatment plans meet all of the following:
    1. Are consistent with member/enrollee diagnoses;
    2. Have objective, measurable goals and estimated timeframes for goal attainment or problem resolution;
    3. Include a preliminary discharge plan, if applicable; Documentation is individualized to the specific member/enrollee, service, and date of service.

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**Background**

According to the National Alliance on Mental Illness (NAMI), 21% of adults experienced mental illness in 2020, and 16.5% of youth aged 6 to 17 experienced a behavioral health disorder in 2016. The ripple effects of mental illness include increased risk of developing cardiovascular and metabolic disorders, increased dropout rates for high school students, and increased tendency to repeat a grade for students aged 6 to 17 years of age.<sup>5</sup> Documentation often serves as the primary method of contact between practitioners to achieve continuity of care.<sup>3</sup> The Centers for Medicare and Medicaid Services (CMS) cautions “records not properly documented with all relevant and important facts can prevent the next practitioner from furnishing sufficient services”.<sup>3</sup> Unclear and inconsistent documentation can lead to unintended complications and gaps in care as well as denial of claims.<sup>3</sup>

**Coding Implications**

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2021, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed.	04/22	6/22
Edited policy statement I to apply to Centene Advanced Behavioral Health as well as plans affiliated with Centene.	12/22	12/22

**References**

1. American Society of Addiction Medicine (ASAM). The Standards of Care for the Addiction Specialist Physician. January 29, 2014. Accessed at <https://www.asam.org/docs/default-source/practice-support/quality-improvement/asam-standards-of-care.pdf?sfvrsn=10>. Accessed April 1, 2022.
2. American Psychological Association (APA). Update on 2021 Office/Outpatient E/M Billing and Documentation. Accessed at <https://www.psychiatry.org/psychiatrists/practice/practice-management/coding-reimbursement-medicare-and-medicaid/coding-and-reimbursement/update-on-2021-office-outpatient-em-billing-and-documentation> Accessed April 1, 2022.
3. Centers for Medicare and Medicaid Services (CMS). Medical Documentation for Behavioral Health Practitioners. December 2015. Accessed at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-behavioralhealth-factsheet.pdf> Accessed April 1, 2022.
4. Centers for Medicare and Medicaid Services (CMS). Noridian Healthcare Solutions, LLC. Documentation Guidelines for Medicare Services. Updated January 2, 2020. Accessed at <https://med.noridianmedicare.com/web/jeb/cert-reviews/mr/documentation-guidelines-for-medicare-services> Accessed April 1, 2022.

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5. National Alliance on Mental Illness (NAMI). Mental Health By the Numbers. Updated February 2022. Accessed at <https://www.nami.org/mhstats> Accessed April 1, 2022.
6. National Association of Social Workers (NASW). Standards for Clinical Social Work in Social Work Practice. Published 2005. Accessed at <https://www.socialworkers.org/Practice/Clinical-Social-Work> Accessed April 1, 2022.
7. Wertheimer M. American Psychological Association (APA). American Professional Agency: Documentation in Behavioral Health. June 2019. Accessed at [www.apa.org](http://www.apa.org) Accessed April 1, 2022.

#### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members/enrollees**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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