

Audit Report

Co-Treatment Therapy Billing

MindWorks Rehabilitation Center

**June 22, 2021
OIG Report No. AUD-21-013**



**Inspector
General**

Texas Health
and Human Services



Texas Health and Human Services Office of Inspector General Audit and Inspections Division

CO-TREATMENT THERAPY BILLING

MindWorks Rehabilitation Center

June 22, 2021

Dear Ms. Curl and Ms. Francis-Garcia:

The Texas Health and Human Service (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit) conducted an audit of co-treatment therapy billing to ensure co-treatment services performed were billed correctly by MindWorks Rehabilitation Center (MindWorks) in McAllen, Texas.

As a therapy provider, MindWorks is authorized but not required to perform co-treatment therapy if the services would benefit the patient and if MindWorks complies with certain requirements related to billing. MindWorks informed OIG audit that it has not performed co-treatment therapy since the billing guidelines were implemented in 2016. Co-treatment billing guidelines did not change during our audit scope.

For selected patients from September 1, 2018, to May 31, 2020, documentation supports occupational and speech therapy sessions were conducted separately and not as co-treatment. Additionally, auditors contacted selected guardians of patients, who confirmed sessions were conducted separately. As a result, no issues or recommendations were identified for this audit.

The attachment to this letter contains additional details on the audit.

Sincerely,

Audrey O'Neill, CIA, CFE, CGAP
Chief of Audit and Inspections

Attachment

Background

Co-treatment therapy services occur when two or more therapy disciplines are performed concurrently to improve a patient's health. Texas Health and Human Services Commission (HHSC) updated the Texas Medicaid Provider Procedures Manual (TMPPM) on May 1, 2016, to include billing requirements for co-treatment. A primary therapist must be designated and authorized to bill for co-treatment. The secondary therapist will not be reimbursed. A U3 modifier must be included on any co-treatment claims.

MindWorks provides speech and occupational therapy as a network provider for managed care organizations (MCOs) including UnitedHealthcare and Superior HealthPlan. The MCOs require MindWorks to follow the TMPPM regarding submission of co-treatment claims.

cc: Cecile Erwin Young, HHS Executive Commissioner
Sylvia Hernandez Kauffman, HHS Inspector General

ATTACHMENT

Section 1: Summary of Audit Results

To accomplish its audit objectives, OIG Audit collected information through discussions and interviews with management and responsible staff at MindWorks, UnitedHealthcare, Superior HealthPlan, HHSC, OIG Fraud, Waste, and Abuse Research and Analytics (FWARA), and through request and review of supporting documentation maintained by MindWorks.

OIG Audit defined the testing population for the audit to include claims for patients who received both occupational and speech therapy sessions on the same day between September 1, 2018, and May 31, 2020, and reviewed samples of claims paid by both MCOs provided by FWARA. Auditors reviewed patients' progress notes through MindWorks' electronic medical records system, ClinicSource, to determine whether a patient had been in therapy sessions for different disciplines with start or end times that overlapped. Because MindWorks specializes in patients who are minors with an autism diagnosis, auditors also successfully contacted 18 guardians, who confirmed that individual therapy sessions, not co-treatment, were performed.

MindWorks was paid for 18,620 claims it submitted to Superior HealthPlan or UnitedHealthcare, which totaled \$1,825,296 during the audit scope. Auditors selected a risk-based statistically valid random sample of 120 claims per MCO, 240 claims in total, from the following testing populations:

- Superior HealthPlan: 8,536 claims totaling \$897,303
- UnitedHealthcare: 10,084 claims totaling \$927,993

The claims sampled were selected based on the following characteristics:

- Patients of MindWorks
- Both occupational and speech therapy services provided on the same date
- Claims paid for both occupational and speech therapy services

Audit testing of MindWorks paid claims data and patient progress notes confirmed co-treatment was not performed. Evidence reviewed in the ClinicSource system indicates the patients received services by individual therapists during non-overlapping timeframes. As a result of MindWorks not performing co-treatment, there are no recommendations regarding MindWorks' billing of co-treatment.

Objective and Scope

The objective of the audit was to determine if MindWorks performed co-treatment services and if so, billed for co-treatment services in accordance with applicable statutes, rules, and procedures.

The audit scope included occupational and speech therapy claims paid by Superior HealthPlan and UnitedHealthcare from September 1, 2018, through May 31, 2020.

Criteria

OIG Audit used the following criteria to evaluate the information provided:

- Texas Medicaid Provider Procedures Manual Vol. 2, “Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook,” § 4.4 (2018 through 2020)
- UnitedHealthcare Administrative Guide/Care Provider Manual (2018 through 2019)
- Superior Provider Manual (2018 through 2019)

Auditing Standards

Generally Accepted Government Auditing Standards

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Section 2: Report Team

Report Team

OIG staff members who contributed to this audit report include:

- Audrey O’Neill, CIA, CFE, CGAP, Chief of Audit and Inspections
- Kacy VerColen, CPA, Deputy Inspector General of Audit and Inspections
- Joel A. Brophy, CIA, CFE, CRMA, CICA, Audit Director
- Patrick Smith, CIA, CRMA, Audit Project Manager
- Louis Holley, CFE, Staff Auditor
- Eniola Bankole, Staff Auditor
- Toni Gamble, Quality Assurance Reviewer
- Lisa Kanette Blomberg, CPA, CIGA, Quality Assurance Reviewer
- Julia Youssefnia, CPA, Quality Assurance Reviewer
- Mo Brantley, Senior Audit Operations Analyst

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- Emily Zalkovsky, Deputy State Medicaid Director, Medicaid and CHIP Services
- Leslie Smart, Medical Benefits Policy Manager, Medicaid and CHIP Services

- Christine Maas, Therapy Policy Analyst, Medicaid and CHIP Services
- Shannon Kelley, Associate Commissioner for Managed Care, Medicaid and CHIP Services

MindWorks Rehabilitation Center

- Vanessa Curl, CCC-SLP, Administrator
- Dawn Francis, OTR, Administrator
- Linette Salinas, CCC-SLP, Alternate Administrator

Section 3: OIG Mission, Leadership, and Contact Information

The mission of OIG is to prevent, detect, and deter fraud, waste, and abuse through the audit, investigation, and inspection of federal and state taxpayer dollars used in the provision and delivery of health and human services in Texas. The senior leadership guiding the fulfillment of OIG's mission and statutory responsibility includes:

- Sylvia Hernandez Kauffman, Inspector General
- Susan Biles, Chief of Staff
- Dirk Johnson, Chief Counsel
- Christine Maldonado, Chief of Operations and Workforce Leadership
- Juliet Charron, Chief of Strategy
- Steve Johnson, Chief of Investigations and Reviews

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