



The PsyClinic

A Texas Medicaid Provider

Results in Brief

Why OIG Conducted This Audit

The Texas Health and Human Services (HHS) Office of Inspector General (OIG) Audit and Inspections Division (OIG Audit) conducted an audit of teleservices provided by the PsyClinic. During the audit scope, which covered the period from June 1, 2021, through December 31, 2021, the PsyClinic was paid \$381,573 for 4,363 Texas Medicaid managed care claims for evaluation and management, psychiatry, and add-on psychotherapy services provided via teleservices.

OIG Audit initiated this audit of the PsyClinic due to the increased risk associated with teleservices claims for evaluation and management, psychiatry, and add-on psychotherapy services caused by the increase in teleservices provided during the COVID-19 public health emergency.

Summary of Review

The audit objective was to determine whether (a) teleservices provided by the PsyClinic were billed accurately and in accordance with applicable requirements and (b) related internal controls over teleservices were designed and operating effectively.

The audit scope includes Medicaid managed care teleservices claims paid for evaluation and management, psychiatry, and add-on psychotherapy services for the period from June 1, 2021, through December 31, 2021.

Management Response

The PsyClinic partially agreed with the audit recommendations and indicated corrective actions would be implemented by September 2023.

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Conclusion

The PsyClinic provided behavioral health services to its patients via teleservices; however, the PsyClinic incorrectly billed for some add-on psychotherapy services. Additionally, the PsyClinic received reimbursement for teleservices delivered by providers who were not enrolled in Texas Medicaid. As a result, the PsyClinic was overpaid \$1,719.04 and should repay the state of Texas the total extrapolated overpayment amount of \$54,087.35.

Key Results

The PsyClinic received an overpayment of \$326.20 for 6 of 60 behavioral health teleservices claims tested.

In addition, the PsyClinic did not separately identify evaluation and management and add-on psychotherapy services for 57 of 60 behavioral health claims tested. In its medical records, the PsyClinic recorded the service times for these claims as the total time spent on both evaluation and management and add-on psychotherapy combined. As a result, the PsyClinic's medical records did not distinctly identify the amount of time it spent providing add-on psychotherapy services to its patients.

Further, 4 of 11 providers at the PsyClinic were not enrolled in Texas Medicaid at the time they provided teleservices to patients as required. This impacted 16 of 60 claims tested, totaling \$1,450.89. When providers deliver services to patients before enrollment in Texas Medicaid, there is a risk that the provider is not eligible to perform the services under Texas Medicaid.

Recommendations

The PsyClinic should:

- Implement processes to ensure that (a) claims for services billed as time-based CPT codes are based on the actual length of services provided, (b) medical records include documentation to support the CPT codes billed, and (c) medical records separately identify services provided.
- Verify its providers are enrolled in Texas Medicaid prior to the providers delivering services to patients.