

Interim reasons for recoupment/disallowance for FY22-23 pending a confirmed list from DHCS:

- *OTP programs – No change to known reasons for disallowance*
- *All other LOC – See highlighted reasons below*

1. Claimed reimbursement for a service not rendered
2. Claimed reimbursement for a service at an uncertified location (or documentation does not reflect service in the community/how confidentiality was maintained in the community)
3. Same day billing not consistent with DMC-ODS Same Day Billing Matrix
4. Residential Bed Day does not meet 1-hour minimum required level of service activity per DHCS IN 18-001
5. Perinatal services claimed in non-Peri certified/contracted program (or for non-Perinatal client)
6. There is no documentation that substantiates the beneficiary's pregnancy and last day of pregnancy for perinatal services claimed.
7. Documentation does not establish medical necessity criteria/MD or LPHA did not substantiate the basis of the SUD Diagnosis
8. Documentation does not substantiate that physical exam requirement was met
9. Initial treatment plan not completed within timelines
10. Treatment plan was not updated within timelines
11. No documentation of client participation/agreement with treatment plan (or written documentation of client's refusal or unavailability to sign)
12. MD/LPHA printed name, signature and date not completed on treatment plan within timelines
13. Treatment plan does not contain all required elements
14. Progress note does not contain all required elements
15. LPHA or counselor did not print, sign, date progress note within timelines
16. No progress note for service claimed
17. Claim for group activity was not properly apportioned
18. Group claimed with less than 2 or more than 12 clients
19. Group sign-in sheet requirements not met
20. The service provided was not within the scope of practice of the person delivering the service
21. Continuing services justification not documented with required elements and within timelines per modality regulations
22. Discharge Plan was missing the therapist or counselor and/or client typed or legibly printed name, signatures, and/or signature date
23. Fraud\*
24. Waste\*
25. Abuse\*

**\*Suspected FWA shall be reported to QA for further review prior to disallowing as FWA.**