

Magellan Compliance Notebook

July, 2014

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) strives on being proactive and using education as a preventative tool to provide our members the highest quality of care through you, the provider.

The Quality Improvement and Compliance Departments at Magellan have committed to sending monthly e-mails to targeted providers on a Compliance related subject. This month, we'd like to share an important reminder with ALL providers regarding the restrictions on a billable unit.

Although the number of minutes (i.e. 15 minutes, 30 minutes, 45 minutes, 60 minutes, etc.) that equates to a billable unit is dictated by the state's covered services grid and your Magellan contract; OMHSAS, through level of care specific regulations and MA Bulletins, has **permitted exceptions for 3 specific in-plan services**. These include: **Targeted/ Blended Case Management services; Crisis Intervention services; and Family-Based Mental Health services**. All three levels of care currently utilize a 15-minute unit definition (unless otherwise specified by your Magellan Reimbursement Schedule). The exception states that if the better part of a unit is provided (i.e. at least 8 minutes), the provider may round up and bill 1 full unit.

The applicable regulations and bulletins are attached to this e-mail.

The specific language from OMHSAS is also copied here:

- **Targeted/ Blended Case Management services**
 - **Chapter § 5221.42. Payment:** The unit of service for billing purposes shall be 1/4 hour of service or portion thereof in which the intensive case manager or intensive case manager supervisor is in face-to-face or telephone contact with the consumer, the consumer's family or friends, service providers or other essential persons for the purpose of assisting the consumer in meeting his needs.
 - **MA Bulletin 99-97-06:** For most providers, a unit of service is defined by the service... The instructions in the provider handbooks require providers to bill for full units of service. The instructions do not allow for rounding, especially for services that are measured in incremental time-specific units. **The only exception to this rule** is for repairs of durable medical equipment, orthotics and prosthetics, medical case management services, intensive case management services and resource coordination programs. Therefore, in order to bill for one unit of service, when the unit is measured in specific periods of time, the provider may bill for only a full unit of service as defined by the Department. Therefore a provider rendering 45 minutes of TSS services may bill for only one unit of service since only one full unit of service was provided. The additional 15 minutes do not constitute a full unit of service; the provider may not round up to the next full unit of service.

- **MA Bulletin 99-98-12:** Departmental reviews revealed that many providers who bill MA for units of services based on incremental time-specific units, are not always providing full units of service and are rounding up and submitting claims for the next full unit of service. On September 17, 1997, the Department issued MA Bulletin 99-97-06 that reinforced the Department’s procedure for accurately reporting units of service based on incremental periods of time. *This bulletin applied to all providers except Intensive Case Management and Resource Coordination Programs...* Since the release of MA Bulletin 99-97-06, the Department determined that the following providers are also exempt from reporting full units of time: Family-Based Mental Health Rehabilitation Services; Mental Health Crisis Intervention

- **Crisis Intervention services**
 - **Chapter § 5240:** A unit of service is 15 minutes or a *major portion thereof*
 - **MA Bulletin 99-98-12:** Since the release of MA Bulletin 99-97-06, the Department determined that the *following providers are also exempt from reporting full units of time:*
Office of Mental Health and Substance Abuse Services: Family-Based Mental Health Rehabilitation Services; *Mental Health Crisis Intervention*

- **Family-Based Mental Health services**
 - **Chapter § 5260:** The unit of service for billing purposes shall be a quarter hour or *major portion thereof* in which a member of the team is in face-to-face or telephone contact with a member of the family or friends, service providers or other essential persons for the purpose of assisting the family in meeting treatment goals or is in travel to sites of service outside of the provider agency.
 - **MA Bulletin 99-98-12:** Since the release of MA Bulletin 99-97-06, the Department determined that the following providers are also exempt from reporting full units of time:
Office of Mental Health and Substance Abuse Services: *Family-Based Mental Health Rehabilitation Services*; Mental Health Crisis Intervention

Currently, these are the **only services** for which “rounding up” is allowed. The state has dictated these billing rules and regulations which Magellan both supports and enforces. Magellan will monitor for provider compliance during routine and targeted audits.

Please also note that PA Behavioral Health MCO’s were recently informed that OMHSAS is reviewing this topic and additional communications/ clarifications regarding “Rounding” may be forthcoming.

At Magellan, we will continue to educate our providers with updated MA Bulletins, Regulations and other pertinent information in order to ensure Compliance. Our members are our utmost priority and together, we can provide quality services through education, knowledge, and being a proactive advocate for our member population.

Thank you for your ongoing hard work and dedication to our members!

Magellan of Pennsylvania's Compliance Team

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