



# Magellan Compliance Notebook

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) strives to be proactive and use education as a preventative tool to help ensure our members receive the highest quality of care through you, the provider. The Compliance Department at Magellan is committed to sending monthly e-mails to targeted providers regarding a Compliance-related subject.

*This e-mail communication is specific to your HealthChoices (Pennsylvania Medicaid) Contract with Magellan.*

This month, we'd like to share an important reminder with all providers regarding billable unit definitions and when it's allowable to round up to bill the better part of the unit. This reminder has been shared periodically over the past years, most recently in 2019.

---

The number of minutes (i.e., 15 minutes, 30 minutes etc.) that equates to a billable unit is dictated by The Department of Human Services Office of Mental Health and Substance Abuse Services' (OMHSAS) Covered Services Classification Chart, as well as your Magellan contract; however, OMHSAS, through level of care specific regulations and Medical Assistance (MA) Bulletins, has **permitted exceptions for three specific in-plan services**. These include **Mental Health 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. This is only applicable to the last unit of service in a given time period. For example, if 38 minutes of Crisis Intervention Service is provided on 7/20/23, you would bill 3 units; or if 8 minutes of Family-Based Service is provided on 7/21/23, you would bill 1 unit.

Please reference the corresponding citations below:

## **Mental Health Targeted/ Blended Case Management**

- **Chapter § 5221.42. Payment:** *The unit of service for billing purposes shall be ¼ 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; and 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:** [see above]

#### **Family-Based Mental Health Services**

- **Chapter §5260 (unpromulgated regulations):** 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:** [see above]

#### **Assertive Community Treatment (ACT)/ Community Treatment Teams (CTT)**

- Effective October 20, 2017, Magellan expanded the levels of care that have an exception to round up and bill 1 full unit if the better part of a unit is provided (i.e., at least 8 minutes). As communicated in Magellan's "ACT Revised Billing Communication", **Assertive Community Treatment (ACT)/ Community Treatment Teams (CTT) providers**, funded under an Alternative Payment Arrangement (APA) are an additional exception to MA Bulletin 99-97-06/ 99-98-12. OMHSAS clarified that, due to the nature of APA agreements, rounding is acceptable at the MCO's discretion based upon state guidance

for FFS programs that do allow rounding. For ACT/ CTT services, Magellan also accept units that meet the standard of “the better part thereof.”

Magellan has identified that the following levels of care are most commonly non-compliant with the above guidelines as “Rounding” up is NOT permitted:

- Peer Support Services (PSS)
- Recovery Support Services
- Wellness Recovery Teams (WRT)
- Substance Use Disorder (SUD) Case Management
- Intensive Behavioral Health Services (IBHS)

These guidelines will continue to be assessed during routine and targeted audits by Magellan’s Special Investigations Unit. Retractions and/or Corrective Action Plans may be applied as indicated. If you need any assistance in locating the MA Bulletins for a particular service or level of care, please outreach to Magellan’s Compliance Department for technical assistance.

---

At Magellan, we will continue to educate our providers with updated MA Bulletins, regulations, and other pertinent information to ensure Compliance. Although providers are ultimately responsible for knowing and complying with all applicable regulations, we proactively engage providers on an ongoing basis to make sure they are aware of compliance related requirements and expectations. Medicaid Program Integrity is truly a collaborative effort between our providers, county customers, Magellan, Bureau of Program Integrity (BPI) and other oversight agencies. The monthly e-mail blast topics are generated from audit results and trends; however, are also sent in response to recent Magellan policy updates; newly released or relevant MA Bulletins and Policy Clarifications; or Regulation changes. The intention is to afford our providers with as many resources as possible to combat FWA and reduce overpayments.

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

**Magellan of Pennsylvania’s Compliance Team**

📞 215-504-3967 | 📠 866-667-7744