15-MINUTE UNIT BILLING CLARIFICATION

The following information should be noted immediately to your chief executive officer, chief operating officer, program director, quality management director, compliance officer, billing director, and staff.

The purpose of this Alert is to establish parameters for covered services that are billed in 15-minute units for services rendered to MBHP/HNE Be Health (HNE BH) Members. This Alert applies to all covered services that are billed in 15-minute units, which currently include:

- Community Support Program (CSP)
- Case Consultation
- Family Consultation
- Collateral Contact
- Intensive Care Coordination (ICC)
- In Home Therapy (IHT)
- Therapeutic Mentoring (TM)
- Family Support & Training (FS&T)
- In Home Behavioral Services (IHBS)
- Mobile Crisis Intervention (MCI)
- Methadone Community Support Program
- Assessment for Safe and Appropriate Placement (ASAP)

In order to allow time for providers to train staff and adjust their internal processes related to tracking, documentation, and billing, MBHP/HNE BH expects providers to comply with the provisions of this Alert by no later than March 1, 2013. Compliance will be monitored via medical record review.

Billing Parameters
Billing of a 15-minute unit requires documentation of at least 8 minutes of billable services.

These parameters apply to both “direct” billable activities, such as phone calls and face-to-face interventions with a Member, and “indirect” billable activities, such as phone calls with collaterals. As with all services, billed activities must be medically necessary, pursuant to goals on the Member’s treatment/care plan, and documented in the Member’s medical record.

After reviewing industry standards on the billing and documentation of services using 15-minute units, MBHP has modeled these parameters, particularly the 8-minute criteria, on the standards for Medicare billing established by the Centers for Medicare and Medicaid (CMS). This should allow for some familiarity and
consistency for providers across payers and help to simplify the implementation of the changes requested by MBHP in this Alert.

Most of the covered services that are billed in 15-minute units have a Per Service Definition (aka Per Diem Definition) that lists the billable activities for the particular covered service. It is important to note that each Per Service Definition lists distinct billable activities that are specific to each covered service. For example, the list of billable activities for CSP is different from the list of billable activities for ICC. Providers are reminded to pay particular attention to whether documentation and/or travel are billable activities in a given covered service’s Per Service Definition, as these activities, like others, are variable across covered services. Only those billable activities listed in a covered service’s Per Service Definition can be “counted toward” billable minutes. The MBHP/HNE BH Service and Per Diem Definitions can be accessed at www.masspartnership.com; click on the “HNE Be Healthy” button on the left, then click on “HNE Be Healthy Service and Per Diem Definitions.”

Please note that some of the services that are billed in 15-minute units do not have a corresponding Per Service or Per Diem Definition, such as case consult. Please refer to the Service Definition for each covered service.

**Practice Guidance**

- All billing of 15-minute units must be for activities related to one MBHP/HNE BH Member.
- All billing of 15-minute units must be for activities completed on one date of service.
- Multiple activities related to a given Member on one date should be accumulated into one or more 15-minute units.
- Billing is not allowed for brief activities spread over multiple dates; i.e., activities/minutes cannot be accumulated over multiple dates and billed as a 15-minute unit.

The following chart may be a useful tool in understanding and managing these parameters:

<table>
<thead>
<tr>
<th># Billable Units</th>
<th># Minutes of Billable Activity Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 unit</td>
<td>≥ 8 minutes through 22 minutes</td>
</tr>
<tr>
<td></td>
<td>Clarification: 8-15 minutes is billed as 1 unit. If an additional 1-7 minutes of activity is conducted, resulting in up to 22 minutes total, still only 1 unit is billable because 1-7 minutes is below the 8 minutes needed to bill for a second unit.</td>
</tr>
<tr>
<td>2 units</td>
<td>≥ 23 minutes through 37 minutes</td>
</tr>
<tr>
<td>3 units</td>
<td>≥ 38 minutes through 52 minutes</td>
</tr>
<tr>
<td>4 units</td>
<td>≥ 53 minutes through 67 minutes</td>
</tr>
<tr>
<td>5 units</td>
<td>≥ 68 minutes through 82 minutes</td>
</tr>
<tr>
<td>6 units</td>
<td>≥ 83 minutes through 97 minutes</td>
</tr>
<tr>
<td>7 units</td>
<td>≥ 98 minutes through 112 minutes</td>
</tr>
<tr>
<td>8 units</td>
<td>≥ 113 minutes through 127 minutes</td>
</tr>
</tbody>
</table>

The pattern remains the same for billable activity times in excess of 2 hours.

**Examples**

These examples are offered in anticipation of provider questions and in response to observations MBHP/HNE BH has made of provider billing practices during recent medical record reviews. These examples are written generically across covered services that are billed in 15-minute units and are not written specific to any of those services or their Per Service Definitions.
Example #1:
Staff conducts an 8-minute phone call with Member A’s outpatient therapist. That is the only billable activity related to this Member on this date of service.
Total minutes: 8
Bill: 1 (15-minute) unit
Rationale: At least 8 minutes of billable activity was conducted on one Member on one date.

Example #2:
Staff conducts a 7-minute phone call with Member A. That is the only billable activity related to this Member on this date of service.
Total minutes: 7
Bill: no units billed
Rationale: The 7 minutes of billable activity is less than the required 8 minutes needed to bill for one (15-minute) unit.

Example #3:
Related to Member A on one date, staff sends an e-mail to her outpatient therapist that takes 8 minutes and conducts a 10-minute phone call with her mother.
Total minutes: 18
Bill: 1 (15-minute) unit
Rationale: The first 15 minutes of billable activity that was conducted on one Member on one date is billed as one (15-minute) unit. The remaining 3 minutes of billable activity is not billable because it is less than the required 8 minutes needed to bill for an additional (15-minute) unit.

Example #4:
Related to Member A on one date, staff conducts an 8-minute phone call with her pediatrician, a 10-minute phone call with her mother, and a 5-minute phone call with her father.
Total minutes: 23
Bill: 2 (15-minute) units
Rationale: The first 15 minutes of billable activity that was conducted on one Member on one date is billed as one (15-minute) unit. The remaining 8 minutes of billable activity is billable as one (15-minute) unit because it is equal to the required 8 minutes needed to bill for an additional (15-minute) unit.

Example #5:
With no other billable activity related to this Member on this date, staff spends 3 minutes leaving a voice mail for Member A’s DCF case worker confirming a meeting that is scheduled to occur on the following day, spends 2 minutes listening to a voice mail message from Member A’s mother, and spends 1 minute sending an e-mail to Member A’s teacher.
Total minutes: 6
Bill: no units billed
Rationale: The 6 minutes of billable activity is less than the required 8 minutes needed to bill for one (15-minute) unit.

Example #6:
Related to Member A, staff conducts a 3-minute call on Monday, a 6-minute call on Tuesday, and a 6-minute call on Wednesday.
Total minutes: 15
Bill: no units billed

Rationale: Billable activity/minutes may be accumulated for a given Member on one date of service, not across more than one date.

Example #7:
On one date, staff listens to a 3-minute voice mail message from Member A’s teacher, conducts a 7-minute call with Member B’s DMH case worker, and writes an e-mail to Member C’s PCP office that takes 5 minutes.

Total minutes: 15

Bill: no units billed

Rationale: Staff did not spend at least 8 minutes on billable activity related to one Member. Billable activity/minutes cannot be accumulated across more than one Member.

Example #8:
On one date, staff conducts a 10-minute call on Member A, writes an e-mail for 10 minutes to Member A’s guidance counselor, makes a 5-minute call on Member B, has a 15-minute meeting with Member C’s grandmother, and makes a 3-minute call on Member D.

Total minutes: 43

Bill: 1 (15-minute) unit for Member A
    1 (15-minute) unit for Member C

Rationale:

- The billable activity for Member A adds up to 20 minutes, the first 15 of which is billable as one (15-minute) unit and the remaining 5 minutes of which does not equal the 8 minutes needed to bill an additional (15-minute) unit.
- The billable activity for Member C is equal to 15 minutes, which is billable as one (15-minute) unit.
- The billable activities of 5 and 3 minutes for Members B and D respectively does not equal the 8 minutes needed to bill an additional (15-minute) unit for either Member separately/individually. Billable activities/minutes cannot be accumulated across more than one Member.

Documentation
To support 15-minute unit billing of all covered services that are billed in 15-minute increments, providers must include clear documentation in the MBHP/HNE BH Member’s medical record of the date, billable activity, and duration of the billable activity. This documentation will be reviewed by MBHP/HNE BH via medical record review. Claims reconciliation and/or recoupment may be conducted.

For Further Information
If you have any questions regarding this Alert, please contact our Community Relations Department at 1-800-495-0086 (press 1 for the English menu or 2 for the Spanish menu, then 3 and then 1 to skip prompts), Monday through Thursday, 8 a.m. to 5 p.m. and on Fridays from 9:30 a.m. to 5 p.m.