

MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

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SUBJECT

Accurate Billing for Units of Service Based on Periods of Time

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PURPOSE:

The purpose of this bulletin is to reinforce the Department's procedure for accurately reporting units of service based on incremental periods of time.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance (MA) Program under the fee-for-service program except for Intensive Case Management and Resource Coordination Programs.

BACKGROUND:

The Department discovered through its provider reviews, that many providers who bill MA for units of service based on incremental time-specific units, are not always providing full units of service but are rounding up to and submitting claims for the next full unit of service.

MA regulation at Chapter 1101.68(a) requires a provider to follow the instructions contained in the appropriate provider handbook, when billing for services. Provider billing instructions include the requirement that providers must bill for full units of service provided.

DISCUSSION:

For most providers, a unit of service is defined by the service. For example, if a physician sees a patient in the office, the physician bills for one office visit; or, a pharmacy may bill for 100 tablets of a certain medication. However, for some providers, a unit of service is determined as a specific unit of time. For example, when billing for individual psychotherapy the Department defines a unit of service as one half hour of psychotherapy. Similarly, the Department defines a unit of service of therapeutic staff support (TSS) as one half hour of TSS.

The instructions in the provider handbooks require providers to bill for <u>full units of service</u>. The instructions <u>do not allow</u> for rounding, especially for services that are measured in incremental time-specific units. The <u>only exception to this rule</u> is for repairs of <u>durable medical equipment</u>, orthotics and prosthetics, <u>medical case management services</u>, intensive case <u>management services</u> and <u>resource coordination programs</u>. 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 <u>only one unit</u> of service since only one full unit of service.

In addition, some providers may be combining separate partial time units to equal one full unit of service. For example, a child receives 45 minutes of TSS services on Monday and another 45 minutes on Tuesday. Some providers incorrectly combine the two times and bill for 3 units of service. In this scenario, the provider may bill for only 2 units of service, one half hour unit on Monday and one half hour unit on Tuesday. The provider may not combine separate partial time units to equal one full unit of service.

PROCEDURE:

Providers who have units of service defined as time specific periods must provide the full time period in order to bill for a unit of service. Providers are not permitted to round the unit of service to the next higher unit when providing a partial unit of time. Providers are not permitted to combine partial time units to equal a full unit of service.

Providers who have units of service defined as time specific periods must document in the patient's record, the clock time spent providing the service (i.e. 7:15 a.m. to 8:15 a.m.).

Failure to document the appropriate units of service may require provider restitution or Departmental recoupment of overpayments.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Program Policy and Services Development P.O. Box 8043 Harrisburg, PA 17105

or

call the appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.