

Connecticut Medical Assistance Program

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Policy Transmittal 2014-10

May 2014

A handwritten signature in black ink, appearing to read "Roderick L. Bremby".

Roderick L. Bremby, Commissioner

Effective Date: June 1, 2014

Contact: William Halsey @ 860-424-5077

TO: Enhanced Care Clinics, Behavioral Health Clinics, General Hospitals, Psychiatric Hospitals and State Institutions

RE: Partial Day Billing for Behavioral Health Intermediate Levels of Care

The purpose of this transmittal is to clarify the policy related to billing practices for days on which an individual does not attend the entire scheduled duration of an intermediate level of care program. Intermediate levels of care include Intensive Outpatient Programs (IOP), Partial Hospital Programs (PHP) Adult Day Treatment (ADT) and Extended Day Treatment (EDT).

The programming and service hours required in order to bill for intermediate levels of care are as follows:

PHP and ADT: 4 hours of structured programming (three to five days per week) with a minimum of 3.5 hours of documented clinical services per day.

IOP: 3 hours of structured programming (for 2-5 days per week) with a minimum of 2.5 hours of documented clinical services per day.

EDT: 3 hours of structured programming (for 2-5 days per week) with a minimum of 2.5 hours of documented therapeutic services per day.

The Department's policy recognizes that there may be rare times when a member cannot attend the entire duration of a program on a particular day due to unforeseen circumstances. However, it is the expectation that individuals in intermediate levels of care attend for the entire duration of the daily program.

Providers may not schedule an individual for less than a full day of participation. If, however, an unforeseen circumstance

prevents an individual from full day participation on a given day, the provider may follow the guidelines below.

Full Day Billing Policy:

If the member is present for at least half of the intermediate level of care program day, but less than a full day and attends at least two individual, family or group sessions, the provider may bill the full day charge on file.

The minimum number of service hours required in order to bill a full day is as follows:

PHP and ADT: 1.75 hours of documented clinical services.

IOP: 1.25 hours of documented clinical services.

EDT: 1.25 hours of documented therapeutic services.

Partial Day Billing Policy:

If the member is present for up to half of the intermediate care program day and attends at least one individual, family or group session, the provider may bill half of the applicable Medicaid rate. That is, if the Medicaid allowed amount on the hospital rate letter is \$142.94, the hospital may bill for one unit of the normal revenue center code (RCC) for that service and submit charges of up to \$71.47. Similarly, clinics may submit claims for one unit of the normal healthcare common procedure code (HCPC) for the service and submit charges of up to 50% of the fee on the Department's fee schedule.

The minimum number of services required in order to bill for a partial day of an intermediate program are as follows:

PHP and ADT: at least one full clinical service (individual, family or group session) for which the member is normally scheduled on that day.

IOP: at least one full clinical service (individual, family or group session) for which the member is normally scheduled on that day.

EDT: at least one full therapeutic service (individual, family or group session) for which the member is scheduled on that day.

Non-billable Days:

If the member does not attend at least one full individual, group or family session the provider is not entitled to any payment from the Department.

Documentation:

There must be documentation maintained in the member's medical record to support the applicable fee billed by the provider. Documentation should include, at a minimum, the actual time of day the member was in attendance and the duration of attendance at each group or session, the components of the program the member attended, progress notes for the day and a description of why the member's attendance was truncated. Failure to adequately document the services provided or failure to bill according to the guidelines identified in this bulletin may result in an audit exception.

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Responsible Unit: DSS, Division of Health Services, William Halsey at (860) 424-5077.

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