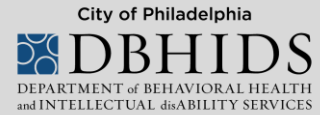




## Provider Bulletin 20-18 September 15, 2020 (Revised September 24, 2020)



### Billing for Covered Days in Per Diem Levels of Care

This Bulletin serves as a reminder to providers of Community Behavioral Health's (CBH) billing practices for per diem, or overnight services. Limited exceptions apply, as noted below.

CBH considers to be "per diem", or "overnight", service providers those who provide services as part of a treatment protocol that includes overnight stays.

The following billing practices are to be followed:

- CBH requires the member to be admitted to the appropriate unit at the receiving facility by midnight (head in bed) in order for the date of service to be considered billable to CBH.
- When a member leaves prior to midnight on a given day, that date of service is **not** billable to CBH, even if the provider has provided an entire day of service.
- When a member is admitted to the appropriate unit at a facility prior to midnight but did not receive a full day of service at that facility, the date of admission **is** billable.

Examples of the above instances include:

- A member arrives onto the unit at 11:15 p.m. on January 15, 2020 – the provider can bill for January 15, 2020, assuming that admission documentation is completed.
- A member is present and receives services all day but the member leaves at 11:15 p.m. on January 15, 2020 – the provider cannot bill for January 15, 2020.

Per the [CBH Per Diem Substance Use Treatment Providers Documentation Guide](#), page four, detoxification providers **cannot** bill for the overnight date of service, even if the member is present in the unit by midnight, if the following requirement has not been met:

"Any individual admitted to a detoxification unit prior to 4 p.m. should receive their first dose of a detoxification related taper on the day of admission. If the individual is admitted prior to 4 p.m. and does not begin a detoxification related taper, the date of admission is **not** billable."

Per diem services, are considered to be all-inclusive, and therefore services such as psychiatric consultations on members currently in psychiatric beds are not separately billable.

The date of discharge is **not** billable, as outlined in the [CBH Provider Manual](#), Section 5.1.3.6, which states, “the day of discharge from inpatient treatment does not count for units of service.”

**Members who leave per diem providers temporarily:** When a member leaves a per diem program, whether for a visit to an emergency room, medical or psychiatric hospital, sleep study, home visit pass, as an AFA (Against Facility Advice), or any other reason, and returns to the facility on the following day, the date of discharge/exit is **not** billable, as the member was not present at the facility at midnight as noted above. Per diem substance abuse providers are reminded that CBH does not pay a “bed hold rate” for members who leave for any reason, including AFAs, hospitalizations, overnight passes, or emergency room visits that span overnight.

The content of this Bulletin replaces [CBH Provider Manual](#) Section 3.9.3. “Residential Addictions Treatment 3.9.3.1. Discharge and Re-entry”, which stated that when a member is in a medical or psychiatric hospital, detoxification and rehabilitation providers and assigned CBH Care Managers were to continue to review cases, and if the member is not to return, a discharge date will be determined. This Bulletin clarifies that the last covered day is the last full day the member spent at the facility, regardless of whether there is a plan for the member to return.

#### **Notification to CBH:**

Providers are reminded that per the [CBH Provider Manual](#), which has been updated to reflect the following, CBH is to be notified of all discharges for per diem levels of care within one day of discharge. Providers can contact their Clinical Care Manager or, if it is outside of normal business hours, the Clinical Management PES line to notify CBH of the discharge. The authorization number will then be reduced for any unused units.

**3.8. Reporting Discharges/Leaves**  
**3.8.1. Planned Discharges** For services reviewed telephonically, discharge reviews are completed with the Clinical Care Manager within one business day of discharge.

**3.8.2. Against Medical Advice, Administrative Discharge, and AWOL** If the member is not in a facility overnight for any reason other than clinical, planned discharge, or leave, for all services providing 24-hour monitoring and treatment, the facility must:

- Verbally inform CBH within 24 hours, providing any known contacts for the members (family, significant other, etc.)
- Fax a completed copy of the Significant Incident Report (SIR) Form **within 24 hours** to CBH Quality Management at 215-413-7132.

Upon return to the per diem provider, the provider should call their assigned Clinical Care Manager or, if it is outside of normal business hours, the Clinical Management PES line to receive a new authorization number for the new admission.

Exceptions to this include:

**Residential Treatment Facilities:**

Residential Treatment Facility (RTF) providers are reminded to follow the Commonwealth's MA Bulletins 01-95-12 and 01-95-13 for JCAHO and Non-JCAHO facilities for guidance regarding billing at a one-third rate for bed holds, documentation requirements for therapeutic leave periods, and billing for AFA discharges.

RTF providers must also follow MA Bulletin 1165-95-01 regarding billing for members who are AWOL.

[CBH's Provider Manual](#) reinforces these requirements:

**3.9.2.2. Medical/Psychiatric Leave** In order to reserve a child's place in a residential treatment program when the child leaves for either a general inpatient hospital or a psychiatric facility, CBH will reimburse at one-third of the facility's negotiated per diem rate for up to 15 days per calendar year. For this period, the residential treatment program may not accept reimbursement from any other source on behalf of the child. The days during a hospital leave can be billed electronically or on paper and separately from the residential treatment billing. The residential treatment program should calculate the units to be one-third of the unit (not one-third of the rate) for each day in the hospital. The residential treatment program will be reimbursed for less than 15 days if, during the hospital leave, CBH determines that it would not be clinically beneficial for the child to return to the residential treatment program.

**3.9.2.3. Therapeutic Leave** Members in RTFs often receive therapeutic leave passes which provide opportunities for them to return briefly to their home/community while continuing treatment at the RTF. Therapeutic leave passes allow members to practice skills acquired in RTF outside of the residential setting. Providers must follow all MA regulations regarding leave in the MA Bulletins 01-95-12 and 01-95-13 for JCAHO and Non-JCAHO facilities.

If you have any questions, please contact CBH Compliance via email at [CBH.ComplianceContact@phila.gov](mailto:CBH.ComplianceContact@phila.gov).