



# IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

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## Medicaid Information Release MA08-11

**To:** All Providers (With 15-Minute Unit Billings)

**From:** Leslie M. Clement, Administrator  
Division of Medicaid

**Subject:** Billing for 15 Minute Units

Medicaid requires you to follow these billing procedures when you bill for units of service that are paid in 15 minute increments:

Several CPT codes used for evaluations, therapy modalities, procedures, and collateral contacts specify that 1 unit equals 15 minutes. Providers bill procedure codes for services delivered using CPT codes and the appropriate number of units of service. For any single CPT code, providers bill a single 15 minute unit for treatment greater than or equal to 8 minutes. For example, two units should be billed when the interaction with the participant or collateral contact is greater than or equal to 23 minutes to less than 38 minutes. Time intervals of units are as follows:

Services provided are more than	Services provided are less than	Providers will bill
8 minutes	23 minutes	1 unit
22 minutes	38 minutes	2 units
37 minutes	53 minutes	3 units
52 minutes	68 minutes	4 units
67 minutes	83 minutes	5 units
82 minutes	98 minutes	6 units

Additional units can be determined by adding 15 minutes to each column of the first two columns

Providers should not bill for services performed for less than 8 minutes. The expectation (based on work values for these codes) is that a provider's time for each unit will average 15 minutes in length. Providers should monitor their billing practices to ensure that all services that are designated to be billed in 15 minute units are delivered for at least 8 minutes and documented as such before billing Medicaid.

This requirement does not impact procedure codes that are not billed in 15 minute units including anesthesia procedure codes that are billed in 1 minute intervals.

The above schedule is intended to help you round time into 15 minute increments for billing purposes. It does not imply that any minute up until minute 8 should be excluded from the total count, as the timing of active treatment counted includes all time. Providers cannot bill for more time than their staff worked in a calendar day. The beginning and ending time of the treatment must be recorded in the participant's medical record with a note describing the treatment. (For additional guidance please consult *CMS Program Memorandum Transmittal AB-00-14.*)

If you have questions concerning the information contained in this release, please contact the Office of Medicaid Reimbursement at: (208) 364-1817.

Thank you for your continued participation in the Idaho Medicaid Program.