

AOP Question and Answer Document

1. Will the Commonwealth accept risk of back-billing to 1/1/07 if there is a federal audit?

If providers follow the instructions for documentation and subsequent reporting of MA-billable services, this will not be an issue for providers or the Commonwealth.

2. Can Clozapine support services be provided/included in the per diem rate?

Currently, Clozapine is reimbursable for physicians, clinics and partials. Since only a handful of members (if any) would be on clozapine and it does require weekly blood draws, then it would be a carve-out service.

3. What codes should be used to report AOP services in CCR- POMS for the non- HC clients?

See the attached reporting chart to capture information for non-HC and HC clients.

4. Will each LTSR have a different location code?

If the provider has multiple AOPs at different locations, they would need to have a service location open for each site where they are performing services.

If the provider is performing more than AOP services at one location, the AOP specialty would just be added to the existing PROMISE service location provided that the existing service location is the same provider type (11) and is open for Supplemental Services only.

If the provider is performing more than AOP services at one location, but it is for a different provider type, they would have to be separate service locations. There can only be one provider type on a service location; however, there can be more than one specialty on a service location.

5. Is AOP Service Exempt from TPL Medicare coverage?

Yes.

6. Can AOP Services include case management in the APA?

- **No. Case management services can be provided in addition to AOP services to facilitate independent community living. However, Case management services would not be included as an AOP service.**

7. If a consumer is admitted for inpatient hospital care, how does the facility build that stay into the rate? How much can an LTSR bill for services for a client who temporarily leaves the facility?

As no treatment is taking place within the facility when a consumer temporarily leaves the facility, the LTSR is unable to bill for the period of time that a consumer is away from the facility.

DRAFT

Adult Outpatient Services

HealthChoices reporting summary:

Codes for 837 submission to PROMISe

PT/SPEC 11/110

PROCEDURE CODE H0037

PLACE OF SERVICE 99

If county is paying for R&B and any non-MA services, these would be reported in CCR POMS as

PT/SPEC 99/110

PROCEDURE CODE T2048 HE

PLACE OF SERVICE 99

CCR POMS reporting summary:

PT/SPEC 99/110

PROCEDURE CODE H0037 for any treatment services provided

PLACE OF SERVICE 99

PT/SPEC 99/110

PROCEDURE CODE T2048 HE for R&B costs

PLACE OF SERVICE 99

R&B and treatment services must be reported separately. Costs must be allocated appropriately and reported under each combination.