COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HIV AND STD PROGRAMS

Ambulatory Outpatient Medical (AOM) and Medical Care Coordination (MCC) Services
Frequently Asked Questions (FAQ) – Issue Number 3
April 8, 2013

A.   Ambulatory Outpatient Medical Services

Question 1:   Which Current Procedural Terminology (CPT) codes may be used to invoice the Division of HIV and STD Programs (DHSP) for a medical visit?

Answer: The following codes are permitted to be used for an AOM visit:

> 99201 Office/Outpatient Visit, New
> 99202 Office/Outpatient Visit, New
> 99203 Office/Outpatient Visit, New
> 99204 Office/Outpatient Visit, New (Complex Exam)
> 99205 Office/Outpatient Visit, New
> 99212 Office/Outpatient Visit, Established
> 99213 Office/Outpatient Visit, Established
> 99214 Office/Outpatient Visit, Established (Extended Exam)
> 99215 Office/Outpatient Visit, Established
> 99241 Office Consultation
> 99242 Office Consultation
> 99243 Office Consultation
> 99244 Office Consultation
> 99245 Office Consultation
> 99395 Periodic Preventive Medicine Evaluation and Management, 18-39 years
> 99396 Periodic Preventive Medicine Evaluation and Management, 40-64 years
> 99397 Periodic Preventive Medicine Evaluation and Management, 65 years and older

The AOM contract specifies that a medical visit consists of three key components: 1) history, 2) examination, and 3) medical decision making and that it must be performed during a face-to-face encounter with the HIV physician or mid-level practitioner.

Question 2:   Could code 99211 be used to bill for a medical visit?

Answer: No. This code will not be reimbursed as a medical visit, because its use is inconsistent with AOM contract expectations.

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Question 3:   Can providers report in Casewatch and bill for a patient's medical visit that has occurred prior to his or her annual or six-month eligibility screening for the AIDS Drug Assistance Program (ADAP) and the local Ryan White Program (RWP)?

Yes. DHSP is working to align the local RWP's annual certification and six-month recertification process and dates, with those of ADAP. We are also working with the state and the Health Resources and Services Administration (HRSA) to devise a mechanism for the 6-month recertification that does not require a face-to-face encounter. In the meantime, DHSP is instituting a 'soft' implementation period of the six-month eligibility requirement by allowing providers to report and bill for medical visits that take place prior to the annual ADAP certification date currently on file. DHSP has re-programmed Casewatch to accept these visits and include them in the monthly invoices through June 30, 2013, when the phased-in transition of Healthy Way L.A.-eligible patients is projected to be completed. Nevertheless, providers must remember to ensure that the RWP is the payer of last resort and every effort must be made to ensure that patients access all other public benefits and/or private insurance for which they are eligible. DHSP will provide final guidance on the implementation of the required annual and six-month eligibility determination process in the near future.

B.   Training and Technical Assistance

Question 4:   Is DHSP still providing training on the implementation of new AOM and MCC services?

Answer: Yes. See the attached training schedule for additional information.

Question 5:   Who do we contact for technical assistance related to AOM, MCC, or Casewatch?

Answer: You may contact the following DHSP team members:

AOM: David Pieribone, 213-351-2-8122 or dpieribone@ph.lacounty.gov
MCC: Angela Boger, 213-351-8057 or aboger@ph.lacounty.gov
Casewatch: Mike Janson, 213-351-8189   or mjanson@ph.lacounty.gov

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For tracking purposes, please submit all inquiries electronically. Further inquiries and their responses will be included in future FAQ documents. Thank you.