

Court Ordered Evaluation (COE) FAQ Court Ordered Treatment (COT) FAQ

10/22/2019

The complete FAQ for COE/COT can be found on the link below:

[Court Ordered Evaluation/Court Ordered Treatment FAQ](#)

Q6. When an ACC member is determined to have a Serious Mental Illness (SMI) during a COE/COT inpatient stay, which entity is responsible for payment upon their discharge?

- A6: • County payment responsibility timeframes for COE remains the same regardless of SMI determination. Please refer to FAQ #1.
- Payment responsibility is based on the primary diagnosis
 - If the stay has a primary diagnosis of behavioral health, and thus paid daily rates, the claim will be able to be split between the two AHCCCS payers – the ACC plan for the days the member is GMH/SU, and the RBHA for the days the member is SMI.
 - If the stay has a primary diagnosis of physical health, the DRG policy rules kick in and the payer for the claim is the plan of enrollment as of the discharge date.

Language added to policy

The Contractor of enrollment is responsible for medically necessary, covered physical health and behavioral health services, other than services associated with the Pre-Petition Screening and COE (Excluding CMDP which behavioral health services are the responsibility of the RBHAs). Pre-Petition Screening and COE is the responsibility of the county of origin. Inpatient providers cannot submit a behavioral health claim and a physical health claim for the same stay to the Contractor of enrollment if such event occurs during a patient's COE and/or COT stay. AHCCCS hospital reimbursement is based on the primary diagnosis on the claim, regardless of the method used to pay (All Patients Refined-Diagnosis Related Group (APR-DRG), per diem, etc.). The county (or the RBHA contracted directly with the county for COE services or contracted indirectly with a county through AHCCCS for COE services) is responsible for the COE. The Contractor of enrollment (or RBHA for a member with a Serious Mental Illness, (SMI) designation) is responsible for the COT. The Contractor of Enrollment (or RBHA for a member with an SMI designation) shall deny payment if the primary diagnosis on the COE stay is behavioral health when the inpatient provider bills physical health services for COE dates of service even if there are physical health services provided during the same COE stay. The same is true for the COT stay.

Q10. Are inpatient providers able to bill and submit a separate physical acute event for reimbursement under the APR-DRG to the ACC plan or AIHP if such an event would occur during a patient's COE and/or COT treatment stay?

- Q10: AHCCCS hospital reimbursement is based on the primary diagnosis on the claim, regardless of the method used to pay (DRG, per diem, etc.). You cannot submit a behavioral health claim and a physical health claim for the same stay. The county shall be billed (or the county's TPA) for the COE, and bill the ACC Plan (or RBHA for a member with an SMI designation) or AIHP for the COT. Assuming the primary diagnosis on the COE stay is behavioral health, you cannot bill AHCCCS for the same COE dates of service even if there are physical health services provided during the stay. The same is true for the COT stay.
- AMPM 320-U (K.3) Reimbursement language states:
 1. Title XIX/XXI funds shall not be used to reimburse COE services.
 - a. For any Title XIX/XXI enrolled member who has been admitted to an Evaluation Agency under a petition for COE, the evaluation period is deemed to end when one of the following occur. This does not always indicate that the person is no longer physically at the location.
 - i. Petition for COT is filed with the court,
 - ii. Individual agrees to voluntary, or
 - iii. Individual is released from COE,
 - b. The date on which one of the above three actions occurs, is the day the member's Contractor of Enrollment assumes responsibility for payment. County payment responsibility ends that day, and transfers to the Contractor of enrollment, who shall pay for all Title XIX/XXI medically necessary services thereafter, including services associated with the period of time between the filing of the Petition for COT, and the hearing set for the purposes of a judicial determination for the need for COT, and
 - c. County responsibility for payment of medically necessary days also ends when the 72 hour (not including weekend and court holidays) COE period is exceeded, which does not include inpatient days falling on weekends or legal holidays.
 2. For COEs that do not require an inpatient stay, any medically necessary physical health services provided to the individual shall be the responsibility of the Contractor of enrollment.

[AMPM 320-U Policy and attachments](#)

[ACOM 437 Financial Responsibility for services after completion of Court-Ordered Evaluation](#)

[ACOM 423 Financial Responsibility for Court Ordered Treatment DUI/Domestic Violence or Other Criminal Offenses](#)