

Attachment 25

Approved In Lieu of Services

The Contractor may only provide the ILOS that are identified in this Attachment. Any other services that the Contractor provides to Enrollees beyond the services covered under the contract or identified as an ILOS, will not be included in capitation rate development.

The ILOS are only permitted to be provided to the target populations identified in the table, and the Contractor shall follow all service exclusions identified in this Attachment.

ILOS Name	ILOS Definition	Substitute Service or Setting	Procedure Codes	Target Population
Mental Health (MH) and Substance Use Disorder (SUD) Institution for Mental Diseases (IMDs)	Services provided for an Enrollee requiring inpatient treatment for MH or SUD services. Services may be provided in the alternate IMD setting up to 15 days in a month	Inpatient Psychiatric (Psych) services provided in an acute care hospital	Revenue codes of 0114, 0124, 0134, 0154, 0204, 0760, 0761, 0762, 0769, 0900, 0901, 0902, 0903, 0904, 0909, 0910, 0911, 0914, 0915, 0916, 0917, 0918, 0919, 0920, 0929, 0949 with a concurrent MH or SUD diagnosis	Members needing inpatient MH or SUD services
Rehabilitation and Skilled Nursing Facility	Settings to provide transitional care services between an Inpatient stay and discharge to their home or other community setting	Inpatient	Revenue codes 0128 and 0550	Enrollees who are being discharged from a hospital after a spinal lesion or cerebrovascular incident who would otherwise be at risk for

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ILOS Name	ILOS Definition	Substitute Service or Setting	Procedure Codes	Target Population
				readmission without access to a rehab or SNF
Eyeglasses	Devices to assist with vision impairment	Outpatient and Emergency Room	Current CPT and HCPCS coding for eyeglasses with a coverage limitation of \$100 every two years	Enrollees with vision impairment with a provider prescription for eyeglasses

Exclusions to ILOS coverage

1. Rehab and SNF stays are allowable up to seven days after discharge. Longer stays or additional conditions are permissible based on a physician established treatment plan authorized by the Contractor and written prior approval from ASES.

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