



## COMPLEX MEDICAL ADD-ON REPORT

<sup>1</sup> SUBMIT ONLY ONE REPORT AND ONE CMAO CODE PER RESIDENT PER MONTH

### Instructions

**Effective May 1, 2011 all CMAO reports are submitted monthly.** All CMAO reports must be submitted no later than the last day of the following month. For example: requests for May 2011 CMAO services must be submitted no later than June 30, 2011. **EXCEPTION:** Following the death of a resident a CMAO report *must be submitted no later than 14 business days. Business days are defined as Monday through Friday excluding State holidays and furlough days. The CMAO Report can be completed electronically and saved to your computer.*

<b>1</b>	One resident and one CMAO code per report. If an different CMAO service is provided within the same month but during a different date range from the original CMAO code submit a separate report. For example: June 3-7 CMAO code S1 is reported. On June 18-30 CMAO code O1 is reported. Two separate reports should be submitted to Central office. Only one CMAO service can be reimbursed per date of service. Do not submit overlapping date ranges.		
<b>2</b>	Select the month being reported.	<b>3</b>	Select the appropriate year using drop down box.
<b>4</b>	Use the name of the facility as it appears on the facility license. If the correct name is not used the report will be returned without review.	<b>5</b>	List the facilities DHS Medicaid Provider number. Do not use the National Provider Identification (NPI).
<b>6</b>	If none list "None"	<b>7</b>	Resident's name must match the spelling listed on the Medicaid ID card. If not Medicaid ID# list "99999999"
<b>8</b>	Select the appropriate CMAO code from the drop down box. Only one CMAO code per report. General CMAO categories are: Medication Procedures; Treatment Procedures; Skin/Wound Care; IDDM; Other and Rehabilitation Services. Refer to OAR 411-070-0091 for a full description of all complex medical add-on codes and required documentation. If resident receives multiple CMAO services that occur during different (non-overlapping) date ranges report additional CMAO code on a separate report.		
<b>9 &amp; 10</b>	All dates must use the following configuration xx/xx/xxxx. For example 05/01/2011. In box 7 list the first day and in box 8 list the last day the resident meets the CMAO criteria for the medical add-on code reported. The date range can only include services provided on consecutive days. If the same CMAO code occurs for a different date range within the same month list on the line below.		
<b>11</b>	Select the appropriate Status Code from the drop down box for the last day the resident was eligible for the CMAO service.		
<b>12</b>	All CMAO codes require a copy of the physicians' orders (except therapies which also requires a copy of the written therapist's plan) and a CMAO summary completed by the RN. DO NOT send other documentation unless otherwise specifically requested by Central Office. If other resident records are submitted all paperwork will be returned without review. Summary must be specific and only include pertinent information regarding the service or treatment supporting the CMAO code submitted. The CMAO Quick Reference Guide lists general resident record documentation requirements for each of the CMAO service being provided and general guidelines on information needed in the summary statement by the RN. Refer to OAR 411-070-0091 for detailed rule language and specific requirements.		

EMAIL THE CMAO REPORT TO [CMAO@DHS.STATE.OR.US](mailto:CMAO@DHS.STATE.OR.US) OR FAX TO (503) 947-5046 ATTENTION: DEBORAH CATEORA