



## DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

Volume 27 Number 25

<http://www.dss.mo.gov/dms>

July 1, 2005

### INPATIENT HOSPITAL: UTILIZATION REVIEW AGENT

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The Division of Medical Services has awarded the inpatient hospital utilization review contract to Health Care Excel (HCE). The contract implementation date is July 1, 2005.

#### CONTACTING HEALTH CARE EXCEL

Providers may contact HCE at:

Health Care Excel  
3230 Emerald Lane, Suite C  
P.O. Box 105110  
Jefferson City, MO 65110-5110  
(800) 766-0686 for admission certification, continued stay review  
and other general requests

The HCE office is open from 8:00 am to 5:00 pm, Monday through Friday, except for state approved holidays.

Admission and continued stay certification requests submitted by fax are accepted by HCE 24 hours a day, every day.

The following methods may be used to request certification:

- Toll-free telephone: (Instate or Out-of-State) (800) 766-0686
- Telephone: (573) 634-3780
- Facsimile (fax): (573) 634-4262 (can be sent 24 hours/day)
- Mail-in: Health Care Excel, 3230 Emerald Lane, Suite C, PO Box 105110  
Jefferson City, MO 65110

HCE's medical review staff will make decisions for inpatient hospital admission and continued stays in accordance with the Severity of Illness/Intensity of Services (SI/IS) screening criteria using the most recent edition of InterQual's ISD-A Adult and Pediatric Criteria.

For Psychiatric Certificate of Need Reviews HCE will use Child and Adolescent Assessment Psychiatric Treatment Severity of Illness/Intensity of Service/(SI/IS) screening criteria, using the most recent edition of Interqual.

**HCE WILL NOT PERFORM UTILIZATION REVIEWS ON MEDICAID INELIGIBLE PATIENTS AND MEDICAID PENDING PATIENTS**

HCE will not perform utilization reviews on patients that are not eligible for Medicaid. When HCE receives a request for certification they will verify Medicaid eligibility. If the patient does not have Medicaid eligibility for the date of the hospital stay, HCE will not perform the review.

Additionally, under the contract beginning July 1, 2005, HCE will no longer perform utilization reviews on patients waiting on a Medicaid eligibility determination.

If the patient becomes Medicaid eligible at a later date and has Medicaid coverage for the inpatient hospital stay, the hospital must contact HCE and request a retrospective review.

**SERVICES EXEMPT FROM ADMISSION CERTIFICATION REMINDER**

The following services DO NOT require admission certification:

**Certain Pregnancy-Related Diagnosis Codes**

630

631

633 range

640-648 range with a fifth digit 0 or 3

651-676 range with a fifth digit 0 or 3

NOTE: Diagnoses for missed abortion, pregnancy with abortive outcome, and postpartum care continue to require certification.

**Admissions for Deliveries**

Delivery diagnosis codes are:

640-648 range with a fifth digit 1 or 2

650

651-676 range with a fifth digit 1 or 2

V24.0

NOTE: Providers are to refer to ICD-9 CM diagnosis coding book, Volume 1, because a fifth digit 1 or 2 is *not* valid with every diagnosis within the ranges shown above.

**Admissions for Newborns**

Newborn diagnosis codes are:

V30.00-V39.1 (If fourth digit is 0, a fifth digit 0 or 1 is required) 760-779.9

Claims with a principal diagnosis that is one of the exempt codes do *not* require a certification number in Field #63 of the UB-92. HCE does *not* need to be contacted under these circumstances.

**Admissions of Recipients Enrolled in MC+ Managed Care Health Plans**

The health plan is responsible for certifying the hospital admission for MC+ Managed Care enrollees.

**Admissions Covered By Medicare Part A**

Claims for deductible and coinsurance for Medicaid recipients with Medicare Part A benefits are exempt from admission certification. However, if Medicare Part A benefits have been exhausted and a claim is submitted for Medicaid only days, admission certification requirements must be met. Admissions for Medicaid recipients with Medicare Part B only require certification.

**HCE REVIEW OUTCOME NOTIFICATION REMINDER**

It is HCE's responsibility to notify the hospital and attending physician of cases that meet Interqual criteria. For cases that do not meet Interqual criteria (denied cases) it is HCE's responsibility to notify the hospital, attending physician and recipient.

It is the hospital's responsibility to notify any third party biller or entity regarding the review outcome information.

**CASE INQUIRY SYSTEM**

The case inquiry system is a website designed by HCE to give providers real-time access to case review data including daily reports and outcomes for submitted reviews. The website is available 24 hours a day, seven days a week, 365 days a year.

Providers can use the site to retrieve review outcomes outside of normal operation hours.

Listed below are the functions that may be performed using the Case Inquiry System:

- Download Review Request Forms
- Inquire about submitted, pending, and completed reviews
- Retrieve and print Daily Hospital Reports
- Retrieve and print lists of reviews completed by HCE
- Access Case Inquiry System tutorials, Frequently Asked Questions, and troubleshooting tips

Each Missouri Medicaid provider with a valid provider identification number can request access to the Case Inquiry System.

To obtain access to the Case Inquiry System, please contact HCE at (573) 634-3639 or 1-800-766-0686. You may also obtain access at [www.hce.org](http://www.hce.org) by clicking on Missouri Medicaid and Missouri Case Inquiry System. You must send an email to the address listed on the menu to obtain access.

For more information regarding utilization review and the functions performed by HCE please reference Section 13 of the Hospital Provider Manual at [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms).

**Provider Bulletins** are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

**Missouri Medicaid News:** Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

**MC+ Managed Care:** The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline**  
**573-751-2896**