

SECTION 4 INPATIENT HOSPITAL CERTIFICATION REVIEWS

Inpatient hospital admissions must be certified as medically necessary and appropriate as inpatient services before MO HealthNet reimburses for inpatient services. All hospitals enrolled with MO HealthNet as a provider are subject to this admission certification requirement. The review authority is assigned to Xerox Care and Quality Solutions. The responsibilities of Xerox include validation review services, admission certification for most admissions, and continued stay reviews for admissions subject to admission certification. Inpatient hospital certification reviews are covered in Section 13.31 of the MO HealthNet hospital provider manual available at:
<http://manuals.momed.com/manuals/>

SERVICES EXEMPT FROM ADMISSION CERTIFICATION

The following services do not require admission certification. Claims with a principal diagnosis that is one of the exempt diagnosis codes do not require a certification number in field 63 on the UB-04 claim form. Xerox does not need to be contacted under these circumstances.

Certain Pregnancy-Related Diagnosis Codes

- 630
- 631
- 633 range
- 640-649 range with a fifth digit of 0, 1, 2 or 3
- 651-676 range with a fifth digit of 0, 1, 2 or 3
- 677

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

Admissions for Deliveries

Delivery diagnosis codes are:

- 640-649 range with a fifth digit of 0, 1, 2 or 3
- 650
- 651-676 range with a fifth digit of 0, 1, 2 or 3
- V24.0
- V27.0-V27.9

NOTE: Providers are cautioned to refer to the ICD-9-CM diagnosis coding book because a fifth digit of 0, 1, 2 or 3 is *not* valid with every diagnosis within the ranges listed above.

Admissions for Newborns

Newborn diagnosis codes are:

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

760-779.9

Admissions of Patients Enrolled in MO HealthNet Managed Care Health Plans

The health plan is responsible for certifying the hospital admission for MO HealthNet managed care plan enrollees. A transplant candidate may choose the MO HealthNet approved transplant facility and may choose a MO HealthNet approved transplant facility outside of the health plan's network and MO HealthNet will prior authorize the transplant. The health plan is responsible for pre-transplant and post-transplant follow-up at both the in-network and the out-of-network transplant facilities.

Admissions Covered By Medicare Part A

Claims for deductible and coinsurance for MO HealthNet patients 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 MO HealthNet only days, admission certification requirements must be met. Pre-admission certification is required also for denied Medicare Part A inpatient hospital claims including exhausted benefits. Before requesting a pre-certification, the provider must exhaust all appeals through the Medicare appeals process and have a final denial that can be submitted to Xerox with the pre-certification request.

Admissions for MO HealthNet patients with only Medicare Part B require certification.

Inpatient Hospital Certification Reviews for Medicare Part C Participants

Inpatient hospital claims for deductible and coinsurance for MO HealthNet patients with Medicare Part C benefits who also are QMB eligible are exempt from admission certification. However, if Medicare Part C benefits have been exhausted and a claim is submitted for MO HealthNet only days, admission certification requirements must be met. Pre-admission certification is required also for denied Medicare Part C inpatient hospital claims including exhausted benefits. Before requesting a pre-certification, the provider must exhaust all appeals through the Medicare Advantage/Part C plan appeals process and have a final denial that can be submitted to Xerox with the pre-certification request.

Admissions for non-QMB MO HealthNet participants enrolled in a Medicare Advantage/Part C Plan require certification.

Criteria Used in Review

Xerox utilizes the *Milliman Care Guidelines*[®] screening criteria to establish a benchmark length of stay for all inpatient hospitalizations including those for adult and child psychiatric care, alcohol and drug abuse detoxification and physical

rehabilitation. It is important to remember that screening criteria are *not* standards of care. Failure to meet any particular screen does *not* mean that the patient does *not* require acute hospital level of care but rather that the case requires review by a physician.

CONTACTING XEROX

Providers may contact Xerox at:

Xerox Care and Quality Solutions
3425 West Truman Blvd
P.O. Box 105110
Jefferson City, MO 65110-5110

Internet: cyberaccessonline.net/CyberAccess/Login.aspx -- for admission certification prior to admission, on the day of admission, within twenty-four (24) hours after admission and prior to discharge or within fourteen (14) days after discharge for continued stay reviews. CyberAccess requests may be submitted twenty-four (24) hours a day seven (7) days a week.

Phone: (800) 766-0686—for admission certification prior to admission, on the day of admission, within twenty-four (24) hours after admission and for continued stay review.

Fax: (866) 629-0737— Other requests for certification of an inpatient stay may be made via fax. Faxes may be submitted twenty-four (24) hours a day seven (7) days a week.

Requests for retrospective review require all medical records related to the inpatient stay. This type of request must be faxed or mailed to the above P.O. Box. The medical records must only be mailed to the physical address when using Fed Ex or UPS or any other mode of delivery outside the US Postal Service.

The Xerox office is open from 8:00 a.m. to 5:00 p.m., Monday through Friday, except for established DSS approved holidays. Telephone calls made before or after working hours receive a recorded message about the working hours.

PROVIDER RESPONSIBILITIES

Xerox must be contacted by the physician or the hospital to provide patient/provider identifying information and medical information regarding the patient's condition and planned services as set forth in Missouri state regulation 13 CSR 70-15.020.

CONTINUED STAY REQUESTS

The provider is responsible for contacting Xerox to request an extended stay beyond what was previously certified.