

TITLE 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—MO HealthNet Division
Chapter 15—Hospital Program

Proposed Amendment

13 CSR 70-15.020 Procedures for Admission Certification, Continued Stay Review, and Validation Review of Hospital Admissions The MO HealthNet Division is amending sections (1), (6), and (11).

PURPOSE: This amendment removes specific references to the Milliman Care Guidelines and adds general language regarding the use of level of care criteria when determining medical necessity.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Administration. The MO HealthNet Division, Department of Social Services, shall administer the Hospital Program. Hospital Program services covered and not covered and the limitations under which services are covered shall be determined by the MO HealthNet Division and shall be included in the MO HealthNet Hospital Provider Manual. The MO HealthNet Hospital Provider Manual is incorporated by reference and made part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, October 6, 2025.

(A) The following definitions will be used in administering this rule:

[(A)]1. Admission. Admission means the act of registration and entry into a general medical and surgical, psychiatric, or rehabilitation hospital on the order of a qualified medical practitioner or medical professional having privileges of admission for the purpose of providing inpatient hospital services under the supervision of a physician member of the hospital's medical staff;

[(B)]2. Admission certification. Admission certification means the determination by the medical review agent, as transmitted to the hospital/physician and the fiscal agent, that the admission of a participant for inpatient hospital services is approved as medically necessary, reasonable, and appropriate as to placement at an acute level of care;

[(C)]3. Admitting diagnosis. Admitting diagnosis means the physician's tentative or provisional diagnosis of the participant's condition as a basis for examination and treatment when the admission certification is requested;

[(D)]4. Admitting medical professional. Admitting medical professional means a physician or other person authorized by state licensure law to order hospital services and who has admission privileges to order the participant's inpatient admission to the hospital;

[(E)]5. Certification number. Certification number means the number issued by the medical review agent that establishes that, based upon information furnished by the provider, a participant's admission for inpatient hospital services is approved as medically necessary;

[(F)]6. Department. Department means the Missouri Department of Social Services;

[(G)]7. Emergency admission. Emergency admission means an admission in which the medical condition manifests itself by acute symptoms of sufficient severity (including severe pain) that absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any bodily organ or part;

[(H)]8. Fee for service. Fee for service refers to participants and/or services not included in the MO HealthNet Managed Care program or other prepaid health plans;

[(I)]9. Inpatient hospital service. Inpatient hospital service means a service provided by or under the supervision of a medical professional after a participant's admission to a hospital and furnished in the hospital for the care and treatment of the participant;

[(J)]10. Managed Care. Managed Care is a program under which some MO HealthNet participants are enrolled with a health plan who contracts with the department to provide a package of MO HealthNet benefits for a monthly fee per enrollee;

[(K)]11. Medical record. Medical record means all or any portion of the medical record as requested by the medical review agent;

[(L)]12. Medical review agent. Medical review agent means the state's representative who is authorized to make decisions about admission certifications and validation reviews;

[(M)]13. Medically necessary. Medically necessary means an inpatient hospital service that is consistent with the participant's diagnosis or condition and is in accordance with the criteria as specified by the department;

[(N)]14. Nurse reviewer. Nurse reviewer means a person who is employed by or under contract with the medical review agent and who is licensed to practice professional nursing in Missouri;

[(O)]15. Pertinent information. Pertinent information means any information that the physician, hospital, or participant feels may justify or qualify the hospitalization;

[(P)]16. Physician reviewer. Physician reviewer means a physician who is a peer of the admitting/attending physician or who specializes in the type of care under review. Exceptions will be made only if the efficiency or effectiveness of the review would be compromised, but in every situation the review will be performed by a physician;

[(Q)]17. Readmission. Readmission means an admission that occurs within fifteen (15) days of a discharge of the same participant from the same or a different hospital. The fifteen- (15-) day period does not include the day of discharge or the day of readmission;

[(R)]18. Participant. Participant means a person who has applied and been determined eligible for MO HealthNet benefits;

[(S)]19. Reconsideration. Reconsideration means a review of a denial or withdrawal of admission certification;

[(T)]20. Required information. Required information means the information to be provided by the medical professional or hospital to obtain a preadmission or post-admission certification, which includes participant, medical professional, and hospital identifying information, admission date, admission diagnosis, procedures, surgery date, indications for inpatient setting, and plan of care;

[(U)]21. Transfer. Transfer means the movement of a participant after admission from one (1) hospital directly to another or within the same facility;

[(V)]22. Urgent admission. Urgent admission means a case which requires prompt admission to the hospital to prevent deterioration of a medical condition from an urgent to an emergency situation;

[(W)]23. Utilization review assistant. Utilization review assistant means a person who is employed by or is under contract with the medical review agent who is the preliminary reviewer to assess the need for nurse review when the *[Milliman Care Guidelines is]* **level of care criteria** are not immediately met **based on the standardized tool for determining level of care**;

[(X)]24. Validation review. Validation review means a review conducted after admission certification has been approved. The review is focused on validating the admitting information and confirming the determination of medical necessity of the admission; and

[(Y)]25. Written Request. A notice to the address of the provider as listed in the MO HealthNet Division's system, in writing, transmitted via the U.S. mail or other private or common carrier, facsimile, e-mail, or any other method/mode of transmittal that is deemed by MO HealthNet to be an efficient, cost-effective, verifiable, and a reliable method or mode of communication with the provider, applying provider, or provider's representative.

(6) *[The criteria]* **A standardized assessment tool for determining level of care is to be used in the admission certification and validation review. With regards to ambulatory procedure screenings, if the procedure meets criteria to be done in the outpatient setting versus inpatient, the case will be reviewed by a physician for final determination which may result in denial of the certification request. Urgent/emergency criteria are used as guidelines for determination of type of admission and are defined in section (1)(A). [are as follows:**

(A) *Milliman Care Guidelines includes adult and pediatric criteria for general medical care admissions;*

(B) *Supplemental criteria sets are included for adult and child psychiatric care, rehabilitation care, and alcohol/drug abuse treatment;*

(C) Ambulatory procedure screening is done within the Milliman Care Guidelines. If the procedure meets criteria to be done in the outpatient setting versus inpatient, the case will be reviewed by a physician for final determination which may result in denial of the certification request; and

(D) Urgent/emergency criteria are used as guidelines for determination of type of admission and are defined in section (1).]

(11) Continued stay reviews, when necessary, will be performed for all fee-for-service MO HealthNet participants subject to admission certification to determine that services are medically necessary and appropriate for inpatient care. The continued stay review procedure is as follows:

(A) When extended hospitalization is indicated beyond the initial length of stay assigned by the medical review agent for prospective or admission certification, the hospital and attending medical professional are required to provide additional medical information to warrant the continued hospital stay as well as request the number of additional days needed prior to discharge or within fourteen (14) working days after discharge. If the request for continued stay review is received fifteen (15) or more working days post discharge, it is considered a retrospective review and the requirements mentioned in subsection (5)(E) will apply;

(B) For continued stay reviews, either initiated via the CyberAccess Web tool or the telephone, the [Milliman Care Guidelines] **findings from the standardized tool for determining level of care** will be applied to any additional diagnosis or surgical procedures indicated. The medical professional and/or hospital may also upload any additional supporting documentation into the CyberAccess Web tool;

(C) A physician will review cases when continued stay is requested beyond the [Milliman Care Guidelines] **findings from the standardized tool for determining level of care**. The physician reviewer shall approve or deny the continued stay days;

(D) The requesting medical professional and hospital are notified in cases of denial only. All others are found on the CyberAccess Web tool; and

(E) Information contained in sections (8)–(10) of this rule also apply to continued stay reviews.

*AUTHORITY: sections 208.201 and 660.017, RSMo 2016. * Emergency rule filed Oct. 20, 1989, effective Nov. 1, 1989, expired Feb. 28, 1990. Original rule filed Nov. 2, 1989, effective Feb. 25, 1990. Amended: Filed June 18, 1991, effective Jan. 13, 1992. Amended: Filed July 2, 1992, effective Feb. 26, 1993. Amended: Filed July 1, 1996, effective Feb. 28, 1997. Amended: Filed Feb. 1, 2008, effective Aug. 30, 2008. Amended: Filed Oct. 15, 2015, effective April 30, 2016. Amended: Filed Jan. 7, 2022, effective July 30, 2022. Amended: Filed March 4, 2026.*

**Original authority: 208.201, RSMo 1987, amended 2007, and 660.017, RSMo 1993, amended 1995.*

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will likely cost private entities approximately twelve thousand six hundred dollars (\$12,600) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, Legal Services Division-Rulemaking, PO Box 1527, Jefferson City, MO 65102-1527, or by email to Rules.Comment@dss.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*