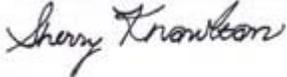


	<b>MEDICAL ASSISTANCE BULLETIN</b> COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	<b>SUBJECT</b> Hospital Utilization Review Changes	<b>BY</b>  Sherry Knowlton Acting Deputy Secretary for Medical Assistance Programs
<b>NUMBER:</b>	06-92-01, 08-92-01, 11-92-12, 12-92-12, 13-92-08, 53-92-06	
<b>ISSUE DATE:</b>	July 22, 1992	
<b>EFFECTIVE DATE:</b>	August 1, 1992	

**PURPOSE:**

The purpose of this bulletin is to inform providers that effective August 1, 1992, the Department will automate the Diagnosis Related Group (DRG) review process for urgent and emergency admissions, and the Concurrent Hospital Review (CHR) process for all admissions to hospitals and units excluded from the DRG payment system. This change will merge these two processes with the already automated Place of Service Review (PSR) Program for elective admissions.

**SCOPE:**

This bulletin applies to general hospitals, short procedure units (SPU), free-standing ambulatory surgical centers (ASC), rehabilitation hospitals, rehabilitation units of general hospitals, drug and alcohol detoxification rehabilitation units, drug and alcohol treatment rehabilitation hospitals, psychiatric hospitals, psychiatric units of general hospitals, extended acute psychiatric care units of general hospitals, and residential treatment facilities enrolled in the Medical Assistance Program.

**BACKGROUND:**

Currently, hospitals are required to submit a Hospital Admission DRG/CHR Certification, MA-87, form to the Department for urgent and emergency DRG admissions and all CHR admissions of eligible medical assistance recipients. Under these processes, the patient may already have been discharged before the admission is reviewed by the Department. With the review after discharge, the provider is at risk of having provided services with no commitment from the Department.

The PSR process has clearly demonstrated that the on-line approach results in a timely, efficient admission review. Therefore, we plan to convert the CHR and DRG utilization review processes to on-line, computerized, telephone review processes and merge them with the already automated PSR process.

**PROCEDURE:**

Effective with admissions on or after August 1, 1992, all facilities must call the toll-free number 1-800-962-8080 to request admission certification unless the admission is exempt from this process. Exemptions to the process for obtaining admission certification continue to be:

1. Maternity admissions resulting in delivery of one or more infants:
2. Newborn admissions;
3. Inpatient admissions covered all or in part by Medicare Part A, and Short Procedure Unit/Ambulatory Surgical Center admissions paid for all or in part by Medicare Part B;
4. Recipients enrolled in an HIO/HMO program, unless the recipient is enrolled in an HIO or HMO and is to be admitted to an extended acute psychiatric care unit of a general hospital, or a residential treatment facility (Provider type 53). HIO and HMO policy must be followed to assure service coverage. (If the recipient with HIO or HMO coverage is admitted to a provider type 53 facility, the facility must request admission certification within 2 working days of the admission.)

Providers calling the toll free number, 1-800-962-8080, will be given a menu to select which review process (PSR, DRG, CHR) they need. The facility must call the Department within two working days of the admission date for urgent and emergency admissions of MA recipients to general hospitals (Provider Type 11), short procedure units (Provider type 06), or ambulatory surgical centers (Provider Type 08), and all admissions of MA recipients to rehabilitation hospitals (Provider Type 12), rehabilitation units of general hospitals (Providers Type 12), drug and alcohol detoxification rehabilitation units (Provider Type 12), drug and alcohol rehabilitation hospitals (Provider Type 12), psychiatric hospitals (Provider Type 13), psychiatric units of general hospitals (Provider Type 13), extended acute psychiatric care units of general hospitals (Provider Type 53), and residential treatment facilities (Provider Type 53). For example, if the recipient was admitted on Friday, the facility must

contact the Department before the Department's phone lines close on Tuesday. If Monday was a holiday, the contact must be made before the Department's phone lines close on Wednesday. The procedure for obtaining PSR certification for elective admissions to general hospitals, short procedure units and ambulatory surgical centers remains unchanged. The facility or practitioner should call the toll-free number to certify an elective admission before the service is provided. When finished with one admission certification process, the provider can be transferred to another. (See the attached Admission Certification Chart at the end of this bulletin to help you identify which process you should access based upon your provider type and whether the admission is elective, urgent, or emergency).

When calling the Admission Certification toll free number, the hospital utilization coordinator must be prepared to supply the following information:

1. The recipient's Medical Assistance Identification (MAID) Number (admissions cannot be certified if the recipient is not eligible or the MAID number is incorrect).
2. The facility's MAID number.
3. The practitioner's MAID number.
4. The practitioner's license number.
5. Second opinion number (if a PSR admission and applicable).
6. Admission class.
7. Admission date.
8. The ICD-9-CM diagnosis code(s).
9. The ICD-9-CM procedure code (s) if applicable, or the HCPC code, if an SPU/ASC admission.
10. The medical indications/information to support the need for the admission. Prior management.
11. The treatment prescribed/planned.
12. Late pickup information (if applicable).
13. The initial length of stay if a CHR admission.
14. Prior admission information for any discharge within 31 days of this admission.
15. Transfer information (if applicable).

If the medical necessity for the inpatient care is evident and all of the information is correct, the nurse reviewer will certify the admission or, if a concurrent review, will certify the initial length of stay and determine a tentative discharge date.

For PSR, DRG, and CHR cases, a certification number will be generated along with a notification letter which will go to the practitioner and the hospital. For PSR cases a letter will also be generated to the recipient. PSR and DRG cases will receive the letter shortly after certification by the nurse reviewer; for CHR cases, the letter will be generated when the hospital no longer requests a continued stay. To request continued stay review, the hospital must contact the CHR Unit prior to the expiration of the initial length of stay. In all cases, the hospital and practitioner must use the 10-digit approval number on the invoice when billing for the services provided.

If the medical necessity or compensability for the admission is not evident, the Department's nurse reviewer will request additional information, and/or refer the case to a physician reviewer following the existing review procedures. Additional information should be submitted to the Department by telephone within 14 calendar days of the date the information is requested.

Providers should continue to follow the late pickup process to request admission certification in cases in which the MA eligibility was not anticipated at the time of admission and determination was made during the hospital stay or after discharge. The hospital should continue to submit MA-87 forms for all admissions including late pickups that occurred before August 1, 1992.

1. The patient is not eligible for Medical Assistance (MA) at the time of admission but obtains eligibility during the admission or following discharge from the facility.
  - a. If the patient obtains MA eligibility during the hospital stay, the hospital must notify the Department within two working days of the notification of MA eligibility.
  - b. If the patient obtains MA eligibility after admission, the certification request must be made within 30 calendar days of the date the facility was notified of MA eligibility.

2. The patient has both private insurance and MA and the private insurance was expected to make total payment. However, the private insurance rejected the claim, or only made a partial payment for the admission.
  - a. If the insurance rejection occurs while the individual is still hospitalized, the hospital must request admission certification within two working days of the notification of the rejection.
  - b. If the insurance was expected to pay but rejected the claim, or paid less than the Department's fee and the individual has been discharged, the admission certification must be made within 30 calendar days of the date the facility receives the Explanation of Benefits (EOB) from the other insurance.

If the admission certification request for a late pick-up is not made within the specified time period, the request is denied.

The Department will allow a grace period initially for DRG and CHR admissions to allow adjustment to the new system. The grace period will not apply to PSR admissions since that process is not changing. Once your facility is notified that the grace period is over, if the facility fails to notify the Department within two working days of the admission of an MA recipient and the case does not qualify as a late pickup, a penalty will be imposed. For urgent/emergency admissions to general hospitals, SPU's and ASC's the penalty will be a 50% reduction of the base DRG payment for Provider Type 11 or 50% of the support component for Provider Types 06 and 08. For CHR cases, the penalty will be a reduction in the corresponding number of days certified for the initial length of stay. The number of days the hospital is late in calling will be deducted from the number of days certified for the initial length of stay. The grace period for DRG and CHR admissions only applies to the two-day time frame for requesting admission certification. All other time frames must be met.

Admission Certification Manuals for the automated CHR and DRG processes will be issued in the future for insertion into the provider handbook. The Department expects the on-line method of admission certification to be a faster, more efficient way of performing utilization review, eliminating the delays that could result from the processing of the MA-87 form.

**As a reminder:**

This change in process will not affect the Department's retrospective review process. All inpatient admissions are subject to retrospective review by the Bureau of Quality Assurance. If the retrospective review determines that there are violations of MA regulations, the Department will deny payment for services whether or not the admission was previously certified.

The complete medical record is used to evaluate the services and quality of care rendered to patients. Therefore, we recommend that you keep records that are accurate, legible, and completely reflect the chronological evaluation and treatment of the patient.

**MEDICAL ASSISTANCE  
ADMISSION CERTIFICATION \*  
1-800-962-8080**

Provider Types – 06, 08, and 11		Provider Types – 12, 13, 53
PSR Elective Admissions	DRG Urgent or Emergent Admissions	CHR Elective, Urgent or Emergent Admissions
Request Certification PRIOR TO ADMISSION	Request Certification AFTER ADMISSION	Request Certification AFTER ADMISSION
The facility or practitioner may request certification. Certification must be obtained prior to admission.	The facility must request certification within 2 working days of admission.	The facility must request admission certification within 2 working days of admission.
Provider Types 06 and 08  The admission certification number is entered in item 43 of the MA 319 or MA 319C Physician's Invoice or Medical Services/Supplies Invoice.	Provider Type 11  The Admission Certification number is entered in item 59 of the MA 310 or MA 310C Inpatient Invoice.	Provider Types 12, 13, and 53  The admission certification number is entered in item 59 of the MA 310 or MA 310C Inpatient Invoice.

\* Unless exempted from admission certification.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Division of Inpatient Operations  
P.O. Box 8171  
Harrisburg, Pennsylvania 17105

717-782-6020

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).