

1/1/05 INPATIENT HOSPITAL SERVICES: Inpatient hospital days are limited to 45 per fiscal year per patient 21 years of age or over. There is no limit for patients under 21 years of age.

Inpatient hospital days for patients 21 years of age or older are exempt from the 45 day per fiscal year limit when services are related to the treatment of Tuberculosis provided by a public health hospital, currently known as A.G. Holley Hospital.

Excludes experimental procedures and cosmetic surgery. Sterilization procedures which meet federal requirements and abortion procedures meeting federal requirements are allowed.

Claims that meet emergency criteria in the Balanced Budget Act of 1997 may be considered for reimbursement beyond the 45-day inpatient limit.

Inpatient hospital admissions for psychiatric services for all ages require prior authorization from a peer review organization (PRO) under contractual agreement with Medicaid to perform such services. Emergencies do not require prior approval, but a certificate of need is required within 24 hours of the admission.

Elective inpatient hospital admissions for medical, surgical, and rehabilitative services for patients 21 years of age or older, require prior authorization from a peer review organization (PRO) under contractual agreement with Medicaid to perform such services. Excluded from the prior authorization requirement are:

1. Emergency admissions;
2. Urgent admissions;
3. Admissions for
 - a. Recipients under the age of 21;
 - b. Recipients covered by Medicaid managed care plans other than fee-for-service or MediPass;
 - c. Recipients with any Medicare coverage;
 - d. Child Health Check-Up (EPSDT) recipients screened within one year of an inpatient admission; and
 - e. Newborn deliveries.

For dates of service January 1, 2010, and after, for all Medicaid patients, requests for prior authorization of additional inpatient hospital days attributable to a Medicare identified hospital acquired condition not present on admission will be denied by the Peer Review Organization (PRO) and are not reimbursable. Inpatient hospital days denied by the PRO for a hospital acquired condition should be excluded from the hospital cost report, Attachment 4.19-A, Part 1 of the Medicaid State Plan

For purposes of the plan, elective surgery is defined as those surgical procedures that can be safely deferred without:

1. Threatening the life of the recipient, or
2. Causing irreparable physical damage, or
3. Resulting in the loss or serious impairment of a bodily function, or
4. Resulting in irretrievable loss of growth and development.

An inpatient hospital admission for an adult (age 21 or over) heart transplant procedure requires prior authorization from the Medicaid office, not a peer review contractor. A Medicaid program medical consultant makes the decision regarding whether a patient's transplant procedure meets the above criteria.

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