

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-41-.10

Rule Title: Inpatient Utilization Review

\_\_\_\_\_ New Rule; X Amend; \_\_\_\_\_ Repeal; \_\_\_\_\_ Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? \_\_\_\_\_ no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? \_\_\_\_\_ yes

Is there another, less restrictive method of regulation available that could adequately protect the public? \_\_\_\_\_ no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? \_\_\_\_\_ no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? \_\_\_\_\_ no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? \_\_\_\_\_ yes

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Does the proposed rule have any economic impact? \_\_\_\_\_ no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: 6/22/2015

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**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-41-.10 Inpatient Utilization Review

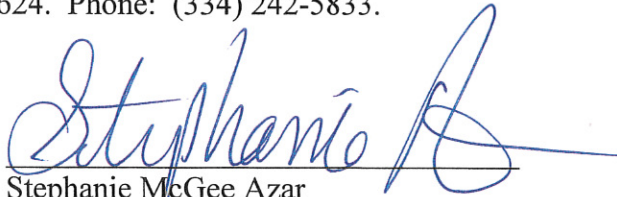
**INTENDED ACTION:** Amend 560-X-41-.10

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to reference ICD-10.

**TIME, PLACE, MANNER OF PRESENTING VIEWS:** Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:** Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than August 4, 2015.

**CONTACT PERSON AT AGENCY:** Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Phone: (334) 242-5833.



Stephanie McGee Azar  
Acting Commissioner

**Rule No. 560-X-41-.10 Inpatient Utilization Review**

(1) The determination of the level of care will be made by a licensed nurse of the hospital staff.

(2) Five percent of all admissions and concurrent stay charts will be retrospectively reviewed by the Medicaid Agency or designee on a monthly basis.

(3) For an individual who is a Medicaid recipient at the time of admission, the attending physician must sign a Psychiatric Admission form indicating the medical necessity of the admission.

(4) For an individual who applies for Medicaid while in the facility, the Psychiatric Admission form must be signed by the attending physician at the time application for Medicaid is made.

(5) The following information shall be included on the Psychiatric Admission form:

(a) Recipient information:

1. admitting diagnosis;
2. events leading to hospitalization;
3. history of psychiatric treatment;
4. current medications;
5. physician orders;
6. presenting signs and symptoms.

(b) Events leading to present hospitalization

(c) Diagnosis ~~(within the ICD-9 range of 290-316 (dates services prior and up to September 30, 2015) or ICD-10 range of F01.50 – F69, F80.0-F99, G44.209, H93.25, R37, R45.1-R45.2, R45.5-R45.82, R480, Z87.890 (dates of services October 1, 2015 and forward)~~

(d) History and physical

(e) Mental and physical capacity

(f) Summary of present medical findings including prognosis

(g) Plan of care.

(6) Medicaid's Psychiatric Criteria for Psych Under 21 will be utilized in reviewing whether the admission and continued stay were appropriately billed.

**Author:** Solomon Williams, Associate Director, Institutional Services

**Statutory Authority:** Title XIX, Social Security Act; State Plan, Attachment 3.1-A, pp. 7, 7.16; 42 CFR, Section 456.170-.171.

**History:** Rule effective September 13, 1989. **Amended:** August 21, 1991; November 13, 1991; June 14, 1994; September 11, 2000. **Amended:** Filed September 21, 2001; effective December 14, 2001. **Amended:** Filed July 20, 2012; effective October 16, 2012. **Amended:** Filed June 22, 2015.