

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-5-.10 Inpatient Utilization Review

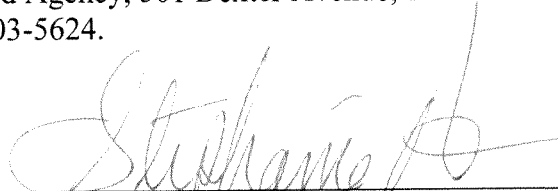
INTENDED ACTION: Amend 560-X-5-.10 (4) (c)

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to remove Diagnosis code range 290-316 as it is not applicable to the program.

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 November 5, 2013.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-5-10. 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 applies for Medicaid while in the facility, a Psychiatric Admission form must be signed by the attending physician at the time application for Medicaid is made.
- (4) 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 range 290-316)
 - ~~(d)~~ History and physical
 - ~~(e)~~ Mental and physical capacity
 - ~~(f)~~ Summary of present medical findings including prognosis
 - ~~(g)~~ Plan of care.
- (5) Medicaid's Psychiatric Criteria for Age 65 or Over will be utilized in reviewing whether the admission and continued stay were appropriately billed.

Author: Jan Sticka, Program Manager, Inpatient QI Program

Statutory Authority: 42 C.F.R. Section 456.171.

History: Rule effective October 12, 1995. The effective date of this amendment is November 10, 1997. **Amended:** Filed July 20, 2012; effective October 16, 2012. **Amended:** Filed September 20, 2013.