

- (9) A "SURGICAL ADMISSION" IS AN ADMISSION TO A HOSPITAL IN WHICH SURGERY IS PERFORMED AS PART OF THE TREATMENT PLAN.
- (10) A "MEDICAL ADMISSION" IS A NONSURGICAL, NONPSYCHIATRIC, AND NONMATERNITY ADMISSION.
- (11) "SAME-DAY SURGERY" IS DEFINED AS SURGERY SCHEDULED AND COMPLETED ON THE DAY OF ADMISSION, WITH INPATIENT POSTOPERATIVE DAYS REQUIRED.
- (12) "PRE-CERTIFICATION" IS A PROCESS WHEREBY ODHS (OR ITS CONTRACTUAL DESIGNEE) ASSURES THAT COVERED MEDICAL AND PSYCHIATRIC SERVICES, AND COVERED SURGICAL PROCEDURES ARE MEDICALLY NECESSARY AND ARE PROVIDED IN THE MOST APPROPRIATE AND COST EFFECTIVE SETTING. SINCE IT MAY BE DETERMINED THAT AN INPATIENT STAY IS NOT REQUIRED FOR THE PROVISION OF THAT COVERED MEDICAL OR COVERED SURGICAL CARE, THE LOCATION OF SERVICE DELIVERY MAY BE ALTERED AS A RESULT OF PRE-CERTIFICATION. THE PAYMENT OF THAT TREATMENT OR PROCEDURE IS CONTINGENT UPON THE ACCEPTANCE OF THE REVIEW AGENCY'S RECOMMENDATION ON THE APPROPRIATE LOCATION OF SERVICE, AND MEDICAL NECESSITY OF THE ADMISSION AND/OR PROCEDURE. THE DEPARTMENT WILL MAIL THE PRECERTIFICATION LIST AND STANDARDS OF MEDICAL PRACTICE TO ALL PROVIDERS THIRTY DAYS IN ADVANCE OF REQUIRING PRE-CERTIFICATION.

(B) GUIDELINES FOR PRE-CERTIFICATION

- (1) THE DECISION THAT THE PROVISION OF ELECTIVE DIAGNOSTIC AND/OR THERAPEUTIC CARE IS MEDICALLY NECESSARY WILL BE BASED UPON NATIONALLY RECOGNIZED STANDARDS OF MEDICAL PRACTICE, DERIVED FROM INDICATORS OF SEVERITY OF ILLNESS AND INTENSITY OF SERVICES. BOTH SEVERITY OF ILLNESS AND INTENSITY OF SERVICE MUST BE PRESENT TO JUSTIFY PROPOSED CARE. WHEN INDICATED, DETERMINATIONS WILL ALSO INCLUDE A CONSIDERATION OF RELEVANT AND APPROPRIATE PSYCHO-SOCIAL FACTORS.

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(2) THE INDIVIDUAL CIRCUMSTANCES OF EACH PATIENT IS TAKEN INTO ACCOUNT WHEN MAKING A DECISION ABOUT THE APPROPRIATENESS OF A HOSPITAL ADMISSION. ISSUES THAT WILL BE CONSIDERED IN MAKING THE DECISION ABOUT WHETHER OR NOT AN ADMISSION IS MEDICALLY NECESSARY INCLUDE PSYCHO-SOCIAL FACTORS AND FACTORS RELATED TO THE HOME ENVIRONMENT INCLUDING PROXIMITY TO THE HOSPITAL AND THE ACCESSIBILITY OF ALTERNATIVE SITES OF CARE; THESE ISSUES MUST BE FULLY DOCUMENTED IN THE MEDICAL RECORD IN ORDER TO BE CONSIDERED AS PART OF THE REVIEW.

(C) PRE-CERTIFICATION OF MEDICAL AND SURGICAL SERVICES PROVIDED IN AN INPATIENT OR OUTPATIENT SETTING.

(1) ADMISSION FOR INDIVIDUALS WHO ARE MEDICAID ELIGIBLE AT THE TIME OF THE ADMISSION AND WHO DO NOT MEET ANY OF THE EXEMPTIONS IN PARAGRAPH (C)(2) OF THIS RULE MUST BE CERTIFIED BY THE REVIEWING AGENCY (ODHS OR ITS CONTRACTUAL DESIGNEE) PRIOR TO AN ADMISSION TO A HOSPITAL AS DEFINED IN PARAGRAPH (A)(7) OF THIS RULE.

(2) EXCLUDED FROM THE PRE-CERTIFICATION PROCESS ARE:

(a) EMERGENCY ADMISSIONS, WITH THE EXCEPTION OF EMERGENCY PSYCHIATRIC ADMISSIONS.

(b) SUBSTANCE ABUSE ADMISSIONS.

(c) MATERNITY ADMISSIONS.

(d) RECIPIENTS ENROLLED IN HEALTH MAINTENANCE ORGANIZATIONS UNDER CONTRACT TO THE DEPARTMENT FOR PROVISION OF HEALTH SERVICES TO RECIPIENTS.

(e) PHYSICIANS AND HOSPITALS WHICH ARE LOCATED IN NONCONTIGUOUS STATES.

(f) ELECTIVE CARE THAT IS PERFORMED IN A HOSPITAL INPATIENT SETTING ON A PATIENT WHO IS ALREADY HOSPITALIZED FOR A MEDICALLY NECESSARY CONDITION UNRELATED TO THE ELECTIVE CARE OR WHEN AN UNRELATED

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PROCEDURE WHICH DOES NOT REQUIRE PRE-CERTIFICATION IS BEING PERFORMED SIMULTANEOUSLY.

- (g) PERSONS WHOSE ELIGIBILITY IS PENDING AT THE TIME OF ADMISSION OR WHO MAKE APPLICATION FOR MEDICAID SUBSEQUENT TO ADMISSION.
 - (h) PATIENTS WHO ARE JOINTLY ELIGIBLE FOR MEDICARE AND MEDICAID AND WHO ARE BEING ADMITTED UNDER THE MEDICARE "PART A" BENEFIT.
 - (i) PATIENTS WHO ARE ELIGIBLE FOR BENEFITS THROUGH A THIRD PARTY INSURANCE AS THE PRIMARY PAYER FOR THE SERVICES SUBJECT TO PRE-CERTIFICATION.
 - (j) TRANSFERS FROM ONE HOSPITAL TO ANOTHER HOSPITAL WITH THE EXCEPTION OF THOSE HOSPITALS IDENTIFIED FOR INTENSIFIED REVIEW IN ACCORDANCE WITH PARAGRAPH (C)(1) OF RULE 5101:3-2-0713 OF THE ADMINISTRATIVE CODE.
 - (k) ADMISSIONS FOR THOSE ELECTIVE SURGICAL PROCEDURES OR DIAGNOSES WHICH ARE NOT INCLUDED IN THE DEPARTMENT'S PRE-CERTIFICATION LIST.
 - (l) IF THE PATIENT IS NOT IDENTIFIED AS A MEDICAID RECIPIENT AT THE TIME OF AN ELECTIVE ADMISSION OR PROCEDURE. HOWEVER, EVERY EFFORT SHOULD BE MADE BY BOTH THE ATTENDING AND/OR ADMITTING PHYSICIANS AND HOSPITAL PROVIDERS TO IDENTIFY MEDICAID RECIPIENTS BEFORE AN ADMISSION OR PROCEDURE THAT REQUIRES PRECERTIFICATION.
- (3) THE PROVIDER MUST REQUEST PRE-CERTIFICATION FOR AN ADMISSION AND/OR PROCEDURE THAT DOES NOT MEET THE EXEMPTION CRITERIA LISTED IN PARAGRAPHS (C)(2)(a) TO (C)(2)(l) OF THIS RULE AND IS ON THE DEPARTMENT'S PRE-CERTIFICATION LIST WITH A TELEPHONE CALL TO THE REVIEWING AGENCY. THE REVIEWING AGENCY IS TO MAKE A DECISION ON A PRE-CERTIFICATION REQUEST WITHIN THREE WORKING DAYS OF RECEIPT OF A PROPERLY SUBMITTED REQUEST, WHICH IS TO INCLUDE THE INFORMATION ADDRESSED IN THE STANDARDS OF MEDICAL

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PRACTICE. "RECEIPT OF A PROPERLY SUBMITTED REQUEST" MEANS THAT ALL INFORMATION NEEDED BY THE REVIEWING AGENCY TO MAKE A DECISION BASED UPON THE GUIDELINES IN PARAGRAPH (B) OF THIS RULE HAS BEEN PROVIDED TO THE REVIEWING AGENCY. PHYSICIANS SHALL MAKE ALL NEGATIVE DECISIONS. THE REVIEWING AGENCY SHALL NOTIFY IN WRITING THE RECIPIENT, THE REQUESTING PHYSICIAN, THE HOSPITAL, AND ODHS OF ALL DECISIONS. THE REVIEWING AGENCY MUST PROVIDE THAT WRITTEN NOTICE IS SENT TO THE REQUESTING PHYSICIAN, RECIPIENT, AND HOSPITAL BY THE CLOSE OF THE FOURTH WORKING DAY AFTER THE REQUEST IS RECEIVED.

(D) PRE-CERTIFICATION PSYCHIATRIC.

(1) GENERAL INFORMATION.

THE FOLLOWING DEFINITIONS PERTAIN TO PSYCHIATRIC ADMISSIONS:

- (a) A "PSYCHIATRIC ADMISSION" IS AN ADMISSION OF AN INDIVIDUAL TO A HOSPITAL WITH A PRIMARY DIAGNOSIS OF MENTAL ILLNESS AND NOT A MEDICAL OR SURGICAL ADMISSION. A DISCHARGE FROM A MEDICAL/SURGICAL UNIT AND AN ADMISSION TO A DISTINCT PART PSYCHIATRIC UNIT WITHIN THE SAME FACILITY IS CONSIDERED TO BE A PSYCHIATRIC ADMISSION AND IS SUBJECT TO PRE-CERTIFICATION.
- (b) AN EMERGENCY PSYCHIATRIC ADMISSION IS AN ADMISSION WHERE THE ATTENDING PSYCHIATRIST BELIEVES THAT THERE IS LIKELIHOOD OF SERIOUS HARM TO THE PATIENT OR OTHERS AND THAT THE PATIENT REQUIRES BOTH INTERVENTION AND A PROTECTIVE ENVIRONMENT IMMEDIATELY.

(2) ALL PSYCHIATRIC ADMISSIONS FOR INDIVIDUALS WHO ARE MEDICAID ELIGIBLE AT THE TIME OF THE ADMISSION MUST BE CERTIFIED BY THE REVIEWING AGENCY (ODHS OR ITS CONTRACTUAL DESIGNEE) PRIOR TO AN ADMISSION TO A HOSPITAL OR BY THE NEXT WORKING DAY AFTER THE ADMISSION HAS OCCURRED.

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- (3) THE PROVIDER MUST REQUEST PRE-CERTIFICATION FOR A PSYCHIATRIC ADMISSION WITH A TELEPHONE CALL TO THE REVIEWING AGENCY. THE REVIEWING AGENCY IS TO MAKE A DECISION ON A PRE-CERTIFICATION REQUEST WITHIN THREE WORKING DAYS OF RECEIPT OF A PROPERLY SUBMITTED REQUEST, WHICH IS TO INCLUDE THE INFORMATION ADDRESSED IN THE STANDARDS OF MEDICAL PRACTICE. "RECEIPT OF A PROPERLY SUBMITTED REQUEST" MEANS THAT ALL INFORMATION NEEDED BY THE REVIEWING AGENCY TO MAKE A DECISION BASED UPON THE GUIDELINES SET FORTH IN PARAGRAPH (B) OF THIS RULE HAS BEEN PROVIDED TO THE REVIEWING AGENCY. PHYSICIANS SHALL MAKE ALL NEGATIVE DECISIONS. THE REVIEWING AGENCY SHALL NOTIFY THE RECIPIENT, THE REQUESTING PHYSICIAN, THE HOSPITAL, AND ODHS OF ALL DECISIONS IN WRITING BY THE CLOSE OF THE FOURTH WORKING DAY AFTER THE REQUEST IS RECEIVED.
- (E) A CERTIFICATION THAT AN INPATIENT STAY IS NECESSARY FOR THE PROVISION OF CARE AND/OR A PROCEDURE IS MEDICALLY NECESSARY DOES NOT GUARANTEE PAYMENT FOR THAT SERVICE. THE INDIVIDUAL MUST BE A MEDICAID RECIPIENT AT THE TIME THE SERVICE IS RENDERED AND THE SERVICE MUST BE A COVERED SERVICE.
- (F) DECISIONS MADE BY THE MEDICAL REVIEW ENTITY AS DESCRIBED IN THIS RULE ARE APPEALABLE TO THE MEDICAL REVIEW ENTITY AND ARE SUBJECT TO THE RECONSIDERATION PROCESS DESCRIBED IN RULE 5101:3-2-0712 OF THE ADMINISTRATIVE CODE.
- (G) RECIPIENTS HAVE A RIGHT TO A HEARING IN ACCORDANCE WITH CHAPTER 5101:6 OF THE ADMINISTRATIVE CODE. THIS HEARING IS SEPARATE AND DISTINCT FROM THE PROVIDER'S APPEAL, AS DESCRIBED IN PARAGRAPH (F) OF THIS RULE.

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PROMULGATED UNDER RC CHAPTER 119.

STATUTORY AUTHORITY RC SECTION 5111.02

RULE AMPLIFIES RC SECTIONS 5111.01 AND 5111.02

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RESOUNDED

5101:3-2-41 Guidelines for preadmission certification.

The decision that an inpatient stay is required for the provision of medical, PSYCHIATRIC, or surgical care will be based upon nationally recognized standards of medical practice, derived from indicators of intensity of service and severity of illness. When indicated, determinations will also include a consideration of relevant and appropriate psycho-social factors.

This rule details the guidelines that ODHS (or its contractual designee) shall use to determine if a hospital stay is needed when the recipient receives either medical, PSYCHIATRIC, or surgical elective care. For a surgical admission, paragraphs (A) to (D) of this rule are to be used. For a medical admission, paragraphs (B) to (D) OF this rule are to be used. FOR A PSYCHIATRIC ADMISSION PARAGRAPHS (B), (C), AND (E) OF THIS RULE ARE TO BE USED.

- (A) To determine whether inpatient days are needed for an elective surgical procedure, the following guidelines will be used. For the purpose of this rule, "elective surgery" is surgery that need not be performed on an emergency basis as described in paragraph (A)(1) of rule 5101:3-2-40 of the Administrative Code because reasonable delays will not adversely affect the outcome of surgery. It should be understood that such surgery may be major.
- (1) If a procedure requires the patient to have skilled or intensive services beyond the postoperative period, then the admission may be certified as a result of the intensity of service guidelines described in paragraph (C) of this rule.
 - (2) The potential for postoperative complication may allow the admission to be certified. ODHS or its contractual designee shall review the following to determine the potential for postoperative complications.
 - (a) Probability of occurrence.
 - (b) Seriousness of a potential complication.
 - (c) Need for early detection of a particular complication.

RESCINDED

- (3) Use of major anesthesia in conjunction with certain preexisting conditions will be considered as a potential justification for admission.
- (4) Length of time anesthesia is required will be considered as a potential justification of admission.
- (5) If functions of activities of daily living are severely limited beyond the immediate postoperative phase, this will be considered as a potential justification for admission.

(B) Individual's situation.

The individual circumstances of each patient is taken into account when making a decision about the appropriateness of a hospital admission. If fully documented in the medical record, psycho-social factors, and factors related to the home environment including proximity to the hospital, and the accessibility of alternative sites of care can influence the decision about whether or not an admission is necessary.

(C) Intensity of services.

Consideration will be given to whether or not the following services must be provided in conjunction with the procedure. In some instances the necessity of these services justifies an admission.

- (1) Reverse isolation.
- ~~(2) Initial or stabilization of anticoagulant therapy.~~
- ~~(3) Administration of volume expanders.~~
- ~~(4) Invasive OR CARDIAC monitoring device needed (i.e., Swan-Gantz).~~
- ~~(5) Cardiac monitoring device needed.~~
- ~~(6) INTENSIVE MONITORING OF Need to monitor vital signs and/or neurological status.~~
- ~~(7) Continuous respiratory RESPIRATORY assistance needed CONTINUOUSLY OR, including intensive respiratory therapy required at frequent intervals.~~

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- ~~(8)~~ (6) INTENSIVE URINARY ~~Urinary~~ output monitoring at ~~least~~ every hour.
- ~~(9)~~ (7) Control of hemorrhage.
- ~~(10)~~ (8) Initial tracheostomy care/ENDOTRACHEAL SUCTIONING AND/OR LAVAGE.
- ~~(11)~~ (9) Implantation of radioactive materials greater than a minimal number of millicuries.
- ~~(12)~~ (10) Gastric or intestinal intubation for drainage or initial feeding.
- ~~(13)~~ (11) Continuous skeletal/skin/pelvic/sternal traction or Crutchfield tongs.
- ~~(14)~~ ~~Endotracheal suctioning and/or lavage.~~
- ~~(15)~~ (12) Chest tube in place to underwater drainage.
- ~~(16)~~ (13) Unstable arterial blood gases.
- ~~(17)~~ (14) IV electrolyte replacement OR IV THERAPY WHICH REQUIRES PHYSICIAN MONITORING.
- ~~(18)~~ ~~Intravenous therapy which requires physician monitoring.~~
- ~~(19)~~ (15) ~~Oral drug therapy~~ MEDICATIONS requiring close observation for regulation of dosage/~~potentially dangerous side effects~~ OR LIFE-THREATENING TOXIC REACTION.
- ~~(20)~~ (16) A controlled environment required for testing.
- ~~(21)~~ (17) Control of intraocular pressure.
- ~~(22)~~ ~~Chemotherapeutic agents that require continuous observation for life threatening toxic reaction.~~
- (18) REQUIRES CONTINUAL OBSERVATION.

(D) Severity of illness.

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- (1) If the individual has chronic health problems that are unstable and increase the risk of complications when care is provided in the outpatient SETTING ~~mode~~ then the admission may be certified. Chronic health problems which will be taken into consideration in making the decision about an admission include:
 - (a) Insulin dependent diabetes.
 - (b) Cardiac disease.
 - (c) Renal disease.
 - (d) Chronic obstructive pulmonary disease.

- (2) The severity of the illness also must be considered and indicators of how ill the person is shall be reviewed in conjunction with all other guidelines. Consideration will be given to the following signs and/or symptoms in making a decision about an admission.
 - (a) Recent and/or sudden onset of unconsciousness or disorientation.
 - (b) Pulse rate.
 - (c) Systolic/diastolic blood pressure measurement.
 - (d) Acute loss of sight or hearing.
 - (e) Acute loss of ability to move a body part.
 - (f) Temperature.
 - (g) Uncontrolled bleeding.
 - (h) Severe electrolyte imbalance.
 - (i) Acute or progressive sensory, motor, circulatory, gastrointestinal or respiratory embarrassment sufficient to interfere with activities of daily living.
 - (j) Wound dehiscence or evisceration.