

Inpatient Acute Care Admissions – Certification for Transplant Procedure Admission

Objective:

Determine the medical necessity and quality of services to be provided for transplant beneficiaries in an acute inpatient Medical/Surgical hospital setting, the appropriateness of the setting, the number of days reasonably required to treat the beneficiary's condition. Pre-approval for the actual transplant procedure is addressed in the Review of Applications for Transplant Policy and Procedure.

Performed By:

Quality Manager (QM)
Quality Review Nurse/Transplant Case Manager (QRN/TCM)
Medical Director (MD) and/or Associate Medical Director (AMD)
Physician Advisors (PA)

Policy:

Kidney Transplants

Admission, continued stay and retrospective reviews for kidney transplant beneficiaries will be reviewed by a Utilization Review Coordinator (URC) and follow the inpatient acute process as outlined in the Inpatient Acute Care Admissions-Precertification Review, Inpatient Acute Care Admissions-Concurrent Review, and Inpatient Acute Care Admissions-Retrospective Review Policies and Procedures.

Hematopoietic stem cell (from marrow or peripheral blood), Heart, Lung, Liver, and Small Bowel Transplants

All precertifications and continued stays for a transplant admission only and retrospective reviews for beneficiaries pre-approved by HSM for any of the following types of transplant procedures must be reviewed by the Quality Review Nurse/Transplant Case Manager (QRN/TCM): hematopoietic stem cell (from marrow or peripheral blood), heart, lung, liver, and small bowel transplants. All review determinations of these types must meet InterQual criteria and if not they will be referred for physician review. The timeframes and methods for submission of these types of reviews as well as timeframes for notification of review determinations are the same as the *Inpatient Acute Care Admissions-Precertification Review*, *Inpatient Acute Care Admissions Concurrent Review* and *Inpatient Acute Care Admission Retrospective Review* Policies and Procedures.

The beneficiary/representative, the facility and the physician have a right to request a reconsideration of any denial decision. The request for reconsideration may be submitted by telephone, FAX, or mail to HSM within thirty (30) calendar days of the date on the denial notice for non-expedited reconsiderations. Expedited reconsiderations must be submitted within three (3) business days of the denial notice. Refer to the *Reconsideration Process* Policy and Procedure section of this manual for additional information.

Procedure: Precertification of Non-emergency and Emergency Transplant Admissions

1. Facilities/Physicians submit a request for precertification to HSM prior to admission if the admission is planned, elective or non-emergent. Urgent admissions that occur to prevent an emergency condition from developing should also be certified prior to the admission.

Exceptions to urgent admission precertification may include an admission late Friday afternoon or on the weekend in which the case should be certified on HSM's next business day post admission. Emergency admissions should be certified with HSM the next business day post admission. This request may be submitted via the web, telephone, FAX, or mail. To expedite the certification process, HSM encourages facilities/physicians to utilize the web option. For telephonic review, having a completed HealthSystems of Mississippi Medicaid Admission Review Form available at the time of the call will significantly reduce the amount of time necessary to complete the precertification process. If the FAX or mail submission method is chosen by the facility/physician, a completed HealthSystems of Mississippi Medicaid Admission Review Form must be used to submit the request.

2. If the FAX or mail method is chosen for submitting a review request, the non-clinical review staff (clerical staff) review the form(s) to ensure that the non-clinical information on the form is complete, is legible, all pages are received, and the form is completed in all applicable areas (i.e., beneficiary's Medicaid number, physician's name and phone number, requestor's name and phone number, all applicable spaces on form are filled in, all pages of the review form were received, etc.) If it is incomplete or not legible, the non-clinical staff notifies the requestor verbally by telephone. The non-clinical review staff attempts telephone contact two (2) times and documents the attempts in the electronic tracking notes screen.

Depending on the time of day a FAXed review request is received and tracked into HSM's data system, the non-clinical staff allows either three (3) hours from the time of verbal notification or until 12:00 p.m. (CST) the next business day, whichever is longer, for receipt of the necessary information to initial review.

If the information is not received within the applicable timeframe, the non-clinical staff issues written notification (Lack of Information – Unable to Initiate Review) to the requestor that the review process cannot be initiated and that all information will have to be resubmitted to reinstate the review process.

3. Once the necessary information is received, the review request is forwarded to the Quality Review Nurse/Transplant Case Manager (QRN/TCM).
4. Upon receipt of the request, HSM's QRN/TCM verifies beneficiary eligibility and remaining inpatient hospital benefits. Facility and attending physician identification is also verified by the QRN/TCM, including telephone and FAX numbers. If the beneficiary is not eligible or has no remaining inpatient hospital benefits, the QRN/TCM notifies the facility/physician via telephone with written follow-up, (Notice of Receipt of Certification Request - Non-Medicaid Beneficiary or Benefits Exhausted) and ends the review process.
5. If the beneficiary has remaining inpatient hospital benefits and is eligible for Medicaid, the QRN/TCM will assess the case to determine if there is sufficient clinical information to make a determination, i.e., all necessary information was provided. If no the QRN/TCM requests additional information via telephone and in writing (Request for Additional Information) or via the web (if initial request was submitted via the web) within twenty-four (24) hours [one (1) business day if the request is received on a Friday or the day before a holiday] of receipt of the request and pends the review. The facility/attending physician has three (3) business days to submit the requested information. If the beneficiary has already been admitted to the facility, the facility/physician has twenty-four (24) hours to submit the requested information.
6. If the requested information is not received by HSM within the twenty-four (24) hour or three (3) business day timeframe, the QRN/TCM will close the case. A Notice of Incomplete Information - Certification Review Suspended is sent to the facility/attending physician

informing each party that the case has been closed. Once all available information has been received, the QRN/TCM performs review of the case to:

- evaluate the proposed admission for medical necessity and appropriateness of the setting by screening the information contained in the request against the following criteria:
 - ⇒ InterQual's ISD-AC Severity of Illness (SI), and Intensity of Service (IS) criteria for Medical/Surgical Admissions.
 - ⇒ InterQual's ISP - Indications for Surgery and Procedures criteria for appropriateness of surgery and procedure.
 - evaluate the quality of care through application of appropriate quality screens as described in the *Quality Assurance and Utilization Review: Quality Screening Policy and Procedure* included in this manual to ensure that care proposed to be provided meets professionally recognized standards of care.
 - verify that the DOM/provider transplant agreement is on file at HSM and that the agreement is with the facility requesting precertification if the admission is for the transplant procedure.
7. The QRN/TCM will review the request and if it does not meet criteria the case will be referred to a physician for review.
 8. The physician reviews the case and all available information and, if necessary, contacts the attending physician to obtain additional information. A period of twenty-four (24) hours is allowed for submission of additional information. The physician and/or the QRN/TCM request the information from the facility or physician via telephone with written follow-up (Request for Additional Information) or via the web (if initial request was submitted via the web). The case is then routed to and pended by the QRN/TCM.

If the requested information is not received by HSM within twenty-four (24) hours, the QRN/TCM will close the case. A Notice of Incomplete Information – Certification Review Suspended is sent to the facility/attending physician informing each party that the case has been closed. When the needed information is received, the case is returned to the physician for review.

9. The physician makes a determination based on practice standards, and his/her clinical experience and judgment. If the physician contacted the attending physician, he/she also documents the results of the contact.

If the physician's initial determination is to deny, verbal notification to the agency and/or the physician is made. Physicians call the attending physician two (2) times prior to issuance of written denial determination. If no contact occurs because the physician is not available, HSM proceeds with issuance of the denial notification letter to maintain review timeframe completion requirements. During attempted telephone contacts the physician provides verbal instructions and contact information, affording the attending physician an opportunity to discuss the case (peer-to-peer conversation). HSM makes every attempt to arrange a peer-to-peer conversation within one (1) business day of a request with the same physician making the initial determination or as soon as possible.

NOTE: A peer-to-peer conversation that occurs following issuance of the denial determination notification in no way may change the physician's initial denial determination. If the attending physician continues to disagree with the physician's determination following the peer-to-peer conversation, the attending

physician may submit a request for reconsideration to HSM. Please refer to the Reconsideration Policy and Procedure for detailed information on this process.

Review of the case will be completed within twenty-four (24) hours of receiving the request and obtaining all necessary additional information. If the case meets criteria, no quality screens are failed, and the facility is appropriate, the physician certifies the admission.

10. If the case is approved, the QRN/TCM assigns a Treatment Authorization Number (TAN) and next review date (on or prior to the last day certified).
11. Within one (1) business day of receiving the request, the QRN/TCM notifies the facility and/or the attending physician via telephone or FAX of the determination. Written notification (Notice of Certification Approval -Precertification Review), is sent to the facility and attending physician within the same timeframe.

Notice of certification approval will include the following information:

- the number of days certified
- date of notice
- date(s) of service being approved
- the Treatment Authorization Number (TAN)
- the Last Day Certified (LDC)

12. If the case is denied, the Denial/Reconsideration Coordinator notifies the parties via telephone as described in step nine (9). Written notification of a denial is sent to the beneficiary or representative, the facility, and the attending physician within one (1) business day of the determination.

Notice of certification denial will include the following information:

- date of notice
- date(s) of service being denied
- the principal and clinical rationale for denial
- denial start date
- the process for submitting a reconsideration, and
- reconsideration timeframes

NOTE: The beneficiary's notice will not contain the medical basis for the denial.

13. The beneficiary or representative, the facility or the physician has a right to a reconsideration of any denial decision. Refer to the Reconsideration *Process* Policy and procedure section of this manual for additional information.
14. If a quality issue is confirmed, the facility and/or physician have a right to request a quality re-review. Refer to the *Quality Assurance and Utilization Review: Quality Re-review Process* Policy and Procedure section of this manual for additional information.

Procedure: Concurrent

Concurrent review requests for beneficiaries with pre-transplant approval will follow the same process as outlined in the *Inpatient Acute Care Admissions – Concurrent Review Policy and Procedure* and will be performed by a QRN/TCM.

Procedure: Retrospective

Retrospective review requests (transplant procedure admission) for those beneficiaries with pre-transplant approval will follow the same process as outlined in the *Inpatient Acute Care Admissions -Retrospective Certification Review Policy and Procedure* and will be performed by a QRN/TCM.