Rule No. 560-X-7-.16 Utilization Review for Inpatient Hospital Admissions and Concurrent Stays

1. Medicaid will utilize Alabama Medicaid Adult and Pediatric Inpatient Care Criteria (SI/IS) for utilization review, billing and reimbursement purposes.
   (a) It is the hospital’s responsibility to utilize its own physician advisor.
   (b) The attending physician and/or resident may change an order up to 30 days after discharge, as long as the patient met criteria for inpatient or observation services.
   (c) Refer to Chapter 3 of this Administrative Code for the fair hearings/appeals process.

2. For admissions and continued stays on or after July 1, 2010, Medicaid will require in-state and border hospital providers to report dates of service that do not meet InterQual® Adult and Pediatric Medical Criteria and Alabama Medicaid Local Policy.
   (a) Dates of service that do not meet InterQual® Adult and Pediatric Medical Criteria and Alabama Medicaid Local Policy must be reported on the UB-04.

3. Inpatient psychiatric and rehabilitation services in an acute care facility will be exempt from reporting dates of service that do not meet InterQual® Adult and Pediatric Medical Criteria and Alabama Medicaid Local Policy.

4. The Alabama Medicaid Local Policy is available on the Alabama Medicaid website.

5. A percentage of admissions and concurrent stay charts will be reviewed by the Alabama Medicaid Agency and a Quality Improvement Organization contracted by the Agency.

6. All in-state and border hospitals must submit Medical Care Evaluation (MCE) Studies (i.e. Performance Improvement Studies) and Utilization Review (UR) Plans to the contracted Quality Improvement Organization every year upon request.

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**Statutory Authority:** State Plan; 42 C.F.R. 456, Subpart C; Section 1902 (d), Title XIX, Social Security Act.