



## Mandatory Concurrent Review and Billing Process Q&A's

### Admit Date and Orders

**Q. Does a facility bill the inpatient admission date or the observation date on the claim to HFS?**

A. The facility bills for the inpatient admit date (per physician order). CMS guidelines are followed, which state that "the status of the patient is determined by the presence of the physician's order for the patient to be placed in inpatient care. Thus, regardless of whether a patient is admitted as an inpatient from either the emergency department or observation unit, admissions and discharges for inpatient services are also subject to physician orders and begin at the time the order is issued."

### Admitting Diagnosis

**Q. Can the admitting diagnosis be changed as ordered by a physician after a review is performed?**

A. The admitting diagnosis determines if review needs to be performed and should not change after work up to conform to the principal diagnosis. The admitting diagnosis code describes the patient's diagnosis at the time of admission. However, if there is a physician order that reflects a change in the admitting diagnosis, contact HSI to make the change. The change can only be made if it is another admitting diagnosis subject to review and in the same category of service and must be changed prior to billing.

**Q. How long does it take to have an admitting diagnosis changed on the review?**

A. As long as the conditions of the admitting diagnosis change are met, the change will occur in one business day. Otherwise, an HSI team leader will contact the requestor.

### A88 Claim Rejection – No Certification on File

**Q. If review was completed and certified and we still receive an A88 claim rejection, what should we do?**

A. The hospital should determine why the claim was rejected. Many times the inpatient admit date or admitting diagnosis on the claim does not match what was given to HSI for the certification process. The hospital may correct the billing error and resubmit the claim electronically or manually on the UB04 claim form to HFS. If there are questions regarding billing, the hospital should contact their assigned billing consultant in Springfield at 877-782-5565.

**Q. If a mandatory concurrent review exception is billed properly, explained in memo and has supporting documentation, why is our hospital receiving an A88 claim rejection?**

A. Exceptions to mandatory concurrent review are reviewed manually. If it does not meet the criteria for an exception, HFS can deny the claim. If there are questions regarding a particular denial, the hospital should contact their assigned billing consultant in Springfield at 877-782-5565.

**Q. We are a DRG-reimbursed facility. We billed HFS after we received the admission certification. The concurrent review at time of discharge was pended for additional information, but the admission was certified. We received an A88 claim rejection - why?**

A. The concurrent review (at discharge) had a pended status, indicating the review process was not completed. Send HSI the additional information required to complete the review process and then resubmit the claim.

#### Billing & Claims Process

**Q. If a patient is in observation for a day, and on the second day changes to inpatient status and an admission review is requested and your physician reviewer denies it for medical necessity, can we still bill for the observation?**

A. Yes.

**Q. If a hospitalization with an admitting diagnosis code subject to review is not submitted to HSI for mandatory concurrent review and the hospital coder changes the admitting diagnosis to one that is not subject to review, can we send in the claim?**

A. Yes. You can bill with the admitting diagnosis ICD-9-CM code not subject to review. Remember that the admitting diagnosis code describes the patient's diagnosis at the time of admission.

**Q. If a patient age 17 is admitted to acute medical care, the wrong provider number is inadvertently given and review is performed, can this be resolved so that it is not billed incorrectly?**

A. Yes. Call the toll-free HSI Provider Helpline, explain the situation and provide the correct provider number of your Children's facility. A nurse team leader will submit an error correction for that particular review.

#### Eligibility Issues

**Q. If there is a discrepancy in the participant's birth date than what is in the State's database, HSI cannot take the review. It is difficult to provide mandatory concurrent review before this is corrected in the system. What do we do?**

A. If you have an eligibility issue, call the caseworker to get information changed while patient is in-house. If unresolved at time of discharge, bill with "other" exception, attach supporting document showing the incorrect date of birth, and the date the change was requested.

#### Insurance Coverage

**Q. Should all concurrent hospitalizations with third party liability medical coverage be reviewed?**

A. Yes. The only exception is if a participant is covered under Medicare Part A and it is not exhausted.

**Q. Should we request certification if Medicaid is secondary?**

A. Yes. The only exception is if the patient has Medicare Part A primary, and the days have not exhausted.

**Q. Should review still be requested if Medicare days exhaust during hospital stay?**

A. Yes. Contact HSI to request an admission review while the patient is still hospitalized.

### Mandatory Concurrent Review Requirements

**Q. Which psych diagnosis codes are subject to review if we don't have a psych unit (provider type 30)?**

A. All admitting diagnosis codes on HFS Attachments A-C are subject to review for inpatient hospitalization. HFS Attachments can be downloaded from their Web site [www.hfs.illinois.gov/proqio/](http://www.hfs.illinois.gov/proqio/)

**Q. Which hospitalizations require a second review (discharge review)?**

A. Any DRG reimbursed hospitalizations with an admitting diagnosis code on Attachment A, B or C require a second review to determine medical stability at time of discharge.

**Q. Are short stays (3 days or less) post-discharge subject to mandatory concurrent review?**

Yes. If the admitting diagnosis is on HFS' Attachments A, B or C, an admission request must be submitted within 7 days of the discharge date.

### Observation and Inpatient Status

**Q. If patient is in observation on a Monday and the Attending writes an order to make inpatient on Wednesday, can the provider call review in as inpatient admission?**

A. HSI asks only for the inpatient admission date specified by a physician order. A request for admission review should occur shortly after the inpatient admission date is determined, but can not be a future date. In this example, the provider should submit an admission review on Wednesday or shortly thereafter, while patient is still hospitalized.

**Q. If a patient is initially in observation and then admitted to inpatient several days later, can the physician order specify to admit retroactive to observation date?**

A. Yes, a physician may change the order. If the review was already submitted, call HSI to change the admit date prior to billing.

**Q. How long can a Medicaid patient stay in observation?**

A. As long as it is medically necessary. For Observation payment rate information, please refer to the Ambulatory Procedures Listing located on the HFS website under reimbursement.

**Q. If an admission review was performed, then the physician changed the patient's status to observation, do we have to contact HSI again to perform a second, concurrent review?**

A. No. If the patient's status changed to observation and you will bill solely for observation, you don't need to complete the inpatient review.