CHAPTER 9505
DEPARTMENT OF HUMAN SERVICES
HEALTH CARE PROGRAMS

9505.0280 FAMILY PLANNING SERVICES.

Subpart 1 **Definitions.** For purposes of this part, the terms in items A and B have the meanings given them

A "Family planning service" means a family planning supply or health service, including screening, testing, and counseling for sexually transmitted diseases, such as HIV, when provided in conjunction with the voluntary planning of the conception and bearing of children and related to a recipient's condition of fertility

B "Family planning supply" means a prescribed drug or contraceptive device ordered by a physician or other eligible provider with prescribing authority for treatment of a condition related to a family planning service

[For text of subp 2, see M R]

Subp 3 **Eligible provider.** The following providers are eligible for medical assistance payment for a family planning service or family planning supply physicians, nurse practitioners, certified nurse midwives, physician–directed clinics, community health clinics, rural health clinics, outpatient hospital departments, pharmacies, public health clinics, and family planning agencies

For purposes of this subpart, "family planning agency" means an entity with a medical director that provides family planning services under the direction of a physician who is a provider as defined in part 9505.0345, subpart 3, item C

Statutory Authority: *MS s 256B 04*

History: *22 SR 1592*

9505.0500 [Repealed, 23 SR 298]

9505.0501 SCOPE.

Parts 9505 0501 to 9505 0545 establish the standards and procedures for admission certification to be followed by admitting physicians and hospitals seeking payment under parts 9500 1090 to 9500 1140 for inpatient hospital services provided to medical assistance, general assistance medical care, and MinnesotaCare recipients under Minnesota Statutes, chapters 256B and 256D, and section 256.9353, subdivision 3, paragraph (c). Parts 9505 0501 to 9505 0545 are to be read in conjunction with Code of Federal Regulations, title 42, and titles XVIII and XIX of the Social Security Act, United States Code, title 42, chapter 7, subchapters XVIII and XIX The department retains the authority to approve prior authorizations established under parts 9505 5000 to 9505 5030 and second medical opinions established under parts 9505 5035 to 9505.5105 in addition to admission certification

Statutory Authority: *MS s 256 9353, 256B 04, 256D 03*

History: *23 SR 298*

9505.0505 DEFINITIONS.

Subpart 1 **Scope.** As used in parts 9505 0501 to 9505 0545, the following terms have the meanings given them

Subp 2. **Admission.** "Admission" means the time of birth at a hospital or the act that allows the recipient to officially enter a hospital to receive inpatient hospital services under the supervision of a physician who is a member of the medical staff

Subp 3 **Admission certification.** "Admission certification" means the determination of the medical review agent that all or part of a recipient's inpatient hospital services are med-

ically necessary and that medical assistance, general assistance medical care, or MinnesotaCare funds may be used to pay the admitting physician, hospital, and other vendors of inpatient hospital services for providing medically necessary services, subject to parts 9500 1090 to 9500.1140, 9505.0170 to 9505 0475, 9505 1000 to 9505 1040, and 9505 5000 to 9505 5105

Subp 4 **Admitting physician.** "Admitting physician" means the physician who orders the recipient's admission to the hospital

Subp 5 **Certification number.** "Certification number" means the number issued by the medical review agent that establishes that all or part of a recipient's inpatient hospital services are medically necessary.

Subp 6 **Commissioner.** "Commissioner" means the commissioner of human services or an authorized representative of the commissioner

Subp 7 **Concurrent review.** "Concurrent review" means a review and determination performed while the recipient is in the hospital and focused on the medical necessity of inpatient hospital services The review consists of admission review, continued stay review, and, when appropriate, procedure review

Subp 8 **Continued stay review.** "Continued stay review" means a review and determination, after the admission certification, of the medical necessity of continued inpatient hospital services to the recipient

Subp. 9 **Department.** "Department" means the Minnesota Department of Human Services

Subp 10. **Diagnostic categories.** "Diagnostic categories" means the diagnostic classifications established under Minnesota Statutes, section 256 969, subdivision 2

Subp 11 **Diagnostic category validation.** "Diagnostic category validation" means the process of comparing the medical record to the information submitted on the inpatient hospital billing form to ascertain the accuracy of the information upon which the diagnostic category was assigned

Subp 12 **Emergency.** "Emergency" has the meaning given in part 9505 0175, subpart 11

Subp. 13 **General assistance medical care or GAMC.** "General assistance medical care" or "GAMC" means the program established by Minnesota Statutes, section 256D 03.

Subp. 14. **Hospital.** "Hospital" means a facility defined in Minnesota Statutes, section 144 696, subdivision 3, and licensed under Minnesota Statutes, sections 144 50 to 144 58, or an out–of–state facility licensed to provide acute care under the requirements of the state in which it is located or an Indian health service facility designated by the federal government to provide acute care

Subp. 15 **Inpatient hospital service.** "Inpatient hospital service" means a service provided by or under the supervision of a physician after admission to a hospital and furnished in the hospital, including outpatient services provided by the same hospital that immediately precede the admission.

Subp 16 **Medical assistance or MA.** "Medical assistance" or "MA" means the program established under title XIX of the Social Security Act, United States Code, title 42, chapter 7, subchapter XIX, and Minnesota Statutes, chapter 256B For purposes of parts 9505 0501 to 9505 0545, "medical assistance" includes general assistance medical care and MinnesotaCare unless otherwise specified

Subp. 17 **Medical record.** "Medical record" means the information required in part 9505.2175, subpart 2

Subp 18 **Medical review agent.** "Medical review agent" means the representative of the commissioner who is authorized by the commissioner to administer procedures for admission certifications, medical record reviews and reconsideration, and perform other functions as stipulated in the terms of the agent's contract with the department.

Subp 19 **Medically necessary.** "Medically necessary" means an inpatient hospital service that is consistent with the recipient's diagnosis or condition, and under the criteria in part 9505 0530 cannot be provided on an outpatient or other basis

Subp. 20 **Medicare.** "Medicare" means the federal health insurance program for the aged and disabled under title XVIII of the Social Security Act, United States Code, title 42, chapter 7, subchapter XVIII.

Subp. 21 **MinnesotaCare.** "MinnesotaCare" means the program established in Minnesota Statutes, section 256.9352.

Subp. 22 **Physician.** "Physician" means a person licensed to provide services within the scope of the profession as defined in Minnesota Statutes, chapter 147.

Subp. 23 **Physician adviser.** "Physician adviser" means a physician who practices in the specialty area of the recipient's admitting or principal diagnosis or a specialty area related to the admitting or principal diagnosis.

Subp. 24 **Prior authorization.** "Prior authorization" means the prior approval for medical services by the department as required under Minnesota Statutes, sections 256.9353, subdivisions 1 and 3, and 256B.0625, subdivision 25, and applicable rules adopted by the commissioner.

Subp. 25. **Principal diagnosis.** "Principal diagnosis" means the condition established, after study, as the reason for the admission of the recipient to the hospital for inpatient hospital services.

Subp. 26 **Principal procedure.** "Principal procedure" means a procedure performed for definitive treatment of the recipient's principal diagnosis rather than one performed for diagnostic or exploratory purposes or a procedure necessary to take care of a complication. When multiple procedures are performed for definitive treatment, the principal procedure is the procedure most closely related to the principal diagnosis.

Subp. 27 **Provider.** "Provider" means an individual or organization under an agreement with the department to furnish health services to persons eligible for the medical assistance, MinnesotaCare, or general assistance medical care programs.

Subp. 28 **Provider number.** "Provider number" means a number issued by the department to a provider who has signed a provider agreement under part 9505.0195.

Subp. 29 **Readmission.** "Readmission" means an admission that occurs within 15 days of a discharge of the same recipient. The 15-day period does not include the day of discharge or the day of readmission.

Subp. 30 **Recertification.** "Recertification" means the procedure by which a physician, or physician assistant or nurse practitioner acting within the scope of practice as defined by state law and under supervision of a physician, authorizes a recipient's continued need for inpatient hospital services as required by federal regulations. An admission must be recertified for every 60 days of continuous hospitalization of a recipient beginning from the date of the admission and must be documented in the medical record. Recertification does not apply to general assistance medical care or MinnesotaCare recipients.

Subp. 31 **Recipient.** "Recipient" means a person who is eligible for the medical assistance, general assistance medical care, or MinnesotaCare program.

Subp. 32 **Recipient ID number.** "Recipient ID number" means the unique eight digit identification number assigned to a recipient who has been determined eligible for medical assistance, general assistance medical care, or MinnesotaCare.

Subp. 33 **Reconsideration.** "Reconsideration" means a review of a denial or withdrawal of admission certification according to part 9505.0520, subparts 9, 9b, and 9c.

Subp. 34 **Retrospective review.** "Retrospective review" means a review conducted after inpatient hospital services are provided to a recipient. The review is focused on validating the diagnostic category, verifying recertification, where applicable, and determining the medical necessity of the admission, the medical necessity of any inpatient hospital services provided, and whether all medically necessary inpatient hospital services were provided.

Subp. 35 **Transfer.** "Transfer" means the movement of a patient after admission from one hospital directly to another hospital or to or from a unit of a hospital recognized as a rehabilitation distinct part by Medicare as provided by Minnesota Statutes, section 256.969, subdivision 12.

Statutory Authority: *MS s 256.9353, 256B.04, 256D.03*

History: *23 SR 298*

9505.0510 [Repealed, 23 SR 298]

9505.0515 MEDICAL REVIEW AGENT'S QUALIFIED STAFF.

The medical review agent must provide professional and technical expertise to conduct the hospital admission certification program for medical assistance, general assistance medical care, and the MinnesotaCare programs Unless otherwise specified in parts 9505 0501 to 9505.0545, the professional and technical expertise must consist of persons who are licensed physicians or who are registered nurses licensed under Minnesota Statutes, sections 148 171 to 148 285, to practice professional nursing and who are qualified by training and experience to review the medical necessity of admissions.

Statutory Authority: *MS s 256.9353; 256B 04, 256D 03*

History: *23 SR 298*

9505.0520 INPATIENT ADMISSION CERTIFICATION.

Subpart 1 **Requirement for admission certification.** Except as provided in subpart 2, a hospital or admitting physician furnishing inpatient hospital services to a recipient must obtain admission certification in order for the admitting physician, the hospital, or other provider of an inpatient hospital service to receive medical assistance payment for the inpatient hospital services to the recipient

A. Admission certification must be obtained when a recipient is admitted, readmitted, or transferred to a hospital unless the admission is combined under the readmission criteria of part 9505 0540

B An admission certification number is valid only for the hospital admission for which it is issued, except in circumstances specified in part 9505 0540

C Admission certification for the admission of a MinnesotaCare recipient must be requested within 30 days of the date of admission or be subject to penalties under Minnesota Statutes, section 256.9353, subdivision 3, paragraph (c)

Subp. 2 **Exclusions from admission certification.** Admissions for inpatient hospital services under items A to C shall be excluded from the requirement in subpart 1. The admissions are subject to retrospective review as stated in subpart 10.

A The admission of a pregnant woman that results in the delivery of a newborn or a stillbirth, and the admission of a newborn resulting from birth

B The admission is for Medicare Part A covered inpatient hospital services which are provided to a recipient who is also eligible for medical assistance and for which medical assistance payment is requested for the coinsurance and deductible payments only.

C. An admission to a hospital that is not located in Mmnesota or the local trade area for which a prior authorization has been obtained according to parts 9505 5000 to 9505.5030

Subp. 3 **Admitting physician and hospital responsibilities.** The admitting physician or hospital that seeks medical assistance payment for inpatient hospital services provided to a recipient must follow the procedures in items A to C

A Request admission certification by contacting the medical review agent either by telephone or in writing and providing the information in subitems (1) to (8):

(1) hospital's medical assistance provider number and name,

(2) recipient's name, recipient ID number, sex, and date of birth,

(3) admitting physician's name and medical assistance provider number;

(4) primary procedure, or principal procedure, when applicable, accordmg to the most recent edition of Current Procedural Terminology published by the American Medical Association or the International Classification of Diseases — Clinical Modification, published by the Practice Management Information Corporation, 4727 Wilshire Boulevard, Los Angeles, CA 90010 which are incorporated by reference. These books are available through the Minitex interlibrary loan system and are subject to change,

(5) date of admission, or expected date of admission,

(6) whether the admission is a readmission or a transfer,

(7) admitting diagnosis, or principal diagnosis, when applicable, accordmg to the most recent edition of the International Classification of Diseases — Clinical Modification, and

(8) information from the plan of care and the reason for admission as necessary for the medical review agent to determine if admission is or was medically necessary

B Inform all providers involved in the recipient's inpatient hospital services of the certification number.

C For purposes of billing, enter the certification number on invoices submitted to the department for payment

Subp 4 [Repealed, 23 SR 298]

Subp 5 [Repealed, 23 SR 298]

Subp 6 [Repealed, 23 SR 298]

Subp 7 **Ineligibility to serve as physician or physician adviser.** A physician shall not be eligible to determine the medical necessity of an admission under parts 9505 0501 to 9505 0545 if

A the physician is the admitting physician for the admission for which certification is being requested,

B. during the previous 12 months, the physician issued treatment orders or participated in the formulation or execution of the treatment plan for the recipient for whom admission certification is requested,

[For text of items C and D, see M.R]

Subp 8. **Procedure for admission certification** The procedures for admission certification are listed in items A to I

A Upon receipt of the information requested m subpart 3, item A, the medical review agent shall review the information and determine whether the admission is medically necessary

B If the medical review agent determines that the admission is medically necessary, the medical review agent shall issue a certification number.

C If the medical review agent is unable to determine that the admission is medically necessary, the medical review agent shall contact a physician

D If the physician determines that the admission is medically necessary, the medical review agent shall issue a certification number

E If the physician determines that the admission is not medically necessary or is unable to determine that the admission is medically necessary, the medical review agent shall notify the provider by telephone, and the provider may request within 24 hours of the medical review agent's notification, exclusive of weekends and holidays, a second physician's opinion.

F If the provider requests a second physician's opinion, the medical review agent shall contact a second physician. If the second physician determines that the admission is medically necessary, the medical review agent shall issue a certification number

G If the second physician determines that the admission is not medically necessary, or is unable to determine that the admission is medically necessary, or if the provider does not request a second physician's opinion when the first physician determines that the admission is not medically necessary or is unable to determine that the admission is medically necessary, then the medical review agent shall deny the admission certification and shall not issue a certification number

H The medical review agent shall make the determination about medical necessity and inform the provider by telephone within 24 hours of the receipt of the information requested in subpart 3, item A, exclusive of weekends and holidays, unless the provider requests a second physician's opinion If the provider requests a second physician's opinion, the medical review agent shall make the determination of medical necessity and notify the provider by telephone within 24 hours of the request, exclusive of weekends and holidays The medical review agent shall send a written notice of the determination to the hospital and admitting physician within five working days of the determination In the case of a denial, the written notices to the hospital and the admitting physician required under this item must be sent by certified mail The denial notices to the admitting physician and hospital must state the reasons for the denial and inform the admitting physician or hospital that a reconsideration may be requested under subpart 9 In the case of a denial when the recipient has not re-

ceived the inpatient hospital services, the medical review agent shall send a written notice of the denial to the recipient within five working days of the determination The denial notice to the recipient must state the recipient's right of appeal under part 9505.0545 and Minnesota Statutes, section 256 045

I When there is a need to further substantiate the medical necessity of the admission, the department or medical review agent may request that the provider submit, at the provider's expense, a copy of the recipient's medical record or part of the medical record needed to make the determination If the provider fails to submit a requested record within 30 days of the date of the request, the department or the medical review agent shall make a determination based on the information available

Subp 9 **Reconsideration requested.** The admitting physician or the hospital may request reconsideration of a decision to deny or withdraw an admission certification if

A. the medical review agent denies an admission certification number because the admission is not medically necessary,

B the medical review agent withdraws an admission certification number for all or part of a recipient's stay because all or part of the stay was not medically necessary based on a concurrent or retrospective review; or

C the medical review agent denies or withdraws an admission certification number or considers an admission and readmission to be a transfer under the readmission criteria in part 9505 0540 because the admission and readmission meet the criteria specified in part 9505 0540

The admitting physician or the hospital shall submit a written request for reconsideration to the medical review agent within 30 days of the date of receipt of the certified letter from the medical review agent denying or withdrawing the admission certification number The request must include the recipient's name and the recipient's ID number, the disputed admission, the reason for the dispute, the medical record or the part of the medical record needed to make a determination of the medical necessity of the admission or appropriateness of a readmission and any other information related to the admission and determination, and the name, address, and telephone number of the person to contact about the reconsideration

Subp 9a. [Repealed, 23 SR 298]

Subp 9b **Reconsideration; physician advisers appointed by medical review agent.** Upon receipt of a request for reconsideration under subpart 9, the medical review agent shall appoint at least three physician advisers who did not take part in the decision to deny or withdraw all or part of the admission certification Each physician adviser shall determine the medical necessity of the admission or the continued stay or, in the case of a readmission, determine whether the admission and readmission meet the criteria in part 9505 0540 The reconsideration decision must be the majority opinion of the physician advisers In making the decision, the three physician advisers shall use the criteria of medical necessity set out in part 9505.0530

Subp 9c. **Completion of reconsideration.** The medical review agent shall complete the reconsideration requested under subpart 9 within 60 days of receipt of the information required under subpart 9. The medical review agent shall notify the provider who requested the reconsideration, by telephone, of the decision within 24 hours of receipt of the physician adviser's determination, exclusive of weekends and holidays A written notice of the decision must be sent by certified mail to the hospital and the admitting physician by the medical review agent within ten working days of the receipt of the physician adviser's determination. In the event a denial is upheld, the notice must inform the admitting physician and hospital of the right to request an appeal of the reconsideration decision within 30 days of receiving the notice according to Minnesota Statutes, section 256.9685, subdivisions 1b to 1d

Subp 10 **Medical record review and determination after admission.** The department or the medical review agent may conduct a concurrent, continued stay or retrospective review of a recipient's medical record to establish the recipient's diagnosis and procedure codes and to determine whether the recipient's admission and all the inpatient hospital services provided to the recipient were medically necessary, whether a continued stay was medically necessary or will be medically necessary, and whether all medically necessary inpa-

tient hospital services were provided to the recipient In making a determination under this subpart, the medical review agent must follow the procedure in items A to G

A The medical review agent shall review the medical record to establish the diagnosis and procedure codes for diagnostic category validation Additionally, the medical review agent may review the bills, invoices, and all supporting documentation pertaining to a request for medical assistance payment

B The medical review agent may request additional information from the admitting physician or the hospital as necessary to clarify the medical record if the medical review agent is unable to determine that the recipient's admission was medically necessary, that all inpatient hospital services provided to the recipient were medically necessary, that the recipient's continued stay was medically necessary or will be medically necessary, or that all medically necessary inpatient hospital services were provided The additional information must be submitted at the expense of the admitting physician or hospital

C If, after additional information is submitted, the medical review agent is unable to determine that the recipient's admission was medically necessary, that the recipient's continued stay was medically necessary or will be medically necessary, or that all medically necessary inpatient hospital services were provided, the medical review agent must consult a physician

D If a physician determines that the recipient's admission was not medically necessary, or that all medically necessary inpatient hospital services were not provided, the medical review agent shall withdraw the previously issued certification number and shall notify the admitting physician and hospital of the determination by certified letter mailed within five working days The notice shall state the right of the admitting physician and hospital to request a reconsideration under subpart 9

E If a physician determines that the recipient's continued stay was not medically necessary or will not be medically necessary, the portion of the stay determined not to be medically necessary will be denied If the recipient is still an inpatient, the medical review agent shall notify the admitting physician and hospital of the determination by telephone within 24 hours of receipt of the determination, exclusive of weekends and holidays, and by certified letter mailed within five working days of receipt of the determination. If the recipient has been discharged, the medical review agent shall notify the admitting physician and hospital of the determination by certified letter mailed within five working days of receipt of the determination The notice must state the right of the admitting physician and hospital to request a reconsideration under subpart 9

F If recertification of a recipient's need for inpatient hospital services was required but was not documented in the medical record, the medical review agent shall deny that portion of the admission that was not recertified

G If the medical review agent is unable to determine from the documentation in the recipient's medical records the reasons for the recipient's discharge and readmission according to criteria in part 9505 0540, the medical review agent shall submit the medical records of the recipient's admission and readmission to a physician The physician shall review the records and determine the nature of the discharge and readmission according to the criteria in part 9505 0540, and if the determination of the medical review agent is different from that of the admitting physician or hospital, then the medical review agent shall notify the admitting physician and hospital by certified letter mailed within five working days The notice must state the right of the admitting physician and hospital to request a reconsideration under subpart 9

Subp 11 **Payment adjustments.** The department may make payment adjustments according to the circumstances in items A to E

A For hospitals receiving payments under parts 9500 1090 to 9500 1140, and admitting physicians and other providers of inpatient hospital services receiving payments through medical assistance, if the admission was not medically necessary or the medical record does not adequately document that the admission was medically necessary, the entire payment shall be denied or recovered If the hospital, admitting physician, and other providers of inpatient hospital services failed to provide inpatient hospital services that were medically necessary, the department may take action under parts 9505 2160 to 9505.2245.

B For hospitals receiving payments under parts 9500 1090 to 9500 1140, and admitting physicians and other providers of inpatient hospital services receiving payments through medical assistance, if the admission was medically necessary but some or all of the additional inpatient hospital services were not or will not be medically necessary, or the medical record does not adequately document that the additional inpatient hospital services were or will be medically necessary, payment for the additional services shall be denied or recovered If the hospital, admitting physician, and other providers of inpatient hospital services failed to provide inpatient hospital services that were medically necessary, the department may take action under parts 9505 2160 to 9505 2245

C If the diagnostic category validation indicates a discrepancy between the diagnostic category assigned to the claim and the diagnostic category established from the medical record, the department shall adjust the payment as applicable to the diagnostic category that is accurate for the recipient's condition according to the medical record

D If, within 30 days, the hospital failed to comply with the department's or the medical review agent's request to submit the medical record or other required information, all or part of the payment shall be denied or recovered as provided in items A to C

E The provider may not seek payment from the recipient for inpatient hospital services provided under parts 9505 0501 to 9505 0545 if the certification number is not issued or is withdrawn

Subp 12 [Repealed, 23 SR 298]

Subp 13 [Repealed, 23 SR 298]

Subp 14 [Repealed, 23 SR 298]

Subp 15 [Repealed, 23 SR 298]

Statutory Authority: *MS s 256 9353, 256B 04, 256D.03*

History: *23 SR 298*

9505.0521 [Repealed, 23 SR 298]

9505.0522 [Repealed, 23 SR 298]

9505.0530 INCORPORATION BY REFERENCE OF CRITERIA TO DETERMINE MEDICAL NECESSITY.

Subpart 1 **Determinations using medical necessity criteria.** The medical review agent shall follow the medical necessity criteria specified in subparts 2 and 3 in determining the following

A. whether a recipient's admission is medically necessary,

B. whether the inpatient hospital services provided to the recipient were medically necessary,

C. whether the recipient's continued stay was or will be medically necessary, and

D whether all medically necessary inpatient hospital services were provided to the recipient.

Subp 2 **Criteria for inpatient hospital admission; general.** The most recent edition of the Appropriateness Evaluation Protocol of the National Institutes of Health is incorporated by reference The book was published in 1984 by the Health Data Institute, 20 Maguire Road, Lexington, Massachusetts, 02173, and it is available through the Minitex interlibrary loan system The book is not subject to change

Subp 3 **Criteria for inpatient psychiatric treatment.** The Criteria for Inpatient Psychiatric Treatment, 1981 edition, revised 1991, published by Blue Cross and Blue Shield of Minnesota are incorporated by reference. The criteria are available at Blue Cross and Blue Shield of Minnesota, PO Box 64560, Saint Paul, Minnesota 55164, and at the State Law Library, Minnesota Judicial Center, 25 Constitution Avenue, Saint Paul, Minnesota 55155 The criteria are not subject to frequent change.

Statutory Authority: *MS s 256 9353; 256B 04, 256D.03*

History: *23 SR 298*

9505.0540 CRITERIA FOR READMISSIONS.

Subpart 1. [Repealed, 23 SR 298]

Subp 2. [Repealed, 23 SR 298]

Subp. 3 **Readmission considered as a second admission.** The medical review agent shall issue a certification number for a readmission that meets the criteria for medical necessity specified in part 9505 0530, whether the admitting and readmitting hospitals are the same or different The medical record of the admission must state why the recipient was discharged from the hospital and what the recipient's medical status was upon discharge, and the medical record of the readmission must state why the recipient is being readmitted and what the recipient's medical status is at readmission Both the admission and the readmission shall be subject to a retrospective review as provided in part 9505 0520, subpart 10 If the reason for the discharge and the reason for the readmission meet one set of circumstances specified in items A to D, the medical review agent shall determine that both the admission and the readmission shall retain the certification number subject to the hospitals' and admitting physicians' compliance with all requirements of parts 9505 0501 to 9505 0545

[For text of items A to D, see M.R.]

Subp 4 **Readmission considered as continuous with admission.** The medical review agent shall determine that a readmission of a recipient is continuous with the recipient's admission whether the admitting and readmitting hospitals are the same or different if the circumstances requiring the recipient's readmission meet one set of the circumstances specified in items A to C The medical review agent shall issue a certification number if the readmission meets the criteria for medical necessity specified in part 9505 0530 The medical record of the admission must state why the recipient was discharged from the hospital and what the recipient's medical status was upon discharge, and the medical record of the readmission must state why the recipient is being readmitted and what the recipient's medical status is at readmission. Both the admission and the readmission are subject to a retrospective review as provided in part 9505 0520, subpart 10 Upon completing the retrospective review and determining whether the readmission and admission are consistent with item A, B, or C, the medical review agent shall take the action specified in the item that applies Medical assistance payment for the inpatient hospital services retaining the certification number after the determination resulting from the retrospective review must be paid according to parts 9500 1090 to 9500 1140 for the diagnostic category assigned to the recipient's principal diagnosis of the admission and readmission In each circumstance, retention of the certification number is subject to the hospital's and admitting physician's compliance with all requirements of parts 9505.0501 to 9505.0545.

A. The recipient was discharged from the admitting hospital without receiving the procedure or treatment of the condition diagnosed during the admission because of the hospital's or physician's preference or because of a scheduling conflict. If the admitting and readmitting hospitals are the same, the medical review agent shall withdraw the certification number of the readmission and determine the admission eligible to retain the certification number If the admitting and readmitting hospitals are not the same, the medical review agent shall apply the requirements under subpart 5, item C, regarding admission and readmission eligible for a transfer payment

[For text of item B, see M R]

C The recipient's discharge and readmission to the same hospital results from the preference of the recipient or the recipient's family that the recipient's treatment be delayed, that the recipient be discharged without receiving the necessary procedure or treatment, and that the recipient be readmitted for the necessary procedure or treatment If the admitting and readmitting hospitals are the same, the medical review agent shall determine the admission eligible to retain the certification number and withdraw the certification number of the readmission. If the admitting and readmitting hospitals are not the same, the medical review agent shall apply the requirements under subpart 5, item A, regarding admission and readmission eligible for a transfer payment For purposes of this part, "preference of the recipient or the recipient's family" means that the recipient or the recipient's family makes a choice to delay or change the location of inpatient hospital services, and the choice is compatible with prevailing medical standards, practices, and usage

Subp 5 **Admission and readmission eligible for transfer payment.** The medical review agent shall issue a certification number for an admission and readmission that are eligible for a transfer payment if the admission and readmission meet the criteria for medical

necessity specified in part 9505 0530, and a set of circumstances in item A, B, or C The medical record of the admission must state why the recipient was discharged from the hospital and what the recipient's medical status was upon discharge, and the medical record of the readmission must state why the recipient is being readmitted and what the recipient's medical status is at readmission The medical review agent shall conduct a retrospective review of the medical records, determine whether the admission and readmission are consistent with the circumstances in item A, B, or C, and take the action specified in the item Retention of the certification number by the hospital is also subject to the admitting physician's and hospital's compliance with all requirements of parts 9505 0501 to 9505 0545

A. The readmission results from the preference of the recipient or the recipient's family that the recipient be discharged from the admitting hospital without receiving the necessary procedure or treatment and that the recipient be readmitted to a different hospital to obtain the necessary procedure or treatment In this case, both hospitals shall retain their certification numbers subject to the hospitals' and admitting physicians' compliance with all requirements of parts 9505.0501 to 9505.0545, and medical assistance payment to each hospital must be made according to the transfer payment established under part 9500 1128, subpart 2, item D, for the inpatient hospital services necessary for the recipient's diagnosis and treatment

B The readmission results from a referral from one hospital to a different hospital because the recipient's medically necessary treatment was outside the scope of the first hospital's available inpatient hospital services In this case, both hospitals shall retain their certification numbers, and medical assistance payment to each hospital must be made accordmg to the transfer payment established under part 9500 1128, subpart 2, item D, for the inpatient hospital services necessary for the recipient's diagnosis and treatment. If, however, the admission to the first hospital is not due to an emergency and the first hospital knew or had reason to know at the time of admission that the inpatient hospital services that were medically necessary for the recipient's treatment or condition were outside the scope of the hospital's available inpatient hospital services and the readmission to another hospital resulted because of the recipient's need for those services, the first hospital's certification number will be withdrawn

[For text of item C, see M R.]

Subp 6. [Repealed, 23 SR 298]

Statutory Authority: *MS s 256 9353, 256B 04, 256D 03*

History: *23 SR 298*

9505.0545 APPEALS.

Subpart 1 **Appeal by admitting physician or hospital.** The admitting physician or hospital may appeal the determination of the reconsideration under part 9505.0520, subparts 9, 9b, and 9c, according to Minnesota Statutes, section 256 9685, subdivisions 1b to 1d The request for the appeal must be in writing and must be submitted to the commissioner within 30 days after receiving notice that the denial was upheld An admitting physician or hospital that did not request a reconsideration under subpart 9 within 30 days of receiving the certified letter denying or withdrawing admission certification is not entitled to further appeal The commissioner shall determine the medical necessity of the hospital admission based upon a review of the recipient's medical record and the information submitted by the provider during the reconsideration process and the medical review agent's basis for the determination that the services were not medically necessary for inpatient hospital services The commissioner's decision under this subpart is the final agency decision.

Subp 2 **Judicial review.** If the commissioner upholds the denial or withdrawal of admission certification, a hospital or admitting physician may appeal the commissioner's order to the district court of the county in which the hospital or physician is located The appeal must be in writing and served upon the commissioner within 30 days after the date of the commissioner's order denying or withdrawing admission certification The appeal must also be filed with the court administrator of the district court The procedures to be followed by the court m processing the appeal are set out in Minnesota Statutes, section 256 9685, subdivisions 1c and 1d

Subp. 3. **Appeal by recipient.** A recipient who is denied inpatient hospital services because of the medical review agent's determination that the inpatient hospital services are not medically necessary may appeal the medical review agent's determination according to Minnesota Statutes, section 256.045.

Statutory Authority: *MS s 256.9353; 256B.04; 256D.03*

History: *23 SR 298*