

To:
Inpatient Hospital
Providers
HMOs and Other
Managed Care
Programs

Hospital Providers No Longer Need a Case-Specific Control Number for Mental Health and Substance Abuse Admissions

Effective with admission dates on and after November 1, 2005, hospitals, including institutes of mental disease, are no longer required to contact the external review organization for pre-admission review and obtain a case-specific control number prior to a substance abuse or mental health admission.

Admissions No Longer Needing Pre-admission Review

Effective with admission dates on and after November 1, 2005, hospitals, including institutes of mental disease (IMD), are no longer required to contact the external review organization (ERO) for pre-admission review (PAR) and obtain a case-specific control number prior to the following mental health or substance abuse admissions of Medicaid recipients:

- All elective admissions to hospital IMDs for patients age 65 and over.
- All elective mental health admissions to general hospitals.
- All mental health admissions of individuals under the age of 21 to hospital IMDs.
- All substance abuse admissions to general hospitals.
- All substance abuse admissions of individuals under the age of 21 to hospital IMDs.

Hospital and IMD providers do not need to include a case-specific control number on claims for these admissions.

Federal Certification of Need

As a reminder, a certificate of need is still required for Medicaid recipients 18 years of age and under who are admitted to an IMD. For more information about the laws regulating inpatient psychiatric services for individuals under age 21 in psychiatric facilities or programs, see 42 CFR s. 441.151.

Admissions Still Requiring Pre-admission Review

Pre-admission review is still required for the following types of admissions:

- All elective admissions for surgical procedures identified on the ERO's outpatient procedure list. The ERO periodically revises and provides the list to hospitals.
- All elective medical admissions (excluding maintenance chemotherapy). Wisconsin Medicaid defines an elective hospitalization as an admission that may be delayed without substantial risk to the health of the patient.

For those admissions still requiring PAR, providers are required to include the 10-digit case-specific control number on claims.

Wisconsin Medicaid will deny claims that do not have a control number for all admissions subject to PAR.

For More Information

For more information, contact Provider Services or one of the following:

- MetaStar at (800) 362-2320 or (608) 274-1940.
- Division of Health Care Financing, Bureau of Program Integrity, at (608) 267-0586.

Information Regarding Medicaid HMOs

This *Wisconsin Medicaid and BadgerCare Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250