



Louisiana Department of Health and Hospitals BAYOU HEALTH Informational Bulletin 12-22 May 21, 2012

Issue: NICU Precert/Authorization of Days and Concurrent Review

Currently in Legacy Medicaid, the initial precertification/authorization of days is based largely on the infant's birth weight and gestational age. The lower the birth weight or gestational age of an infant, the greater the number of days authorized on admission. Legacy Medicaid does not play a role in the discharge planning process for premature infants.

The policies for the five Bayou Health Plans are as follows:

Amerigroup

Notification and prior authorization is required on all NICU/sick newborns.

NICU medical necessity review – Our policy outlines the following:

- If **less than thirty-two (32) weeks gestation**, the CCR associate performs a minimum of weekly reviews and focuses on discharge planning.
- If **thirty-two (32) to thirty-three (33) weeks gestation**, the CCR associate performs concurrent review and discharge planning at a minimum of every three (3) days.
- At **thirty-four (34) weeks gestation**, the CCR associate performs concurrent review and discharge planning daily, unless contraindicated.
- **Please note - based on the medical necessity a clinical review can occur more frequently as the patients individual situation indicates**

Community Health Solutions

Notification of and request for medical necessity review of all NICU admissions are required for CHS members.

- When a CHS-LA newborn is admitted to the NICU, the member will be assigned to an RN Care Manager with NICU experience.
- Newborns admitted to the NICU are considered to be at the highest level of Care Management clinical acuity. As such, the CHS-LA RN Care Manager will work closely with the hospital UM or Case

Management Department to optimize a positive clinical outcome for the member with weekly quality checks on the member (i.e., every 7 days).

- The RN Case Manager will authorize initial and continued stay care during these quality checks, and assist with coordinating discharge planning, as necessary.
- In addition, CHS-LA Medical Directors will hold semi-monthly clinical rounds to discuss NICU members.

LaCare

- **LaCare requires clinical review for all NICU and detained infants.** Clinical information is reviewed by a concurrent review nurse that is assigned to the facility in which the infant is detained.
- **LaCare utilizes Interqual criteria for initial and continued stay NICU and detained infant reviews.** Concurrent review nurses assign length of stays based on the clinical presentation of the member.
- Longer lengths of stay are substantiated by the increased severity of the member's presentation. **Members with extreme prematurity, very low birth weights and members on ventilators are assigned longer length of stays.**
- **Usually,** concurrent review nurses will **assign seven or more days at a time for members that fall within the above mentioned categories.**
- As members improve, lengths of stays are lessened.

Louisiana Healthcare Connections:

- Louisiana Healthcare Connections uses **InterQual Criteria** for determining medical necessity.
- Our initial NICU evaluation takes into account gestational age, birth weight, ventilators or other equipment, and the treatment plan. **After the initial evaluation,** our policies and our Medical Director **allow 5-7 days of authorization at a time** for this population.
- Any case that is **authorized for greater than 5 days requires Medical Director approval.**

United Health Care

- **NICU or Special Care Nursery Process:** UHC requires that any newborn that is admitted to a NICU or Special Care Nursery (SCN) be sent to UHC Intake for inpatient authorization generation. The authorization will then be tasked over to the NICU utilization management staff.
- **NICU Reviews:** UHC's **Neonatal Resource Services (NRS)** reviews every NICU/Detained baby at a minimum of once weekly (regardless of the infant's complexity, premature gestational age, or anticipated length of stay). UHC may request more frequent reviews if a baby is closer to discharge or if additional clinical information to support the level of care provided by the facility's review. Facilities should provide NRS the birth history, maternal history/social needs, current status (including gestational age and weights), and the current plan of care to promote proactive discharge planning. Bed days are authorized at corresponding NICU levels based upon clinical updates/information and a determination is provided to the facilities to include the days certified and the date the next review is due.

- **Detained Babies:** Any baby that stays beyond Federally Mandated timeframes or outside of the mom's post-delivery stay, either in a newborn nursery or a pediatric unit after the mom has been discharged, is considered a detained baby and this inpatient detention notification should be called into UHC intake for separate inpatient authorization generation and will be tasked to NICU to follow concurrently.

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