

## Utilization Review Policy Changes -- Effective July 20, 2022

CountyCare's Prior Authorization requirements ensure that all requested services are both medically necessary and are conducted in an optimal clinical setting. CountyCare will be implementing two new changes to their utilization review processes focusing on services that do not require an inpatient admission and includes:

1. **PA.227.CC- Authorization for Observation vs. Inpatient Admission Level of Care relates to Emergency Admissions that can be managed in an observation setting.** This is an expansion of the existing policy.
2. **PA.248.CC Site of Service Policy:** Relates to outpatient procedures that can be performed in an outpatient or ambulatory surgery setting.

The revised policies are available for review [here](#).

### Policy 227.CC- Authorization for Observation vs. Inpatient Admission Level of Care

This policy includes the review of inpatient admissions that would qualify for an observation stay. The purpose of observation is to determine the need for further treatment or for inpatient admission. CountyCare considers observation stays in the following situations:

- Patient has a condition/diagnosis that could be managed in an observation setting (See Diagnosis List [here](#))
- Patient is clinically unstable for discharge; And
- Continuous clinical monitoring, and/or laboratory, radiologic, or other testing is necessary to assess the patient's need for hospitalization, overall severity and intensity of services needed, Or
- The treatment plan is not established or based upon the patient's condition, is anticipated to be completed within a period not to exceed 48 hours, Or
- Changes in status or condition are anticipated and immediate medical intervention may be required

#### Utilization Review Process:

- The primary change for Observation vs. Inpatient Level of Care is the expansion of diagnoses list could potentially be managed in outpatient setting. The diagnoses are the foundation for clinical reviews of emergent inpatient admissions
- The Utilization Review staff will continue to follow the Prior Authorization process already in place and Medical Director review will be utilized for all instances where an inpatient stay is requested by the admission but meets observation stay guidelines

### PA.248.CC Site of Service Policy

This Policy defines the process CountyCare will use to evaluate requests for outpatient procedures that are can be performed in an outpatient setting. A select list of procedure codes have been identified that will no longer require prior authorization if performed in the outpatient setting. The procedure code list may be found [here](#)

#### Utilization Review Process:

- The primary change to this policy is the expansion of procedure codes that can performed in the outpatient setting and if performed in the outpatient setting will not require prior authorization.

- If UM receives a request for a procedure code on the code list and is being requested to be performed in the inpatient setting, Utilization Review staff will follow the Prior Authorization process already in place.
- Medical Director review will be utilized for all instances where an inpatient stay is requested

**Special Instructions: Please note when reviewing the procedure code list in the link, that some codes may be managed by New Century Health (NCH). If there is an asterisk (\*) beside the code, prior authorization (PA) is required through NCH Portal or call 888-999-7713. This includes the following specialties:**

- Cardiology Specialty which includes:
  - Internal Medicine- cardiovascular disease
  - internal medicine, Advanced Heart Failure and transplant cardiology
  - Internal Medicine-Clinical Cardiac Electrophysiology
  - Internal Medicine-pulmonary disease
  - Nuclear Medicine- Nuclear Cardiology
  - Vascular and interventional cardiology
- Oncology and Radiation Oncology
- Surgery: Vascular, Cardiothoracic, Cardiovascular and Thoracic
- Radiology: (Body Imaging, Diagnostic Neuroimaging, Neuroradiology, Nuclear Radiology, Diagnostic Radiology, Diagnostic Ultrasound)

Any of the following providers working under the jurisdiction of or acting on behalf of one of the above specialists must follow the specials instructions:

- Clinic Specialty: any provider (Clinic/Center – Multi-Specialty, Clinic/Center-Radiology)
- Internal Medicine or Family Medicine
- Physician Assistant, Nurse Practitioner working in an acute, adult health family medicine  
Physician Assistant Specialty: (Physician Assistant, Medical)

**This policy is intended to provide guidance for In-Network facilities. All Out of Network requests are subject to prior authorization along with Medical Director review and may be redirected to an In-Network facility.**

## CONTACT US

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact CountyCare Provider Services at [ProviderServices@countycare.com](mailto:ProviderServices@countycare.com) or your Provider Relations Representative.