

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

Inpatient Hospital Services

1. Prior Authorization:

Prior authorization (PA) by the Utilization Management and Quality Improvement Organization (UM/QIO) is required on all hospital admissions except newborns at birth. Upon approval of a hospital admission, a treatment authorization number (TAN) is issued for an inpatient stay up to nineteen (19) consecutive days. If a beneficiary is discharged during these nineteen (19) days and requires another inpatient stay, a new PA request must be submitted to the UM/QIO for a new TAN.

Continued stay authorizations by the UM/QIO are required when the beneficiary remains hospitalized more than nineteen (19) days.

All hospital admissions for deliveries must be reported to the UM/QIO to receive an automatic TAN for an inpatient stay up to nineteen (19) consecutive days.

Newborns do not require a PA for admission at birth. Well or sick newborns hospitalized more than five (5) days from the date of delivery require a PA with the begin date of the hospital stay as the newborn's date of birth. If a newborn is discharged and requires another inpatient stay, a PA by the UM/QIO must be obtained on admission.

2. Pediatric Congenital Heart Surgery:

Subject to certain conditions, limitations, and exclusions, the Division of Medicaid covers pediatric congenital heart surgery provided to an eligible Mississippi Medicaid beneficiary while away from Mississippi in another state if the beneficiary does not leave Mississippi for the sole purpose of receiving out-of-state medical care that the beneficiary can receive in Mississippi. Pediatric congenital heart surgeries provided outside of Mississippi but within the United States are covered to the same extent they are covered in Mississippi when:

- a. The medical services are needed because of a medical emergency associated with CPT Code 33730 Total Anomalous Pulmonary Venous Return (TAPVR), or
- b. Access to a congenital heart surgery program rated two (2) stars or higher by the Society of Thoracic Surgeons (STS), as documented by STS Public Reporting Online, is not available in Mississippi, or
- c. The beneficiary's primary place of residence is located in one (1) of the following counties and services are rendered by an out-of-state provider with an STS Congenital Heart Surgery star rating of two (2) or higher:
Amite, Benton, Desoto, George, Jackson, Hancock, Harrison, Lafayette, Marshall, Panola, Pearl River, Pike, Stone, Tate, Tunica or Walthall.

Except as provided in the above paragraph or otherwise specified by the Division of Medicaid or its designee, the Division of Medicaid does not pay for pediatric congenital

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heart surgery furnished outside Mississippi unless prior authorization is approved by the Division of Medicaid or its designee. A PA is required for utilization control and to ensure the appropriate use of medical resources. A PA may be obtained by submitting medical justification or documentation to the Division of Medicaid or its designee indicating the reason the beneficiary must obtain services outside Mississippi. A PA must be obtained before providing the care or service.

3. The Division of Medicaid covers all medically necessary services for EPSDT-eligible beneficiaries without regard to service limitations and with prior authorization.

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