

Title 23: Division of Medicaid

Part 202: Hospital Services

Chapter 1: Inpatient Services

Rule 1.18: Review for Medical Necessity and/or Independent Verification and Validation (IV&V)

- A. The Division of Medicaid defines Review for Medical Necessity and/or Independent Verification and Validation (IV&V) as the Utilization Management/Quality Improvement Organization (UM/QIO) or Division of Medicaid, or designee, review of services of Medicaid beneficiaries in the inpatient setting for including, but not limited to, the following:
1. Meeting clinical guidelines for medical necessity. [Refer to Part 200, Rule 5.1 for definition of medical necessity],
 2. Appropriateness of setting and quality of care,
 3. Appropriate lengths of stay and services, and
 4. Correct All Patient Refined Diagnosis Related Groups (APR-DRG) assignment.
- B. The inpatient hospital provider must submit the requested documentation to the UM/QIO or the Division of Medicaid, or designee, within the specified time frame in the Notice.
- C. Inpatient hospital providers may request an Administrative Appeal when the provider is dissatisfied with final administrative decisions of the Division of Medicaid relating to disallowances as a result of a review for medical necessity or an IV&V decision described in Miss. Admin. Code Part 202, Rule 1.18.A.
- D. Providers must comply with the appeal provisions in Miss. Admin. Code Part 300, Rule 1.1.

Source: 42 CFR Part 456; 45 CFR § 307.15(b)(10); Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New eff. 09/01/2014.