

ALABAMA QUALITY ASSURANCE FOUNDATION
Medical Peer Review

PRO GENERAL MEMORANDUM NO. 93/96-08

**FOR IMMEDIATE DISTRIBUTION TO YOUR MEDICAL STAFF
AND UTILIZATION REVIEW - QUALITY ASSURANCE
DEPARTMENTS**

**TO: ADMINISTRATORS - ALL ALABAMA HOSPITALS; AMBULATORY
SURGERY CENTERS**

**FROM: H. TERRELL LINDSEY
PRESIDENT AND CHIEF EXECUTIVE OFFICER**

DATE: December 2, 1993

SUBJECT: INVASIVE PROCEDURE SCREENING CRITERIA

- I. The enclosed Invasive Procedure Screening Criteria will be applied to the Foundation's review of invasive procedures effective with Medicare cases reviewed on and after November 15, 1993.
 - A. This information and the appropriate specialty criteria should be distributed to your medical staff through your Chief of Staff.
 - B. The criteria is provided to you on a diskette. Please use the instruction sheet included with the diskette to view and/or to print the criteria.
 - C. The screening criteria will be used by the Foundation's non-physician reviewers (review coordinators).
 1. The purpose of the criteria is to screen inpatient and outpatient procedures for medical necessity and the appropriateness of the setting.
 2. Cases failing the review coordinator's screening will be referred to the appropriate physician specialist for a final review decision. The attending physician and or surgeon continues to have the opportunity to rebut any Foundation physician reviewer's adverse determination before a final decision is made.
 3. Any case having an inpatient procedure denied due to lack of medical necessity will be referred to the Medicare carrier (Blue Cross/Blue Shield of Alabama). The carrier may adjust the operating physician's payment based on their review.

- II. The Invasive Procedure Screening Criteria was developed by peer review organizations (PROs) and their states' physician specialty societies under the leadership of the American Medical Review Association (AMPRA) and the Health Care Financing Administration (HCFA).
 - A. During the criteria's development, the Foundation was assigned a part of the Urology section of the criteria to complete. The Foundation consulted with Alabama urologists in performing this function.
 - B. The criteria was subsequently approved by HCFA for PRO use in review of Medicare inpatient and outpatient invasive procedures.
- III. The Foundation urges operating physicians to carefully review the Invasive Procedure Screening Criteria and invites comments on its appropriateness. Each recommendation received will be evaluated and considered for submission to HCFA for approval.
- IV. The Invasive Procedure Screening Criteria is public criteria and may be copied and used as you wish. However, any revisions (without HCFA approval) to the criteria will revoke the official approval by HCFA and the Foundation. Therefore, please submit all proposals for revisions to the Foundation.
- V. Two areas in the criteria are brought to your attention as information in using the criteria:
 - A. Appendix D lists the ICD-9-CM codes of procedures subject to Medicare non-coverage or limited coverage for payment. The present specific criteria written for these procedures may no longer be current as coverage issues change frequently. To alert the reviewer, procedure codes are marked with an asterisk* and the words "See Coverage Manual" at the top right corner of the specific criteria page. Please check the Medicare Coverage Issue Manual before using these criteria.
 - B. Use care in identifying the specific procedure under review. ICD-9-CM codes are duplicated in several different criteria in order to address different patient conditions.
- VI. If you have questions about this information, please contact Becky Hollingsworth, Director of Non-Physician Review. Telephone (205) 970-1600, extension 3203.

cc: Hospital and ASC Chief's of Staff
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Michael Horsley, ALAHA
Physician Speciality Societies
County Medical Societies