REMINDER: C-Section Codes Added to HFS Attachment D

As part of Illinois’ Public Act 097-0689, Save Medicaid Access and Resources Together (SMART Act) and a growing national effort to reduce preterm births resulting from elective deliveries, Healthcare and Family Services (HFS) announced last year that two new DRG codes were added to the list of DRGs subject to utilization review (Attachment D):

- DRG 370 – Cesarean Section w/complications
- DRG 371 – Cesarean Section w/out complications

As a provision of the SMART Act, the Department (HFS) shall pay for caesarian sections at the normal vaginal delivery rate unless a caesarian section was medically necessary.

Focused Prepayment Review for Cesarean Sections

Beginning March 8, 2013 a sample of provider claims with DRG370 or DRG371 billed to HFS will be selected weekly for retrospective prepayment review (excluding high risk women). Similar to our standard prepayment process, A Notice of Selection of Medical Record Review will be sent to the hospitals’ (Medicaid) Liaison with a case listing and tracking sheets for each chart. Providers will send a copy of the medical record to eQHealth within 14 days from the date of notice.

The focused prepayment review will be limited to:

- Identifying that the C-section procedure was medically necessary – Applying InterQual 2012 criteria and using American Congress of Obstetrics and Gynecology (ACOG) nationally-recognized guidelines (ask your Performance Improvement or Quality Manager about ACOG or March of Dimes guidelines)
- Ensuring quality of care - Applying Centers for Medicare & Medicaid (CMS) Quality of Care Review Category screens

Following our standard review process, if the hospital-supplied information does not meet criteria sets or a quality concern is identified, an eQHealth review nurse will refer the case to a physician reviewer for determination. If an adverse determination is rendered, the hospital or treating physician has the right to submit a request for reconsideration.

Questions regarding utilization review? Contact our Provider Helpline at (800) 418-4045, 8 am to 5 pm, Monday – Friday, or submit your questions online through eQSuite™.