

Bulletin: MSA 10-11

Distribution: Hospitals, Medical Clinics, Physicians

Issued: April 1, 2010

Subject: Change to Pre-Admission Certification and Evaluation Review (PACER) Requirement

Effective: May 1, 2010

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS)

Individuals who have both Medicaid and CSHCS coverage have been exempt from the PACER requirement if the hospital admission is related to the CSHCS qualifying diagnosis. Medicaid is the payer for all Medicaid covered services for individuals who have both Medicaid and CSHCS coverage. Therefore, Medicaid policy requirements apply to all Medicaid beneficiaries regardless of CSHCS or other coverage.

All elective inpatient hospital admissions for dates of service on or after May 1, 2010, require authorization through the Admissions and Certification Review Contractor (ACRC) for beneficiaries who are dually-eligible for Medicaid and CSHCS. Readmissions within 15 days of discharge and hospital transfers, as described in the Hospital Chapter of the Medicaid Provider Manual, will continue to require authorization through the ACRC. The ACRC performs the review and assigns a PACER number.

The PACER number requirement applies to hospital claims only. The Professional paper claim form (CMS-1500) and 837 Professional claim formats do not require PACER numbers.

PACER numbers are not required for CSHCS-only beneficiaries.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

APPROVED



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