

Draft, For KMMDC Discussion Only, 11-15-2018
Utilization Report Criteria

Cat #	Report Category	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Units Reported
1	HCBS - SED	SED Covered Procedure Code	& Beneficiary assigned to SED on the first date-of-service of claim detail			Units
2	HCBS - DD	DD Covered Procedure Code	& Beneficiary assigned to DD on the first date-of-service of claim detail			Units
3	HCBS - PD	PD Covered Procedure Code	& Beneficiary assigned to PD on the first date-of-service of claim detail			Units
4	HCBS - FE	FE Covered Procedure Code	& Beneficiary assigned to FE on the first date-of-service of claim detail			Units
5	HCBS - AU	AU Covered Procedure Code	& Beneficiary assigned to AU on the first date-of-service of claim detail			Units
6	HCBS - TA	TA Covered Procedure Code	& Beneficiary assigned to TA on the first date-of-service of claim detail			Units
7	HCBS - HI	HI Covered Procedure Code	& Beneficiary assigned to HI on the first date-of-service of claim detail			Units
	HCBS - Other	Procedure Coded = Potential HCBS Other (8)				Units
8	LTC	Claim Type = L or A	& Type of Bill code = 21X, 22X, 23X, 25X, 26X, 27X, 28X, 61X, 65X, 66X, or 18X			Days
		Claim Type = B or M	& Place of Service code = 31 and 32			
9	Outpatient ER	Claim Type = C or O	& Revenue code = 450-459			Claims
10	Outpatient ER- Ancillary	Claim Type = B or M	& Place of Service code = 23			Claims
11	Behavioral Health	Claim Type = A or I	& DRG code = 425-432, 433, 521, 523, 880-887, or 894-897			Claims
		Claim Type = B, M	& Procedure code = Behavioral Health (1)	& Place of Service code = 51 and 53	& Behavioral Health diagnosis in any position	
		Claim Type = O, C	& Procedure code = Behavioral Health	& Behavioral Health diagnosis in any position		
		Claim Type = L	& Behavioral Health diagnosis in any position			
11	Behavioral Health	Place of Service = 51, 52, 53, 56	OR Provider Type = 11, 17	OR Provider Specialty = 011, 019, 087, 096, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 123, 124, 125, 176, 177, 232, 239, 339, 348		Claims
12	Inpatient	Claim Type = A or I Claim Type = B or M	& Place of Service code = 21			Days
13	Outpatient Non-ER	Claim Type = C or O Claim Type = B or M	& Place of Service code = 19 or 22			Claims
14	Dental - GP	Procedure code = DXXXX	& Provider Specialty = 271 or 274			Claims
15	Dental - Other	Procedure code = DXXXX	& Provider Specialty other than 271 or 274			Claims
15	Vision	Procedure code = Vision (3)	see Vision Code Tab for changes in red			Claims
17	Indian Health Services	Provider Type = 01 or 31	& Provider Specialty = 353			Claims
16	FQHCs/RHCs	Provider Type = 08	& Provider Specialty = 080, 081, 184, or 185	& Place of Service code = 50 and 72		Claims
17	Transportation - Ambulance	Procedure code = Ambulance (4)	& Place of Service code = 41 or 42			Claims
18	Transportation - NEMT	Procedure code = NEMT (5)	& Place of Service code other than 41 or 42			Claims
19	Pharmacy	Claim Type = P or Q				Prescriptions
20	Medical - GP	Provider Type = 31 10, or 9 Provider Type = 10 or 9	& Provider Specialty = 344, 345, 318, 328, 315, 316, 322, 336, 339, 350, 100-093, or 095			Claims
21	Medical-Specialty	Provider Type = 31				Claims
22	DME	Provider Type = 25	& Provider Specialty = 250	OR Provider Type = 25 (Default)		Claims
23	Hospice	Procedure code = T2042, T2044, T2045, T2046, G0155, G0299 (6)				Claims
25	Physician-Administered Drugs (PADs)	Procedure code = PAD Codes (7)				Claims
24	Targeted Care Management	Procedure code = T1017				Claims
25	Local Education Agency	Provider Type = 12	& Provider Specialty = 120			Claims
26	Independent Laboratory	Provider Type = 28				Claims
27	Renal Dialysis Center	Provider Type = 30	& Provider Specialty = 300			Claims
28	Medical - Other	ALL ELSE				Claims

*Added to criteria on 6/15/16. clewis

**Revised heirarchy and corrected typo errors on 6/28/16. clewis

***There are now 23 categories, whereas there were originally 21. Updated on 6/28/16. clewis

Outpatient ER was split into two categories.

Transportation was split into tow categories.

5/5/17 - Updated Criteria, J.Kelly

1/29/2018 - Added a line of default code for Behavioral Health

1/29/2018 - Added a default provider type for DME

1/29/2018 - Added two codes to Hospice

1/29/2018 - Added PAD category and code along with a tab containing the codes (7). In heirarchy this coding falls just above Outpatient Non-ER

1/29/2018 - Added TCM category and code. In heirarchy this coding falls just above Outpatient Non-ER after the PAD line.

3/1/2018 removed Claim Type B & M from Inpatient & Outpatient Non-ER

3/7/2018 made additional changes