Title: Clinical Guidelines for Inpatient Stays

Policy Number: UM - 002

Primary Department: Utilization Management

LOB: Medicare Advantage and DSNP

Author: Jennifer Terrell, MD

Effective Date: 11/1/22

Original Date: Original Date:

Review Date(s): Review Date(s):

Archive Date: Archive Date:

Interactive Related Department(s)

☐ All Departments
☐ Compliance
☒ Medical Management
☐ Provider Operations
☐ Sales and Marketing

☐ Appeals and Grievances
☐ Pharmacy
☐ Member Services
☐ Quality Management
☒ Utilization Management

☐ Care Management
☐ Enrollment
☐ Plan Administration
☐ Claims
☐ Other _____________

Disclaimer: Troy Utilization Management applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Troy Policies, and MCG for determining medical necessity. Troy Health Policies are intended to provide a standard guideline but are not used to preempt providers’ judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

POLICY PURPOSE

Troy Health, Inc. is committed to comply with all regulations and requirements for Medicare Advantage Plans.

The purpose of the policy is to provide admission guidance for the prior authorization and retrospective review process on Inpatient Notice of Admission (IP NOA).

SCOPE

The decision to admit a patient into the acute care setting is a complex medical decision. Based on the timeline of the IP NOA, one of the following outcomes will be determined:

1. Admission is approved for medical necessity
2. Admission will require a retrospective review because notification was received after admission
3. Observation level of care may be the most appropriate setting and does not require prior authorization.

RESPONSIBLE PARTIES

- Vice President, Health Services
- Chief Medical Officer
POLICY

Inpatient admissions require detailed clinical review which includes two days of clinical information. IP NOA requests from in-network providers will require 48 hours of clinical information prior to a medical necessity determination. Troy does not require pre-service authorization for urgent/emergent admissions.

PROCEDURE

1. Notification on admission
   a. Troy requires two days of clinical information for all inpatient hospital admissions to determine medical necessity for inpatient care
   b. If additional clinical documentation is needed, Troy will request additional information
   c. If Troy does not receive the additional information, Troy will make the best decision it can based on the information available within the required adjudication timeframes
   d. Troy Medical Directors may issue a denial if all the necessary information needed to make a coverage decision is available during the review
   e. When clinical documentation is not received, the denial will be based on medical necessity. Example: “Medical Necessity was not met for your hospital stay. Troy Health reached out to the Provider to obtain this information. Troy Health did not receive important information demonstrating initial treatment. Therefore, your request is denied according to nationally recognized guidelines”

2. Notification after admission
   a. If Troy is notified of an admission while the patient is still in the hospital and the hospital sends pertinent clinical information, Troy will review using nationally recognized guidelines
   b. If Troy determines that inpatient criteria were not met, the hospital may request a peer-to-peer review for members who are currently hospitalized

APPROVALS

Chief Medical Officer
10 / 31 / 2022

Date: