



Troy Medicare Policy and Procedure

Title: Clinical Guidelines for Inpatient Stays		Policy Number: UM - 002	
Primary Department: Utilization Management	LOB: Medicare Advantage and D-SNP	Author: J Murphy	
Effective Date: 11/1/2022	Original Date: 11/1/2022	Review Date(s): 4/26/2023, 9/12/2023, 12/7/2023, 11/04/2024, 11/6/2025	Archive Date:
Interactive Related Department(s)			
<input type="checkbox"/> All Departments <input type="checkbox"/> Compliance <input checked="" type="checkbox"/> Medical Management <input type="checkbox"/> Provider Operations <input type="checkbox"/> Sales and Marketing	<input type="checkbox"/> Appeals and Grievances <input type="checkbox"/> Pharmacy <input type="checkbox"/> Member Services <input type="checkbox"/> Quality Management <input checked="" type="checkbox"/> Utilization Management	<input type="checkbox"/> Care Management <input type="checkbox"/> Enrollment <input type="checkbox"/> Plan Administration <input type="checkbox"/> Claims <input type="checkbox"/> Other	

Disclaimer: Disclaimer: Troy Medicare Utilization Management applies CMS criteria and guidelines, National and Local Coverage Determinations (NCD/LCD), Clinix Internal Review Guidelines, Troy Utilization Review Policies, and MCG (Milliman Criteria Guidelines) Criteria. This suite of guidelines covers the spectrum of inpatient, outpatient, and rehabilitation, and care for medical, surgical, and behavioral health issues. In addition, Troy partners with vendors who provide clinical expertise for specific services.

POLICY PURPOSE

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).

Troy Health, Inc. is committed to complying with all regulations and requirements for Medicare Advantage Plans, and applicable federal and state laws, including health care fraud and identity theft laws.

SCOPE

This policy applies to all employees and delegates that have interactions with members and providers regarding inpatient admissions.

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. Troy may not cover more than 48 hours of an approved observation stay. Observation services must be medically necessary to receive payment regardless of hours billed.

REFERENCES

- 42 CFR §§ 422.620 – 422.626
- 42 CFR § 422.2267
- [Medicare Managed Care Manual Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance](#)

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 will review the clinical information provided 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. Review decisions are based on the information available to the provider at the time the services/medical care was provided.
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



ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES

- UM-003 Denials and Terminations Policy

APPROVALS

Jennifer Murphy
Jennifer Murphy (Nov 24, 2025 09:36:50 EST)

Chief Clinical Officer

11/24/2025

Date

Sally Scott
Sally Scott (Nov 23, 2025 22:40:00 EST)

UM Committee

11/23/2025

Date

Revision History

Revision Date	Revised by Whom	Revisions Made
9.12.2023	J Murphy	Revised scope of observation stays, and related policies.
12.7.2023	J Murphy	Annual review by Utilization Management Committee
11.4.2024	J Murphy	Updated scope, policy and procedure. Annual review by Utilization Management Committee
11.6.2025	J Murphy	Updated purpose. Annual review by Utilization Management Committee