



Troy Medicare Policy and Procedure

Title: Clinical Guidelines for Inpatient Stays		Policy Number: UM - 002	
Primary Department: Utilization Management	LOB: Medicare Advantage and DSNP		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	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: Troy Utilization Management applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Troy Medicare Policies, and Medicare coverage guidelines 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 complying with all regulations and requirements for Medicare Advantage Plans, and applicable federal and state laws.

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. 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

- Troy requires two days of clinical information for all inpatient hospital admissions to determine medical necessity for inpatient care
- If additional clinical documentation is needed, Troy will request additional information
- 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
- Troy Medical Directors may issue a denial if all the necessary information needed to make a coverage decision is available during the review
- 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

- 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
- If Troy determines that inpatient criteria were not met, the hospital may request a peer-to-peer review for members who are currently hospitalized



ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES

- UM-003 Denials and Terminations Policy

APPROVALS

Jen Murphy

Vice President, Medical Management

12 / 21 / 2023

Date:

S. Scott

Utilization Management Committee

12 / 20 / 2023

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