



Policy Title	Clinical Guidelines for inpatient stays
Policy Department	Utilization Management
Effective Date	3/10/20
Revision Date(s)	4/1/21
Next Review Date	4/1/22

Disclaimer:

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

Purpose:

The purpose of the policy is to provide guidance for the prior authorization process on Inpatient Notice of Admission (IP NOA) requests. IP NOA request with certain diagnosis and/or clinical indications will require two days of clinical information prior to the Medical Director Determination when applicable.

Scope:

The decision to admit a patient into the acute care setting is a complex medical decision. Medical Care can often be provided in the observation setting over a course of 2 days. There are 8 conditions (as referenced) that can improve during the observation time period.

Policy:

Inpatient admissions that meet MCG criteria listed will be deemed as medically appropriate when 2 days of clinical are received. This does not include emergent admissions reviewed in Inpatient Quick Triage scenarios.

Procedure:

- Clover Health recognizes there are 8 select conditions that require a detailed clinical review. To determine the appropriate level of care for the member, Clover will require 2 days of medical records. The Conditions requiring 2 days of medical records are listed below:
 - 1) Abdominal Pain Criteria
 - 2) Chronic Obstructive Pulmonary Disease
 - 3) Lower Gastrointestinal Bleeding
 - 4) Pneumonia
 - 5) Syncope

- 6) Transient Ischemic Attack
 - 7) Chest pain
 - 8) Congestive Heart Failure
- For each of the 8 select conditions referenced, 2 days of clinical medical records are necessary to make a determination .
 - Special Notes:
 - If the first day is denied, there is no need for the 2 days of clinical in total.
 - In the event clinical documentation is not provided a determination must be made to meet compliance turnaround time
 - When clinical documentation is not received the denial will be based on medical necessity. Verbiage Eg: “ Medical Necessity was not met for your hospital stay. Clover reached out to the Provider to obtain this information. Clover did not receive important information demonstrating initial treatment. Therefore your request for admission is denied according to (place NCD::LCD::CLOVER Policy:: MCG reference. “

References
Abdominal Pain, Undiagnosed MCG Criteria ORG: M-05 (ISC)
Chronic Obstructive Pulmonary Disease MCG Criteria ORG: M-100 (ISC)
Gastrointestinal Bleeding, Lower MCG Criteria ORG: M-182 (ISC)

Pneumonia MCG Criteria ORG: M-282 (ISC)

Syncope MCG Criteria ORG: M-340 (ISC)

Transient Ischemic Attack (TIA) MCG Criteria ORG: M-360 (ISC)

Chest Pain: MCG Criteria ORG: M-89 (ISC)

Heart Failure MCG Criteria ORG: M-190 (ISC)