



Policy Title	Clinical Guidelines for Inpatient Stays
Policy Department	Utilization Management
Effective Date	1/18/23
Revision Date(s)	4/1/21, 2/18/22, 1/18/23

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' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

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).

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.

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. This does not include emergent admissions reviewed for Inpatient Quick Triage scenarios. Clover does not require pre-service authorization for urgent/emergent admissions

Procedure:

1. Notification on Admission

- a. Clover Health 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, Clover Health will request additional information.
- c. If Clover Health does not receive the additional information, Clover Health will make the best decision it can based on the information available within the required adjudication timeframes.
- d. Clover Medical Directors may issue a denial if all the necessary information needed to make a coverage decision is available during the review.
 - i. When clinical documentation is not received, the denial will be based on medical necessity. Example: “Medical Necessity was not met for your hospital stay. Clover Health reached out to the Provider to obtain this information. Clover 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 Clover Health is notified of an admission while the patient is still in the hospital and the hospital sends pertinent clinical information, Clover Health will review using nationally recognized guidelines
- b. If Clover Health determines that inpatient criteria were not met, the hospital may request a peer-to-peer review for members who are currently hospitalized (See UM-004 Peer-to-Peer Review Policy).
- c. If there is no peer-to-peer review or no agreement on peer-to-peer review, the hospital may dispute adverse decisions.

3. Observation:

- a. Observation stays do not require prior authorization for in-network providers. In determining medical necessity for an admission, Clover uses 2 timeframes as the observation time period, depending on if the provider is in-network or out-of-network. Certain admission categories, ie COPD exacerbation, do not meet criteria if the member improves sufficiently during the obs time period.
 - i. In-network providers: Clover will use 48 hours as the observation period.
 - ii. Out-of-network providers: Clover will use the CMS 2 Midnight Rule.

References

[CMS-Fact Sheet: Two-Midnight Rule](#)