



## CLINICAL POLICY

### Use of On-site Physician Advisor (PA) Secondary Review

**A. EFFECTIVE DATE :**

April 7, 2021

**B. PURPOSE :**

1. This policy is to provide guidance to the Care Coordination department in utilization of the Physician Advisor (PA) to evaluate the appropriateness of hospital stay and level of care or, making determinations regarding medical necessity of an admission or continued stay. The PA can also assist in matters related to complex patients, discharge planning and reimbursement.
2. To facilitate the appropriate utilization/provision of patient services (and thus accurate hospital claims status assignment) and help ensure compliance with the CMS requirement that all prospective payment system (PPS) hospitals have an effective mechanism to ensure provision of appropriate services to Medicare beneficiaries.
3. This policy is integral to our comprehensive efforts to prevent improper payments related to medically unnecessary services or the setting in which services are provided.

**C. POLICY :**

1. All patients will be evaluated utilizing Milliman or Interqual<sup>®</sup> (IQ) criteria to determine the appropriate status and level of care in conjunction with the attending physician input and supporting documentation.
2. PA referral must be done when a Medicare patient does not meet medical necessity (Inpatient certification) for Inpatient status, the admission order doesn't meet requirements or the stay does not cross 2 midnights (excluding Medicare's "Inpatient-Only" list).
3. PA referral must be done prior to obtaining a CONDITION 44 Order on a Medicare patient.
4. Patients not meeting Milliman, IQ or the payer's criteria for either admission or continued stay and who meet discharge screens will be discussed with the attending physician. If the attending physician does not agree with discharge or transfer to appropriate alternative level of care, the case must be referred to the PA for secondary review.
5. An external Physician advisor service such as Executive Health Resources (EHR) may be utilized after 5pm, on Saturday and Sunday, when the PA is not available or upon PA discretion when performing secondary review.

**D. SCOPE :**

Applies to all Case Managers, Licensed Clinical Social Workers, Physician advisors

**E. PROCEDURE :**

- If a Case Manager reviews a case using Milliman or InterQual and identifies that the Medicare Beneficiary patient does not meet for inpatient level of care- they must review the case with the physician advisor to obtain their agreement. If the Physician advisor agrees then a Condition Code 44 is delivered.

- The Case Manager must complete the form and provide education to the patient or representative of the purpose of Condition Code 44.
- The patient must sign the document. If the patient/ representative refuses to sign, the Case Manager must document the refusal to sign-
- Documentation of delivery of Condition Code 44 form should be in the progress notes and in payer communication in EPIC.
- The level of care is changed in EPIC.
- A copy is left at patient’s bedside. And the original is placed in the chart.

**F. ATTACHMENTS:**

None

**G. REFERENCES:**

None

**H. SEARCH WORDS:**

None

**I. ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

**J. STAKEHOLDER APPROVALS :**

On File

**K. COMMITTEE APPROVALS :**

None

**L. FINAL APPROVAL :**

- |  |  |
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| <p>1. <u>Andrew Agwunobi (Signed)</u><br/>         Andrew Agwunobi, MD, MBA<br/> <b>UConn Health Chief Executive Officer</b></p>                 | <p><u>04/16/2021</u><br/>         Date</p> |
| <p>2. <u>Anne Horbatuck (Signed)</u><br/>         Anne D. Horbatuck, RN, BSN, MBA<br/> <b>Clinical Policy Committee Co-Chair</b></p>             | <p><u>04/16/2021</u><br/>         Date</p> |
| <p>3. <u>Scott Allen (Signed)</u><br/>         Scott Allen, MD<br/> <b>Clinical Policy Committee Co-Chair</b></p>                                | <p><u>04/15/2021</u><br/>         Date</p> |
| <p>4. <u>Caryl Ryan (Signed)</u><br/>         Caryl Ryan, MS, BSN, RN<br/> <b>VP Quality and Patient Service &amp; Chief Nursing Officer</b></p> | <p><u>04/13/2021</u><br/>         Date</p> |

**M. REVIEW/REVISION HISTORY :**

Date Issued: 08/2014  
 Date Reviewed: 6/18, 11/20  
 Date Revised: 04/2021

