



CLINICAL POLICY CM-UR 03 Inpatient Services- Case Management

A. EFFECTIVE DATE :

April 7, 2021

B. PURPOSE :

1. Intended to facilitate the appropriate utilization/provision of Hospital 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 provide hospital services to Medicare beneficiaries.
2. Intended to help ensure compliance with regulations/requirements pertaining to Inpatient Services as mandated by the CMS Hospital Inpatient Prospective Payment System (IPPS), including changes effective CY2008 and beyond.
3. Provide guidance in utilization/provision of Inpatient Services to non-Medicare beneficiaries, as appropriate.
4. Finally, this policy is integral to our comprehensive efforts to prevent improper payments related to medically unnecessary services or inappropriate setting in which services are provided.

C. POLICY :

All patients will be evaluated utilizing Milliman or Interqual[®] (IQ) criteria, or in accordance with CMS rules and regulations, to determine appropriate status and medical necessity of admissions and continued stays in conjunction with the attending physician input and supporting documentation. The physician advisor (PA) will be utilized to perform secondary review to determine status or medical necessity on cases that do not meet criteria for admission, continued stay or apply to the CMS 2-Midnight Rule.

D. PROCEDURE :

A. Admission Review

1. Case Manager performs the initial review using the appropriate Milliman or Interqual[®] guidelines for admission and medical necessity.
2. Medicare patients are reviewed for inpatient medical necessity: inpatient certification, admission order requirements and stay crossing 2 midnights (excluding Medicare's "Inpatient-Only" list).
3. If inpatient criteria are not satisfied, the case manager will contact the attending physician for additional information. If additional information satisfies the admission criteria the case manager approves the admission review.
4. If there is still insufficient information to warrant inpatient status, the case manager will notify Physician Advisor of the referral for review.
5. Certification for inpatient status will be entered for the first midnight by the ED attending, Hospitalist, or surgical attending on all Medicare patients.

- B. Condition Code 44 (CC-44)--A physician may order a Medicare beneficiary to be admitted to an inpatient level of care does not meet inpatient criteria, but upon reviewing the case later, the hospital's Case Manager determines by means of Milliman or Interqual guidelines a patient at inpatient level of care does not meet**

inpatient criteria. The hospital may change the patient's status from inpatient to outpatient (CC-44) if the following conditions are met:

- a. The case is reviewed by the physician advisor
- b. The attending physician concurs with the Physician Advisor (PA)/ or in absence of PA- two members of the UM Committee's (one being a physician) review the case and determine the appropriate level of care
- c. the attending physician's concurrence is documented in the medical record
- d. the change in status from inpatient to outpatient is made prior to discharge
- e. the hospital has not submitted a claim to Medicare

Case Manager should follow the below process for CC-44:

1. Case Manager performs the initial review using the appropriate Milliman or Interqual® guidelines or in accordance with CMS rules and regulations for admission and medical necessity.
2. If admission criteria are not satisfied, the case manager will contact the attending physician for additional information and to obtain the attending physician's opinion.
3. If there is still insufficient information to warrant admission, the case manager will notify the PA of the referral via secure email.
4. If the PA agrees that the patient does not meet admission criteria, the PA/Case Manager will contact the attending physician as soon as possible to discuss the patient and obtain the attending physician's concurrence on changing status to observation. Case Manager will provide education on the change of level of care and give patient the Medicare Outpatient Observation Notice (MOON),
5. Document in the medical record that Condition Code 44 was established, MOON notice was provided, sign by patient/representative, also note CC44 under payer communication, and documentation list. Billing department must be notified

If after discussion, the attending **does not** agree with the PA that observation is the appropriate status; the case is referred to a second physician on the UM Committee for review. Please follow policy Hospital Issue Notice of Noncoverage- **HINN-10 Notice** CM-UR 09; HINN-10 notice

C. Continued Stay Reviews

1. Case Manager will assess the medical necessity and appropriateness of continued stay patients using the appropriate Milliman or Interqual® guidelines or in accordance with CMS rules and regulations.
2. During the concurrent review process, if the Case Manager finds that the continued stay does not meet Milliman or Interqual® guidelines or medical necessity, the attending physician is contacted for additional information.
3. If after discussing the case with the attending and there continues to be insufficient information to justify the continued stay, the CM will notify the PA of the referral via secure email.
4. Medicare and Medicaid patients on continued stay day 3 and every subsequent 3rd day will be reviewed by the Case Manager using the appropriate IQ guidelines or in accordance with CMS rules and regulations for admission and medical necessity.
5. Patients with commercial payers will be reviewed for continued stay on day 3, every subsequent 3rd day or as specified per payer requirements.
6. Medicare patients on continued stay day 20, will be reviewed by the Case Manger using the appropriate IQ guidelines or in accordance with CMS rules and regulations for admission and medical necessity. The case manager will discuss the case with the attending physician and prompt the attending physician to enter the recertification order.
7. The case manager will review Observation patients for appropriate level of care daily. If changes in patient condition warrant's an upgrade to inpatient status, the Case Manager will discuss the case with the attending. If the attending is in agreement the order will be placed in the medical record and the attending will document in the medical record.

E. ATTACHMENTS:

None

F. REFERENCES :

CMA Conditions of Participation, 482.30 Utilization Review, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

G. SEARCH WORDS :

Admission Reviews, Continued Stay Reviews, Concurrent Reviews, Condition Code 44, CC44, Medicare, CMS

H. 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.

I. STAKEHOLDER APPROVALS :

One File

J. COMMITTEE APPROVALS :

Utilization Review Committee

K. FINAL APPROVAL :

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

L. REVISION HISTORY :

Date Issued: 01/2015

Date Reviewed:

Date Revised: 06/2018, 04/2021