

# Inpatient Admission and Concurrent and Retrospective Review

Use the chart below to review the appropriate guidelines for inpatient admission, concurrent and retrospective review.

## Definitions

■ **Notification:** The process by which a provider\* informs Amerigroup via telephone, facsimile or electronically of the intent to render medical services to a member.

■ **Precertification:** The process by which criteria, policies or guidelines are applied to ensure the proposed care is a covered benefit, medically necessary and performed at the appropriate level of care.

| Inpatient Admission            |  |  |  |
|--------------------------------|--|--|--|
| Terminology                    | Amerigroup Definitions   | Provider Clinical Documentation Requirements   | Precertification and Notification Requirements   |
| <b>Inpatient admission</b>     | <p>Application of criteria to the information provided to determine the medical necessity of admission to an acute care hospital or skilled nursing facility</p> <ul style="list-style-type: none"> <li>All medical inpatient hospital admissions, including those that are urgent and emergent, will be reviewed for medical necessity.</li> <li>Clinical information for the initial (admission) review will be requested by Amerigroup at the time of the admission and/or notification.</li> </ul> | <ul style="list-style-type: none"> <li>The provider is required to supply the requested clinical information within 24 hours of the request for that clinical.</li> <li>If requested clinical information is not received within 24 hours of the request, a determination will be made based on the information available at that time.</li> </ul>         | <p>For inpatient admissions, all admissions require notification and/or precertification:</p> <ul style="list-style-type: none"> <li>Elective – require precertification 72 hours prior to admission.</li> <li>All other admissions – require notification within 24 hours or one business day of admission.</li> <li>Failure to notify Amerigroup of an inpatient admission within 24 hours or one business day may result in an administrative denial for late notification for days that lapsed prior to notification.**</li> </ul> |
| <b>Inpatient concurrent</b>    | <p>Process of obtaining clinical information to establish medical necessity for a continued inpatient stay, including review for extending a previously approved admission. Concurrent review may be done telephonically or onsite. Amerigroup will make a determination one day at a time based on the clinical information provided to support the continued stay.</p> <ul style="list-style-type: none"> <li>The daily determination will be communicated to the facility.</li> </ul>               | <ul style="list-style-type: none"> <li>The provider is required to supply the requested clinical information within 24 hours of the request to support continued stay.</li> <li>If requested clinical information is not received within 24 hours of the request, a determination will be made based on the information available at that time.</li> </ul> | Not applicable   |
| <b>Inpatient retrospective</b> | <p>The review of a service authorization request for a service/care that has already been rendered by the provider.</p> <ul style="list-style-type: none"> <li>If the member is discharged before Amerigroup receives notification of the admission, this is considered retrospective review.</li> </ul>   | <ul style="list-style-type: none"> <li>Amerigroup requests clinical documentation within five days of notification of a retrospective admission.</li> </ul>  | <ul style="list-style-type: none"> <li>Failure to notify Amerigroup of an inpatient admission within 24 hours or one business day may result in denial for late notification for days that lapsed prior to notification.**</li> </ul>  |

\* Providers may include physicians, facilities, hospitals/health systems and other ancillary provider types.

\*\* For non-administrative denials, upon notification of our intention to deny, a physician can request a physician-to-physician review to provide additional information not previously submitted to Amerigroup. The request for this review must be made within 24 hours of the notification of intent to deny. To initiate this request the physician may contact 1-866-696-2709 or Provider Services at 1-800-454-3730.

## Need Assistance?

To verify if particular services need authorization, use the Precertification Lookup tool under Quick Tools on the provider self-service website. For questions about or assistance with determining the appropriate process to follow, **call Provider Services at 1-800-454-3730** from 8:30 a.m. to 5:30 p.m., Eastern time.

For questions related to precertification, notification, inpatient admission, concurrent and retrospective review, visit our provider self-service website at [providers.amerigroup.com/MD](http://providers.amerigroup.com/MD) for the latest version of the provider manual.

For questions about a specific service related to these policies and procedures, call Provider Services or your local Provider Relations representative within a reasonable time frame before, after or during the service in question.

This reference guide is not wholly inclusive of all definitions and/or expectations for the policies outlined above.