

# Inpatient admission and concurrent and retrospective review

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

## Definitions

- **Notification:** The process by which a care provider informs Wellpoint of the intent to render healthcare services to a member.
- **Precertification:** The process by which criteria, policies, or guidelines are applied to ensure the proposed care is covered by the benefit, medically necessary, and performed at the appropriate level of care.

Inpatient admission			
Terminology	Definitions	Provider clinical documentation requirements	Precertification and notification requirements
Inpatient admission review	<ul style="list-style-type: none"> <li>• By applying evidence-based criteria to clinical information, a medical necessity determination will be provided for acute care and subacute care admissions.</li> <li>• All medical inpatient hospital admissions, including urgent or emergent admissions, are reviewed for medical necessity.</li> <li>• Upon notification of the initial admission, we will request clinical information.</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 available information.</li> </ul>	All inpatient admissions require notification and/or precertification: <ul style="list-style-type: none"> <li>• <b>Elective admissions</b> — require precertification 72 hours prior to admission.</li> <li>• <b>Emergent/urgent admissions</b> — require notification within 24 hours or one business day of the admission.</li> <li>• <b>Failure to notify</b> Wellpoint of an inpatient admission within 24 hours or one business day may result in an adverse administrative decision.</li> </ul>
Inpatient concurrent review	<ul style="list-style-type: none"> <li>• The process of establishing medical necessity for continued inpatient stay, which includes extending a previously approved admission.</li> <li>• Based on the clinical information provided, Wellpoint will make a medical necessity determination for each day of the continued stay.</li> <li>• Wellpoint will notify the facility daily of the medical necessity determination.</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 available information.*</li> </ul>	Not applicable.

\* For adverse Inpatient Concurrent Review medical necessity determinations, where the requesting provider does not agree with the determination, a Peer to Peer (P2P) review can be arranged prior to the member's discharge. The P2P review must be requested within 48 hours of receipt of a notification of adverse determination. To schedule a P2P Review, please call 866-696-2709.

## Need assistance?

To verify if particular services need authorization, use the Precertification Lookup Tool under Resources on <https://provider.wellpoint.com/md>. For questions about or assistance with determining the appropriate process to follow, contact Provider Services at **833-707-0868** from 8:30 a.m. to 5:30 p.m. ET.

- For questions related to precertification, notification, inpatient admission, concurrent and retrospective review, visit <https://provider.wellpoint.com/md> for the latest version of the provider manual.
- For questions about a specific service related to these policies and procedures, contact Provider Services at **833-707-0868** or your provider relationship management 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.

<https://provider.wellpoint.com/md>

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