



Dear Provider:

On June 1, 2022, BlueCross BlueShield of South Carolina's Medicare Advantage line of business will begin requiring prior authorization for all admissions at the inpatient level of care. A request for inpatient level of care will be reviewed by our Utilization Management team, including licensed nurses and physicians, using the MCG CareWeb guidelines, 26th edition. MCG is an independent company that provides clinical guidance to BlueCross BlueShield of South Carolina.

Clinical documentation must be submitted with any inpatient request. This documentation must include physician's notes, laboratory testing, and other information that represents the severity of illness of the patient and the intensity of services being provided. If a request for an inpatient level of care does not meet the guidelines for approval, an outpatient observation level of care will be approved.

In accordance with the Medicare Benefit Policy Manual (100-02), Chapter 6, Section 20.6 — **Outpatient Observation Services** (Rev. 215, Issued December 18, 2015; Effective January 1, 2016; Implementation: January 4, 2016), it is expected that the clinical documentation sent with the request will demonstrate the patient has received "ongoing short term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients." If the clinical documentation does not show the patient has received assessment, treatment and reassessment prior to the decision to request an inpatient level of care, the request may not be approved.

Also in accordance with Medicare guidance, **"Physicians should use the expectation of the patient to require hospital care that spans at least two midnights period as a benchmark, i.e., they should order admission for patients who are expected to require a hospital stay that crosses two midnights and the medical record supports that reasonable expectation."** However, the decision to admit a patient is a complex medical judgment which can be made only after the physician has considered a number of factors, including the patient's medical history and current medical needs, the types of facilities available to inpatients and to outpatients, the hospital's by-laws and admissions policies, and the relative appropriateness of treatment in each setting. Factors to be considered when making the decision to admit include such things as:

- The severity of the signs and symptoms exhibited by the patient;
- The medical predictability of something adverse happening to the patient;
- The need for diagnostic studies that appropriately are outpatient services (i.e., their performance does not ordinarily require the patient to remain at the hospital for 24 hours or more) to assist in assessing whether the patient should be admitted; and
- The availability of diagnostic procedures at the time when and at the location where the patient presents.

Admissions of particular patients are not covered or noncovered solely on the basis of the length of time the patient actually spends in the hospital."

We look forward to working with you and your clinicians to ensure every patient receives the appropriate level of care — one that meets but does not exceed the patient's clinical needs.

Sincerely,

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Chief Medical Officer, Medicare Advantage
BlueCross BlueShield of South Carolina