Subject: Inpatient Acute Level of Care

Background: Inpatient Acute Medical Admissions include items and services furnished to an inpatient, including room and board, nursing care and related services, diagnostic and therapeutic services and medical and surgical services.


Policy and Coverage Criteria:
Harvard Pilgrim StrideSM (HMO & POS) policies are based on medical science and relevant information including current Medicare benefit coverage (including Medicare Benefit Policy Manual, National and Local Coverage Determinations for the jurisdiction in which the care is rendered), and Harvard Pilgrim StrideSM (HMO & POS) Medicare Advantage Plan materials. Harvard Pilgrim Health Care (HPHC) utilizes the current editions of Change Health Care InterQual® Level of Care criteria: Acute Pediatric and Acute Adult InterQual® Level of Care in reviewing the appropriateness of admissions to acute inpatient facilities. InterQual® Criteria is available as part of the initial and concurrent review process for Inpatient Acute Care coverage for Adults and Pediatrics.

Change Healthcare InterQual® Criteria are nationally recognized medical necessity criteria developed by a clinical research staff, which includes physicians, registered nurses, and other health care professionals. The clinical content of the criteria is annually reviewed, updated, and validated by a national panel of clinicians and medical experts, including those in community and academic practice settings, as well as within the managed care industry throughout the United States.

Harvard Pilgrim StrideSM Medicare Advantage requires notification within 48 hours of the admission. You may submit admission notifications by calling the Medicare Advantage Provider Service Center at 1-888-609-0692 or by/fax at 1-888-874-0857. For details see the Stride Medicare Advantage Authorization and Notification Policy in our Provider Manual. In some cases, clinical documentation may be required to complete a medical necessity review. Please submit required documentation via secure fax 617-509-4207.

To Obtain InterQual® Criteria
Providers may contact the Medicare Advantage Provider Service Center at 1-888-609-0692 to request a copy of the criteria.

Background and Disclaimer
InterQual® are Medical Necessity Guidelines developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. Harvard Pilgrim Health Care will make coverage decisions using Medicare benefit coverage (including the

Harvard Pilgrim StrideSM (HMO & POS) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim StrideSM (HMO & POS) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim Stride SM (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.
Harvard Pilgrim Stride SM (HMO) Medicare Advantage Plans when Harvard Pilgrim Healthcare conducts utilization review unless otherwise noted in this guideline or in the Member’s benefit documentation. Coverage may vary depending on the terms of the benefit documentation. If a discrepancy exists between a Medical Necessity Guideline and the member’s benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures and claims editing logic.

**Summary of Changes:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Changes</th>
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</thead>
<tbody>
<tr>
<td>7/21</td>
<td>Annual review of IQ criteria</td>
</tr>
<tr>
<td>10/20</td>
<td>Annual review; added version of IQ criteria. Clarified language on when criteria is used. Added instructions for submitting requests and requesting a copy of criteria.</td>
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Approved by Medical Policy Committee: 7/20/21
Approved by Clinical Policy Operational Committee: 12/20; 7/21
Policy Effective Date: 10/1/21
Initiated: 10/19