DEPARTMENT: Medical Management	**DOCUMENT NAME:** Concurrent Review for NICU Inpatient Hospitalization
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SCOPE:
Coordinated Care Health Plan (Plan) Medical Management Team

PURPOSE:
To provide a work flow to facilitate an approval and ongoing concurrent review timeframe needs for Special Care Nursery (SCN) or Neonatal Intensive Care Unit (NICU) level III/IV based on the member's admitting diagnosis or current ongoing condition that can be decided upon by the UM nurse without Medical Director involvement when appropriate.

DESCRIPTION:

Within diverse hospital systems and facilities, personnel and technology at each Neonatal care level should be appropriate for patient needs to facilitate optimal outcomes. Level I or basic neonatal care, is the minimum requirement for any facility that provides inpatient maternity care. The institution must have the personnel and equipment to perform neonatal resuscitation, evaluate healthy newborn infants and provide postnatal care, and stabilize ill newborn infants until transfer to a facility that provides intensive care. Level II or specialty care nurseries, in addition to providing basic care, can provide care to infants who are moderately ill with problems that are expected to resolve rapidly or who are recovering from serious illness treated in a level III (subspecialty) NICU. Level III/IV or subspecialty NICUs, can care for newborn infants with extreme prematurity or who are critically ill or require surgical intervention.

Appropriate matching of levels of complexity of neonatal care to patient needs requires recognition of risk factors. Mortality and morbidity are highest in infants of the lowest birth weights and gestational ages. For example, in centers of the National Institute of Child Health and Human Development Neonatal Research Network in 1995–1996, survival to discharge was 97% at birth weight of 1251 to 1500g, 94% at birth weight of 1001 to 1250g, 86% at birth weight of 751 to 1000g, and 54% at birth weight of 501 to 750g. Similarly, the incidence in survivors of major morbidity, defined as chronic lung disease, severe intracranial hemorrhage, and/or proven necrotizing enterocolitis, was 10%, at birth weights of 1251 to 1500g, 23% at birth weights of 1001 to 1250g, 42% at birth weights of 751 to 1000g, and 63% at birth weights of 01 to 750g.

However, any degree of prematurity confers some risk. Compared with those born at term, infants born at 34 to 37 weeks' gestation are at increased risk of complications because of their physiologic immaturity. Complications can be seen with thermoregulation; resolution of apnea, bradycardia, and/or hypoxemic episodes; and oral feedings. Near-term infants (35–37 weeks' gestation) are at increased risk of hyperbilirubinemia (jaundice) and kernicterus[1] .

The Plan uses InterQual for determination of medical necessity for the neonates in this setting. This work flow will supersede InterQual criteria in these cases, and adheres to the practice standards, Washington State coverage determination and as set forth by the American Academy of Pediatrics (AAP).

WORK FLOW:

1. Gestational Age Less than or equal to 28 weeks:
    - When the initial inpatient admission is received, the Concurrent Review Nurse (CCRN) will apply clinical criteria and if criteria met approve 30 days.
        - Initial NICU level IV reviews other than for members with:
            - ECMO
            - Nitric Oxide

          should be tasked to Advisor Review for a determination, even if criteria is met at the nurse level.
            - If approved, the Advisor should task the review back to the CCRN for the notification process.
            - If denied, the Advisor should task the review to the Denial queue for the notification process.
    - If the initial review is approved, the facility will be notified per WA.UM.05 – *Timeliness of UM Decisions and Notifications* of the authorization number, the date of the next review and a request for notification of Discharge Planning needs.
    - The next review should occur on the last business day of the initial authorization date span, with a review of the previous day's clinical. On the last business day of the current authorization date span, the CCRN should request clinical for the previous day, apply clinical criteria and if criteria met:

- The nurse should approve the review following the gestational age guidelines within this policy, and follow the notification process, ***unless*** the stay is a NICU level IV or the member has had an increase in the level of care. All NICU level IV reviews and all reviews where the member has had an increase in the level of care should be tasked to Advisor Review for a determination, even if criteria is met at the nurse level.
    - If approved, the Advisor should task the review back to the CCRN for the notification process.
    - If denied, the Advisor should task the review to the Denial queue for the notification process.
- For line items 2 and forward, the request date will reflect the stated next review date.

2. Gestational Age is between 28 weeks and 34 weeks:
    - When the initial inpatient admission is received, the CCRN will apply clinical criteria and if criteria met approve 20 days.
        - Initial NICU level IV reviews other than for members with:
            - ECMO
            - Nitric Oxide

          should be tasked to Advisor Review for a determination, even if criteria is met at the nurse level.
            - If approved, the Advisor should task the review back to the CCRN for the notification process.
            - If denied, the Advisor should task the review to the Denial queue for the notification process.
    - If the initial review is approved, the facility will be notified per WA.UM.05 – *Timeliness of UM Decisions and Notifications* of the authorization number, the date of the next review and a request for notification of Discharge Planning needs.
    - The next review should occur on the last business day of the initial authorization date span, with a review of the previous day's clinical. On the last business day of the current authorization date span, the CCRN should request clinical for the previous day, apply clinical criteria and if criteria met:
        - The nurse should approve the review following the gestational age guidelines within this policy, and follow the notification process,

unless the stay is a NICU level IV or the member has had an increase in the level of care. All NICU level IV reviews and all reviews where the member has had an increase in the level of care should be tasked to Advisor Review for a determination, even if criteria is met at the nurse level.

- If approved, the Advisor should task the review back to the CCRN for the notification process.
- If denied, the Advisor should task the review to the Denial queue for the notification process.

- For line items 2 and forward, the request date will reflect the stated next review date.

3. Gestational Age is between 34 and 37 weeks:
   - When the initial inpatient admission is received, the CCRN will apply clinical criteria and if criteria met approve 10 days.
     - Initial NICU level IV reviews other than for members with:
       - ECMO
       - Nitric Oxide

     should be tasked to Advisor Review for a determination, even if criteria is met at the nurse level.
       - If approved, the Advisor should task the review back to the CCRN for the notification process.
       - If denied, the Advisor should task the review to the Denial queue for the notification process.
   - If the initial review is approved, the facility will be notified per WA.UM.05 – *Timeliness of UM Decisions and Notifications* of the authorization number, the date of the next review and a request for notification of Discharge Planning needs.
   - The next review should occur on the last business day of the initial authorization date span, with a review of the previous day's clinical. On the last business day of the current authorization date span, the CCRN should request clinical for the previous day, apply clinical criteria and if criteria met:
     - The nurse should approve the review following the gestational age guidelines within this policy, and follow the notification process, ***unless*** the stay is a NICU level IV or the member has had an increase in the level of care. All NICU level IV reviews and all reviews where the

member has had an increase in the level of care should be tasked to Advisor Review for a determination, even if criteria is met at the nurse level.
    - If approved, the Advisor should task the review back to the CCRN for the notification process.
    - If denied, the Advisor should task the review to the Denial queue for the notification process.
- For line items 2 and forward, the request date will reflect the stated next review date.

4. Gestational Age is greater than 37 weeks:
    - When the initial inpatient admission is received, the CCRN will apply clinical criteria and if criteria met approve days per the following guidelines:
        - For Special Care Nursery Level II (SCN) admission the CCRN will apply clinical criteria and if criteria met approve 5 business days.
            - SCN admission for the following diagnosis the CCRN will apply clinical criteria and if criteria met approve 3 business days:
                - Neonatal Abstinence Syndrome (NAS)
                - Hyperbilirubinemia
                - Failure to thrive
                - Inborn error of metabolism
                - Post surgical procedure
                - Rule out Sepsis
        - For NICU Level III admission the CCRN will apply clinical criteria and if criteria met approve 3 business days.
        - NICU level IV reviews other than for members with:
            - ECMO
            - Nitric Oxide

          should be tasked to Advisor Review for a determination, even if criteria is met at the nurse level.
            - If approved, the Advisor should task the review back to the CCRN for the notification process.
            - If denied, the Advisor should task the review to the Denial queue for the notification process.
    - If the initial review is approved, the facility will be notified per WA.UM.05

– *Timeliness of UM Decisions and Notifications* of the authorization number, the date of the next review and a request for notification of Discharge Planning needs.

- The next review should occur on the last business day of the initial authorization date span, with a review of the previous day's clinical. On the last business day of the current authorization date span, the CCRN should request clinical for the previous day, apply clinical criteria and if criteria met:
  - The nurse should approve the review following the gestational age guidelines within this policy, and follow the notification process, ***unless*** the stay is a NICU level IV or the member has had an increase in the level of care. All NICU level IV reviews and all reviews where the member has had an increase in the level of care should be tasked to Advisor Review for a determination, even if criteria is met at the nurse level.
    - If approved, the Advisor should task the review back to the CCRN for the notification process.
    - If denied, the Advisor should task the review to the Denial queue for the notification process.
- For line items 2 and forward, the request date will reflect the stated next review date.

5. The member will continue to be followed for discharge planning and discharge status throughout the inpatient stay.
   - Request specific discharge planning clinicals as appropriate based on clinical judgment for need using dc planning record request letter.
   - LOS and target discharge date will be monitored throughout the stay and adjusted and documented within the authorization in the Clinical Documentation System (CDS).

All denials for medical necessity will follow WA.UM.07 – *Adverse Determinations (Denial) Notices* as with any other authorization.

REFERENCES

1. Levels of Neonatal Care. Pediatrics Vol. 114 No. 5 November 1, 2004 pp. 1341 -1347

2. Improving Perinatal Regionalization by Predicting Neonatal Intensive Care Requirements of Preterm Infants: An EPIPAGE-Based Cohort Study. Pediatrics Vol. 118 No. 1 July 1, 2006 pp. 84-90
3. The Regionalization of Pediatric Health Care. Pediatrics 2010; 126:6 1182-1190
4. Moderately preterm infants and determinants of length of hospital stay. *Arch Dis Child Fetal Neonatal Ed* 2009; 94:F414-F418
5. WA.UM.05 *Timeliness of UM Determinations*
6. WA.UM.07 *Notification of Adverse Determinations*

ATTACHMENTS

DEFINITIONS:

Extracorporeal Membrane Oxygenation (ECMO): –treatment that uses a pump to circulate blood through and artificial lung back into the bloodstream, as heart-lung bypass support.

Kernicterus: Bilirubin induced brain dysfunction.

REVISION LOG

REVISION	DATE

VP Medical Management on file