

InterQual[®] Level of Care Criteria

Acute Adult



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Table of Contents

Introduction

CareEnhance[®] Review Manager

InterQual Criteria Book

InterQual Product Suite

Introduction

InterQual clinical content can be delivered in a variety of ways to meet your healthcare organization's needs. InterQual Criteria are available in the four formats below; they are also viewable via the InterQual Transparency Solution and InterQual Distributed Workflow, offerings that enable sharing the **gold standard** in evidence-based clinical decision support via Web portals.

This document is designed to provide a realistic view of InterQual content in several of the available formats using abbreviated versions of actual criteria.

For more information, please contact your McKesson Health Solutions Sales or Account Executive.

InterQual® Book

SAC / SNF Level I (SNF) Adult

INTENSITY OF SERVICE
(At Least Daily and Excludes PO medications unless noted)

RULE

ONE

- One Medical
- One Therapy

MEDICAL

- Pain management, **one**: (549) †
- Anti-infective (single) ≥ **1-2x/24h**
- Bladder Irrigation
- Bowel / Bladder management, **one**: (58, 610) †
- Clinical assessment ≥ **1x/24h**, ≥ **one**: (23, 637)
- Adjustments / Tapering ≥ **1** medication (PO) †
- PO medications (new regimen), ≥ **one**: (24) †
- IV / IM diuretic ≥ **2x/wk**
- DVT treatment (SC) ≤ **5d** (25, 6C14)
- Enteral feeds (initial), ≥ **one**: (26) †
- Fluids **50 mL/h** at least **500 mL/24h** ≤ **3d**
- Insulin (SC) (new regimen), ≥ **one**: (24) †
- Laboratory value assessment ≥ **3x/wk and** medication adjustment(s)
- Mental status assessment ≥ **1x/24h**, ≥ **one**: (24) †
- Psychotropic medications (PO / Parenteral), ≥ **one**: †
- Ostomy management (new) (24, 644)

THERAPY

- Initial evaluation **with** full participation, **all**: (31)
- Plan of care documented **F**, **both**: (32) †
- Respiratory interventions **7d/wk**, ≥ **one**: †
- Wound / Skin care, aseptic (excludes DSD), **one**: (568) †
- Initial evaluation **with** full participation, **all**: (31)
- Plan of care documented **F**, **both**: (32) †
- Medical / Psychosocial management (33)
- Care coordination **and** discharge planning initiated (34, 35) †
- Progress toward established goals, **one**: †

Easy to carry option available for all Level of Care, Care Planning, Retrospective Monitoring and Behavioral Health criteria.

CareEnhance® Review Manager

Book View
LOC:Home Care
Adult - Skilled Nursing: Clinical Assessment (Initial)

Select a Different Subset

Initial both

Severity of Illness

Intensity of Service

Discharge

Severity of Illness, All

- Clinical presentation, > one
- Bleed / Injury / Exacerbation / Surgery < 30d
- Discharged from inpatient facility
- End-stage disease / Hospice / Palliative
- Skilled assessment / intervention re...
- Adjustments in treatment / med...
- Compliance assessment
- Management and evaluation of
- New / Change in caregiver
- New onset symptoms
- New treatment / medication reg...
- Suspected safety / environmen...
- Patient / Caregiver unable to manag...
- Care required in the home setting, >

Informational Notes
Management of a care plan, which includes skilled nursing visits for observation and management of unskilled care needs, is reasonable and necessary when the patient is medically complex (e.g., active comorbidity and/or complications). Only a trained/licensed professional can ensure that essential unskilled care is achieving its purpose (e.g., cast evaluation and clinical assessment in a diabetic patient with peripheral vascular disease).

Browser-based software that enhances workflow efficiency, offers flexible reporting capabilities and improves communications.

InterQual® SmartSheet

InterQual® SmartSheets™

Authorization#

2008 Outpatient Rehabilitation and Chiropractic Criteria
Spinal Disorders, Lumbar: Rehabilitation (Adult)⁽¹⁾⁽²⁾

PATIENT: Name, D.O.B., ID#, GROUP#

CPT/ICD: Code, Facility, Service Date

PROVIDER: Name, ID#, Phone#

Signature, Date

Review Type (choose one and see below)

Initial Review

Ongoing Review

Discharge Review

New episode (Initial 4 wks of treatment)

Initial Review, ALL

Clinical presentation, one:⁽³⁾

Lumbar radiculopathy, both:⁽⁴⁾

Sx / Findings in nerve root distribution, ≥ one:⁽⁵⁾

- Unilateral weakness by PE:⁽⁶⁾
- Unilateral pain:⁽⁷⁾
- Unilateral paresthesias

Spinal cord compression / Cauda equina syndrome excluded by Hx & PE:⁽⁸⁾⁽⁹⁾⁽¹⁰⁾

Quick views of InterQual Care Planning Criteria to promote payor-provider transparency.

InterQual® Online

Book View
LOC:Acute Adult
Surgical / Trauma (Critical)

Different Subset

Admission both

(Oneof within 24h)

Severity of Illness, ≥ One

CLINICAL FINDINGS

IMAGING FINDINGS

- Aneurysm dissecting / leaking / ruptured
- Esophageal rupture / tear
- Intracerebral / Subdural / Subarachnoid bleeding
- Liver contusion
- Medastinal shift / widening
- Organ, ruptured / lacerated / Free air
- Pancreatic necrosis / hemorrhage
- Peripheral artery occlusion and thrombolytic
- Peripheral artery dissection

(At Least Daily)

An affordable, easy-to-implement, easy-to-use tool for reviewing InterQual Criteria in read only mode.

CareEnhance Review Manager InterQual Level of Care

Book View
LOC:Acute Adult
Cardiovascular / Peripheral Vascular (Acute)
✕

Select a Different Subset

Cardiovascular / Peripheral Vascular (Acute)	
Admission both: 7/2	
Severity of Illness	
Intensity of Service	
Continued Stay 7/2	
Intensity of Service	
Discharge Screens	
Discharge	

LOC:Acute Adult
Cardiovascular / Peripheral Vascular (Acute)

Level of Care Note
Instruction: This criteria subset covers patients with **cardiac** and/or **peripheral vascular** conditions in any acute care setting which can include a monitored bed.
 This criteria subset is appropriate to use when the patient is hemodynamically stable and any of the following apply:

- Post critical care monitoring
- Post weaning monitoring
- Procedures requiring inpatient hospitalization
- Nursing interventions at least every 4 to 8 hours
- IV medications requiring hospitalization for initial therapy

In many hospitals, cardiac monitoring is available on a general medical–surgical floor (Acute Care). Patients who are hemodynamically stable, require interventions no more than every 4 to 8 hours, and not receiving any vasoactive agents are appropriate for telemetry monitoring at the acute care level.

Example
Software Format

Book View
LOC:Acute Adult
Cardiovascular / Peripheral Vascular (Acute)

Select a Different Subset

Cardiovascular / Peripheral Vascular (Acute) InterQual® 2009
Admission, Both: FE
Severity of Illness
Intensity of Service
Continued Stay: FE
Intensity of Service
Discharge Screens
Discharge

(Onset within 1 wk)

Severity of Illness, ≥ One:

- CLINICAL FINDINGS
 - + ▶ DVT, ≥ One: N
 - + ▶ Dyspnea *and* hemodynamic stability, ≥ One: N OU
 - + ▶ Pericarditis, ≥ One:
 - + ▶ Peripheral / Femoral pulse absent / decreased, ≥ One:
 - + ▶ Syncope / Presyncope, ≥ One: N
- IMAGING FINDINGS
- LABORATORY FINDINGS

★ **Informational Notes**

Multi-Level of Care Note, Dyspnea :
 Dyspnea can be associated with pulmonary disease (e.g., pulmonary fibrosis, pulmonary embolism, emphysema, shock, or arrhythmias. This note describes the major clinical markers and the level of care where criteria can be met.

BLOOD GASES (Assigned LOC)

- O₂ sat < 89%(0.89) / Arterial Po₂ < 56 mmHg(7.5 kPa) and requiring mechanical ventilation / NIPPV / intubation - **(Critical Medical)**

Quality Indicators -- Web Page Dialog

Quality Indicators, Heart Failure:
 Members of the National Quality Forum (NGF), that include The Joint Commission, CMS, hospitals, private sector purchasers, and consumers, have worked together to define a national standard set of hospital quality measures. These measures focus on common data elements for the purpose of measuring the quality of hospital care and the goal of improving the healthcare delivery process.

Description: This quality measure focuses on patients with heart failure. Acute hospitals will collect the following data:

- Left ventricular function (LVF) assessment
- ACE inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB) for left ventricular systolic dysfunction prescribed at discharge
- Adult smoking cessation advice or counseling
- Discharge instructions

(Quality Net, Specifications Manual for National Hospital Quality Measures, 2008 [cited 2008 Jun 3])

Example
Software Format

Book View
LOC:Acute Adult
Cardiovascular / Peripheral Vascular (Acute)

Select a Different Subset

- Cardiovascular / Peripheral Vascular (Acute)
- Admission both: F72
- Severity of Illness
- Intensity of Service
- Continued Stay: F72
- Intensity of Service
- Discharge Screens
- Discharge

(At Least Daily)

Intensity of Service, ONE:

- **One IS**
- (Excludes PO medications unless noted)
- ▶ Bicarbonate
- ▶ Cardiac glycosides (eg, digitalis)
- ▶ Cardiac monitoring ≤ 2d, ≥ one: **N**
- ◆ Dyspnea **N**
- ◆ Ischemia
- ◆ K > 6.0 mEq/L (6.0 mmol/L)
- ◆ Pericarditis
- ◆ Syncope / Presyncope **N**
- ▶ Chest tube, one: **N**
- ▶ Dopamine / Dob
- ▶ DVT treatment,
- ▶ IV fluids ≥ 125

Notes -- Web Page Dialog

★ **Informational Notes**

Instruction: Consider inpatient admission for presyncope in the presence of serious cardiac disease (e.g., valvular disease, cardiomyopathy). The appropriate level of care is dependent upon the severity of symptoms.

Multi-Level of Care Note, Syncope:

Syncope is usually a sudden and brief loss of consciousness with loss of postural tone that patients generally recover from spontaneously. It can be cardiac or neurologic in nature or related to other causes. This note describes the major clinical markers and the level of care where criteria can be found.

ECG FINDINGS (Assigned LOC)

- 3rd degree block (complete) - (Critical Cardiac)
- AVR, sustained - (Critical Cardiac)
- AVR, nonsustained - (Intermediate Cardiac)
- Junctional escape rhythm and digitalis toxicity - (Critical Cardiac)
- V tach, nonsustained - (Critical Cardiac)
- Wide complex tachycardia - (Critical Cardiac)
- Pacemaker malfunction, suspected / actual - (Critical Cardiac)
- 2nd degree heart block (Mobitz II) - (Intermediate Cardiac)
- Junctional escape rhythm and heart rate > 60/min - (Intermediate Cardiac)
- Documented pause ≥ 3 sec - (Intermediate Cardiac)

VITAL SIGNS

- Systolic BP < 90 / decrease from baseline - (Critical Cardiac)
- Systolic BP > 90 - (Intermediate Cardiac)
- Heart rate < 60/min - (Intermediate Cardiac)

CLINICAL FINDINGS

- Ischemia - (Intermediate Cardiac)
- Suspected heart disease - (Intermediate Cardiac)
- Cardiovascular drug induced / Known cardiac disease - (Acute CV/PV)
- Headache - (Acute CNS/MS)
- Unknown etiology - (Observation)

Example
Software Format

Book View
LOC:Acute Adult
Cardiovascular / Peripheral Vascular (Acute)

Select a Different Subset

Cardiovascular / Peripheral Vascular (Acute)
Admission both:
Severity of Illness
Intensity of Service
Continued Stay
Intensity of Service
Discharge Screens
Discharge

Discharge, One: ALOC

- Clinical, ALOC
 - Home / OP, both:
 - ▶ Level of care appropriateness, all:
 - ◆ Home environment safe *and* accessible
 - ◆ Patient / Caregiver demonstrates ability to manage care
 - ◆ Physician follow-up arranged
 - ▶ Clinical stability, ≥ one:
 - Home Care, both:
 - Skilled Medical, both:
 - ▶ Level of care appropriateness, all:
 - ◆ Hemodynamic *and* neurologic stability
 - ◆ Physic
 - ◆ Skilled n
 - ◆ Treatme
 - ▶ Skilled treat

Notes -- Web Page Dialog

★ **Informational Notes**

The DS criteria are intended to assist the reviewer in identifying the next safest and most appropriate level of care. The levels of care listed here relate to those IS that recommend a discharge review as well as Home / OP.

Example Software Format

InterQual Criteria Book

Level of Care

Adult

Acute

CV/PV

Cardiovascular / Peripheral Vascular

Instruction: This criteria subset covers patients with **cardiac** and/or **peripheral vascular** conditions in any acute care setting which can include a monitored bed.

This criteria subset is appropriate to use when the patient is hemodynamically stable and any of the following apply:

- Post critical care monitoring
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- IV medications requiring hospitalization for initial therapy

In many hospitals, cardiac monitoring is available on a general medical-surgical floor (Acute Care). Patients who are hemodynamically stable, require interventions no more than every 4 to 8 hours, and not receiving any vasoactive agents are appropriate for telemetry monitoring at the acute care level.

† Remainder of criteria truncated for illustration purposes.

Example
Book Format

Acute

Cardiovascular / Peripheral Vascular

Adult

CV/PV

SEVERITY OF ILLNESS

(Onset within 1 wk)

RULE: ≥ One SI

CLINICAL FINDINGS

- DVT, ≥ **one**: (1, 2)
 - Active bleeding / High risk of bleeding (3)
 - Comorbid conditions necessitating hospitalization (4)
- Failure of OP treatment (5) †
- Dyspnea **and** hemodynamically stable (systolic BP > **100**), ≥ **one**: (G13, GC22, GM86, GQ120)
 - Heart rate **100-120/min**
 - O₂ sat < **89%** (0.89) / Arterial Po₂ < **56 mmHg** (7.5 kPa) †
- Pericarditis, ≥ **one**:
 - Anticoagulated (eg, warfarin) (8) †
- Peripheral / Femoral pulse absent / decreased, ≥ **one**:
 - Coldness / Mottling / Pallor / Numbness †
- Syncope / Presyncope, ≥ **one**: (10, GM88, G136)
 - Cardiovascular drug induced
 - Known cardiac disease

IMAGING FINDINGS

- Pericardial effusion
- Peripheral artery occlusion †

LABORATORY FINDINGS

Blood Gases †

Chemistry

- K < **2.5 mEq/L** (2.5 mmol/L) **w/o** ECG changes
- K > **6.0 mEq/L** (6.0 mmol/L) **w/o** ECG changes †

† *Remainder of criteria truncated for illustration purposes.*

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Adult **Cardiovascular / Peripheral Vascular** Acute

INTENSITY OF SERVICE
(At Least Daily)
RULE

- ONE:**
 • \geq One IS
 • \geq Three *IS and Discharge Review ⁽²⁰⁾

(Excludes PO medications unless noted)

Bicarbonate
 Cardiac glycosides (eg, digitalis)
 Cardiac monitoring \leq **2d**, \geq **one**: ⁽¹¹⁾
 • Dyspnea ^(GC22, GQ120)
 • Ischemia †
 Chest tube, **one**: ^(GC19)
 • Suction, continuous
 • $\emptyset \leq$ **200 mL/d and discharge review**
 (HC / SAC) ^(12, 13)
 Dopamine / Dobutamine / Milrinone /
 Amrinone, **one**: ^(14, GC22)
 • Continuous infusion requiring infrequent
 titration †
 DVT treatment, **one**: ^(GC23)
 • LMWH \leq **3d** †
 IV fluids \geq **125 mL/h**, \geq **one**:
 • BUN:Creatinine (ratio) $>$ **20** †
 Kayexalate PO / PR **and** K $>$ **6.0 mEq/L**
 (6.0 mmol/L)
 KCl $<$ **10 mEq/h** / $<$ **120 mEq/24h**, **one**: †
 Mechanical ventilation / NIPPV, **one**: ^(G98)
 • Respiratory interventions **3-4x/24h**,
 \leq **3d** ⁽¹⁵⁾ †
 Oxygen \geq **40%** (0.40) \leq **2d** ^(17, G103)
 PO medication adjustment \leq **2d**, \geq **two**:
 • ACE inhibitors / Angiotensin II antagonists †
 Post critical care \leq **24h**
 Post ventilator weaning monitoring \leq **24h**
 (oximetry / ABG)
 Thrombolytics ⁽¹⁹⁾

(Excludes PO medications unless noted)

- * Analgesics \geq **3x/24h** / continuous
- * Anticoagulants, therapeutic ⁽²¹⁾
- * Anticonvulsants
- * Anti-emetics, **one**:
 • \geq **3x/24h**
 • Serotonin antagonists **q24h**
- * Antihypertensives
- * Anti-infectives †

CV/PV

† Remainder of criteria truncated for illustration purposes.

Acute

Cardiovascular / Peripheral Vascular

Adult

CV/PV

DISCHARGE SCREENS

(At Least Last 12h)

RULE: One: ALOC ⁽²⁷⁾

ALOC

Home / OP, both:

- Level of care appropriateness, **all:**
 - Home environment safe **and** accessible
 - Patient / Caregiver demonstrates ability to manage care †
- Clinical stability, **≥ one:**
 - Chest pain resolved, **all:** ⁽²⁸⁾
 - ◆Ambulating **w/o** pain last **24h**
 - ◆Heart rate **50-100/min** †

ALOC (Cont'd)

Home Care, both:

- Level of care appropriateness, **all:**
 - Home environment safe **and** accessible
 - Clinical stability, **all:**
 - ◆Heart rate **50-100/min**
 - ◆Neurologic stability ⁽³¹⁾ †
- Skilled treatment, **≥ one:**
 - Anticoagulant administration **and** teaching
 - Chest tube to Heimlich valve ⁽²⁹⁾ †
- Skilled Medical, both:**
 - Level of care appropriateness, **all:**
 - Hemodynamic **and** neurologic stability ⁽³¹⁾
 - Physician / NP / PA assessment / oversight **≥ 1x/wk** †
 - Skilled treatment, **≥ one:**
 - At least **1** respiratory intervention **7d/wk** †
- Subacute Medical, both:**
 - Level of care appropriateness, **all:**
 - Hemodynamic **and** neurologic stability ⁽³¹⁾
 - Physician / NP / PA assessment / oversight **≥ 2x/wk** †
 - Skilled treatment, **≥ one:**
 - **≥ 2** respiratory interventions **7d/wk**
 - Chest tube to water seal ⁽²⁹⁾ †
- Other ALOC** ^(G7)

† *Remainder of criteria truncated for illustration purposes.*

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NOTES

CV/PV

- 1:** Patients with DVT on low molecular weight heparin (LMWH), may be treated within one day at Observation level. During this time the patient and/or caregiver is taught how to administer LMWH and/or arrangements are made for home care services to continue teaching patient and/or caregiver home management. Safe discharge requires adequate follow-up care (e.g., laboratory monitoring, home care services, physician office visits).
- 2:** In patients considered at low to moderate risk, a negative D-dimer safely rules out DVT/PE. Use of the D-dimer test reduces the use of repeat ultrasound studies in patients likely to have DVT/PE. D-dimer establishes a DVT/PE diagnosis in many of these patients (Fancher et al., Bmj 2004; 329(7470): 821; Wells et al., N Engl J Med 2003; 349(13): 1227-1233; Frost et al., Mayo Clin Proc 2003;78:1385-1391).
- 3:** Patients at high risk for bleeding include those with thrombocytopenia, medication use affecting coagulation such as aspirin, coumadin, antiplatelet agents (ticlopidine, clopidogrel), or recent thrombolytics, coagulopathies, any history of bleeding diathesis, active malignancies, or a creatinine > 3 mg/dL.
- 4:** Comorbid conditions which may result in hospitalization of patients with DVT include:
 - Liver disease
 - Major surgery or trauma within last month
 - Malignancy with current chemotherapy
 - Pregnancy
 - Renal dysfunction or hemodialysis dependent
 - Stroke within last 3 months †

† Remainder of criteria truncated for illustration purposes.

InterQual® Suite of Products

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