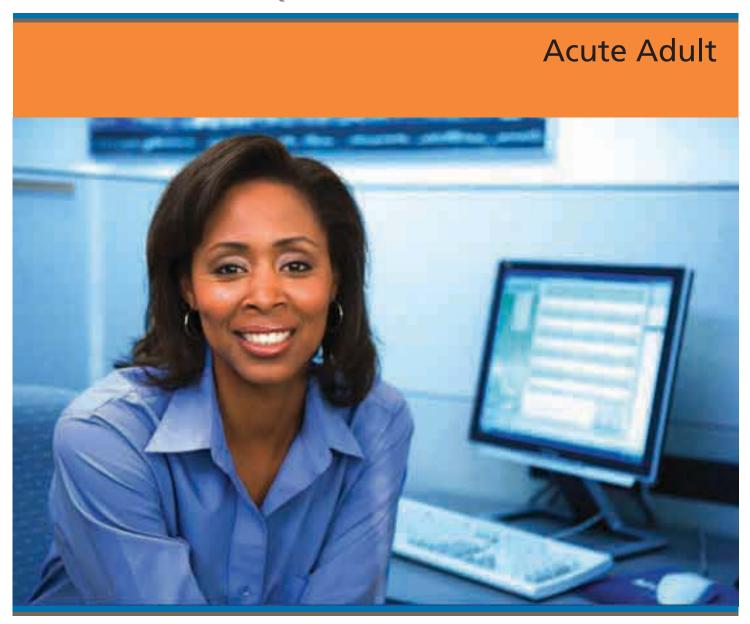


Product Sample

InterQual® Level of Care Criteria



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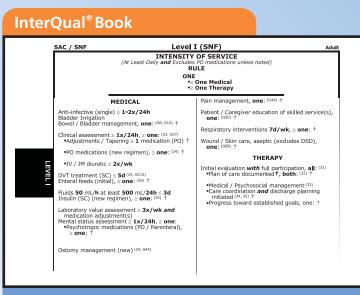


Introduction

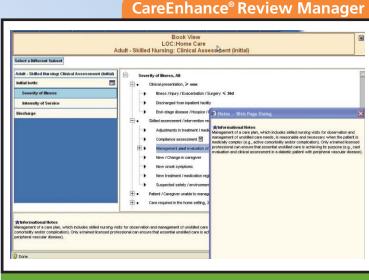
InterQual clinical content can be delivered in a variety of ways to meet your healthcare organization's needs. InterQual Criteria are available in the four formats below; they are also viewable via the InterQual Transparency Solution and InterQual Distributed Workflow, offerings that enable sharing the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

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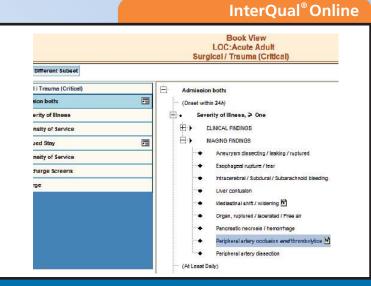


Easy to carry option available for all Level of Care, Care Planning, Retrospective Monitoring and Behavioral Health criteria.



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

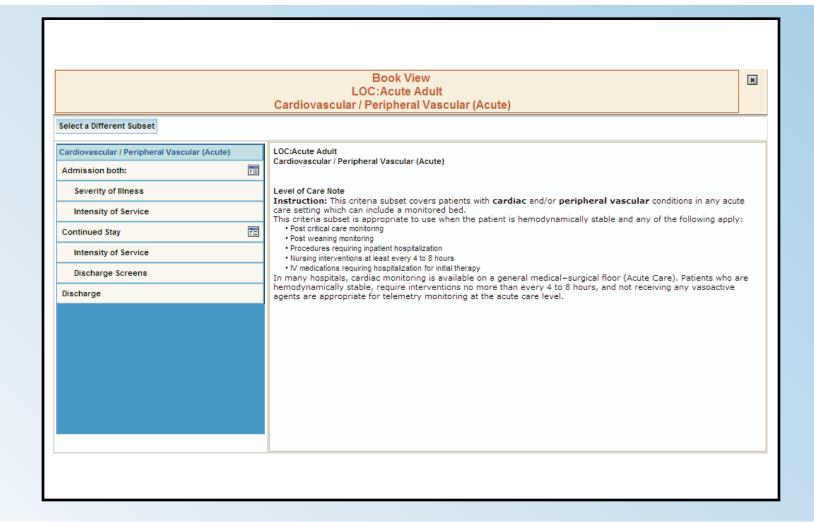
InterQual® SmartSheet Authorization# InterQual[®] S m a r t S h e e t s™ 2008 Outpatient Rehabilitation and Chiropractic Criteria Spinal Disorders, Lumbar: Rehabilitation (Adult) (1)(2) PATIENT: Name D.O.B. ID# GROUP CPT/ICD: Code Service Date Facility PROVIDER: Name ID# Phone# Signature Date Review 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.



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



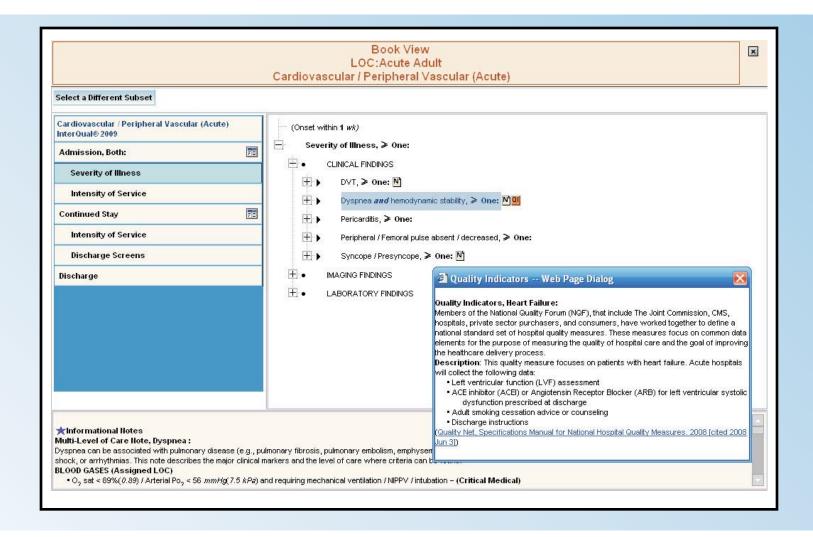
CareEnhance Review Manager InterQual Level of Care



Example Software Format

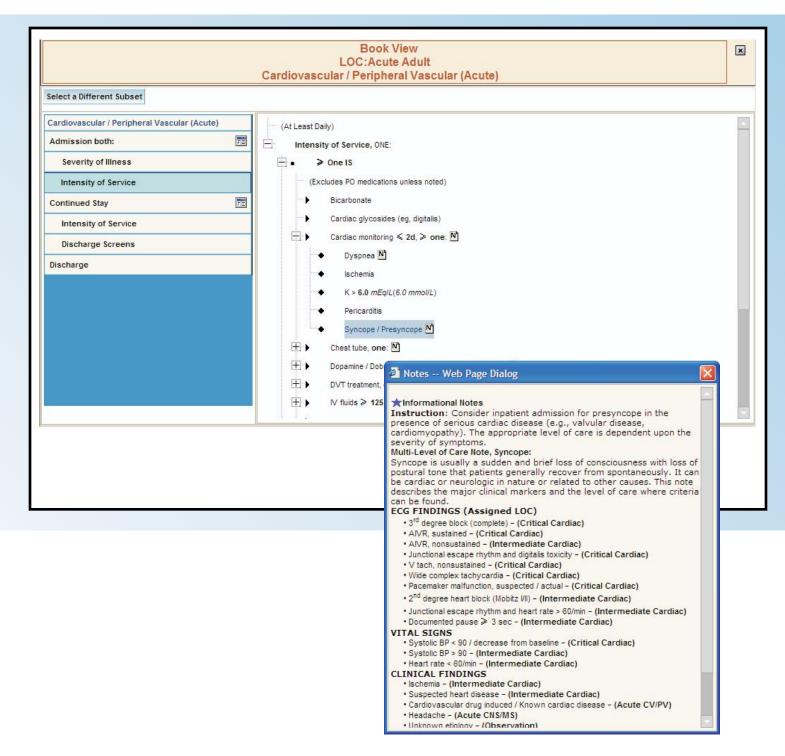
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Example Software Format

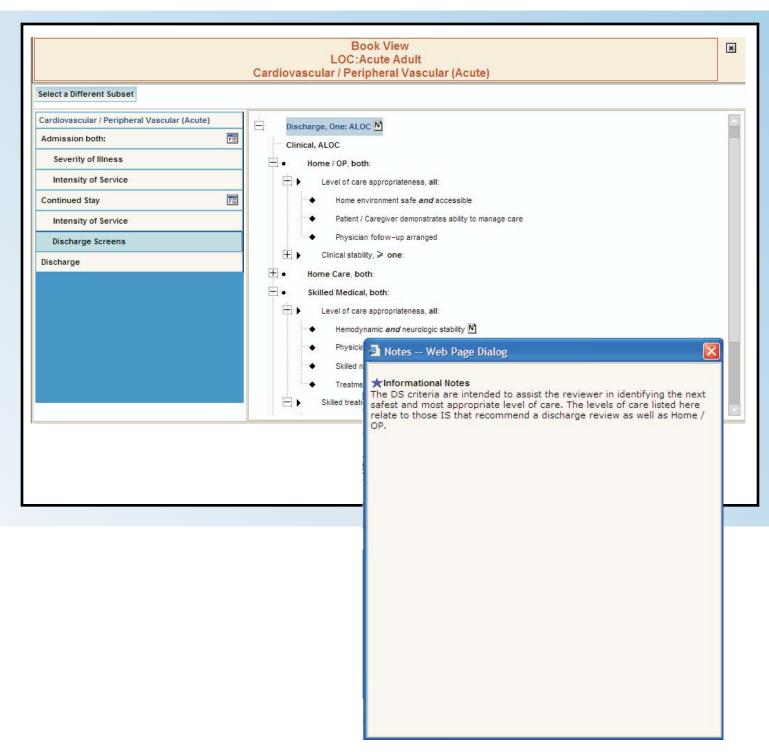




Example Software Format

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Example Software Format



InterQual Criteria Book Level of Care

Adult Acute

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
- 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.

† Remainder of criteria truncated for illustration purposes.

Example Book Format

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Empowering Healthcare

Acute

Cardiovascular / Peripheral Vascular

Adult

SEVERITY OF ILLNESS (Onset within 1 wk) RULE: ≥ One SI

CLINICAL FINDINGS

DVT, \geq 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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Example **Book Format**



Cardiovascular / Peripheral Vascular **Acute** Adult **INTENSITY OF SERVICE** (At Least Daily) **RULE** ONE: •≥ One IS •≥ Three *IS and Discharge Review (20) (Excludes PO medications unless noted) (Excludes PO medications unless noted) Bicarbonate Analgesics $\geq 3x/24h$ / continuous Cardiac glycosides (eg, digitalis) Anticoagulants, therapeutic (21) Cardiac monitoring ≤ **2d**, ≥ **one**: (11)
•Dyspnea (GC22, GQ120) Anticonvulsants Anti-emetics, one: •Ischemia † •≥ 3x/24h Chest tube, one: (GC19) Serotonin antagonists q24h •Suction, continuous • Ø ≤ **200** *mL*/**d** *and* **discharge review** (HC / SAC) (12, 13) Antihypertensives Anti-infectives † Dopamine / Dobutamine / Milrinone / Amrinone, one: (14, GC22) Continuous infusion requiring infrequent titration † DVT treatment, one: (GC23) LMWH ≤ 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, ≤ **3d** (15) 1 Oxygen ≥ 40% (0.40) ≤ 2d (17, 6103)

PO medication adjustment ≤ 2d, ≥ two:

•ACE inhibitors / Angiotensin II antagonists †

Post critical care ≤ 24h Post ventilator weaning monitoring \leq **24h** (oximetry / ABG) Thrombolytics (19) † Remainder of criteria truncated for illustration purposes.

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Example Book Format

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Acute

Cardiovascular / Peripheral Vascular

Adult

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) †
- •Neurologic stability (--)
 •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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Example **Book Format**



Cardiovascular / Peripheral Vascular

Acute

NOTES

- 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

Adult

- Major surgery or trauma within last month
- Malignancy with current chemotherapy
- Pregnancy
- Renal dysfunction or hemodialysis dependent
- Stroke within last 3 months †

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Example Book Format

InterQual Acute Adult Page 13 of 14

V/VV



InterQual® Suite of Products

Clinical Content

InterQual Level of Care Criteria

- Acute
- Long-Term Acute Care
- Rehabilitation
- Subacute & SNF
- Home Care
- Outpatient Rehabilitation & Chiropractic

InterQual Care Planning Criteria

- Molecular Diagnostics
- Imaging
- Procedures
- Durable Medical Equipment
- Speciality Referral

InterQual Behavioral Health Criteria

- Child Psychiatry
- Adolescent Psychiatry
- Adult Psychiatry
- Geriatric Psychiatry
- Chemical Dependency & Dual Diagnosis
- Residential & Community-Based
 Treatment

InterQual Retrospective Monitoring Criteria

■ SIM plus TM

InterQual Clinical Evidence Summaries

Software and Technology

- CareEnhance® Review Manager
- Auto Authorization Solutions
- InterQual Transparency Solution
- InterQual Distributed Workflow
- Custom Criteria Utility
- Enterprise Plus Pak
- InterOual Historical Criteria
- InterQual Online
- InterQual Online Anonymous Review
- InterQual Interrater Reliability Suite

Business Services

- Audit Support Services
- Optimization Assessments
- Value Study Programs
- Technology and Integration Services
- Implementation Services
- Training and Education Services
- Professional Healthcare Management Certification (CPHM)