

# Upper Peninsula Health Plan

## Utilization Management Criteria Review

### InterQual® Level of Care Acute Care Criteria

#### 2019

Based upon a review of the 2019 InterQual® Level of Care Acute Care Criteria, Upper Peninsula Health Plan (UPHP) Utilization Management staff recommends that the 2019 Criteria for acute care be approved by the UPHP Clinical Advisory Committee for use during Post-Service Review.

#### DISCUSSION:

During the review of the 2019 InterQual® Level of Care Acute Care Criteria, the following changes and updates were found:

1. **New Hospital in the Home (HITH):** New subset that offers criteria for seven conditions appropriate for management in the home at the acute level of care. Developed to offer significant cost savings, fewer readmissions, and increased patient satisfaction. Patients are triaged, diagnosed, and admitted by their primary care physician or an emergency department (ED) physician or, may be discharged early from a hospital to continue HITH care at home.

EPISODE DAY 1 ▾
CLEAR ALL
EXPAND ALL
COLLAPSE ALL
COMMENTS 0

⊖ Episode Day 1, One: 🗨

⊖ HOSPITAL IN THE HOME, Both: 🗨

⊖ Patient selection, All: 🗨 Note

🗨 Patient agrees to participate in Hospital in the Home program 🗨

🗨 Home environment conducive to safe care 🗨 Note

⊖ Clinically stable for home management, All: 🗨

+ O<sub>2</sub> sat, One: 🗨 Note

🗨 Systolic blood pressure ≥ 90 mmHg 🗨

🗨 Mental illness absent or controlled 🗨 Note

🗨 Substance abuse disorder absent or controlled 🗨 Note

⊖ Finding, Both: 🗨 Note

🗨 Hospital in the Home (HITH) screening complete and patient accepted 🗨

⊖ Condition, One: 🗨 Note

+ Cellulitis and, Both: 🗨 Note

+ Chronic obstructive pulmonary disease (COPD), All: 🗨 Note

+ Deep vein thrombosis (DVT), All: 🗨 Note

+ Heart failure (excludes first episode), Both: 🗨 Note

+ Pneumonia, All: 🗨 Note

+ Pulmonary embolism All: 🗨 Note

+ Pyelonephritis, All: 🗨 Note

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2. **Observation/Inpatient Enhancements:** Newly restructured criteria direct more patients to the Observation level of care. National benchmark data has been added to indicate the percentage of hospital stays typically reimbursed as outpatient. A new Physician Admission Guide summarizes the differences in severity and treatment criteria between the Observation and Acute levels of care for common ambulatory-sensitive conditions.

## National Benchmark data:

Utilization Benchmarks *Select one*



Condition or Procedure ▲	% Pd Obs	LOS (days)	Type
202 BRONCHITIS AND ASTHMA WITH CC/MCC	n/a	3	CMS GMLOS
203 BRONCHITIS AND ASTHMA WITHOUT CC/MCC	n/a	2.4	CMS GMLOS
205 OTHER RESPIRATORY SYSTEM DIAGNOSES WITH MCC	n/a	4	CMS GMLOS
206 OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT MCC	n/a	2.5	CMS GMLOS
867 OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH ...	n/a	5.6	CMS GMLOS
868 OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH ...	n/a	3.6	CMS GMLOS
869 OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH...	n/a	2.7	CMS GMLOS
PNEUMONIA	14%	4	InterQual

Percent Paid as Observation indicates the final payment status as a percentage for patients hospitalized with the condition. It may not correspond to the status assigned at admission. Note that patients initially placed in Observation status who are converted to inpatient status (common) are included in the inpatient category, and that patients initially admitted to inpatient status who are converted to observation status (uncommon) are included in the Observation category.

## Physician Admission Guide:

### InterQual® 2019 Physician Admission Guide

This document identifies key clinical differentiators between the Observation and Acute levels of care for clinical conditions in the Acute Adult Criteria. It is intended to serve as a guide to admitting providers to support documentation and decision making when assigning a level of care.



Conditions	Observation (6hrs ≥ and ≤ 48hrs)	Acute (> 48hrs)
Abdominal pain (non traumatic)	Susp/known infection OR MS changes OR GCS 9-14 OR Hx of abd surg OR vomiting after ≥ 2 antiemetic doses AND imaging AND NPO AND IVF	n/a
Acute Coronary Syndrome (ACS)	Chest pain free/controlled with medication AND SBP ≥ 90 AND troponin negative AND ECG normal/unchanged/LBBB/nondiagnostic	NSTEMI AND troponin positive OR unstable angina AND ischemic/paced ECG
Anaphylaxis/allergic reaction	Airway patent AND hemodynamically stable after epinephrine admin AND ≥ 2 epinephrine doses needed/Hx of biphasic reaction AND antihistamine/corticosteroid	Impending intubation OR mechanical ventilation OR NIPPV OR nebulizer/inhaler q 1-2 hr/continuous
Anemia, unknown etiology	Hct 18-25%/Hb 6.0-8.3 g/dL AND age < 65 OR asymptomatic OR non vit K oral anticoagulant	Hct < 18%/Hb < 6.0 g/dL OR Hct < 25%/Hb < 8.3 g/dL AND age ≥ 65 yrs OR Hct < 30%/Hb < 10.0 g/dL AND dyspnea OR orthostatic HTN OR presyncope OR syncope
Arrhythmia	Afib OR Aflutter AND onset < 48h AND resolved after ibutilide OR sustained after Rx and intervention/anti arrhythmic planned	Abnormal ECG AND syncope OR Afib or Aflutter sustained after Rx OR ICD and repetitive shocks OR supraventricular/wide complex/ventricular tachycardia OR bradycardia/junctional rhythm/AV block requiring intervention OR suspected drug toxicity requiring continuous cardiac monitoring (excludes Holter)
Asthma	Wheezing AND dyspnea OR HR > 100 OR O2 sat < 96% OR PEF/FEV 26-69% OR pulsus paradoxus > 10 mmHg OR use of accessory muscles AND failed OP Rx/failed ED Rx of ≥ 3 short-acting beta-agonist and ipratropium OR ≥ 2 short-acting beta-	Impending intubation OR wheezing unresolved after ED Rx AND DM with BS 300 OR pneumonia OR Hx of severe exacerbation/intubation/critical care admission OR pneumonia OR difficulty perceiving severity of asthma OR mental illness OR substance use disorder

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3. **Expansion of Care Management Information (CMI) Notes:** Proactive guidance, including expected progress and care facilitation, has been added for 12 more adult and pediatric acute conditions
- a. Bowel Obstruction\*
  - b. Bronchiolitis
  - c. Cellulitis\*
  - d. Cholecystitis
  - e. Infection: Meningitis\*
  - f. Infection: Pyelonephritis\*
  - g. Infection: Sepsis\*

\*For both Adult and Pediatric

**Medical Review** *Bowel Obstruction* **CHANGE SU**

**INITIAL REVIEW** **CLEAR ALL** **EXPAND ALL** **MARKS**

(Symptom or finding within 24h) (Excludes PO medication)

- Initial review, One: Note 2MN
- (From arrival in ED through decision to admit)
- ACUTE, One: Note
- Bowel obstruction confirmed by

**Care Management Note**

Studies recommend intravenous antiemetic administration for reduction of the nausea and vomiting commonly associated with bowel obstruction and to reduce the risk of aspiration. It is suggested that narcotics be avoided, as they slow peristalsis and may mask the symptoms of intestinal perforation or necrosis such as severe pain, rebound tenderness, and abdominal rigidity. (1)

1. Reddy and Cappell, Current gastroenterology reports 2017, 19: 28