The InterQual Level of Care products span the continuum of care, from acute settings through post acute facilities, home care, and outpatient treatment. The richness of clinical detail allows for consideration of an individual patient's severity of illness, co-morbidities, and complications, when assessing which level of care is appropriate. InterQual Criteria for post acute care provided in the inpatient, home care, or outpatient setting contains objective endpoints for service, allowing easy review for discharge or transfer readiness with built-in checkpoints to identify progress, plateau, or achievement of goals. Because the criteria support decisions based on the individual's clinical needs, the clinical review process guides the reviewer toward the safest and most efficient level of care.

The Criteria reflect clinical interpretations and analyses and cannot alone either resolve medical ambiguities of particular situations or provide the sole basis for definitive decisions. The Criteria are intended solely for use as screening guidelines with respect to the medical appropriateness of healthcare services and not for final clinical or payment determinations concerning the type or level of medical care provided, or proposed to be provided, to a patient.

Development of InterQual Criteria

InterQual clinical decision-support criteria are based on well-researched medical evidence that is reviewed and updated annually. The criteria consist of rule-based clinical indicators or statements that focus on each individual patient’s clinical presentation. The content is developed in annual cycles with five stages.

- Select new topics and content for revisions. McKesson’s clinical team selects new areas to develop and areas to revise based on systematic, continuous review of the most current medical and behavioral health literature and feedback from clients and clinical consultants over the course of the year.
- Research evidence-based literature. Our clinical team performs a comprehensive search and critical appraisal of the evidence-based literature, selecting the best available valid evidence. Input from our external consultants is incorporated into the initial drafts or revisions. There are more than 16,000 citations within the InterQual clinical decision support tools. All recent references in the criteria are assigned classifications that identify the type of evidence. Providers who access the criteria via Review Manager can link directly from short citations in the InterQual notes to the long citation reference and abstracts. The McKesson Evidence Classification system identifies the type of evidence as follows:
  
  - **Class I**: Meta analysis or systematic review
  - **Class II**: Randomized control trial
  - **Class III**: Observational or epidemiologic study
  - **Class IV**: Evidence-based guideline
  - **Class V**: Expert opinion, panel consensus, literature review, text or reference book, descriptive study, case report, or case series

- Review and revise. Clinical consultants review the content and suggest revisions to the McKesson team, who synthesizes them, and then sends the content back to the consultants for further review in an iterative, consensus-building process.
- Validate. Clinical consultants who have not been part of the process up to this point assess and validate the content for clinical accuracy.
- Format and review for quality assurance. Content is prepared for software and reviewed for clinical consistency and completeness across products by McKesson’s clinical staff before distribution to our clients.
Level of Care Criteria Products

The Level of Care Criteria products are:
- Acute Care
- Long-Term Acute Care
- Rehabilitation
- Subacute & SNF
- Home Care
- Outpatient Rehabilitation and Chiropractic Care

Level Of Care Review Types

There are five types of reviews that can be performed using the InterQual Level of Care Criteria.
- **Preadmission Review** – Performed prior to a planned admission.
- **Admission or Initial Review** – Performed to determine appropriateness of admission to a level of care. Reviews are completed for an admission and when a patient is transferred to a higher level of care. Reviews are based on the patient’s severity and treatments being provided or proposed to be provided.
- **Continued Stay or Ongoing Review** – Performed to determine if the level of care is still appropriate. Reviews are based on the patient’s clinical stability, treatment and/or progress with treatment.
- **Discharge Review** – Performed to determine the safety of discharge or transfer from one level of care to another.
- **Secondary or Secondary Medical Review** – A next level review performed when the primary review results does not meet criteria. The organization determines the qualifications of the secondary reviewers. Medical review is required for a “not approved” outcome.

Each review type is explained in detail in the product-specific Review Process document located in the CareEnhance® Review Manager on-line Help files: InterQual Clinical Reference.

Review Process

The criteria products are used to perform a primary or secondary review. Typically, a nurse reviewer conducts the primary review using the criteria to determine whether an intervention is appropriate. If the criteria requirements are not met during this first level review, or if the reviewer is uncertain about aspects of the review, a secondary review is initiated. A physician, specialist, or supervisor conducts the secondary review. The secondary reviewer carefully reviews the clinical information to determine the appropriateness of the request. When the patient’s clinical condition warrants an intervention, screening criteria can serve to justify and document the decision to provide that service.

Acute Care Criteria

The InterQual Acute Criteria is a valuable tool for ensuring that members admitted to an acute facility receive the right care in the right setting. The product provides support for determining the appropriateness of admission, continued stay, and discharge for members receiving acute care—including admissions for procedures in the inpatient setting. Adult criteria are for review of patients ≥ 18 years of age. Pediatric criteria are for review of patients < 18 years of age.
Long-Term Acute Care Criteria

The Long-Term Acute Care criteria cover the top referral diagnoses that require extended acute care services. Whether catastrophically ill or dependent on high-technology devices, these patients may be cared for in facilities that manage those too ill for discharge to a subacute or skilled nursing facility but who have reached some level of medical stability. The subsets have been validated for use with adult patients ≥ 18 years.

Rehabilitation Criteria

The InterQual Rehabilitation Criteria provides support for managing the appropriateness of admission, continued stay, and discharge for the range of acute and subacute rehabilitation levels of care. The criteria differentiate between acute and subacute rehabilitation levels, directing admissions based on the severity of the member’s diagnosis, functional impairment, and ability to tolerate the rehabilitation program. The Adult Rehabilitation criteria are for patients ≥ 18 years. The Pediatric Rehabilitation criteria are for patients < 18 years.

Subacute & SNF Criteria

The InterQual Subacute & SNF Criteria differentiates between the subacute and skilled nursing facility levels to identify the most appropriate level based on patient care needs, services, and clinical stability. The Subacute & SNF criteria for level I thru III are for patients ≥ 18 years, while the Pediatric Subacute level are for patients < 18 years.

Home Care Criteria

The InterQual Home Care Criteria is organized both by service ordered and initial or ongoing review types to maximize workflow efficiency. It covers care requirements for patients who have reached some level of stability, yet require continued skilled services in the home before continued treatment in outpatient settings is appropriate. The Maintenance Therapy subset allows for patients with continued skilled therapy needs in order to prevent or slow further deterioration. Home Care criteria fosters efficient use of resources by tying numbers of visits to objective clinical parameters and time frames.

Outpatient Rehabilitation and Chiropractic Criteria

The InterQual Outpatient Rehabilitation & Chiropractic Criteria covers top referral diagnoses—including most nonoperative, preoperative, and postoperative musculoskeletal diagnoses, Cardiac Rehab, Traumatic Brain Injury, Lymphedema, Multiple Sclerosis, and Cerebrovascular Accidents. The Maintenance Therapy subset allows for patients with continued skilled therapy needs in order to prevent or slow further deterioration. A Pediatric Rehabilitation subset covers the commonly seen pediatric conditions. All other subsets have been validated and have been identified for either the “Adult” only or “Adult or Adolescent” patient population. Initial and Ongoing review criteria consist of objective clinical indicators and therapeutic services. Because the product provides unique visit patterns based on functional limitation, it is easy to determine what is clinically necessary based on the severity of the member’s diagnosis and functional limitation.
Criteria Training Programs

McKesson’s comprehensive range of training programs give the new user a working knowledge of InterQual criteria and software, and the experienced user a quick way to get the most from InterQual products and annual enhancements. Training is available on all InterQual Criteria sets. Any questions about training should be directed to the licensee of the InterQual Criteria products.