



# InterQual Acute Adult Criteria

Support appropriate acute care for adult patients

InterQual® Acute Adult Criteria helps payers and providers support effective, efficient care management. The criteria are organized by primary condition and include relevant complications and comorbidities within one view. By addressing the patient as an individual case rather than taking a one-dimensional, condition-focused approach, the criteria facilitate the movement of patients through the care continuum. This integrated approach to utilization and case management is a powerful aid to decrease inappropriate admissions, avoidable days and readmissions.

**Inclusion of comorbid conditions** – Supports appropriate admission and continued stay for medically complex patients with comorbid conditions, frailty or social determinants of health (SDOH) issues who might not meet criteria for the primary condition alone. This minimizes the administrative inefficiencies of secondary reviews for those who qualify for inpatient care.

**Discharge support** – Responder criteria helps adjust patient-care timeframes and incorporate clinical stability criteria relevant to the patient's condition, complications or comorbidities to support determination of discharge readiness or a continued stay. Discharge screens and the transition planning tool support identification of the appropriate discharge level of care and include a checklist of tasks which take into consideration SDOH to support a safe transition of care and reduce the risk of readmission.

**InterQual initial review criteria** – Enables rapid decision-making at the time of admission to place patients in the appropriate level of care without delay.

**Utilization benchmarks** – Helps guide patient placement and assist discharge planning. Benchmarks include proprietary InterQual percent paid as observation, InterQual length of stay and InterQual setting of care guidance, which are based on claims data from millions of patient discharges and CMS Geometric Mean Length of Stay data.

**Care management information notes** – Provide guidance for expected progress, care facilitation, SDOH assessment and admission considerations to support conversations between care managers and the care team.

**Medicare policy alignment** – Medicare policy notes are included in the workflow to support application of the Two-Midnight rule, assisting with compliance for payers and providers managing Medicare beneficiaries.

**Decision Reasons\*** – Provides organizations a library of consumer-level content used to communicate why a service may not be clinically appropriate for a patient. This content is aligned with InterQual criteria and supports consistency and transparency while streamlining the patient-provider-payer communication process.






## Sample subsets

- Acute Coronary Syndrome (ACS)
- Acute Kidney Injury
- Anemia
- Antepartum
- Arrhythmia: Atrial
- Asthma
- Bowel Obstruction
- COPD
- Deep Vein Thrombosis
- Dehydration or Gastroenteritis
- Diabetes Mellitus
- Epilepsy
- Extended Stay
- Gastrointestinal (GI) Bleeding
- General Medical
- General Surgical
- General Trauma
- Heart Failure
- Hospital in the Home
- Hypertension
- Hypertensive Disorders of Pregnancy
- Hypoglycemia
- Infection: Cellulitis
- Infection: General
- Infection: Pneumonia
- Infection: Sepsis
- Inflammatory Bowel Disease
- Non-Traumatic Bleeding
- Pulmonary Embolism
- Sickle Cell Disease
- Stroke
- Syncope
- TIA

\* Available as a content add-on.

# Clinical decision support across the continuum of care

## InterQual criteria and industry content

 Level of Care	 Behavioral Health	 Ambulatory Care Planning	 Industry Content	 Care Coordination
Acute Adult*	Adult and Geriatric Psychiatry	Procedures*	The ASAM Criteria®	Coordinated Care
Acute Pediatric*	Child and Adolescent Psychiatry	Imaging	Concert Genetics	Patient Education
Long-Term Acute Care*	Substance Use Disorders	Durable Medical Equipment*	Medicare Behavioral Health	
Inpatient Rehabilitation*	Behavioral Health Services	Molecular Diagnostics	Medicare Procedures*	
Subacute and Skilled Nursing*		Specialty Rx Non-Oncology	Medicare Imaging	
Home Care		Specialty Rx Oncology	Medicare Post-Acute and Durable Medical Equipment	
Outpatient Rehab and Chiropractic		Specialty Referral	Medicare Molecular Diagnostics and Lab	
		Retrospective Monitoring	Medicare Pharmacy	

\* Decision Reasons add-on available.

## Objective, specific and comprehensive clinical content

InterQual criteria are objective and specific, helping guide consistent, defensible decisions that ensure appropriate, quality care. The portfolio of 5 content suites offers comprehensive content that spans the continuum of care for medical and behavioral health.

## Rigorous, evidence-based development process

Our highly trained clinical development team performs an unbiased, systematic review and critical appraisal of the evidence using elements of the GRADE approach to help ensure InterQual criteria reflect the best available clinical evidence. No other criteria provide a higher level of accuracy and timeliness than InterQual. Developed with rigor and objectivity, InterQual criteria are updated frequently to remain current with the latest evidence.

## Extensive peer review

Our clinical review panel of more than 1,100 independent, multidisciplinary experts provides extensive, multilevel peer review. For situations that do not lend themselves to accepted research methods, larger and more geographically dispersed groups of clinical experts are used to establish best practices that reflect the current standard of care.

InterQual is used by:

**4,300+**

provider organizations

**300+**

payer organizations

**100%**

RACs, MACs, CMS and  
BFCC-QIOs

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