

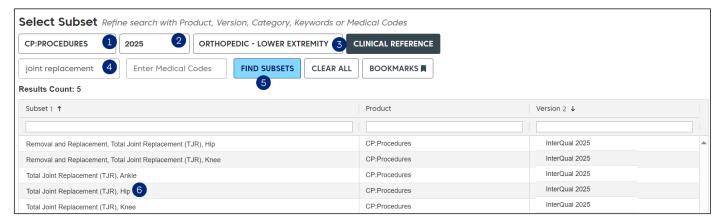
InterQual®: Conducting a Q&A review

Follow the steps in the example below to conduct a Q&A review. In this example we'll conduct a review using Procedures criteria, Total Joint Replacement (TJR) Hip subset. At any point, select the Help button in the application for information on all features and functions and to access tutorials that demonstrate how to conduct a medical review.



Selecting a subset

- 1. Select PRODUCT and then select CP: Procedures.
 - The InterQual content version is enabled. If you have access to criteria from multiple years, you can select a different version. The most recent version is automatically selected.
- 2. Optionally, select a different content version. The steps for conducting a review are the same, regardless of the content version you use.
 - Criteria products are organized by category. We'll select the Orthopedic Lower Extremity category.
- 3. Select CATEGORY and then select ORTHOPEDIC LOWER EXTREMITY from the list.
 - A list of subsets associated with the selected product, version, and category is displayed. The subset we will focus on is Total Joint Replacement (TJR) Hip.
 - You could scroll down the list to find it; however, there are other ways to find subsets. You can find subsets by entering keywords or medical codes. You can search by the subset name. You can also bookmark your most frequently used subsets. We'll search by the keyword "joint replacement".
- 4. Enter the keyword: joint replacement.
- 5. Select FIND SUBSETS.
- 6. Select Total Joint Replacement (TJR) Hip from the subset list.

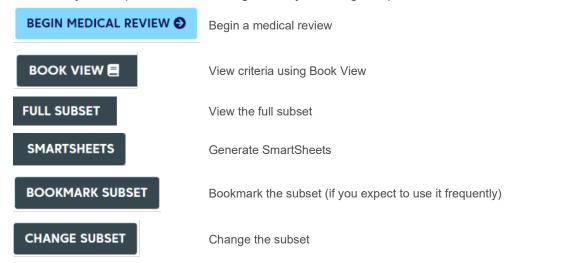


- 7. View the subset note (with references and hyperlinks) to get details about the subset.
- 8. To view a clinical reference resource, select CLINICAL REFERENCE and then select a resource. The Clinical Reference is available at any time after you select a product and version and provides helpful resources to assist with conducting reviews.

Note: You can also access select Clinical Reference resources (for example, the Review Process) directly from the Subset Notes screen.

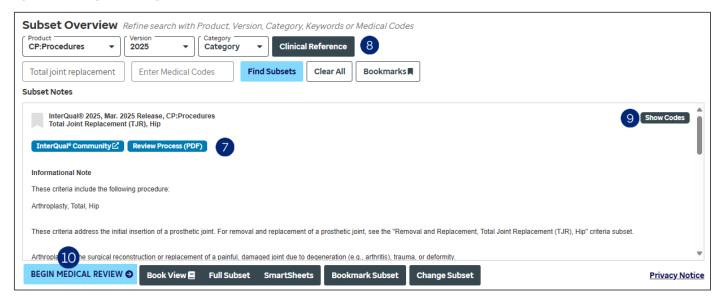
9. Select SHOW CODES to view medical codes (for example, CPT® or ICD codes) that are mapped to the subset.

From here, you can perform the following tasks by selecting an option from the bottom toolbar:



In this example, we'll begin a medical review with the Total Joint Replacement (TJR) Hip subset.

10. Select BEGIN MEDICAL REVIEW.



Evaluating criteria

Criteria are presented in an interactive question and answer (Q&A) format. As you conduct a review, your answers to questions about the patient's clinical presentation will lead you to the most appropriate recommendation(s) for that clinical scenario.

Questions about symptoms and findings, imaging or testing results, or conservative treatment are presented in a Yes/No, Choose One, or multiple-choice formats. The rules shown in the multiple-choice questions indicate how many items must be selected to fulfill the rule.

- 1. Answer the questions as they appear. To follow the example, select the following:
 - a. Select Age ≥ 18.
 - b. Select Osteoarthritis or posttraumatic arthritis.
 - c. Select Pain increased with initiation of activity and pain increased with weight bearing.
 - d. Select NEXT.
 - e. Select Limited ROM and Antalgic gait.
 - f. Select NEXT.
 - g. Select Yes for Bone-on-bone contact by imaging.
 - h. Select No for Active infection.

As you answer questions, you can do the following, as appropriate:

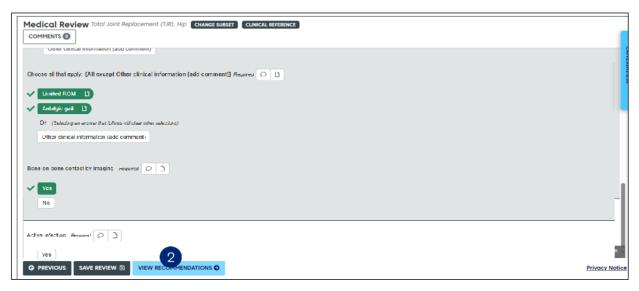
- Read the notes

 . Notes provide clinical information, definitions, and citations.
- Return to the previous screen by selecting PREVIOUS. Your criteria selections are saved.



When you have answered all the required questions, the View Recommendations button is enabled.

2. Select VIEW RECOMMENDATIONS to continue.



If there is a recommended procedure, it appears on the Recommendations screen after you answer the questions in a particular pathway (meeting criteria) and is based on the best available medical evidence. You can view and select a recommended procedure as allowed by the rules operating behind the scenes.

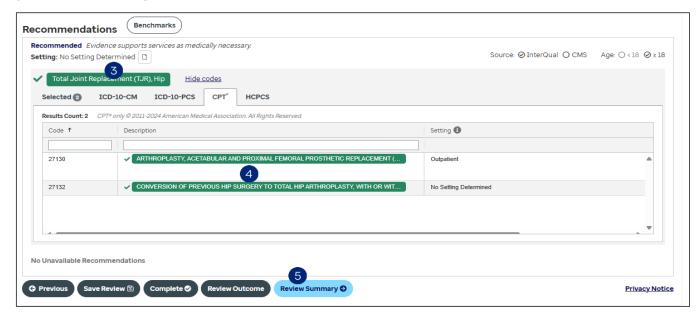
The types of recommendations vary by criteria product (one recommendation, more than one recommendation, mutually recommended, mutually exclusive, and so on). Consult the Review Process (available from a link on the Subset Overview screen) for all the possible types of recommendations.

3. Select the procedure Total Joint Replacement (TJR) Hip.

The medical codes (for example, ICD and CPT) associated with the procedure appear. Selecting requested CPT codes will help determine the supported setting for procedures criteria. (See <u>About Site of Service</u> for more details.)

We'll select CPT codes.

- 4. Select the CPT code tab and then select the two CPT codes. Notice that the recommended setting for this procedure based on your CPT code selections is No Setting Determined.
- 5. Select REVIEW SUMMARY.



Viewing the Review Summary

The Review Summary shows the review details, including who created the review and when they created it, the criteria status, the setting for a procedure, the medical review questions and answers, and any reviewer comments.

- 1. Print the Review Summary in PDF format. The Settings button has options that enable you to customize the review, such as including the InterQual notes in the PDF.
- 2. Select SAVE REVIEW to save the review so you can edit and complete it later.
- 3. Select COMPLETE to finish the review workflow. If you choose this option, a warning message letting you know that the review will be blocked from further edits appears.

Select Yes in the warning message to confirm you want to complete the review. The review is marked as complete with the date and time. If you select PREVIOUS, you can view the selections you made, but you cannot make any edits.



About Site of Service

Criteria include InterQual and the Centers for Medicare and Medicaid Services (CMS) supported settings based on CPT codes. InterQual settings are determined using aggregate claims data at a 75% threshold.

- **Inpatient:** Procedures most commonly performed in an acute care setting, requiring hospital admission (usually 24 hours or more).
- **Outpatient:** Procedures performed in a physician's office, an ambulatory care setting, or a hospital outpatient setting, not requiring hospital admission (usually less than 24 hours).

If claims data for a given code do not meet the 75% threshold for either inpatient or outpatient, "No setting determined" is displayed. In cases where data meet the threshold, but the volume of data are not statistically significant, a limited data (LTD) flag is displayed. CMS settings are based on publicly available data from CMS.

Selecting codes

You select the source of the setting data (InterQual or CMS) based on the review being conducted.

The InterQual or CMS-supported setting is determined as follows:

- If the setting for all CPT codes associated with a recommendation is the same, the setting is displayed under the Recommendation header. The reviewer does not need to select CPT codes to determine the setting.
- If the setting varies by CPT code, the reviewer must select all CPT codes associated with the medical review to determine the setting.
- If more than one recommendation is available, the reviewer should select all appropriate recommendations and CPT codes to determine the setting.
- When the reviewer selects multiple CPT codes, the setting is based on the following criteria:

InterQual	CMS
If any code has a value of Inpatient , the setting is Inpatient .	If any code has a value of CMS Inpatient Only, the setting is CMS Inpatient Only.
If all codes have a value of Outpatient , the setting is Outpatient .	If any code has a value of CMS ASC excluded and no code has a value of CMS Inpatient Only , the setting is CMS ASC excluded .
If all codes have a value of No Setting Determined , the setting is No Setting Determined .	If codes include a mix of only CMS ASC eligible and No CMS Setting Available, the setting is CMS ASC eligible.
If codes include a mix of only Outpatient and No Setting Determined , the setting is No Setting Determined .	When there is no information available from CMS for a selected code, No CMS Setting Available is displayed.