



InterQual®

Understanding InterQual® Benchmark Length of Stay

Overview

InterQual content includes benchmarks for length of stay, percent paid as Observation, and Urine Drug Testing. The InterQual benchmark values are derived from a select set of de-identified claims data, representing 7 billion patient encounters. Benchmarks are not intended to serve as treatment limits or substitute for clinical judgement. *They are for informational use only.*

Benchmark length of stay values are included in the following content:

- InterQual® Acute Adult
- InterQual® Acute Pediatric
- InterQual® Inpatient Rehabilitation
- InterQual® Subacute and Skilled Nursing
- InterQual® Procedures
- InterQual® Adult and Geriatric Psychiatry (Inpatient only)
- InterQual® Child and Adolescent Psychiatry (Inpatient only)
- InterQual® Substance Use Disorders (Inpatient and Inpatient Detoxification)

Percent paid as Observation values can be found in the following content:

- InterQual® Acute Adult
- InterQual® Acute Pediatric

Urine drug testing average annual volumes can be found in the following content:

- InterQual® Behavioral Health Services
- InterQual® Procedures

Data detail

The data are gathered as follows:

- De-identified primary claims data draw from a nationwide pool of claims.
 - Acute, Inpatient Rehabilitation, Subacute & Skilled Nursing, and Procedures data include approximately 9 million claims from all regions of the US.
 - Behavioral Health data include approximately 400,000 mental health and substance use patient encounters.

- UDT data include approximately 1.4 million Urine Drug Tests.
- Length of stay claims are for patients discharged from acute care, critical access, children’s hospitals, rural hospitals, skilled nursing facilities, psychiatric hospitals, and psychiatric units.
- Urine drug testing claims are from patients 18-80 years old who had 3 or more tests with the same condition in the same year.
- Claims are from a rolling 24-month period, which is continually updated and includes the following payers: Medicare, Medicaid, Commercial/HMO, and Blue Cross Blue Shield.
- Acute Adult, Acute Pediatric, Inpatient Rehabilitation, Subacute and Skilled Nursing, Adult and Geriatric Psychiatry, Child and Adolescent Psychiatry, and Substance Use Disorders data are based on ICD-10 codes as a single diagnosis or, for patients with multiple diagnoses, several codes to address comorbidity for the age groups: Pediatric (0-17), Adult (18-80).
- Procedures data are based on MS-DRG claims for age groups: Pediatric (0-17), Adult (18-80). These data are also included in the Acute Adult General Surgical subset.
- Count of claims is identified by each patient encounter (patients can have more than one).
- Length of stay values represent the Geometric Mean Length of Stay (GMLOS) for that condition.
- Urine drug testing values represent the geometric mean for definitive and presumptive testing by diagnosis, per member, in a 12-month period.

Analysis approach & statistical validation

Length of stay

- Hospital claims with a length of stay of one day or greater were included in the analysis.
- A 95% confidence interval to weighted average length of stay ratio was used to exclude outliers and to ensure the accuracy and likelihood that the GMLOS is nationally representative and a reliable benchmark.
- The claims for the Acute Adult, Acute Pediatric, Inpatient Rehabilitation, Subacute & Skilled Nursing, Adult and Geriatric Psychiatry, Child and Adolescent Psychiatry, and Substance Use Disorders content were grouped by the ICD-10 code for the principal diagnosis. (The GMLOS was calculated for all claims with the same code.)
- For the Acute Adult, Acute Pediatric, Inpatient Rehabilitation, Subacute & Skilled Nursing, Adult and Geriatric Psychiatry, Child and Adolescent Psychiatry, and Substance Use Disorders content, some diagnoses (e.g., acute myocardial infarction, adjustment disorder) have multiple available ICD-10 codes. For those diagnoses, the GMLOS for the diagnosis is the weighted average based on the number of claims for each included ICD-10 code.

Urine drug testing

- Patients with three or more claims with the same condition in a 12-month period were included in the analysis.
- A 95% confidence interval to weighted average test ratio was used to exclude outliers and to ensure the accuracy and likelihood that the benchmark is nationally representative and reliable.
- The claims for the Presumptive and Definitive urine drug testing content were tagged by the ICD-10 code using a cross-walk.
- Geometric means were calculated for all claims with the same code and grouped by condition.