



InterQual®

Understanding InterQual® benchmarks

Overview

InterQual content includes benchmarks for length of stay, percent paid as Observation, urine drug testing, and surgical site of service. The InterQual benchmark values are derived from a select set of de-identified claims data, representing 7 billion patient encounters. InterQual® benchmarks represent trends based on claims data and are not a reflection of evidentiary standards. 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

Surgical site of service determinations can be found in the following content:

- InterQual® Acute Adult
- InterQual® Acute Pediatric
- InterQual® Procedures
- InterQual® Behavioral Health Services

Data detail

The data are gathered as follows:

- De-identified primary claims data drawn 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.
- Site of service data includes approximately 7 million surgical claims.
- 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.
- Site of service setting determinations are derived from claims data aggregated from a mix of payers representing commercial, medicare & medicaid populations

Analysis approach & statistical validation

Length of stay

- Hospital claims with a length of stay of one day or greater are included in the analysis.
- A 95% confidence interval to weighted average LOS ratio is 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 are grouped by the ICD-10 code for the principal diagnosis. (The GMLOS is 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 are included in the analysis.
- A 95% confidence interval to weighted average test ratio is 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 is tagged by the ICD-10 code using a cross-walk.
- Geometric means are calculated for all claims with the same code and grouped by condition.

Surgical site of service

- Two years of Inpatient and Facility Outpatient Claims are included in the analysis.
- Claims are grouped into inpatient and outpatient categories using claim type and facility code based on the following logic:
 - Inpatient: (Claim Type 1 and Facility Code 21) + (Claim Type 2 and Facility Code 11)
 - Outpatient: (Claim Type 1 and Facility Code 22, 19, 24, 11) + (Claim Type 2 and Facility Code 13,83)
 - Hospital Outpatient Department (HOPD): (On Campus Outpatient) + (Off Campus Outpatient)
 - On Campus Outpatient: (Claim Type 1 and Facility Code 22)
 - Off Campus Outpatient: (Claim Type 1 and Facility Code 19)
 - Ambulatory Surgical Center (ASC): (Claim Type 1 and Facility Code 24) + (Claim Type 2 and Facility Code 83)
 - Office: (Claim Type 1 and Facility Code 11)
- A 75% threshold is used to make a setting determination.
 - When data for a CPT code indicates that the procedure is performed in an inpatient setting at least 75% of the time, the procedure is designated as inpatient.
 - When data for a CPT code indicates that the procedure is performed in an outpatient setting at least 75% of the time, the procedure is designated as outpatient.
 - When data are mixed (i.e., when claims for a given code do not achieve a threshold of 75% inpatient or 75% outpatient), “No setting determined” is displayed.
- Based on power calculations, 64 claims are chosen as the minimum threshold required for a stable estimate of proportion of inpatient vs outpatient setting with 80% power and a 2-sided alpha of 0.05.
- CPT codes that did not reach the effective sample size threshold of 64 claims are flagged as “Limited Data”.