Inpatient Admissions Criteria

Effective August 1, 2023, HAP will be transitioning to the latest version of the following medical screening modalities:

- InterQual® 2023
- Centers for Medicare & Medicaid Services (CMS) Addendum E.- Healthcare Common Procedure Coding System (HCPCS) Codes That Would Be Paid Only as Inpatient Procedures for Calendar Year 2023
- HAP Criteria for Inpatient Admissions 2023 (attached)
- HAP Clinical Surgical Criteria 2023 (attached)

You can also find the CMS list and our criteria when you log in at **hap.org** and select *Resources*; *Caring for Patients; HAP Criteria for Inpatient Admissions*.

HAP CRITERIA FOR INPATIENT ADMISSIONS 2023

Effective 08.01.2023

If the inpatient criteria are not met as follows for each of the medical conditions, observation is the expected level of care.

DIAGNOSIS	CRITERIA FOR INPATIENT ADMISSION
ASTHMA	– Persistent symptoms despite treatment received in an observation period – Concurrent pneumonia confirmed on imaging with systemic toxicity – Ventilatory support (invasive or non-invasive) – Peak expiratory flow (PEF) ≤ 25%, forced expiratory volume at one second (FEV1) ≤ 25%, arterial PCO2 ≥ 42mmHg and pH ≤ 7.24, or venous PCO2 ≥ 42mmHg and pH ≤ 7.24 – Unresolved documented wheezing following at least 3 doses of a short acting beta-agonist and at least 3 hours of outpatient management along with at least one criteria point and at least one accompanying risk factor: Criteria: Accessory muscle usage, pulsus paradoxus > 10mmHg, PEF 26-69%, FEV1 26-69%, plasma glucose level > 300 – Risk factor: History of sudden or severe exacerbation, intubation or critical care admission, or severe and persistent mental health or substance use disorder
ATRIAL FIBRILLATION	– Persistent atrial fibrillation confirmed on ECG that remains uncontrolled with a heart rate that exceeds 110 despite treatment received in an observation period **OR** – The initiation of one of the following anti-arrhythmic agents: Amiodarone, Disopyramide, Dofetilide, Sotalol, Dronedarone, Mexiletine or Quinidine
CELLULITIS	– A documented increase in area of involvement or lymph involvement despite an observation period during which intravenous anti-infectives were administered **OR** – Orbital cellulitis and treatment with intravenous anti-infective **OR** – Immunocompromised patient **OR** – Cellulitis in proximity with an indwelling medical device **OR** – Systemic toxicity
CHOLECYSTITIS	– Persistent systemic toxicity despite supportive care and definitive procedure that occurred in an observation period **OR** – Gangrenous gallbladder **OR** – Perforated gallbladder
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	– Persistent symptoms despite treatment received in an observation period **OR** – Concurrent pneumonia or heart failure confirmed on imaging **OR** – Ventilatory support (invasive or non-invasive) **OR** – Persistent documented dyspnea following 3 doses of a short acting beta-agonist and at least one criteria point: O2 sat lower than 90% and the patient's baseline, PaO2 lower than 50mmHg, accessory respiratory muscle usage, paradoxical chest wall movement or acute or progressive central cyanosis

DIAGNOSIS	CRITERIA FOR INPATIENT ADMISSION
DEEP VEIN THROMBOSIS	– Confirmed by imaging with at least one criteria point: Pregnancy, malignancy, pulmonary embolism, active bleeding, major surgery within the last 6 weeks, history of heparin-induced thrombocytopenia, iliofemoral vein thrombosis, creatinine level exceeds 2.5, platelet count less than 50,000, severe sustained hypertension (SBP exceeds 220 or DBP exceeds 110), bilateral DVTs, GI bleed within the last 6 months or morbid obesity (BMI exceeds 40)
DIABETIC FOOT ULCER	– Ischemia **OR** – Gangrene **OR** – Systemic toxicity
DIABETIC KETOACIDOSIS	– Plasma glucose level exceeds 250 with at least one criteria point: -pH lower than 7.25 **OR** -Serum bicarbonate level lower than 15 or hydroxybutyrate level exceeds 4 **OR** -Hydroxybutyrate level exceeds 4
DIVERTICULITIS	– Diverticulitis confirmed on imaging with at least one criteria point: -Systemic toxicity **OR** -Perforation confirmed on imaging **OR** -Persistent symptoms despite treatment received in an observation period
DYSPNEA	– Mechanical ventilatory support (invasive or non-invasive) without suspected or actual diagnosis of asthma, COPD, heart failure or pneumonia
FRACTURE	– Fracture requiring an inpatient designated surgery
HYPERKALEMIA	– Potassium level exceeds 6.5 **OR** – Potassium level remains from 5.5 to 6.5 despite treatment in an observation period **OR** – Potassium level exceeds 5.4 with associated ECG changes including AV dissociation, loss of P wave, multifocal PVCs, ventricular fibrillation, ventricular tachycardia or widening QRS
HYPERTENSION	– Elevated BP (SBP exceeds 180 and/or DBP exceeds 120) along with at least one criteria point: Associated acute neurological symptoms, acute coronary syndrome, acute heart failure, pregnancy, aortic dissection, recent vascular surgery, papilledema or acute kidney injury
HYPONATREMIA	– Sodium level less than 130 with persistent nausea, emesis, lethargy, headache, muscle weakness, mental status changes or seizure despite treatment received in an observation period. **OR** – Sodium level less than 121 with persistent nausea, emesis, lethargy, headache, muscle weakness, mental status changes and/or seizure.
HYPOVOLEMIA OR HYPOTENSION	– SBP lower than 90 <u>without</u> tachycardia, tachypnea, oliguria, mental status changes, acidosis or elevated serum lactate despite adequate fluid resuscitation **OR** – SBP lower than 90 <u>with</u> tachycardia, tachypnea, oliguria, mental status changes, acidosis or elevated serum lactate
LOWER GASTROINTESTINAL BLEED	– Lower gastrointestinal bleed with hematochezia or melena along with either a hematocrit level < 30% and at least 20% less than their baseline OR a hemoglobin level < 10 and at least 2 grams less than their baseline and at least one criteria point: INR level exceeds 2.0, mental status changes, non-vitamin K oral anticoagulant, a platelet count less than 60,000 or exceeds 1,000,000, PT level exceeds one and a half the upper reference range, PTT level exceeds one and a half the upper reference range, or orthostatic changes
NEPHROLITHIASIS	– Nephrostomy tube placement
NSTEMI	– Diagnosis of NSTEMI with positive cardiac biomarkers along with a cardiac catheterization performed within 24 hours of presentation **OR** scheduled to be performed within 24 hours of presentation

DIAGNOSIS	CRITERIA FOR INPATIENT ADMISSION
OSTEOMYELITIS	– Confirmed osteomyelitis on imaging with systemic toxicity
RHABDOMYOLYSIS	– CPK level exceeds 10,000 **OR** – CPK level exceeds 5000 and a creatinine level of greater than 2x baseline or urine output of less than 0.5 ml/kg/hr. **OR** – CPK level lower than 5000 and trending up despite treatment during an observation period **OR** – CPK level exceeds 1500 despite treatment during an observation period and the patient is unable to achieve adequate oral hydration
STROKE	– Diagnosis of stroke with confirmation on imaging of ischemia, thrombus or hemorrhage **AND** at least one new neurological deficit: aphasia, ataxia, blindness, diplopia, dysarthria, dysphagia, mental status changes (excludes coma, stupor or obtundation), Glasgow Coma Scale (GCS) 9-14, paralysis, paresis, partial or total gaze palsy, sensory deficit, or visual field loss
SYNCOPE	– Documented episode of syncope with at least one criteria point: Acute myocardial ischemia, acute aortic dissection, decompensated heart failure, severe pulmonary hypertension, cardiac rhythm pauses of 3 seconds or more, pre-excitation syndromes such as Wolff-Parkinson White, suspected arrhythmogenic right ventricular cardiomyopathy, aortic or mitral stenosis, 2nd or 3rd degree AV block or primary arrhythmia syndrome such as long QT syndrome, Brugada syndrome, idiopathic ventricular tachycardia or short QT syndrome
UPPER GASTROINTESTINAL BLEED non-variceal	– Upper gastrointestinal bleed non-variceal with coffee ground emesis, hematemesis, hematochezia or melena along with either a hematocrit level < 30% and at least 20% less than their baseline OR a hemoglobin level < 10 and at least 2 grams less than their baseline and at least one criteria point: INR level exceeds 2.0, mental status changes, non-vitamin K oral anticoagulant, a platelet count less than 60,000 or exceeds 1,000,000, PT level exceeds one and a half the upper reference range, PTT level exceeds one and a half the upper reference range, or orthostatic changes
VAGINAL BLEEDING	– Acute severe menorrhagia with a hemoglobin level lower than 6.1 with hemodynamic instability and treatment including blood product transfusion **OR** – Ruptured ectopic pregnancy **OR** – Uterine rupture **OR** – Genitourinary trauma **OR** – Uterine arteriovenous malformation

Baseline – When no baseline is provided, baseline is considered within the standard reference range.
LOS - Length of stay.

This information is not intended to represent the level of benefits covered by HAP. Please refer to the Member's Subscriber Contract, Certificate of Coverage and/or applicable Benefit Rider(s). For more information, contact HAP Provider Inquiry at (866) 766-4661.

This notification applies to all lines of HAP business and is effective until revised.

Observation: An observation level of care is defined by CMS as "a well-defined set of specific, clinically appropriate services, which include ongoing short-term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital." This determination should be rendered within 48 hours; therefore, observation stays of up to 48 hours will be reimbursed without prior authorization. Exceptional circumstances may require extension of the observation period, of which these may be retrospectively reviewed for appropriate level of care.

HAP CLINICAL SURGICAL CRITERIA 2023

Effective 08.01.2023

WHEN THE SURGICAL PROCEDURE IS NOT ON THE CMS (CENTERS FOR MEDICARE & MEDICAID SERVICES) INPATIENT LIST OR IF THE PROCEDURE IS NOT ON THE INTERQUAL INPATIENT LIST OR IF IT IS CATEGORIZED AS AN ASTERISK PROCEDURE	**ADULT** Three or more of the following criteria: • Cardiovascular disease - cardiomyopathy, unstable coronary syndromes (i.e., unstable or severe angina [Canadian Class III or IV]) • Uncompensated chronic heart failure [CHF] [NYHA class III or IV] • BMI (Body Mass Index) greater than or equal to 40 • Diabetes mellitus uncontrolled despite optimal medical management with a documented A1C greater than 9.0% • Hypertension which is poorly controlled despite optimal medical management (described as: systolic blood pressure ≥180 mmHg or diastolic blood pressure ≥110 mmHg) • Thrombocytopenia or clotting factor disorders (hemophilia/uncontrolled coagulopathy with anticipated need for transfusions) • Current treatment of a malignancy • Prior documented complication with anesthesia or post-operative complications • ESRD (end stage renal disease) requiring dialysis. • One of the following criteria: – Advanced Liver Disease (MELD score >8) – Individual is awaiting a lung or heart transplant – MI (myocardial infarction) within the last 3 months – CVA (cerebrovascular accident) or TIA (transient ischemic attack) within the last 3 months. **PEDIATRIC** One of the following criteria: • BMI (Body Mass Index) greater than or equal to 40 • Brittle diabetics or patients who are not well controlled • Major Cardiac risk factors including transposition of the Great Vessels, Pulmonic stenosis, hypoplastic left heart syndrome and single ventricle • Respiratory Disease (Cystic fibrosis, Uncontrolled Asthma, requires preoperative oxygen) • Chronic Kidney Disease • Neurologic Disease (Cerebral palsy, CNS disease, Poorly controlled epilepsy, Muscular Dystrophy) • Hematologic Disease • Post-conceptual age < 60 weeks *Per Up To Date: The MELD score, American Society of Anesthesiologists (ASA) class, and age predicted mortality in a study of 772 patients with cirrhosis who underwent major digestive, orthopedic, or cardiovascular surgery [41]. The MELD score was the best predictor of 30- and 90-day mortality. Mortality at 30 days ranged from 6 percent (MELD score, <8) to more than 50 percent (MELD score, >20) and correlated linearly with the MELD score.*

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