



HAP Criteria for Inpatient Admissions

July 29, 2020

We've updated HAP criteria for inpatient admissions.

For your convenience, a copy is attached. You can also find the criteria under *Quick Links* when you log in at **hap.org**.

HAP Criteria for Inpatient Admissions



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
ACUTE KIDNEY INJURY	<ul style="list-style-type: none"> — Creatinine level exceeds twice the patient’s baseline and the upper reference range following an observation period during which intravenous fluids were administered OR — Creatinine level continues to rise following an observation period during which intravenous fluids were administered OR — Acute renal failure with persistent nausea, vomiting or diarrhea following an observation period during which intravenous fluids were administered
ATRIAL FIBRILLATION	<ul style="list-style-type: none"> — Persistent atrial fibrillation confirmed on ECG that remains uncontrolled (rate exceeds 110) despite an observation period OR — The initiation of one of the following anti-arrhythmic agents: amiodarone, disopyramide, dofetilide, sotalol, dronedarone, mexiletine or quinidine
CELLULITIS	<ul style="list-style-type: none"> — 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	<ul style="list-style-type: none"> — 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	<ul style="list-style-type: none"> — Failed 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

DEEP VEIN THROMBOSIS	<ul style="list-style-type: none"> — 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)
DEHYDRATION OR GASTROENTERITIS	<ul style="list-style-type: none"> — Persistent volume depletion with active vomiting or diarrhea following an observation period OR — Orthostatic changes following an observation period
DIABETIC FOOT ULCER	<ul style="list-style-type: none"> — Ischemia OR — Gangrene OR — Systemic toxicity
DIABETIC KETOACIDOSIS	<ul style="list-style-type: none"> — Plasma glucose level exceeds 250 with at least one criteria point: pH lower than 7.25, serum bicarbonate level lower than 15 or hydroxybutyrate level exceeds 4
DIABETES MELLITUS - HYPERGLYCEMIA	<ul style="list-style-type: none"> — Persistent elevated blood sugar exceeding 450 following an observation period
DYSPNEA	<ul style="list-style-type: none"> — Mechanical ventilatory support (invasive or non-invasive) without suspected or actual diagnosis of asthma, COPD, heart failure or pneumonia
FRACTURE	<ul style="list-style-type: none"> — Fracture requiring an inpatient designated surgery within 24 hours of presentation
HYPERCALCEMIA	<ul style="list-style-type: none"> — Diagnosis of hypercalcemia along with a calcium level of 12.1-13.9 with persistent symptoms (abdominal pain, mental status changes, Glasgow Coma Scale (GCS) 9-14, nausea, nephrolithiasis, or vomiting) following an observation period
HYPERKALEMIA	<ul style="list-style-type: none"> — 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
HYPERMAGNESEMIA	<ul style="list-style-type: none"> — Diagnosis of hypermagnesemia along with a magnesium level greater than 3.0 with persistent symptoms (mental status changes, Glasgow Coma Scale (GCS) 9-14, muscle weakness, or vomiting) following an observation period
HYPERNATERMIA	<ul style="list-style-type: none"> — Diagnosis of hypernatremia along with a sodium level of 151-160 with persistent symptoms (hyperreflexia, irritability, mental status changes, Glasgow Coma Scale (GCS) 9-14, muscle weakness, or restlessness) following an observation period
HYPERTENSION	<ul style="list-style-type: none"> — 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
HYPOCALCEMIA	<ul style="list-style-type: none"> — Diagnosis of hypocalcemia along with a calcium level of 5.0-7.4 with persistent symptoms (carpopedal spasm, flaccid paralysis, muscle weakness, paresthesia, perioral numbness, or tetany) following an observation period during which treatment included calcium repletion
HYPOKALEMIA	<ul style="list-style-type: none"> — Diagnosis of hypokalemia along with a potassium level less than 2.5 and without electrocardiogram changes following an observation period during which treatment included potassium repletion

HYPOMAGNESEMIA	— Diagnosis of hypomagnesemia along with a magnesium level of 1.0-1.4 with persistent symptoms (carpopedal spasm, clonus, hyperreflexia, malaise, nausea, tetany, or weakness) following an observation period during which treatment included magnesium repletion
HYPONATREMIA	— Sodium level less than 130 following a period of observation OR — Sodium level less than 121
HYPOPHOSPHATEMIA	— Diagnosis of hypophosphatemia along with a phosphate level of 1.0-1.4 with persistent muscle weakness following an observation period during which treatment included phosphate repletion
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
ILEUS	— Ileus confirmed by imaging and unresolved following treatment during an observation period
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
OSTEOMYELITIS	— Confirmed osteomyelitis on imaging with systemic toxicity
RHABDOMYOLYSIS	— CPK level exceeds 5000 despite treatment during an observation period 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
SEPSIS -SIRS	— Documented diagnosis of sepsis or SIRS with at least two qSOFA criteria points <u>following an observation period</u> during which treatment included intravenous anti-infectives and a volume expander: Sustained respiratory rate of at least 22 or higher, altered mentation or SBP of at least 100 or lower OR — Documented diagnosis of sepsis or SIRS with at least two criteria points <u>following an observation period</u> during which treatment included intravenous anti-infectives and a volume expander: Oral temperature exceeds 38 Celsius or lower than 36 Celsius, sustained heart rate exceeds 90, respiratory rate exceeds 20, WBC exceeds 12 or lower than 4, PaCO2 lower than 32 or bands exceed 10%
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, 2 nd or 3 rd degree AV block or primary arrhythmia syndrome such as long QT syndrome, Brugada syndrome, idiopathic ventricular tachycardia or short QT syndrome
TIA	— Patient's diagnosis changes to stroke during the observation period for the TIA work-up
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.

SURGICAL PROCEDURES CONSIDERED TO BE OUTPATIENT

TKA	— TOTAL KNEE ARTHROPLASTY Inpatient requests require medical necessity (i.e. significant co-morbidities, prolonged length of stay for medical reasons, or post-operative complications) beyond an observation period treatment period for approval.
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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 Customer Service at 800-801-1766.

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.