

Interqual Guidelines For Surgery And Procedures Performed

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[Guidelines for surgery and procedures in the inpatient setting, adult and pediatric: Facilities are required to submit an e-referral for all acute hospital admissions and surgical procedures. All hospital admission precertification requests must be made through the e-referral system.](#)

Blue Cross 2019 InterQual criteria implemented

While Harvard Pilgrim currently requires prior authorization for bariatric surgery, with the adoption of InterQual criteria, we will require prior authorization for two additional HCPCS codes: 43860 [Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy] and 43865 [Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine ...

InterQual Criteria for Bariatric Surgery - Harvard Pilgrim ...

Guidelines for Surgery and Procedures Performed in the Inpatient Setting For more information, contact our Provider Services Helpline at 1-888-991-9023 (M-F, 9:00 a.m. to 5:30 p.m.). As always, thank you for your service to our members.

InterQual Criteria | Health Partners Plans

InterQual Criteria Our four criteria suites provide comprehensive coverage for medical and behavioral health across all levels of care as well as ambulatory care planning. With an outstanding track record, widespread adoption, and continual enhancement, InterQual Criteria are the standard for evidence-based clinical decision support.

Evidence-Based Criteria/Guidelines | Utilization ...

1. Internal analysis based on 2008 HCPCS data. InterQual Care Planning Criteria InterQual Care Planning Criteria help to identify when imaging studies, procedures, molecular diagnostics, durable medical equipment, specialty referral consultations and specialty pharmaceuticals are medically appropriate based on the evidence.

InterQual Actionable Evidence-Based Criteria Portfolio ...

InterQual ® criteria are clinically based on best practice, clinical data and medical literature. The criteria are updated continually and released annually. InterQual ® criteria are a first-level screening tool to assist in determining if the proposed services are clinically indicated and provided in the appropriate level or whether further evaluation is required. The first-level screening is done by the utilization review nurse.

InterQual LOC criteria | Priority Health

InterQual® criteria available upon request Bariatric Surgery CMS Coverage Database(Gastric Bypass) InterQual® -Care Planning Criteria: Procedures Bariatric Surgery | InterQual- Care Planning Criteria: Bariatric Surgery (Adolescent). nt erQ ual® crit iv lable po req est.

Medical Necessity Criteria Chart

InterQual is evidence-based criteria that offers guidance in covering medical and behavioral health for all levels of care in addition to care planning, complex care management, durable medical equipment, procedures, and specialty pharmacy.

ADMINISTRATIVE GUIDELINE – 10.01

InterQual® Level of Care Criteria help healthcare organizations assess the safest and most clinically appropriate care level for more than 95% of reasons for admission. The condition-specific format presents evidence-based interventions that are specific to the condition and help to cost-effectively improve outcomes. The unique episode-day ...

InterQual® Level of Care Criteria | Change Healthcare

Tufts Health Plan will be using the InterQual® SmartSheet™ of the following procedure code(s) only for Members 13 and < 18 years of age. BARIATRIC SURGERY, ROUX-EN-Y GASTRIC BYPASS (RYGB) (ADOLESCENT) The following CPT codes require prior authorization: Code Description 43644

Medical Necessity Guidelines: Bariatric Surgery

2. Orthognathic surgery for correction of a significant skeletal abnormality. Medical necessity is determined through InterQual® criteria. To access the criteria, log in to AllWays Health Partners ' provider website at allwaysprovider.org and click the InterQual® Criteria Lookup link under the Resources Menu.

Medical Policy Oral and Maxillofacial Surgery and ...

For this policy, Harvard Pilgrim Health Care (HPHC) draws upon the following 2018.1 InterQual® criteria: • Roux-en-Y Gastric Bypass - Adolescent (2019.1) • Sleeve Gastrectomy - Adolescent (2019.1) • Revisional Procedure – Adolescent (2019.1) Weight Loss Surgery Centers of Excellence

Medical Policy Bariatric Surgery - Harvard Pilgrim

Licensed Criteria InterQual. InterQual Level of Care (LOC) criteria is used by some Medicaid plans for medical necessity review for medical inpatient concurrent review, inpatient site of service appropriateness, home health and outpatient rehabilitation. The InterQual TM guidelines licensed include: LOC: Home Care; LOC: Subacute/SNF; LOC: Rehabilitation

Search Medical Policies and Clinical Guidelines

Paramount utilizes InterQual® criteria sets for medical necessity determinations. Reoperation: Revision surgery, repair/correction or reversal, is considered medically necessary when documentation of surgical complications following the original metabolic or bariatric surgery occur, including but not all-inclusive: Anastomotic leak

MEDICAL POLICY Metabolic and Bariatric Surgery

InterQual ® Criteria Products . Each criteria product can work independently or with other criteria sets. These products help the reviewer determine the appropriateness of patient care across a range of settings. ... of medical resources by providing medical necessity review to help determine when and under what circumstances surgery or ...

InterQual® Criteria Products

Late 1970s: InterQual, Inc., is founded, and the company publishes the first severity of illness/intensity of service (SI/IS) criteria for acute care, making practical review of the appropriateness of hospitalization possible. 1980s: InterQual adds criteria for helping determine appropriate hospital discharge planning as well as pediatric criteria. A product is launched to provide tissue committees with a tool for retroactive monitoring of surgery and procedures.

The Birth of InterQual: Evidence-Based Decision Support ...

Level of care review is conducted throughout a member's hospitalization through telephone, fax or on-site review using InterQual ® criteria that includes the McKesson InterQual ® Guidelines for Surgery and Procedures in the Inpatient setting list. Documentation of the member's clinical condition is essential to ensure the appropriate setting and level of care required.

Section 5 - Utilization Management Overview

At the individual patient level, a variety of factors, including, but not limited to, gender identity and gender reassignment via surgery or hormonal manipulation, may affect the applicability of some InterQual criteria. This is most often the case with genetic testing and procedures that assume the presence of gender – specific anatomy.

2019, Rev. 1 BH:Adult and Geriatric Psychiatry Adult and ...

Surgery I.THE FOLLOWING ARE FOR PROCEDURES WITH TUFTS HEALTH PLAN MEDICAL NECESSITY GUIDELINES: I. A General Reconstructive and Cosmetic Surgery Reconstructive surgery and procedures are covered when the services are necessary to relieve pain or restore a bodily function that is impaired covered surgical procedure. Prior authorization is required.

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