

Advisor Variances

Physical Health Inpatient	
InterQual Subset/Policy	Variance
Acute Coronary Syndrome	Under Intervention, Antiplatelet (includes PO), administered or contraindicated. ASA can be used in lieu of specified Antiplatelet medication
Anti-infective	For criteria point “anti-infective \leq 5 days since initiation” if it meets all other criteria points/findings the reviewer can allow 1 additional days of anti-infective initiation \leq 5 days before sending to medical director
Failed Outpatient Treatment	Under Failed OP anti-infective treatment, the reviewer can select one of the criteria points if the treatment was provided in the Emergency Department
IV Drip (All Acute Subsets- Critical/Intermediate Level of care)	If member in critical/intermediate level of care on continuous IV drip and meets all other criteria points “administration continuous and monitoring q1-q2hr” does not have been documented and the review can be approved
IV Fluids (All Acute Subsets)	If IV fluids are running at 100ml/hr or more, weight does not need to be documented and the review can be approved if all other criteria are met
Neurological Assessment	If the frequency of neurological assessments are not documented but there is documentation of vital signs being done at that frequency; you can include neurological checks as being done and apply criteria as such
Newborn Nursery	If neonate is awaiting car seat test and weighs $<$ 1815gms, the reviewer can approve 3 days at a time until the infant reaches the required weight to test If neonate is \geq 35 weeks and/or $<$ 2000gms and in an isolette, the reviewer may approve at Newborn Nursery Level of care
Nursing Home Placement	If a member has been referred to a lower level of care and the continued stay days do not meet criteria, the reviewer may initially approve up to 3 days per complexity of members comorbidities
PEC/CEC	If facility is actively seeking Behavioral Health placement and the member has been PEC/CEC, the reviewer can initially approve up to 3 days with no review
Premature Rupture of Membranes (PROM)	If a member has been admitted for PROM and is $>$ 24wks gestational age and the goal is hospitalization with expectant management, the reviewer can approve 7 days at a time until delivery
Previous day criteria points	If clinical findings are within 24 hours from the date of review, reviewer can use the findings to review the request
Respiratory Interventions (All Acute Subsets- Critical/Intermediate Level of care)	If member meets all criteria points but respiratory interventions q1-2 hours while on NIPPV or mechanical intervention at the critical/intermediate level of care the review can be approved
Transitional Nursery	If neonate has previous documentation of poor nipple and begins nipple all feeds within the previous 24 hours, the reviewer may approve 1 day at Transitional Care Nursery for monitoring
Discharge Planning	If a member does meet Medical Necessity Criteria (MNC) and there are documented barriers to discharge, approve the request for discharge planning; the facility must provide documentation of attempts to complete the discharge plan; for noted gaps in attempts to discharge plan, send request for secondary Advisor Review

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LABATORY REFERENCE RANGES	
Lab Value	Normal Ranges
Hemoglobin	12-18
Hematocrit	37-54
WBC	4.5-11
Platelet	150-350
Sodium	135-145
Potassium	3.5-5.0
Chloride	95-105
Carbon Dioxide	24-31
BUN	10-25
Creatinine	0.2-0.9
ANC	1.5-8.0
BNP	<100
PT	12-14
INR	<2

Behavioral Health Inpatient	
InterQual Subset/Policy	Variance
Psychiatric Residential Treatment Facility (PRTF) / Therapeutic Group Home (TGH) / Intermediate Care Facility (ICF)	If a member has met Medical Necessity (MNC) for all previous line items within the admission period and the current request does not meet MNC, approve 60 days for discharge planning; for additional continued stay requests that do not meet MNC after the initial 60 day approval for discharge planning, send request for secondary Advisor Review

Applying Criteria: When using any of the above variances, the reviewer is to leave the criteria point in Interqual unchecked in the review summary and document the policy used to support it.
Rationale: Approve per (insert criteria selected if applicable) and policy LA.UM.02.01