INTERQUAL® SIM plus™ CRITERIA
REVIEW PROCESS

ORGANIZATION

InterQual SIM plus criteria are organized according to specialty categories. These categories provide the criteria for adult patients, which are defined as patients $\geq 18$ years of age, with the exception of the Pediatric category. The Pediatric category covers the patients $< 18$ years of age. Each category contains surgery and invasive procedures, also referred to as criteria subsets, generally performed by physicians in that surgical specialty.

SIM plus COMPONENTS

Categories organize procedures that are related to a specific surgical discipline (e.g., General Surgery). In the SIM plus criteria there are 14 specialty categories.

The criteria subset is the procedure that is being reviewed (e.g., Appendectomy).

Criteria components:

- **Pathology findings** can be used as the basis for screening the appropriateness of all surgery or invasive procedures in which a specimen is removed and analyzed by pathology.
  - Tissue (T) criteria represent evidence of significant pathology (e.g., Appendectomy: “Appendix with acute appendicitis”).
  - Confirmatory (C) criteria represent pathologic evidence that the named procedure was performed (e.g., Appendectomy: “Appendix”).
  - Confirm Adequate Tissue (C*) criteria represent pathologic evidence that the procedure was performed adequately (e.g., Colectomy for cancer “With $\geq 5$ cm distal margin”).

- **Indications (I)** reflect the expected preoperative or preprocedure indications.

Criteria points are clinical statements that support indications and refer to test results, medications, symptoms, clinical findings, or medical management. A unique number identifies each criteria point and they are organized in a nested decision tree. Criteria points address elements related to the evaluation and management of the patient. They serve to validate the problem identified in the indication or confirm that appropriate diagnostic or therapeutic interventions have been attempted prior to the intervention.
The **criteria rules** show you how many (ONE, BOTH, ALL, etc.) of the next level criteria a reviewer must select to fulfill the rule. To meet the criteria and determine that an intervention is appropriate, the reviewer must select criteria points as the rules specify. Rules are presented in upper case letters and bold print.

In some cases the criteria point at the same level as the rule, in addition to the underlying criteria, must be applicable for the criteria to be met. This is called a **selectable rule** (or checkable rule) and occurs when both the criteria point at the same level as the rule and the underlying criteria are clinically true.

**Notes** provide definitions, clinical information, and clarification of the criteria.

**SIM plus REVIEW PROCESS**

SIM plus criteria have been developed to review the appropriateness of both surgical and nonsurgical invasive procedures—whether or not tissue is obtained during the procedure.

SIM plus Review Steps:

- Choose the **specialty category**.
- Identify the **surgery or procedure** performed.
- Select the T, C, C*, and/or I requirements.
  - **“T” only**—Only tissue needs to be examined to justify the surgery or procedure performed. For example, the pathologic finding of “Appendix with acute appendicitis” confirms that the appendectomy was performed for the appropriate reason.
InterQual® SIM plus™ Criteria: REVIEW PROCESS

- **“T + C”**—“T” specifies the tissue expected from the procedure; C documents that an adequate amount of tissue was obtained. For example, left colectomy is appropriate with a “T” finding of “Segment of colon with cancer” and “C” documentation that an adequate segment of colon was resected (“With ≥ 5 cm distal margin”).

- **“T + C + I”**—In addition to the requirement of tissue pathology (T) and evidence that an adequate amount of tissue was obtained (C), the preoperative or preprocedure indications (I) must be reviewed to justify the surgery or procedure performed. Removal of a “Nonsessile polyp ≤ 5 cm with cancer by Bx” by left colectomy requires a “T” finding of “Segment of colon with polyp and cancer,” “C” documentation that an adequate segment of colon was resected (“With ≥ 5 cm distal margin”), and “I” indicated by ONE of the following criteria points: it is within 2 cm of a cautery burn, the lamina propria or muscularis mucosa is involved, there is vascular or lymphatic invasion, or it is poorly differentiated.

- **“C + I”**—Requires tissue confirmation (C) that the procedure was performed and review of the preoperative or pre-procedure indications (I) to justify the surgery or procedure performed. Left colectomy is appropriate for resection of a segment of colon with polyp when the polyp is nonsessile, ≤ 5 cm in size, and not amenable to endoscopic removal.

- **“I”**—Review of the preoperative or pre-procedure indications (I) is all that is necessary to justify the surgery or procedure performed. Pulmonary angiogram for suspected pulmonary embolus is appropriate when ONE of the listed Sx/findings (e.g., pleuritic chest pain, hemoptysis) is present and imaging results are nondiagnostic.
**InterQual® SIM plus™ Criteria: REVIEW PROCESS**

The flow diagram below summarizes the SIM plus review process:

1. **PROCEDURE PERFORMED**
2. **MONITOR?**
   - No → **RECORD CASE** → STOP
   - Yes → **TISSUE/ SPECIMEN EXPECTED AND ANALYZED?**
     - No
     - Yes → **PATH REPORT ON RECORD?**
       - No → **INVESTIGATE**
       - Yes → **SCREEN PROCEDURE AGAINST APPROPRIATE CRITERIA**
         - **T, C, C*, I Criteria Met?**
           - Yes → **TALLY**
           - No → **TALLY**
### Practical Tips

- SIM plus criteria is designed to produce data regarding physician practice patterns over time and does not require case-by-case review of all cases that do not meet criteria. The overall goal is to have continual 100% monitoring of surgical and invasive procedures until baselines are established, followed by a review of selected procedures.

**Since surgical or invasive procedure review is a medical staff function, the criteria used by any given hospital must be reviewed, modified if necessary, and approved by the medical staff prior to implementation.**

- Since findings at surgery cannot be confirmed by subsequent review, operative reports in which the surgeon describes findings visualized during the procedure are not considered to be objective evidence.

- If you have trouble finding a procedure in a specialty category, refer to the indices (e.g., alphabetical index, ICD-9-CM code index) in the appendix of each criteria book, or utilize the keyword(s) or medical code(s) search in CareEnhance® Review Manager.

- **Inpatient/Outpatient** designations are located on the criteria subset cover page and provide an Inpatient or Outpatient setting recommendation. The recommended settings are determined by McKesson Health Solutions consultant consensus and are based on best medical practices. The recommendation of Inpatient refers to those cases most commonly performed in the acute care setting and for which admission to the hospital is indicated. The Outpatient recommendation refers to those procedures performed in the physician’s office, in an ambulatory care setting, or procedures that do not require an acute hospital admission.

- **Alternate procedure names** are notes located on the procedure level page. These notes provide a list of additional names by which the requested intervention may be referred and/or the names of different procedures that produce the same result. For example, Roux-en-Y Gastric Bypass (RYGB) and Vertical Banded Gastroplasty (VBG) Laparoscopic Adjustable Gastric Banding (Lap Band) are alternate procedure names found in the bariatric surgery criteria subset. They are two different weight loss surgery procedures for patients with clinically severe obesity.

**IMPORTANT:** The criteria subsets may require local modification prior to actual use. Based on current knowledge and then formulated and reviewed by a panel of physician consultants, the criteria are not to be construed as either algorithms for treatment or definitive prescriptions for delivery of care. Medicine is an inexact science and certain aspects are subject to controversy; it is expected that clients will delete, alter, or augment these criteria according to their experiences and clinical practice.
InterQual® SIM plus™ Criteria: REVIEW PROCESS

patterns.