

SPECIAL eBULLETIN

FOR FACILITY PROVIDERS

JUNE 29, 2018

ADDITIONAL AMBULATORY SENSITIVE CONDITIONS WILL REQUIRE ENHANCED UTILIZATION REVIEW, EFFECTIVE AUG. 17, 2018

Highmark is adding more codes to our list of ambulatory sensitive conditions that pend for full clinical review when a patient has an urgent unplanned hospitalization. The majority of the new codes pertain to the 35 existing conditions that pend today.

Highmark is committed to working with health care providers to guarantee that our members receive high-quality, medically necessary care in the most appropriate setting. Although there is no substitute for a physician's professional opinion, pending certain inpatient requests for additional clinical review ensures that nationally accepted evidence-based guidelines are being followed, resulting in appropriate care delivery and reducing significant cost burden to our members. Ensuring our members receive appropriate care in the most appropriate setting will result in better outcomes and lower costs for our members.

Effective Aug. 17, 2018, when a Highmark Commercial or Medicare Advantage member has an urgent unplanned inpatient admission, the additional ambulatory sensitive conditions will require full clinical review, even if InterQual® criteria are met, to determine whether an inpatient admission or observation level of care is appropriate. Some examples of the ambulatory sensitive conditions include fever, chest pain, asthma, deep vein thrombosis, pain, tachycardia, and weakness.

Highmark's policies for determining observation and inpatient status are based on industry standards and accepted medical practice, including the two-midnight rule. Please notify Highmark of unplanned admissions within 48 hours or the next business day.

Additionally, our Utilization Management team uses InterQual Level of Care Criteria as a **guide**, to determine the medical appropriateness of a hospital admission. **Note:** The 2018 InterQual Level of Care Criteria will be released on Aug. 17, 2018.

As a reminder, observation care typically takes place in an inpatient facility for the purpose of evaluating a patient's condition to determine the need for further treatment and monitoring before deciding to admit as an inpatient or to safely discharge with outpatient follow up. In the majority of cases, the decision to discharge or admit as inpatient is made in less than 48 hours or the next day. Observation services are billed the same as all other outpatient services. As always, observation stays do not require notification or authorization.



We appreciate your support and the high-quality, cost-effective care you provide to our members. We look forward to your continued collaboration to ensure that Highmark members receive medically necessary services in a high-quality, clinically appropriate fashion.