Introduction

Effective January 1, 2020, we will use Change Healthcare InterQual® to review certain services as listed in this guideline. InterQual is evidence-based criteria that offers guidance in covering medical and behavioral health for all levels of care in addition to care planning and complex care management.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Administrative Guideline

Medical Necessity

The following services are considered medically necessary when criteria are met using Change Healthcare InterQual® criteria:

<table>
<thead>
<tr>
<th>Module</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Adult</td>
<td>• Acute Kidney Injury</td>
</tr>
</tbody>
</table>
Medical Necessity

- Anemia/Bleeding
- Antepartum
- Asthma
- Carbon Monoxide Poisoning
- Cholecystitis
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Deep Vein Thrombosis
- Diabetes Mellites (DM)
- Diabetic Ketoacidosis (DKA)
- Electrolyte/Mineral Imbalance
- Epilepsy
- Extended Stay
- General Medical
- General Trauma
- Heart Failure
- Hematology/Oncology: Acute Myeloid Leukemia
- Hematology/Oncology: Brain Malignancy/Metastasis
- Hematology/Oncology: Chemo
- Hematology/Oncology: Hemolytic Uremic Syndrome
- Hematology/Oncology: Malignant Disease
- Hematology/Oncology: Tumor Lysis Syndrome
- Hip arthrotomy
- Hyperosmolar Hyperglycemic State
- Hypertension
- Hypertensive Disorder in Pregnancy
- Hypoglycemia
- Infection: Central Nervous System (CNS)
- Infection: Endocarditis
- Infection: General
- Infection: Gastrointestinal/Genitourinary/Gynecology
- Infection: Musculoskeletal
- Infection: Pneumonia
- Infection: Sepsis
- Infection: Skin
- Irritable Bowel Disease
- Labor & Delivery
<table>
<thead>
<tr>
<th>Medical Necessity</th>
<th>Acute Pediatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pancreatitis</td>
<td>• Acetaminophen Overdose</td>
</tr>
<tr>
<td>• Postpartum Complications After Discharge</td>
<td>• Acute Kidney Injury</td>
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<tr>
<td>• Pulmonary Embolism</td>
<td>• Anemia/Bleeding</td>
</tr>
<tr>
<td>• Quality Indicator Checklist</td>
<td>• Antepartum</td>
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<tr>
<td>• Rhabdomyolysis or Crush Syndrome</td>
<td>• Asthma</td>
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<tr>
<td>• Sickle Cell Crisis</td>
<td>• Brief Unresolved Unexplained Event</td>
</tr>
<tr>
<td>• Stroke</td>
<td>• Bronchiolitis</td>
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<tr>
<td>• Syncope</td>
<td>• Carbon Monoxide Poisoning</td>
</tr>
<tr>
<td>• Transient Ischemic Attack (TIA)</td>
<td>• Cellulitis</td>
</tr>
<tr>
<td>• Transition Plan (Continued Stay and Transition Planning only)</td>
<td>• Croup</td>
</tr>
<tr>
<td>• Withdrawal Syndrome</td>
<td>• Cystic Fibrosis</td>
</tr>
<tr>
<td>• Wound debridement</td>
<td>• Dehydration/Gastroenteritis</td>
</tr>
<tr>
<td></td>
<td>• Diabetic Ketoacidosis (DKA)</td>
</tr>
<tr>
<td></td>
<td>• Diabetes Mellites (DM)</td>
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<td></td>
<td>• Epilepsy</td>
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<td></td>
<td>• Extended Stay</td>
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<td></td>
<td>• Failure to Thrive</td>
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<td></td>
<td>• General Medical</td>
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<td>• General Trauma</td>
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<td></td>
<td>• Hematology/Oncology: Chemotherapy</td>
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<td></td>
<td>• Hematology/Oncology: Acute Leukemia</td>
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<td></td>
<td>• Hematology/Oncology: Brain Malignancy/Metastasis</td>
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<td></td>
<td>• Hematology/Oncology: Hemolytic Uremic Syndrome</td>
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</tbody>
</table>
### Medical Necessity

- Hematology/Oncology: Malignant Disease
- Hematology/Oncology: Tumor Lysis Syndrome
- Hip Arthrotomy
- Hyperbilirubinemia
- Hypertensive Disorder in Pregnancy
- Hypoglycemia
- Infection: Central Nervous System (CNS)
- Infection: Endocarditis
- Infection: General
- Infection: Gastrointestinal/Genitourinary/Gynecology
- Infection: Meningitis
- Infection: Musculoskeletal
- Infection: Pneumonia
- Infection: Pyelonephritis
- Infection: Sepsis
- Infection: Skin
- Labor & Delivery
- Nursery
- Pancreatitis
- Postpartum Complications After Discharge
- Quality Indicator Checklist
- Rhabdomyolysis or Crush Syndrome
- Sickle Cell Crisis
- Transition Plan (Continued Stay and Transition Planning only)
- Withdrawal Syndrome
- Wound debridement

### Behavioral Health

- Adult and Geriatric Psychiatry
- Child and Adolescent Psychiatry
- Electroconvulsive Therapy: Adolescent
- Electroconvulsive Therapy: Adult/Geriatric
- Substance Abuse Disorders
- Applied Behavior Analysis for Autism Spectrum Disorder
- Electroconvulsive Therapy Adolescent
- Electroconvulsive Therapy Adult/Geriatric
- Neurobehavioral Status Exam
- Neuropsychological Testing
**Medical Necessity**
- Neuropsychological Testing: Pediatric
- Pharmacogenomic Testing for Psychotropic Medication Drug Response
- Psychological Testing
- Stereotactic Introduction: Subcortical Electrodes

**Home Care**
- Adult and Pediatric

**Long Term Acute Care (LTAC)**
- Medically Complex
- Respiratory Complex
- Transition Plan
- Ventilator Weaning
- Wound/Skin

**Rehabilitation**
- Amputation, lower extremity rehabilitation (adult, adolescent, school age)
- Amputation, upper extremity rehabilitation (adult, adolescent, school age)
- Cardiac rehabilitation (adult)
- Carpal tunnel syndrome rehabilitation (adult)
- Cerebrovascular accident rehabilitation (adult)
- DeQuervain’s tenosynovitis rehabilitation (adult)
- Fractures, lower extremity (adult, adolescent, school age)
- Fractures, upper extremity rehabilitation (adult, adolescent, school age)
- General deconditioning rehabilitation (adult)
- Habilitation (adult, adolescent, school age)
- Habilitation criteria
- Instability dislocation shoulder rehabilitation (adult)
- Ligamentous injury ankle rehabilitation (adult, adolescent, school age)
- Ligamentous injury knee rehabilitation (adult, adolescent, school age)
- Lymphedema rehabilitation (adult)
- Maintenance therapy rehabilitation (adult)
- Meniscal injury knee rehabilitation (adult, adolescent, school age)
- Multiple sclerosis rehabilitation (adult)
- Osteoarthritis hip rehabilitation (adult)
- Osteoarthritis rehabilitation, knee (adult)
<table>
<thead>
<tr>
<th>Medical Necessity</th>
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</thead>
<tbody>
<tr>
<td>• Osteoarthritis rehabilitation, shoulder (adult)</td>
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<tr>
<td>• Pain syndromes rehabilitation (adult, adolescent)</td>
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<tr>
<td>• Pediatric rehabilitation criteria</td>
</tr>
<tr>
<td>• Pelvic floor rehabilitation</td>
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<tr>
<td>• Pulmonary rehabilitation (adult)</td>
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<tr>
<td>• Rotator cuff disorders rehabilitation (adult, adolescent, school age)</td>
</tr>
<tr>
<td>• Soft tissue disorders knee rehabilitation (adult, adolescent, school age)</td>
</tr>
<tr>
<td>• Soft tissue disorders rehabilitation, foot and ankle (adult adolescent, school age)</td>
</tr>
<tr>
<td>• Soft tissue disorders rehabilitation (adult)</td>
</tr>
<tr>
<td>• Spinal disorders rehabilitation, cervical (adult)</td>
</tr>
<tr>
<td>• Spinal disorders rehabilitation, lumbar (adult, adolescent, school age)</td>
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<tr>
<td>• Sprain wrist rehabilitation (adult, adolescent, school age)</td>
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<tr>
<td>• Strain low back rehabilitation (adult, adolescent, school age)</td>
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<tr>
<td>• Strain neck rehabilitation (adult, adolescent, school age)</td>
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<tr>
<td>• Tendon injury hand rehabilitation (adult, adolescent, school age)</td>
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<tr>
<td>• Tendon rupture achilles rehabilitation (adult)</td>
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<tr>
<td>• Thoracic outlet syndrome rehabilitation (adult, adolescent, school age)</td>
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<tr>
<td>• Traumatic brain injury rehabilitation (adult)</td>
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<tr>
<td>• Trigger finger rehabilitation (adult)</td>
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<tr>
<td>• Ulnar neuropathy rehabilitation (adult, adolescent, school age)</td>
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<table>
<thead>
<tr>
<th>Specialty Rx Non-Oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td>• AbobotulinumtoxinA</td>
</tr>
<tr>
<td>• Aflibercept</td>
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<tr>
<td>• Alpha 1 Proteinase Inhibitor</td>
</tr>
<tr>
<td>• Bevacizumab Intravitreal</td>
</tr>
<tr>
<td>• Factor IX (Alphanine SD)</td>
</tr>
<tr>
<td>• Factor IX (Bebulin VH, Profilnine SD)</td>
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<tr>
<td>• Factor IX (Benefix, Rixubis)</td>
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<tr>
<td>• Factor VIII (Advate)</td>
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<tr>
<td>• Factor VIII (Alphanate)</td>
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<tr>
<td>• Factor VIII (Hemofil M)</td>
</tr>
</tbody>
</table>
# Medical Necessity

- Factor VIII (Humate-P)
- Factor VIII (Wilate)
- Factor VIII (Xyntha)
- Factor VIII or IX (Feiba NF)
- Factor XIII (Corifact)
- Hydroxyprogesterone caproate
- IncobotulinumtoxinA
- Lanreotide
- Octreotide acetate (Sandostatin LAR Depot)
- Octreotide acetate (Sandostatin)
- OnabotulinumtoxinA
- Ranibizumab
- Reslizumab
- Rho(D) immune globulin (Rhophylac)
- Rho(D) immune globulin (WinRho)
- RimabotulinumtoxinB

## Specialty Rx Oncology

- Plerixafor
- Rolapitant injection
- Zoledronic acid

## Subacute/Skilled Nursing Facility

- Maintenance Therapy

## History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/16/19</td>
<td>New administrative guideline, approved August 30, 2019, effective January 1, 2020, developed to aid in navigation to InterQual® clinical criteria for use in the individual market.</td>
</tr>
<tr>
<td>10/22/19</td>
<td>Minor update, the policy was corrected to remove drugs that will not be addressed using InterQual criteria. These had been added in error.</td>
</tr>
<tr>
<td>11/21/19</td>
<td>Interim Review, approved November 12, 2019, effective February 21, 2020. Added rehabilitative services to be reviewed using InterQual as listed; considered medically necessary when criteria are met.</td>
</tr>
<tr>
<td>12/01/19</td>
<td>Minor update, the policy was corrected to remove additional drugs that will not be addressed using InterQual criteria. These had been added in error.</td>
</tr>
</tbody>
</table>
**Date** | **Comments**  
--- | ---  
04/01/20 | Minor update, added link to updated policy which becomes effective July 2, 2020.

**Disclaimer**: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

**Scope**: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual plans.
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  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
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U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

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Hmong (Hmong):

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中文 (Chinese):
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