Select a hyperlink below to be directed to that section.

ADMINISTRATIVE GUIDELINE | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

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>
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</thead>
<tbody>
<tr>
<td>Acute Adult</td>
<td>• Acute Kidney Injury</td>
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<tr>
<td>Medical Necessity</td>
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<td>------------------------------------------------------</td>
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<tr>
<td>• Anemia/Bleeding</td>
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<td>• Antepartum</td>
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<td>• Asthma</td>
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<td>• Carbon Monoxide Poisoning</td>
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<td>• Cholecystitis</td>
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<td>• Chronic Obstructive Pulmonary Disease (COPD)</td>
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<td>• Cystic Fibrosis</td>
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<tr>
<td>• Deep Vein Thrombosis</td>
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<td>• Diabetes Mellites (DM)</td>
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<tr>
<td>• Diabetic Ketoacidosis (DKA)</td>
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<td>• Electrolyte/Mineral Imbalance</td>
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<td>• Epilepsy</td>
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<td>• Extended Stay</td>
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<td>• General Medical</td>
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<td>• General Trauma</td>
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<td>• Heart Failure</td>
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<tr>
<td>• Hematology/Oncology: Acute Myeloid Leukemia</td>
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<td>• Hematology/Oncology: Brain Malignancy/Metastasis</td>
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<td>• Hematology/Oncology: Chemo</td>
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<tr>
<td>• Hematology/Oncology: Hemolytic Uremic Syndrome</td>
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<td>• Hematology/Oncology: Malignant Disease</td>
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<td>• Hematology/Oncology: Tumor Lysis Syndrome</td>
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<td>• Hip arthrotomy</td>
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<td>• Hyperosmolar Hyperglycemic State</td>
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<td>• Hypertension</td>
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<td>• Hypertensive Disorder in Pregnancy</td>
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<td>• Hypoglycemia</td>
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<tr>
<td>• Infection: Central Nervous System (CNS)</td>
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<td>• Infection: Endocarditis</td>
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<td>• Infection: General</td>
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<td>• Infection: Gastrointestinal/Genitourinary/Gynecology</td>
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<tr>
<td>• Infection: Musculoskeletal</td>
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<tr>
<td>• Infection: Pneumonia</td>
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<td>• Infection: Sepsis</td>
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<td>• Infection: Skin</td>
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<tr>
<td>• Irritable Bowel Disease</td>
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<tr>
<td>• Labor &amp; Delivery</td>
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</tbody>
</table>
## Medical Necessity

- Pancreatitis
- Postpartum Complications After Discharge
- Pulmonary Embolism
- Quality Indicator Checklist
- Rhabdomyolysis or Crush Syndrome
- Sickle Cell Crisis
- Stroke
- Syncope
- Transient Ischemic Attack (TIA)
- Transition Plan (Continued Stay and Transition Planning only)
- Withdrawal Syndrome
- Wound debridement

## Acute Pediatrics

- Acetaminophen Overdose
- Acute Kidney Injury
- Anemia/Bleeding
- Antepartum
- Asthma
- Brief Unresolved Unexplained Event
- Bronchiolitis
- Carbon Monoxide Poisoning
- Cellulitis
- Croup
- Cystic Fibrosis
- Dehydration/Gastroenteritis
- Diabetic Ketoacidosis (DKA)
- Diabetes Mellites (DM)
- Electrolyte/Mineral Imbalance
- Epilepsy
- Extended Stay
- Failure to Thrive
- General Medical
- General Trauma
- Hematology/Oncology: Chemotherapy
- Hematology/Oncology: Acute Leukemia
- Hematology/Oncology: Brain Malignancy/Metastasis
- Hematology/Oncology: Hemolytic Uremic Syndrome
### Medical Necessity

- Hematology/Oncology: Malignant Disease
- Hematology/Oncology: Tumor Lysis Syndrome
- Hip Arthroplasty
- 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
- Neuropsychological 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)
## Medical Necessity

- Osteoarthritis rehabilitation, shoulder (adult)
- Pain syndromes rehabilitation (adult, adolescent)
- Pediatric rehabilitation criteria
- Pelvic floor rehabilitation
- Pulmonary rehabilitation (adult)
- Rotator cuff disorders rehabilitation (adult, adolescent, school age)
- Soft tissue disorders knee rehabilitation (adult, adolescent, school age)
- Soft tissue disorders rehabilitation, foot and ankle (adult adolescent, school age)
- Soft tissue disorders, rehabilitation (adult)
- Spinal disorders rehabilitation, cervical (adult)
- Spinal disorders rehabilitation, lumbar (adult, adolescent, school age)
- Sprain wrist rehabilitation (adult, adolescent, school age)
- Strain low back rehabilitation (adult, adolescent, school age)
- Strain neck rehabilitation (adult, adolescent, school age)
- Tendon injury hand rehabilitation (adult, adolescent, school age)
- Tendon rupture achilles rehabilitation (adult)
- Thoracic outlet syndrome rehabilitation (adult, adolescent, school age)
- Traumatic brain injury rehabilitation (adult)
- Trigger finger rehabilitation (adult)
- Ulnar neuropathy rehabilitation (adult, adolescent, school age)

## Specialty Rx Non-Oncology

- AbobotulinumtoxinA
- Aflibercept
- Alpha 1 Proteinase Inhibitor
- Bevacizumab Intravitreal
- Factor IX (Alphanine SD)
- Factor IX (Bebulin VH, Profilnine SD)
- Factor IX (Benefix, Rixubis)
- Factor VIII (Advate)
- Factor VIII (Alphanate)
- Factor VIII (Hemofil M)
## 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>
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<tr>
<td>Date</td>
<td>Comments</td>
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<tr>
<td>04/01/20</td>
<td>Minor update, added link to updated policy which becomes effective July 2, 2020.</td>
</tr>
</tbody>
</table>

**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.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

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Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5992. TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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)
Complaint forms are available at

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information on your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Arabic (Arabic):

يحيى هذا الإشعار معلومات هامة. قد يحتوي هذا الإشعار معلومات مهمة لمصلحة طلبي أو المريض في هذا الإشعار. قد تحتاج إلينا إجراء في توازي معتمد على تحديد هذه المعلومات المهمة للمريض. يشمل:
- مطالبتك في جدول الكشف. يحتوي هذا الإشعار على هذه المعلومات المهمة للمريض.
Call 800-722-1471 (TTY: 800-842-5357)

Chinese (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或報酬的重要訊息。本通知可能有重要日期。您可能需要在截止日期之前採取行動。以保留您的健康保險或費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357).

Oromo (Cushite):


Français (French):


Deutsche (German):


Hmoob (Hmong):


Illokko (Illoko):

Daytoy a Pakdaar ket naglaan iti Napateg nga Impomarsion. Daytoy a pakdaar mabalin nga adda ket naglaan iti napateg nga impomarsion maipanggepi a aplikasyonno woy coverage babaeniti Premera Blue Cross. Daytoy ket mabalin dagiti importante a pelta iti daytoy a pahdaar. Mabalin nga adda rumbenga a aramidenyo nga adda saktay dagiti partikular a naituding nga aldaw tapno mapagtaladengidyo ti coverage ti salan-atiyo woy tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impomarsion ken tulong iti bukodyo a pagasasao nga awan ti bayadanyo. Tumawagi ti numero nga 800-722-1471 (TTY: 800-842-5357).

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Este aviso contiene información importante.

Hay ciertos plazos para mantener su cobertura de salud. Si no hace nada, puede perder su cobertura.

Tenga en cuenta que prestar atención a su salud y mantener su cobertura es importante.

Si necesita ayuda, llame al 800-722-1471 (TTY: 800-842-5357).