Ultimate Health Plans Policy & Procedure

POLICY DESCRIPTION

POLICY TITLE:	**InterQual® Clinical Criteria**	**POLICY NUMBER:**	**UM-022**
EFFECTIVE DATE:		**LAST REVIEW/REVISION DATE:**	
ISSUING DEPT:	Utilization Management	**SCOPE [DEPTS]:**	All Associates
LINE OF BUSINESS:	MA CORE PLAN: ☒ MA C-SNP PLAN: ☒ MA D-SNP PLAN: ☒		

PURPOSE:

To define the utilization of InterQual® clinical guidelines as internal criteria in the medical necessity review process when CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or Medicare Manuals are not available, applicable, or sufficiently detailed. This policy ensures compliance with CMS Final Rule requirements for transparency, consistency in utilization review decisions, and alignment with nationally recognized clinical standards.

DEFINITIONS:

1. **Internal Criteria:** Clinical guidelines developed, licensed, or adopted by a health plan for use in medical necessity decisions when Medicare coverage policies do not exist or are insufficient.

2. **InterQual Criteria:** A nationally recognized, evidence-based decision support tool developed by Change Healthcare, used to guide utilization management determinations across a wide range of services and populations.

3. **CMS Final Rule:** The Centers for Medicare & Medicaid Services regulation requiring Medicare Advantage Organizations to make internal clinical criteria publicly accessible when used in lieu of or in addition to Medicare coverage criteria.

4. **NCD/LCD:** National and Local Coverage Determinations issued by CMS and Medicare Administrative Contractors to establish coverage rules for specific services.

POLICY:

UHP adopts and uses InterQual criteria as internal clinical criteria in accordance with CMS guidelines. InterQual is used:

- When CMS NCDs, LCDs, or Medicare Manual instructions are not available, applicable, or specific enough to guide utilization decisions.
- As part of the plan's transparent internal criteria, it is publicly accessible via our website.
- In conjunction with our licensed subsets which include, but are not limited to: Acute Adult Criteria, Pediatric Criteria, Psychiatry, Behavioral Health, Inpatient Rehab, Procedures, SNF/Subacute, and other specialty modules.

All medical necessity decisions made using InterQual are reviewed and approved by appropriately licensed clinical staff and are supported by InterQual's evidence-based methodology.

PROCEDURE:

Criteria Hierarchy

- **Primary Use**: CMS NCDs, LCDs, and Medicare Manuals are reviewed and applied first.
- **Secondary Use**: When Medicare criteria are not available, InterQual is the preferred internal guideline.
- **Alternative Use**: If InterQual is also not applicable, other UM Committee-approved internal or external criteria may be used and documented.

Criteria Access

- All licensed users will be granted access to the applicable InterQual subsets through secured platforms.
- InterQual Transparency Subscription will be linked on Ultimate Health Plan's website, listing all licensed subsets.

Documentation

- Clinical staff must document the use of InterQual in the case review notes and indicate the specific subset applied.
- If InterQual or CMS are not applicable, UM Committee-approved internal or external criteria may be used and documented.

Final

Oversight

- The Utilization Management Committee is responsible for:
    - Annual review of InterQual usage.
    - Monitoring updates to criteria sets.
    - Ensuring ongoing compliance with CMS transparency rules.

Transparency Posting

A direct link to the InterQual Transparency Portal is maintained and updated as required on UHP Website at:

https://www.chooseultimate.com/

A detailed list of licensed InterQual subsets can be found under attachments

SOURCE DOCUMENTS AND REFERENCES

DOCUMENT / REFERENCE TITLE AND CITATION

RELATED POLICIES

POLICY #	POLICY TITLE

ATTACHMENTS

DOCUMENT TITLE	
InterQual Criteria Subsets	 InterQual Criteria Subsets.docx

EFFECTIVE DATES / VERSIONS

VERSION #	EFFECTIVE DATE	NEXT REVIEW	AUTHOR OR OWNER	CHANGE DESCRIPTION
#001	08/08/2025	12/31/2025	S.Alderson	New Policy

#002	9/9/2025	12/31/2025	UM Committee	Review/Approval
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APPROVALS

DATE	APPROVED BY
8/8/2025	FIRST LEVEL: Author/Business Unit Owner.
	SECOND LEVEL: Compliance and/or Quality Review
9/9/2025	THIRD LEVEL: UM Committee Sign off

Final