

We'll use 2024 InterQual criteria starting Aug. 1

On Aug. 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network will start using 2024 InterQual[®] criteria to make determinations on prior authorization requests for the medical (non-behavioral health) services we manage for these members:

- Blue Cross commercial
- Medicare Plus Blue
- BCN commercial
- BCN Advantage

Note: If InterQual criteria are updated to correct known issues or errors, we'll use the updated criteria as soon as they're available.

Blue Cross and BCN also use Local Rules for post-acute care (inpatient rehabilitation, skilled nursing facility and long-term acute care) prior authorization requests. These Local Rules are modifications of InterQual criteria that we use in making determinations. You can access the Local Rules on the [Services that need prior authorization](#) page on **bcbsm.com**. We're updating that page to include the most current version of the Local Rules.

Refer to the table below for more specific information about which criteria we use in making determinations for various types of non-behavioral health prior authorization requests.

Criteria	Services
InterQual acute — Adult and pediatrics	<ul style="list-style-type: none"> • Inpatient admissions • Continued stay discharge readiness
InterQual level of care — Subacute and skilled nursing facility	<ul style="list-style-type: none"> • Subacute and skilled nursing facility admissions • Continued stay discharge readiness
InterQual rehabilitation — Adult and pediatrics	<ul style="list-style-type: none"> • Inpatient admissions • Continued stay and discharge readiness
InterQual level of care — Long-term acute care	<ul style="list-style-type: none"> • Long-term acute care facility admissions • Continued stay discharge readiness
InterQual imaging	<ul style="list-style-type: none"> • Imaging studies and X-rays
InterQual procedures — Adult and pediatrics	<ul style="list-style-type: none"> • Surgery and invasive procedures
Medicare coverage guidelines (as applicable)	<ul style="list-style-type: none"> • Services that require clinical review for medical necessity and benefit determinations

Criteria	Services
Blue Cross and BCN medical policies	<ul style="list-style-type: none"> Services that require clinical review for medical necessity
Local Rules for post-acute care (applies to inpatient rehabilitation, skilled nursing facility and long-term acute care admissions for Blue Cross commercial and BCN commercial)	<ul style="list-style-type: none"> Exceptions to the application of InterQual criteria that reflect the accepted practice standards for Blue Cross and BCN

When clinical information is requested for a medical or surgical admission or for other services, we require providers to submit specific components of the medical record that show that the request meets the criteria. We review this information when making determinations on prior authorization requests.

Note that the information in this alert applies to members whose authorizations are managed by Blue Cross or BCN directly and not by independent companies that provide services to Blue Cross or BCN.

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