

Guidelines for submitting clinical information for medical necessity review of inpatient medical or surgical admissions

When submitting prior authorization requests for acute inpatient medical or surgical admissions, providers must include complete clinical information. This enables Blue Cross Blue Shield of Michigan and Blue Care Network to review the service for medical necessity. This communication outlines the optimal process for submitting prior authorization requests and includes detailed information about the clinical information to submit with each request.

Our goal is to make determinations on prior authorization requests as quickly as possible and to minimize the amount of back and forth between healthcare providers and Blue Cross and BCN reviewers. When you submit complete clinical information, you help us meet this goal and you save time.

As a reminder, Blue Cross and BCN **don't** require providers to submit clinical information within 24 hours of admission for commercial or Medicare Advantage members.

What is the optimal process when requesting prior authorization for acute inpatient stays?

- Submit prior authorization requests **after** all supporting clinical documentation is in the medical record.
- Submit the prior authorization request **before the stay** or **during the stay but before discharge**.
- Submit only clinical information that supports the acute inpatient admission.
- Submit the prior authorization request **before** submitting the claim.

What clinical information do I need to submit?

Prior authorization requests must include complete clinical information, as outlined below.

Lines of business	What to submit
All	• Date and time of admission • Documentation of physician's inpatient admission orders • All pertinent clinical information from the medical record to validate that the inpatient setting is appropriate • Include the following clinical documentation: ○ Emergency room, observation and/or transferring facility clinical documentation as applicable ○ InterQual[®] criteria subset used to support the decision for inpatient admission

Lines of business	What to submit
	○ Medication administration record, or MAR, including dates, times and dosages administered ○ Information that confirms the InterQual criteria points have been met, including dates, times and trend documentation Note: Many criteria points have findings and interventions that require frequencies, dosages and time-based intervals to demonstrate that InterQual indications have been met.
Blue Cross and BCN commercial	Procedure from the InterQual Procedure List that was used to support the decision for an inpatient admission.
Medicare Plus Blue and BCN Advantage	Clinical documentation must include the following to support the physician's expectation that the hospitalization will span two midnights: • Inpatient admission order — with designation of inpatient level of care, date, time and physician signature • Expected length of stay • Severity of presenting condition — acute symptoms, vital signs, significant labs or imaging and clinical instability • Relevant comorbidities that increase risk • Specific current medical services and needs — for example, intravenous medications or frequent neurological checks • Risk of adverse events • Planned treatment and testing, including the procedure code for surgical inpatient level of care admissions

For additional information, see the following sections of the [Submitting acute inpatient authorization requests: Frequently asked questions for providers](#) document:

- “All requests: Criteria used in making determinations on inpatient admissions” — for all lines of business. We updated this section to include the information in this provider alert
- “Medicare Advantage requests: Additional information about criteria used in making determinations”

For additional information about InterQual criteria, see the following pages on **bcbsm.com**:

- [Services That Need Prior Authorization for Commercial Members](#)
- [Medicare Advantage Prior Authorization](#)

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