



InterQual Provider Training

Training will begin at 3:03PM EDT to allow everyone to sign into the webinar

September 2019

Agenda

1 What is InterQual?

2 Outpatient

3 Inpatient

4 Additional Procedures

5 Important Information

6 Questions?

Chapter

01

“We help people live their lives to the fullest potential.”

Our Commitment



InterQual Transparency Tool

What is InterQual?

Effective Sept. 21, 2019, Beacon will begin using Change Healthcare's InterQual[®] medical necessity criteria.

Using nationally recognized criteria is consistent with mental health parity requirements. Beacon is committed to strengthening and enhancing clinical quality by leveraging this best-in-class, evidence-based criteria.

What is InterQual?

- Evidence-based, nationally used criteria across healthcare (Physical Health, Behavioral Health and Substance Abuse)
- InterQual criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from their independent panel of clinical experts
- Criteria is reviewed and updated annually
- InterQual is intended for use as screening guidelines with respect to medical appropriateness of healthcare services.
- Substance Use criteria **will not** be impacted (ASAM/LOCADTR/TCADA or other state criteria remain the same).

**If a denial is issued by Beacon, the rationale will be shared in the denial letter. Denials are based on a medical necessity review by a Physician and not solely on InterQual criteria.

What is InterQual?

Accounts that require use of state-specific or other medical necessity criteria are NOT impacted.

Other processes and workflows remain the same (such as authorization process); only the criteria are changing.

Providers **will not** be submitting authorization requested through InterQual. Beacon's authorization process will remain the same.

Plans not moving to InterQual

Affinity	MetroPlus
Amida Care	MVP HealthCare
Crystal Run	Senior Whole Health NY
CTBHP Connecticut Behavioral Health Partnership	Value Behavioral Health of Pennsylvania (VPH PA)
Elder Plan	Visiting Nurse Service Choice (VNS) Medicare
Emblem Health and Group Health Incorporated (GHI)	Visiting Nurse Service Choice (VNSNY) Choice Select
Empire	YourCare Health Plan
Hamaspik	BCBS Tennessee (TennCare) After hours plan
Health First (ABA only)	Better Health Amerigroup
Horizon BlueCross- BlueShield NJ Commercial/Gov't	Care Source KY (HCKY)
iCircle	Clear Healthcare- Amerigroup
Independent Health (IHA)	Georgia
Maryland	Kansas Department of Aging and Disability Services- Federal Block Grant/Problem Gambling Fund
Michigan LRE	Kansas Sentencing Commission
NC Health Choices	Simply Healthcare
NC PSD	Fresno County
Passport Advantage	HMSA (Commercial/Medicaid/Medicare)
Shasta County	OCMHP

InterQual Transparency Tool

<https://www.beaconhealthoptions.com/providers/beacon/handbook/clinical-criteria/>

HOME / PROVIDERS / BEACON HEALTH OPTIONS / PROVIDER HANDBOOK / MEDICAL NECESSITY CRITERIA

Medical Necessity Criteria

[InterQual Medical Necessity Criteria](#)

Beacon's medical necessity criteria, also known as clinical criteria, are based on nationally recognized resources, including but not limited to, those publicly disseminated by the American Medical Association (AMA), American Psychiatric Association (APA) and American Academy of Child and Adolescent Psychiatry (AACAP), Substance Abuse and Mental Health Services Administration (SAMHSA), the American Society of Addiction Medicine (ASAM), MCG (formerly known as Milliman Care Guidelines), and the Center for Medicaid and Medicare (CMS). For management of substance use services, Beacon uses ASAM criteria.

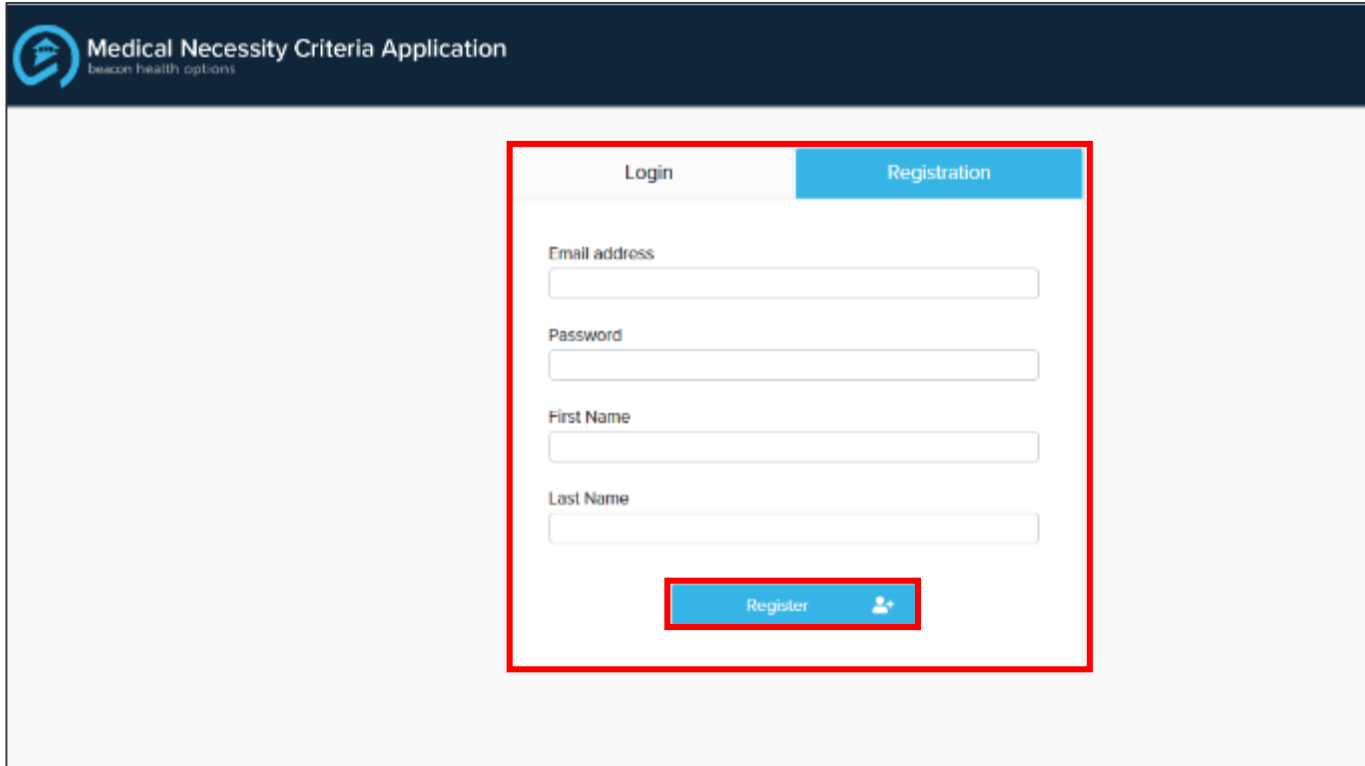
Medical necessity criteria may vary according to individual state and/or contractual requirements and member benefit coverage. Use of other substance use criteria other than ASAM is required in some jurisdictions.

PROVIDERS

- Home Dashboard
- Provider Portal +
- Forms +
- Provider Handbook -**
 - Medical Necessity Criteria**
 - Clinical Practice Guidelines
- Important Tools +
- Network-Specific Info
- Contact Information +

Navigate your browser to the link listed above to access InterQual Medical Necessity Criteria

InterQual Registration



The screenshot shows the 'Medical Necessity Criteria Application' interface. At the top left is the Beacon Health Options logo. The main content area has two tabs: 'Login' and 'Registration'. The 'Registration' tab is active and highlighted in blue. Below the tabs are four input fields: 'Email address', 'Password', 'First Name', and 'Last Name'. At the bottom of the registration form is a blue button labeled 'Register' with a user icon. A red rectangular box highlights the entire registration form area, including the tabs and the 'Register' button.

Registration is required to view the criteria.

This is a separate login from ProviderConnect or eServices.

You will need to enter the following to register:

- Email address
- Password
- First name
- Last name

Once completed, click on Register.

InterQual Login

Medical Necessity Criteria Application
beacon health options

Login Registration

Email address

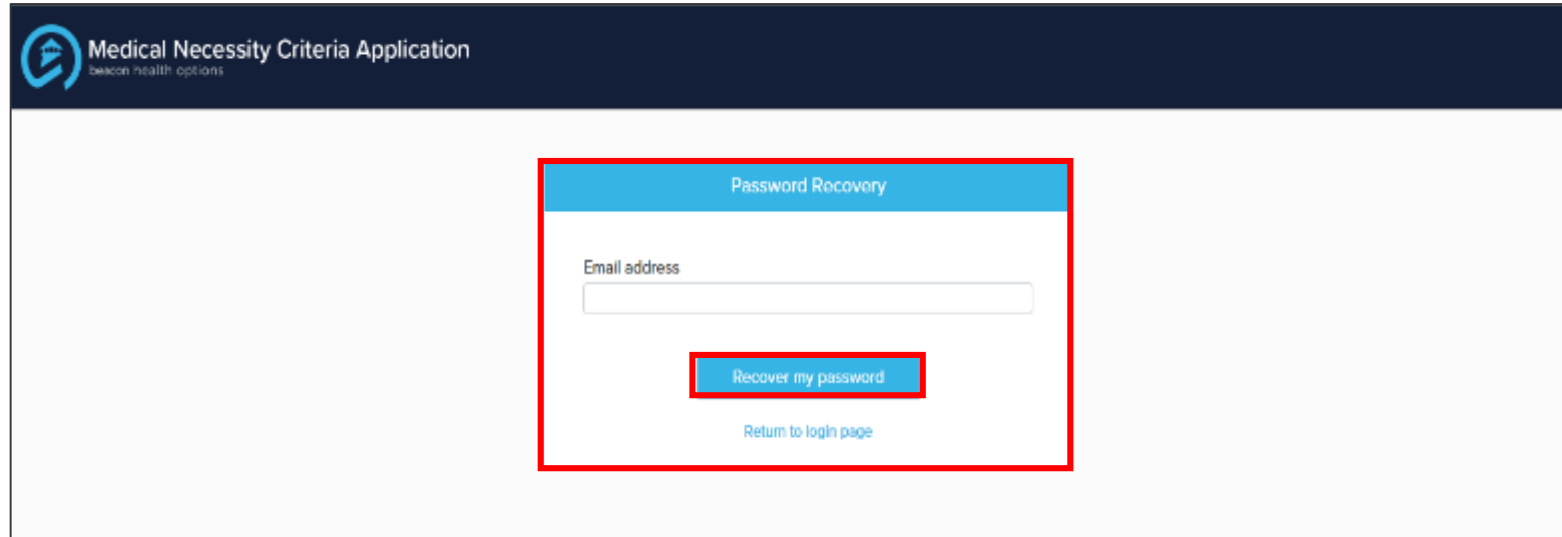
Password

Login →

[Forgot password?](#)

Once registration has been completed, proceed to the login link.
Enter your email address and password to login.

Password recovery



The screenshot shows the 'Medical Necessity Criteria Application' interface. At the top left, there is a logo for 'beacon health options' and the text 'Medical Necessity Criteria Application'. The main content area is a light gray box containing a 'Password Recovery' form. The form has a blue header with the text 'Password Recovery'. Below the header is a text input field labeled 'Email address'. Underneath the input field is a blue button with the text 'Recover my password'. Below the button is a link that says 'Return to login page'. A red rectangular box highlights the 'Email address' input field, the 'Recover my password' button, and the 'Return to login page' link.

For password recovery, enter your email address, then click recover my password.

An email will then be sent you with your password.

InterQual Transparency tool

The screenshot shows the InterQual Transparency tool interface. At the top left, there is a logo for 'Medical Necessity Criteria Application' with the text 'beacon health options' below it. In the top right corner, there is a 'Logout' button. Below this is a dark blue header with the 'CHANGE HEALTHCARE' logo and 'InterQual®' text. On the right side of this header, it says 'Signed in as Barry Cassell' and 'Sign out'. Below the header is a light grey navigation bar with a 'MENU' button, the text 'Beacon Health Bookview', and a 'HELP' button. The main content area is titled 'Select Subset' with a subtitle 'Refine search with Product, Version, Category, Keywords or Medical Codes'. It features several search filters: 'SELECT PRODUCT', 'SELECT VERSION', 'SELECT CATEGORY', and 'CLINICAL REFERENCE'. Below these are input fields for 'Enter Keywords' and 'Enter Medical Codes', along with buttons for 'FIND SUBSETS', 'CLEAR ALL', and 'BOOKMARKS'. At the bottom, there is a table with columns for 'Subset', 'Product', and 'Version', each with a dropdown arrow and an empty input field.

InterQual Transparency Tool

Select Subset *Refine search with Product, Version, Category, Keywords or Medical Codes*

SELECT PRODUCT ▾ **SELECT VERSION** ▾ **SELECT CATEGORY** ▾

Enter Keywords Enter Medical Codes **FIND SUBSETS** **CLEAR ALL** **BOOKMARKS** 📌

SELECT PRODUCT ▾	SELECT VERSION	Product	Version ▾
BH:Adult and Geriatric Psychiatry		<input type="text"/>	<input type="text"/>
BH:Child and Adolescent Psychiatry		<input type="text"/>	<input type="text"/>
BH:Procedures Q & A		<input type="text"/>	<input type="text"/>
Medicare Procedures		<input type="text"/>	<input type="text"/>

Begin your navigation by clicking on Select Product. This will open a drop-down menu. Select the appropriate product from there.

InterQual Transparency Tool

Select Subset *Refine search with Product, Version, Category, Keywords or Medical Codes*

BH:ADULT AND GERIATRIC PSYCHIATRY ▾ 2019 ▾ SELECT CATEGORY ▾

Enter Keywords Enter Medical Codes **FIND SUBSETS** CLEAR ALL BOOKMARKS ▾

Results Count: 1

Make sure you are selecting up to date criteria

Select Subset *Refine search with Product, Version, Category, Keywords or Medical Codes*

BH:ADULT AND GERIATRIC PSYCHIATRY ▾ 2019 ▾ SELECT CATEGORY ▾

Enter Keywords Enter Medical Codes 2019 ✓ 2018 2017 2016.3 2016.2 2016 **SUBSETS** CLEAR ALL BOOKMARKS ▾

Results Count: 1

Subset ▲	Product
Adult and Geriatric Psychiatry	BH:Adul

InterQual Transparency Tool

Select Subset *Refine search with Product, Version, Category, Keywords or Medical Codes*

BH:ADULT AND GERIATRIC PSYCHIATRY ▾ 2019 ▾ **SELECT CATEGORY ▾**

Enter Keywords Enter Medical Codes

Results Count: 1

- All Categories
- Adult and Geriatric Psychiatry


Subset ▲	Product	Version ▾
Adult and Geriatric Psychiatry	BH:Adult and Geriatric Psychiatry	InterQual 2019

Click here

Select the category. You may choose All Categories or the appropriate category based on the subset you selected. Click on the subset after you have chosen the category.

InterQual Transparency Tool

Please review the subset notes

 InterQual® 2019, BH:Adult and Geriatric Psychiatry
Adult and Geriatric Psychiatry

SHOW CODES

CLINICAL REFERENCE

Informational Notes

The Adult and Geriatric Psychiatry Criteria are for the review of patients who are ages 18 and older.

InterQual® content contains numerous references to gender. Depending on the context, these references may refer to either genotypic or phenotypic gender. At the individual patient level, a variety of factors, including, but not limited to, gender identity and gender reassignment via surgery or hormonal manipulation, may affect the applicability of some InterQual criteria. This is most often the case with genetic testing and procedures that assume the presence of gender-specific anatomy. With these considerations in mind, all references to gender in InterQual have been reviewed and modified when appropriate. InterQual users should carefully consider issues related to patient genotype and anatomy, especially for transgender individuals, when appropriate.

InterQual® criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the clinical evidence was conducted. Sources searched included the Agency for Healthcare Research and Quality (AHRQ) Effective Health Care Program, American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Psychological Association, American Society of Addiction Medicine, Centers for Medicare and Medicaid Services, Choosing Wisely, Cochrane Library, National Institute of Alcohol Abuse and Alcoholism, National Institute for Health and Care Excellence, National Institute on Drug Abuse, PubMed, Substance Abuse and Mental Health Services Administration, and other key medical societies. The Association of Ambulatory Behavioral Healthcare, Commission on Accreditation of Rehabilitation Facilities, and the Joint Commission were also searched. Other medical literature databases, medical content providers, data sources, regulatory body websites, and specialty society resources may also have been utilized. Relevant studies were assessed for risk of bias following principles described in the *Cochrane Handbook*. The resulting evidence was assessed for consistency, directness, precision, effect size, and publication bias. Observational trials were also evaluated for the presence of a dose-response gradient and the likely effect of plausible confounders.

InterQual Transparency Tool

Clicking on Show Codes populates a list of applicable ICD-10 codes relative to the subset you select.

SHOW CODES

Codes

ICD-10

F01.51, F02.81, F03.91, F04, F05, F06.0, F06.1, F06.2, F06.30, F06.31, F06.32, F06.33, F06.34, F06.4, F06.8, F07.0, F07.81, F07.89, F07.9, F09, F10.10, F10.11, F10.120, F10.121, F10.129, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.21, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F10.920, F10.921, F10.929, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.10, F11.11, F11.120, F11.121, F11.122, F11.129, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.21, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.10, F12.11, F12.120, F12.121, F12.122, F12.129, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.21, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F12.90, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.10, F13.11, F13.120, F13.121, F13.129, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.21, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239,

This is a partial list - over 500 codes match your selection.

CLOSE

InterQual Transparency Tool

InterQual Clinical Reference BH:ADULT AND GERIATRIC PSYCHIATRY 2019 SELECT CATEGORY **CLINICAL REFERENCE**

InterQual® 2019
BH:Adult and Geriatric Psychiatry

PDF Document	Description
Abbreviations and Symbols	Abbreviations and Symbols
Behavioral Health CMS Crosswalk	2019 Crosswalk to the Centers for Medicare and Medicaid Coverage Determinations
Bibliography	Bibliography for Adult and Geriatric Psychiatry
Clinical Revisions - 2019	Criteria changes for Adult and Geriatric Psychiatry annual release
Drug List	Drug List
Length of Stay Reference	InterQual® Benchmark Length of Stay
Review Process	Review process guidelines for Adult and Geriatric Psychiatry

CHANGE HEALTHCARE

InterQual® Criteria

Abbreviations and Symbols

Abbreviation/Symbol	Description
Δ	Criteria Will Not Meet (Responder/Non-responder criteria points)
=	Equals
>	Greater Than
≥	Greater Than or Equal To
<	Less Than
≤	Less Than or Equal To
(-)	Negative
-	Negative/Without
%	Percent
(+)	Positive
/	When between criteria points, this always means "or". When found between values, symbols, and time frames, it usually means "per". If the values refer to muscle strength, it means "out of".
+/-	With or Without
1.5x	One and One-half Times
1x/1	One Time/Times One
2+	2 Plus (Indicative of Degree of Severity)
24h	Twenty-four Hours
A Fib	Atrial Fibrillation
AA	Alcoholics Anonymous
AAA	Abdominal Aortic Aneurysm
ABA	Applied Behavior Analysis

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Clicking on the Clinical Reference link will bring you to a list of .pdf reference documents.

These materials can be downloaded and saved to your computer for future reference.

InterQual Transparency Tool

InterQual®

2019 BH:Adult and Geriatric Psychiatry
Adult and Geriatric Psychiatry
Utilization Benchmarks: Multiple options available, see table below for options

Overview
Select Level of Care
Inpatient ⁽¹⁾
Observation ⁽¹⁹¹⁾
Residential Crisis Program ⁽¹⁹⁴⁾
Residential Treatment Center ⁽²¹⁶⁾
Supervised Living ⁽²⁴⁷⁾
Partial Hospital Program ^(234, 235)
Day Treatment Program ⁽²⁹⁰⁾
Home Care ⁽³²⁴⁾
Intensive Community-Based Treatment ⁽³³¹⁾
Intensive Outpatient Program ^(233, 342)
Outpatient ⁽³⁶³⁾


Utilization Benchmarks
Notes

InterQual® criteria (IQ) is confidential and proprietary information and is being provided to you solely as it pertains to the information requested. IQ may contain advanced clinical knowledge which we recommend you discuss with your physician upon disclosure to you. Use permitted by and subject to license with Change Healthcare LLC and/or one of its subsidiaries. IQ reflects clinical interpretations and analyses and cannot alone either (a) resolve medical ambiguities of particular situations; or (b) provide the sole basis for definitive decisions. IQ is intended solely for use as screening guidelines with respect to medical appropriateness of healthcare services. All ultimate care decisions are strictly and solely the obligation and responsibility of your health care provider. © 2019 Change Healthcare LLC and/or one of its subsidiaries. All Rights Reserved.


You have the ability to print and save the full subset of criteria.

At the bottom of your screen you will see the links shown on the left.

These also allow you to bookmark the subset, or, change the subset if needed.

BOOK VIEW  PRINT FULL SUBSET  BOOKMARK SUBSET CHANGE SUBSET

InterQual Transparency Tool

 InterQual® 2019, BH:Adult and Geriatric Psychiatry
Adult and Geriatric Psychiatry SHOW CODES CLINICAL REFERENCE

Informational Notes
The Adult and Geriatric Psychiatry Criteria are for the review of patients who are ages 18 and older.

InterQual® content contains numerous references to gender. Depending on the context, these references may refer to either genotypic or phenotypic gender. At the individual patient level, a variety of factors, including, but not limited to, gender identity and gender reassignment via surgery or hormonal manipulation, may affect the applicability of some InterQual criteria. This is most often the case with genetic testing and procedures that assume the presence of gender-specific anatomy. With these considerations in mind, all references to gender in InterQual have been reviewed and modified when appropriate. InterQual users should carefully consider issues related to patient genotype and anatomy, especially for transgender individuals, when appropriate.

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BOOK VIEW  **PRINT FULL SUBSET**  **BOOKMARK SUBSET** **CHANGE SUBSET**



Click on Book View to advance into the criteria

Chapter

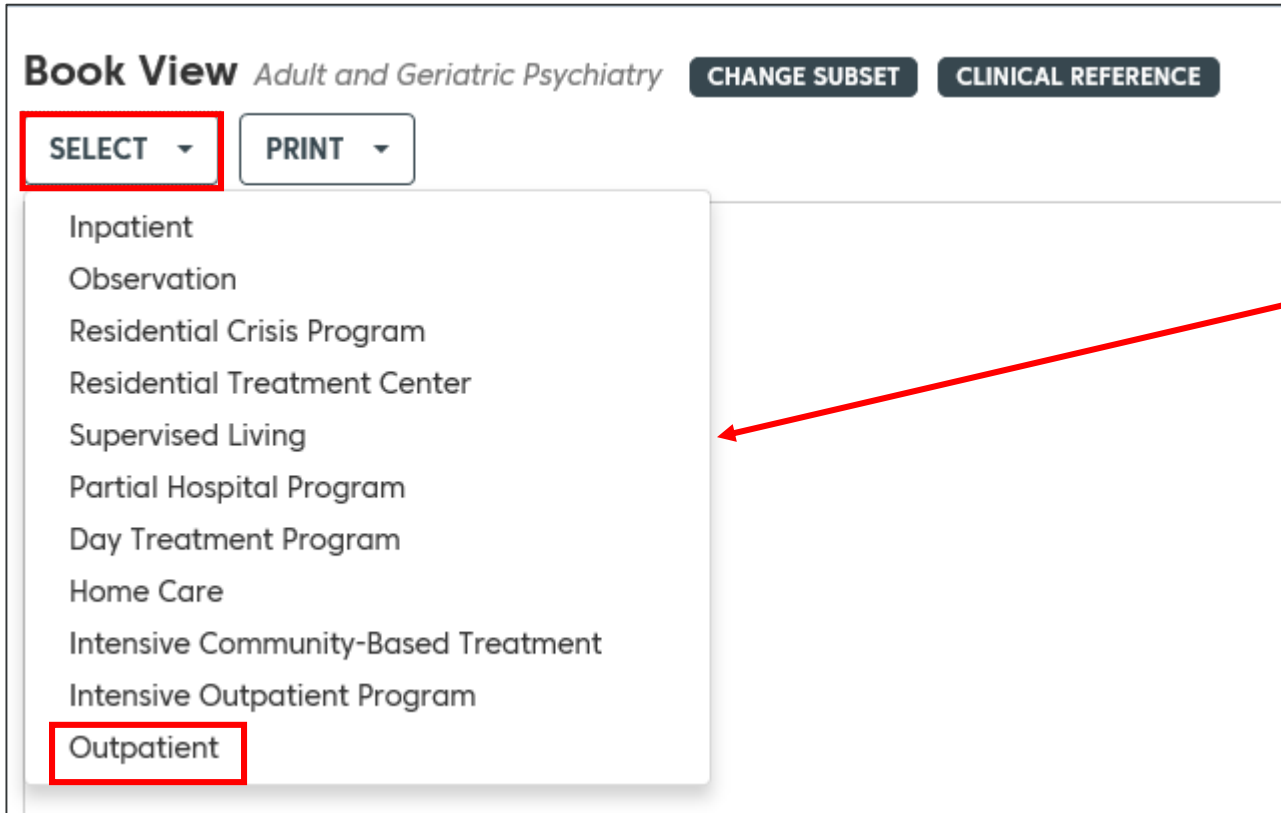
02

“We help people live their lives to the fullest potential.”

Our Commitment

Outpatient

InterQual Transparency Tool



The screenshot shows the 'Book View' section for 'Adult and Geriatric Psychiatry'. At the top, there are two buttons: 'CHANGE SUBSET' and 'CLINICAL REFERENCE'. Below these are two dropdown menus: 'SELECT' and 'PRINT'. The 'SELECT' dropdown is open, displaying a list of criteria: Inpatient, Observation, Residential Crisis Program, Residential Treatment Center, Supervised Living, Partial Hospital Program, Day Treatment Program, Home Care, Intensive Community-Based Treatment, Intensive Outpatient Program, and Outpatient. The 'Outpatient' option is highlighted with a red box. A red arrow points from the 'Outpatient' option to the text box on the right.

Select the appropriate criteria from the drop down menu to proceed.

As shown on the screen, multiple options are available to review.

Make sure to select the appropriate criteria.

InterQual Transparency Tool

Book View *Adult and Geriatric Psychiatry* **CHANGE SUBSET** **CLINICAL REFERENCE**

OUTPATIENT ▾ **EXPAND ALL** **COLLAPSE ALL** **PRINT** ▾

− **OUTPATIENT, One:** **Note**

+ Episod
+ Episod

Notes

Informational Note
Introduction

The Outpatient criteria are used for a patient who has been admitted or is expected to be admitted to outpatient psychotherapy or medication management. Outpatient services are services provided in an ambulatory care setting such as a clinic or office. Depending on organizational policy, services may also be provided in other settings including, but not limited to, the home, school, or by telehealth.

Evaluation and treatment

Programming may differ based upon legislative and geographical variances and is subject to organizational policy; however, at a minimum it should include:

- Care coordination with other care providers and social services (1, 2)
- Individual or group or family therapy or medication management less than 2 hours per day 2 times per week or less
- Medication reconciliation initiated within first visit
- Psychiatric or medication evaluation as needed
- Psychosocial assessment within first visit
- Substance evaluation within first 2 visits
- Toxicology screen or self-help or 12-step or education group as needed (may be patient or family education group)

1. American Psychiatric Association, *Am J Psychiatry* 2007, 164(7 Suppl): 5-53
2. American Psychiatric Association, *Practice guideline for the treatment of patients with eating disorders*, third edition, 2006, p. 1097-222

Click on the note to review the informational note for outpatient services.

InterQual Transparency Tool

OUTPATIENT ▾ **EXPAND ALL** COLLAPSE ALL PRINT ▾

- OUTPATIENT, One: Note
 - Episode Day 1, Both:
 - Symptom, One:
 - Functioning or symptom is consistent with active psychiatric diagnosis
 - Functioning or symptom indicates risk of relapse in patient diagnosed with psychiatric disorder in partial remission
 - Functioning or symptom in remission requiring maintenance therapy
 - Transportation available Note
 - Episode Day 2-X, One:
 - ▲ Symptom improved** and discharge expected today
 - Discharge from care**
 - Symptom improving or expected to improve and not clinically stable for discharge, Both:
 - Finding within last 5 authorized visits, One:
 - Symptom, Both:
 - New presentation or increasing or uncontrolled, **≥ One**: Note
 - Angry outbursts Note
 - Anxiety disorder and associated symptom Note
 - Compulsions Note
 - Co-occurring substance use disorder, **≥ One**:
 - Drug glorification Note
 - Drug-seeking Note
 - Guilt or remorse or shame Note

Use the Expand All feature, to open all of the criteria at the same time.

This will open all the plus signs with associated criteria.

InterQual Transparency Tool

Book View *Adult and Geriatric Psychiatry* **CHANGE SUBSET** **CLINICAL REFERENCE**

OUTPATIENT ▾ EXPAND ALL **COLLAPSE ALL** PRINT ▾

+ OUTPATIENT, One: Note

Using the Collapse All option will close all open criteria.

InterQual Transparency Tool Day One

Book View *Adult and Geriatric Psychiatry* **CHANGE SUBSET** **CLINICAL REFERENCE**

OUTPATIENT ▾ EXPAND ALL COLLAPSE ALL PRINT ▾

⊖ **OUTPATIENT, One:** Note

- ⊕ Episode Day 1, Both: ←
- ⊕ Episode Day 2-X, One:

Click on the plus (+) symbol to open the criteria subsets

InterQual Transparency Tool Day One

OUTPATIENT, One: Note

- Episode Day 1, Both:
 - Symptom, One:
 - Functioning or symptom is consistent with active psychiatric diagnosis
 - Functioning or symptom indicates risk of relapse in patient diagnosed with psychiatric disorder in partial remission
 - Functioning or symptom in remission requiring maintenance therapy
 - Transportation available Note
- Episode Day 2-X, One:

Notes [X]

Informational Note
Available transportation includes either the patient's ability to drive, walk, or access public transportation to come to treatment or the ability of family, friends, or the treatment facility to transport the patient.

You are able to review the criteria for Outpatient services.

The plus (+) symbol will show the criteria for outpatient admissions by category and in alphabetical order.

≥ One: symbol indicates the member needs to meet one, or more, of those criteria.

InterQual Transparency Tool Day Two Onward

Episode Day 2-X, One:

- ▲ Symptom improved and discharge expected today
 - Discharge from care
- Symptom improving or expected to improve and not clinically stable for discharge, Both:
 - Finding within last 5 authorized visits, One:
 - Symptom, Both:
 - New presentation or increasing or uncontrolled, ≥ One: Note
 - Angry outbursts Note
 - Anxiety disorder and associated symptom Note
 - Compulsions Note
 - + Co-occurring substance use disorder, ≥ One:
 - Depressive disorder or major depressive episode and associated symptom
 - + Disruptive or impulse-control or conduct disorder and associated symptom, ≥ One:
 - Eating disorder and associated symptom Note
 - Gender dysphoria and associated symptoms Note
 - Hair pulling disorder Note
 - Hoarding disorder Note
 - Homicidal ideation without plan and intent
 - Hyperactivity Note
 - Hypomanic symptoms Note
 - Kleptomania

For continued outpatient treatment, open the plus sign for Episode Day 2-X.

If they are improved and discharged from treatment you will not need to advance.

If they have ongoing symptoms, continue to advance and review the criteria.

InterQual Transparency Tool Day Two Onward

⊖ **⚠ Symptom worsening and more intensive level of care indicated, One:**

Selection of this criteria point indicates that the patient's symptom is worsening and may require a more intensive level of care. To determine the most appropriate level of care go to the recommended level of care.

Acute danger to self or others or gravely disabled and requiring nursing observation and psychiatrist availability 24 hours per day (see Inpatient criteria) Note

Co-occurring substance use disorder and withdrawal syndrome severe or life threatening (see InterQual® Substance Use Disorders Inpatient Detoxification criteria)

⊖ Exacerbation of severe symptoms and agrees to voluntary admission (see Residential Crisis Program criteria), **All:**

- Does not require services of an acute inpatient
- Requires 24 hour per day clinical monitoring
- Severe and persistent mental illness or autism spectrum disorder or intellectual disability

⊖ Eating disorder symptom severe (see Residential Treatment Center criteria), **Both:**

- Requires intensive structure treatment and medical monitoring to prevent further deterioration in condition
- Treatment not expected to be successful in less intensive level of care

⊕ Patient with severe and persistent mental illness or autism spectrum disorder or intellectual disability and lack of support, **One:**

⊖ Patient requires structured program and skilled clinical assessment at least 5 days per week (see Partial Hospital Program criteria), **All:**

- High risk of rehospitalization
- Support able to provide monitoring or assistance during non-program hours
- Symptoms severe Note

If the member's symptoms continue to worsen, they may require a more intensive level of care.

Review the criteria for the next steps of intensive treatment options.

InterQual Transparency Tool Children and Adolescents

Criteria and subsets for outpatient are available for children and adolescents as well. Please note the informational notes for children

Select Subset *Refine search with Product, Version, Category, Keywords or Medical Codes*

BH:CHILD AND ADOLESCENT PSYCHIATRY 2019 SELECT CATEGORY

BH:Adult and Geriatric Psychiatry
BH:Child and Adolescent Psychiatry ✓
BH:Procedures Q & A
Medicare Procedures

FIND SUBSETS CLEAR ALL BOOKMARKS

	Product	Version
Child and Adolescent Psychiatry	BH:Child and Adolescent Psychiatry	InterQual 2019

InterQual® 2019, BH:Child and Adolescent Psychiatry
Child and Adolescent Psychiatry [SHOW CODES](#) [CLINICAL REFERENCE](#)

Informational Notes
The Child and Adolescent Psychiatry criteria are for the review of patients who are ages 4 thru 17, unless otherwise specified within a specific level of care.

InterQual® content contains numerous references to gender. Depending on the context, these references may refer to either genotypic or phenotypic gender. At the individual patient level, a variety of factors, including, but not limited to, gender identity and gender reassignment via surgery or hormonal manipulation, may affect the applicability of some InterQual criteria. This is most often the case with genetic testing and procedures that assume the presence of gender-specific anatomy. With these considerations in mind, all references to gender in InterQual have been reviewed and modified when appropriate. InterQual users should carefully consider issues related to patient genotype and anatomy, especially for transgender individuals, when appropriate.

InterQual® criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the clinical evidence was conducted. Sources searched included the Agency for Healthcare Research and Quality (AHRQ) Effective Health Care Program, American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, American Psychological Association, American Society of Addiction Medicine, Centers for Medicare and Medicaid Services, Choosing Wisely, Cochrane Library, National Institute of Alcohol Abuse and Alcoholism, National Institute of Health and Care Excellence, National Institute on Drug Abuse, PubMed, Substance Abuse and Mental Health Services Administration, and other key medical societies. The Association of Ambulatory Behavioral Healthcare, Commission on Accreditation of Rehabilitation Facilities, and the Joint Commission were also searched. Other medical literature databases, medical content providers, data sources, regulatory body websites, and specialty society resources may also have been utilized. Relevant studies were assessed for risk of bias following principles described in the *Cochrane Handbook*. The resulting evidence was assessed for consistency, directness, precision, effect size, and publication bias. Observational trials were also evaluated for the presence of a dose-response gradient and the likely effect of plausible confounders.

InterQual Transparency Tool Children and Adolescents

Book View *Child and Adolescent Psychiatry* **CHANGE SUBSET** **CLINICAL REFERENCE**

OUTPATIENT ▾ **EXPAND ALL** **COLLAPSE ALL** **PRINT** ▾

⊖ **OUTPATIENT, One:** Note

- ⊕ Episode Day 1, Both:
- ⊕ Episode Day 2-X, One:

Navigating the criteria for Children and Adolescents is the same as Adults and Geriatrics.

InterQual Transparency Tool

Book View *Child and Adolescent Psychiatry* **CHANGE SUBSET** **CLINICAL REFERENCE**

OUTPATIENT ▾ EXPAND ALL COLLAPSE ALL PRINT ▾

⊖ **OUTPATIENT, One:** Note

⊖ **Episode Day 1, Both:**

⊕ **Symptom, One:**

Transportation available Note

⊖ **Episode Day 2-X, One:**

⚠ **Symptom improved and discharge expected today**

Discharge from care

⊕ **Symptom improving or expected to improve and not clinically stable for discharge, Both:**

⊕ ⚠ **Symptom worsening and more intensive level of care indicated, One:**

Selection of this criteria point indicates that the patient's symptom is worsening and may require a more intensive level of care. To determine the most appropriate level of care go to the recommended level of care.

Clicking on Change Subset will Re-set your selections while remaining within the original subset selected.

Chapter

03

“We help people live their lives to the fullest potential.”

Our Commitment

Inpatient

InterQual Transparency Tool

Book View *Adult and Geriatric Psychiatry* **CHANGE SUBSET** **CLINICAL REFERENCE**

SELECT **PRINT**

- Inpatient
- Observation
- Residential Crisis Program
- Residential Treatment Center
- Supervised Living
- Partial Hospital Program
- Day Treatment Program
- Home Care
- Intensive Community-Based Treatment
- Intensive Outpatient Program
- Outpatient

Select the appropriate criteria from the drop down menu to proceed.

As shown on the screen, multiple options are available to review.

Make sure to select the appropriate criteria.

InterQual Transparency Tool Day One

Book View *Adult and Geriatric Psychiatry* **CHANGE SUBSET** **CLINICAL REFERENCE**

INPATIENT ▾ EXPAND ALL COLLAPSE ALL PRINT ▾ BENCHMARKS

⊖ INPATIENT, One: Note

- + Episode Day 1, ≥ One:
- + Episode Day 2-13, One:
- + Episode Day 14-X, Extended Stay, One:

Click on the plus (+) symbol to open the criteria subsets

InterQual Transparency Tool Day One

The screenshot displays a hierarchical list of criteria for Inpatient services. At the top level, there is a minus sign icon followed by the text "INPATIENT, One:" and a "Note" button. Below this, there is another minus sign icon followed by "Episode Day 1, ≥ One:". Underneath, several criteria are listed, each with a plus sign icon and a "Note" button. The criteria include: "Assaultive within last 24 hours and high risk of re-occurrence, ≥ One:", "Catatonia", "Command hallucinations with direction to harm self or others within last 24 hours", "Destruction of property within last 24 hours and poor impulse control", "Disorganized behavior and history of bipolar disorder with rapid onset of symptoms", "Eating disorder symptom unstable, ≥ One:", "Fire setting within last 24 hours with risk of harm to self or others, ≥ One:", "Homicide, ≥ One:", "Mania, ≥ One:", "Nonsuicidal self-injury within last 6 hours and continued danger to self, Both:", "Increased frequency or intensity over last 24 hours", "Professional medical attention required", and "Positive psychotic symptoms and risk of harm to self or others, ≥ One:".

You are able to review the criteria for Inpatient services.

The plus (+) symbol will show the criteria for Inpatient admissions by category and in Alphabetical order.

≥ One: symbol indicates the member needs to meet one, or more, of those criteria.

InterQual Transparency Tool

⊖ Assaultive within last 24 hours and high risk of re-occurrence, **≥ One:** Note

Access to firearms or weapons

Current interpersonal stressor Note

Poor impulse control Note

Positive psychotic symptoms Note

Psychomotor agitation Note

Support system unavailable Note

Violation of protection or restraining order

Use the tool to assess the members current clinical information.
Click on the note for additional details or clarification.

InterQual Transparency Tool

Notes ✕

Informational Note
Assaultive behavior is an attack on another individual that may result in bodily harm and also includes acts of physical, sexual, and domestic abuse.

⊖ Assaultive within last 24 hours and high risk of re-occurrence, **≥ One:** Note

- Access to firearms or weapons
- Current interpersonal stressor Note
- Poor impulse control Note
- Positive psychotic symptoms Note
- Psychomotor agitation Note
- Support system unavailable Note
- Violation of protection or restraining order

Informational notes are listed throughout the InterQual criteria.

These provide valuable information and clarifying details.

InterQual Transparency Tool

Care Management Note ✕

Suicide rates have reportedly increased significantly between 1999–2016. (1) Safety planning should be completed prior to a patient's discharge and it is recommended that the family or support system be involved. If a patient is at an elevated risk of suicide, discuss any lethal means that are available to patient post-discharge. Potential lethal means should be identified and removed or reduced prior to discharge. Furthermore, it is recommended that follow-up care be secured prior to discharge, one care contact call, email or text be issued within 48 hours of discharge and a second care contact call, email or text be issued within one week of discharge. (2, 3)

1. Deborah M. Stone, Vital Signs: Trends in State Suicide Rates. 2018
2. Stanley et al., JAMA Psychiatry 2018:
3. National Action Alliance for Suicide Prevention: Transforming Health Systems Initiative Work Group, Recommended standard care for people with suicide risk: Making health care suicide safe. 2018

- + Psychomotor agitation and potential for violence, **≥ One:** Note
- + Social withdrawal severe and refusing treatment Note
- + **Suicide, **≥ One:** Care**
- + Support unavailable or unable to provide needed care and supervision and acute deterioration in functioning, **≥ One:** Note
- + Transfer from observation with substance-induced psychosis and danger to self or others, **Both:** Note

In addition to the informational notes, care management notes, are also available. You will see them highlighted in turquoise. Click on the note for the details.

InterQual Transparency Tool

INPATIENT ▾ **EXPAND ALL** COLLAPSE ALL PRINT ▾ BENCHMARKS

Use Expand All to open all of the criteria for the category you selected.

- ⊖ Eating disorder symptom unstable, **≥ One:** Note
 - ⊖ Unstable medical or acute refeeding complication of eating disorder, **≥ One:**
 - Blood glucose less than 60 mg/dL Note
 - ⊖ Blood pressure, **≥ One:**
 - Diastolic blood pressure less than 60 mmHg Note
 - Systolic blood pressure less than 90 mmHg Note
 - Co-occurring medical condition and unstable lab values requiring daily monitoring Note
 - ⊖ Dehydration, **≥ One:** Note
 - BUN 25–45 mg/dL(8.9–16.1 mmol/L)
 - Creatinine 1.5–3.0 mg/dL(132.6–265.2 μmol/L)
 - Heart rate, sustained greater than 100 per minute Note
 - ⊖ Mental status change, **≥ One:**
 - Confusion
 - Delirium

InterQual Transparency Tool Continued Stay

⊖ INPATIENT, One: Note

- + Episode Day 1, ≥ One:
- ⊖ Episode Day 2–13, One:
 - + ⚠ **Symptom improved** and discharge expected today, **One**:

Selection of this criteria point indicates that the patient is responding to treatment and is clinically stable for discharge to an alternate level of care. To determine the most appropriate level of care go to the recommended level of care.
 - + **Symptom improving or expected to improve** and not clinically stable for discharge, **Both**:
- + Episode Day 14–X, Extended Stay, One:

If the member is responding to treatment and clinically stable for discharge, go to the recommended level of care.

InterQual Transparency Tool

INPATIENT, One: Note

- Episode Day 1, ≥ One:
- Episode Day 2–13, One:
 - ▲ **Symptom improved** and discharge expected today, One:

Selection of this criteria point indicates that the patient is responding to treatment and is clinically stable for discharge to an alternate level of care. To determine the most appropriate level of care go to the recommended level of care.
 - Symptom improving or expected to improve** and not clinically stable for discharge, Both:
 - Finding present within last 24 hours, ≥ One:
 - Intervention within last 24 hours, ≥ One:

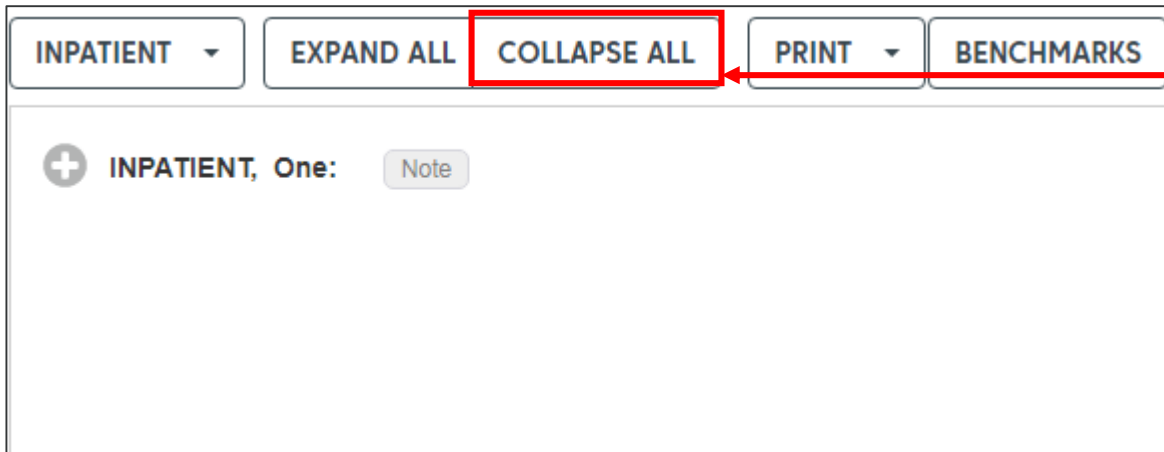
Symptom improving or expected to improve and not clinically stable for discharge, Both:

- Finding present within last 24 hours, ≥ One:
 - Acute onset of disorientation Note
 - Catatonia Note
 - Command hallucinations to harm self or others Note
 - Dehydration, ≥ One: Note
 - Destruction of property Note
 - Eating disorder symptom or treatment complication, ≥ One: Note
 - Fire set on unit or attempted within last 48 hours
 - Homicide, ≥ One:
 - Manic or hypomanic symptoms uncontrolled Note
 - Nonsuicidal self-injury, ≥ One: Note
 - Observed panic attacks prevent participation in daily program activities
 - Obsessive or compulsive behavior interferes with participation in daily program
 - Paranoia extreme, ≥ One: Note
 - Perpetrator of sexual assault or rape within last 48 hours
 - Persecutory delusions directed at specific individual or group Note
 - Physically assaultive or threatening Note
 - Positive acute psychotic symptom uncontrolled Note
 - Posttraumatic stress disorder and associated symptoms interferes with participation in daily program Note
 - Psychomotor agitation requiring staff de-escalation Note
 - Severe psychiatric medication reaction, ≥ One: Note

If the member has improving symptoms, but not stable for discharge, open the finding or interventions and review the criteria.

Use the same process for episodes day 14 and beyond.

InterQual Transparency Tool



Clicking on Collapse All will collapse all of the criteria.

This can be helpful if you have opened all of the criteria, and need to start over.

InterQual Transparency Tool

Book View *Adult and Geriatric Psychiatry* **CHANGE SUBSET** **CLINICAL REFERENCE**

INPATIENT ▾ EXPAND ALL COLLAPSE ALL PRINT ▾ **BENCHMARKS**

⊖ INPATIENT, One: Note

- ⊕ Episode Day 1, ≥ One:
- ⊕ Episode Day 2-13, One:
- ⊕ Episode Day 14-X, Extend

Benchmarks will show the length of stay, based on the member's presenting condition, using the InterQual criteria.

Utilization Benchmarks *Inpatient* ✕

Condition or Procedure ▲	LOS (days)	Type
ACUTE STRESS REACTION	3	InterQual
ADJUSTMENT DISORDER	3	InterQual
ANOREXIA NERVOSA, (Adult)	9	InterQual
BIPOLAR DISORDER, MILD & MODERATE	5	InterQual
BIPOLAR DISORDER, SEVERE, WITH PSYCHOTIC FEATURES	7	InterQual
BIPOLAR DISORDER, SEVERE, WITHOUT PSYCHOTIC FEATURES	6	InterQual
BRIEF PSYCHOTIC DISORDER	6	InterQual
BULIMIA NERVOSA	10	InterQual

Chapter

04

“We help people live their lives to the fullest potential.”

Our Commitment

Additional Procedures

InterQual Transparency Tool

Select Subset *Refine search with Product, Version, Category, Keywords or Medical Codes*

BH:PROCEDURES Q & A 2019 SELECT CATEGORY CLINICAL REFERENCE

BH:Adult and Geriatric Psychiatry
BH:Child and Adolescent Psychiatry
BH:Procedures Q & A ✓
Medicare Procedures

codes FIND SUBSETS CLEAR ALL BOOKMARKS

	Product	Version
Applied Behavior Analysis (ABA) for Autism Spectrum Disorder	BH:Procedures Q & A	InterQual 2019
Electroconvulsive Therapy (ECT)	BH:Procedures Q & A	InterQual 2019
Multi-Gene Panels for Autism Spectrum Disorder (ASD)	BH:Procedures Q & A	InterQual 2019
Neuropsychological and Developmental Testing	BH:Procedures Q & A	InterQual 2019
Pharmacogenomic Testing for Psychotropic Medication Drug Response	BH:Procedures Q & A	InterQual 2019
Psychological Testing	BH:Procedures Q & A	InterQual 2019
Stereotactic Introduction, Subcortical Electrodes	BH:Procedures Q & A	InterQual 2019
Transcranial Magnetic Stimulation (TMS)	BH:Procedures Q & A	InterQual 2019
Urine Drug Testing	BH:Procedures Q & A	InterQual 2019
Vagus Nerve Stimulation	BH:Procedures Q & A	InterQual 2019

Additional procedures can be found under Procedures Q & A.

InterQual Transparency Tool

Select Subset *Refine search with Product, Version, Category, Keywords or Medical Codes*

BH:PROCEDURES Q & A | 2019 | SELECT CATEGORY | CLINICAL REFERENCE

Enter Keywords | Enter Medical Codes | FIND SUBSETS | CLEAR ALL | BOOKMARKS

Subset Notes

InterQual® 2019, BH:Procedures Q & A Psychological Testing SHOW CODES

I/O Setting: Outpatient

InterQual® defines psychological testing as the administration, scoring, interpretation, and reporting of standardized tests for the diagnosis and treatment of behavioral health disorders when the time spent on test administration, scoring, interpretation, and reporting would be authorized or billed separately from diagnostic interviews or psychotherapy sessions. Examples of tests that are typically billed as psychological testing services include the Minnesota Multiphasic Personality Inventory® (MMPI®), Millon® inventories, Personality Assessment Inventory™, Personality Inventory for Children™, Rorschach Inkblot Method, and projective drawings. This subset is not intended to be used for the following:

- Tests not intended to assess mental or behavioral disorders. Examples include non-clinical instruments that target personality styles, relationship factors, or occupational interests.
- Neuropsychological testing for medical conditions such as traumatic brain injury, anoxic or substance-related brain damage, epilepsy, or brain tumor, and neuropsychological testing for language or autism spectrum disorders. (See the Neuropsychological Testing subset in this product.)
- Structured and semi-structured interviews, which are considered to be part of diagnostic interviews or psychotherapy sessions, not psychological tests.
- Individual screening or diagnostic tools that require less than 30 minutes of clinician time to administer, score, and interpret. These include most self-report inventories and scales, behavior checklists, and sentence completion tests. Such instruments, which are generally administered as part of the clinical interview or self-administered outside the session, should be considered part of the clinical interview and should not be authorized separately as psychological testing. If the provider is planning to administer multiple brief instruments and requests that the combination be authorized as psychological testing, complete the review and refer for secondary review.

The included table lists some of the most commonly used tests and indicates whether they are likely to be billed as psychological testing, and thus intended to be addressed by this subset, or fall into one of the categories not addressed.

The use of lengthy psychological tests is not indicated for routine screening or assessment of behavioral health disorders. Research also does not support the use of these tests as a primary method of establishing or ruling out DSM- or ICD-based psychiatric diagnoses, or for general treatment planning purposes. (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15)

The use of structured interviews usually prevents the need for lengthy psychological tests because these tools have demonstrated good utility for determining primary and comorbid diagnoses. (6, 10, 11, 16, 17, 18, 19, 20, 21, 22, 23) Obtaining collaborative information from family members, and possibly from teachers, employers, first responders, or others involved in the patient's life, is also recommended before ordering a lengthy psychological test because such information can validate the patient's self-reported symptoms and to provide a more thorough history. (1, 5, 10, 11, 12, 24, 25, 26, 27, 28, 29) Rating scales and inventories often render the need for a lengthy psychological test unnecessary because such scales can be useful for quantifying symptoms, assessing the degree of impairment, and measuring patient progress. (1, 6, 7, 11, 13, 25, 30, 31, 32, 33, 34, 35, 36) Direct observation may also be useful in some cases. (4, 32) Because the aforementioned assessment tools are targeted and efficient, and most are empirically supported and psychometrically sound, lengthy psychological tests are typically not necessary to elucidate symptoms or functional impairments. If a lengthy psychological test is proposed as an adjunct to structured interviews and brief instruments, the incremental validity of the additional information provided by the test must be weighed against the time and cost of testing. (26, 37, 38, 39, 40, 41) In most situations, the additional expense of the psychological testing is unlikely to be justified. (42)

The body of research on most lengthy psychological tests is inadequate for establishing clinical utility. There are almost no randomized controlled trials comparing clinically relevant outcomes with the use of a lengthy test to those with the use of less-intensive assessment methods; a rare exception found no utility for the routine application of the Minnesota Multiphasic Personality Inventory-2® (MMPI-2®) prior to outpatient psychotherapy. (43)

Most studies are of cross-sectional design, and use surrogate outcomes such as convergence or divergence with clinical judgment or other scales (the "reference standard") rather than directly measuring patient-oriented outcomes. (44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54) In many of these studies, the reference standard used was less time-consuming and expensive than the test being evaluated. In this situation, even if the lengthy test demonstrates 100% convergent validity, it would nonetheless be less cost-effective than simply administering the reference standard itself.

Historical factors are also frequently used as surrogate outcomes in cross-sectional studies. (47, 48, 53, 54, 55, 56, 57, 58, 59, 60) Article titles may report that a psychological test can "predict" suicide attempt or drug use, though the study has actually only demonstrated that it can predict whether a history of such events will be found. Because this kind of history can usually be obtained from more direct and reliable sources, the value of psychological testing for assessing the likelihood of past events is not clear. A more appropriate study design would be a longitudinal, to determine if the test can predict future self-harm, substance abuse, or other patient-oriented outcomes.

Prospective and retrospective studies are sometimes used to create a new scale for the purpose of predicting a specific future outcome. Researchers use data from the original cohort to design the new scale in a way that optimizes its sensitivity, specificity, and predictive values. However, for many of these scales, there has been no attempt to validate it with an independent sample. Likewise, promising associations found in cross-sectional studies are often not replicated by other researchers.

Research designs of all types tend to use inadequate comparators or no comparator at all, and so are unable to determine whether the lengthy test being studied is superior to the use of rating scales, structured interviews, or other assessment alternatives. When associations are found between test results and clinically relevant outcomes, the results are often reported as correlation coefficients, mean differences, or odds ratios. (46, 49, 55, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77) A key practice guideline indicates that if the purpose of psychological testing is differential diagnosis, the clinician should use tests for which there is evidence that test scores differentiate between diagnostic groups, and that standard mean differences in scores between the diagnostic groups are insufficient by themselves to establish the test's accuracy for differential diagnosis. (38) Without the display of a ROC curve or reporting sensitivity and specificity at specified cut-off values, it may be impossible to determine how often the test will produce false positives or false negatives, a key consideration when deciding whether to use a test.

A final concern with the research on psychological tests is the indiscriminate use of college undergraduate samples in many studies—a very narrow slice of the general population constrained by age, socioeconomic class, intelligence, and achievement—and questions about whether those studies' findings can be generalized to others. The

BOOK VIEW | FULL SUBSET | SMARTSHEETS | BOOKMARK SUBSET | CHANGE SUBSET



If Psychological Testing is required, review the subset notes before proceeding to Book View.

InterQual Transparency Tool

Book View Psychological Testing **CHANGE SUBSET** **CLINICAL REFERENCE**

Choose all that apply: [≥ Six, except None of the above]

- Psychological testing requested and testing plan in place
- Clinical interview has been performed
- Case-specific question has been formulated Note
- Provider has documented what action will be taken or how treatment plan will be affected by test results Note
- Provider confirms that patient has the cognitive and language skills required for the proposed test
- Provider confirms that any existing medical condition, substance use, psychotic features, or recent trauma do not contraindicate testing Note

Or


None of the above

Reason for testing, Choose all that apply: [≥ One, except Other clinical information (add comment)]

- Psychiatric disorder evident but uncertainty about differential diagnosis Note
- Lack of expected progress in evidence-based psychiatric or psychological treatment Note
- Seizures with suspected psychogenic etiology Note
- Screening prior to a medical or surgical intervention Note
- Behavioral prediction for judicial or correctional purposes Note
- Detection of malingering for disability adjudication or forensic purposes Note

Or

Other clinical information (add comment)

NEXT 

Choose all that apply or select none of the above.

Select the reason for testing choose all that apply.

Click next to continue

InterQual Transparency Tool

Choose all that apply: [≥ Four, except Other clinical information (add comment)]

- At least 1 validated symptom inventory or rating scale administered to patient or caregiver
- Patient psychiatric and medical history obtained
- Functional impairment OR report of internal distress
- Family psychiatric and medical history explored

Or

Other clinical information (add comment)

Provider sought information from current or former behavioral health evaluation or testing or treatment providers, Choose one:

- Reviewed records of previous treatment or psychological testing OR consulted with previous or current service provider
- Provider unable to obtain this information despite at least 2 attempts
- No other psychiatric or substance use services provided to patient within last 2 years
- Other clinical information (add comment)

Choose one:

- Age ≥ 18
- Age ≥ 13 and < 18
- Age < 13

Structured or semi-structured interview performed, Choose all that apply: [≥ One, except Other clinical information (add comment)]

- Mini-International Neuropsychiatric Interview for Children and Adolescents (MINI-KID)
- Anxiety Disorders Interview Schedule for Children (ADIS) Child and Parent Interview Schedules
- Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS)
- Children's Interview for Psychiatric Syndromes (ChIPS) Child and Parent (P-ChIPS) Versions
- Diagnostic Interview Schedule for Children (DISC)

Continue to select the choices that apply to the condition the member is presenting with.

Select the appropriate age range.

InterQual Transparency Tool

Interviewed at least 1 parent or guardian 🗨️ Note

✓ Yes No

Behavioral disturbance suspected or confirmed 🗨️ Note

✓ Yes No

Assessment performed, Choose all that apply: [≥ One, except Other clinical information (add comment)] 🗨️

Validated rating scale completed by teacher(s) Note

Consultation with school personnel or other important persons in patient's life

✓ Direct observation of parent-child interactions or child in natural settings Note

Or

Other clinical information (add comment)

All assessment activities have failed to answer the case-specific question 🗨️

✓ Yes No

Confirm if the parent or guardian has been interviewed, and if any behavioral related disturbances have been suspected or confirmed.

After completing the review of criteria, click on View Recommendations.

Chapter

05

“We help people live their lives to the fullest potential.”

Our Commitment



Important Information

System Requirements

Can I use a modem, or dial-up connection to access InterQual?

No, you **cannot** access InterQual using a dial-up connection.

Can I use the Safari browser to login to InterQual?

No, you **cannot** use the Safari browser to login to InterQual. The Safari browser is the native browser on iPhones, iPads, and other Apple products.

Please use one of the following recommended browsers

[Internet Explorer 11](#)

[Google Chrome](#)

[Mozilla Firefox](#)

Can I use my Beacon ProviderConnect or eServices credentials to login to InterQual?

No. You must register with InterQual through the Beacon website and use your InterQual credentials to login.

System Requirements

Can I submit authorization requests through InterQual?

No. The Beacon authorization process remains the same.

After 15 minutes of inactivity, the session will time out

- You will need to log back into the session
- If you have timed out, the session will not save the information
- If a denial is issued, the rationale will be shared in the denial letter. Denials are based on a medical necessity review by a Physician and not solely on InterQual criteria.

Provider Resources

- Providers can access reference materials and tools on the Beacon health Options website: <https://www.beaconhealthoptions.com/providers/beacon/>
- Available resources include:
 - Provider Manuals
 - Clinical Guidelines
 - Provider Alerts
 - Provider Training
 - Resource guides for claims, authorizations, EFT, and how to contact us

Contact Information

	Beacon Health Strategies	Beacon Health Options
Website and EDI	<p>EDI Helpdesk Monday through Friday, 8 a.m.-6 p.m. ET Phone: 888-247-9311 e-supportservices@beaconhealthoptions.com</p>	
PaySpan	<p>Payspan Registration Provider Support Monday through Friday, 8 a.m. – 8 p.m. ET Phone: 877-331-7154 providersupport@payspanhealth.com</p>	<p>Unable to locate your registration code?</p> <p>Email: corporatefinance@beaconhealthoptions.com Reply will be received within three business days</p>
Credentialing and Contracting	<p>National Provider Services Line Monday through Friday, 8 a.m.-8 p.m. ET Phone: 800-397-1630 Regional Provider Relations Team</p>	



Questions?

