# Interqual For Pediatric Rehabilitation



## UNDERSTANDING INTERQUAL FOR PEDIATRIC REHABILITATION: A GUIDE FOR CLINICIANS AND ADMINISTRATORS

In the complex landscape of pediatric healthcare, ensuring that children receive the right level of rehabilitative care at the right time is both a clinical priority and an administrative challenge. For healthcare providers, case managers, and utilization review teams, one tool has become indispensable in navigating these decisions: **Interqual for pediatric rehabilitation**. This evidence-based criteria set helps determine medical necessity, appropriate level of care, and length of stay for children and adolescents requiring rehabilitation services. Whether you are a clinician on the front lines or an administrator overseeing resource allocation, understanding how Interqual applies to pediatric rehabilitation is essential for delivering high-quality, cost-effective care.

Pediatric rehabilitation is distinct from adult rehabilitation in many ways. Children are not simply small adults; their developmental stages, growth patterns, and psychosocial needs require a specialized approach. Interqual criteria for pediatric rehabilitation are designed to reflect these differences, incorporating age-appropriate benchmarks and condition-specific guidelines. This article provides a comprehensive overview of Interqual for pediatric rehabilitation, covering its purpose, key components, benefits, challenges, and best practices for implementation.

## WHAT IS INTERQUAL AND HOW DOES IT APPLY TO PEDIATRIC REHABILITATION?

Interqual is a clinical decision support tool developed by McKesson (now part of Change Healthcare) that provides evidence-based criteria for evaluating the medical necessity and appropriateness of healthcare services. Originally designed for adult populations, Interqual has evolved to include specific criteria for pediatric patients, including those requiring rehabilitation services. The criteria are used by hospitals, insurance companies, and regulatory bodies to ensure that patients are admitted to the correct level of care and that services are delivered efficiently.

When applied to pediatric rehabilitation, Interqual criteria help answer critical questions: Is inpatient rehabilitation medically necessary for this child? Could the same services be provided in a less intensive setting, such as outpatient therapy or home health? What is the expected length of stay? By providing standardized, objective benchmarks, Interqual reduces variability in clinical decision-making and supports consistent, equitable care across different facilities and regions.

# The Scope of Pediatric Rehabilitation Under Interqual

Pediatric rehabilitation encompasses a wide range of conditions, including traumatic brain injury, spinal cord injury, stroke, congenital conditions, developmental delays, and post-surgical recovery. Interqual criteria for pediatric rehabilitation address these conditions by evaluating factors such as:

- **Medical acuity:** The presence of active medical issues requiring skilled monitoring or intervention.
- **Functional deficits:** The child's ability to perform age-appropriate activities of daily living and mobility tasks.
- **Rehabilitation potential:** The likelihood that the child will benefit from an intensive, multidisciplinary rehabilitation program.
- **Safety considerations:** The risk of falls, injury, or other adverse events if the child is not in a supervised setting.

By focusing on these domains, Interqual provides a structured framework for determining whether a child qualifies for inpatient rehabilitation, subacute rehabilitation, or a lower level of care.

## KEY COMPONENTS OF INTERQUAL CRITERIA FOR PEDIATRIC REHABILITATION

Interqual criteria for pediatric rehabilitation are organized around several key components that collectively paint a comprehensive picture of the child’s needs. Understanding these components is crucial for accurate application.

# Medical Necessity for Inpatient Rehabilitation

One of the primary uses of Interqual for pediatric rehabilitation is establishing medical necessity for inpatient admission. The criteria require that the child has a condition serious enough to warrant 24-hour medical supervision and a coordinated rehabilitation program. This typically includes:

- A recent significant change in functional status due to injury, illness, or surgery.
- The need for daily physician oversight and a multidisciplinary care team.
- Active participation in at least two types of therapy (e.g., physical therapy, occupational therapy, speech-language therapy) for a minimum number of hours per day.

For example, a child who has sustained a traumatic brain injury and requires daily physical therapy, occupational therapy, and neuropsychological support would likely meet Interqual criteria for inpatient rehabilitation. In contrast, a child with mild developmental delays who can be managed in an outpatient setting would not.

# Age-Specific Considerations

Children at different developmental stages have different rehabilitation needs. Interqual criteria for pediatric rehabilitation account for these differences by including age-specific norms for

functional abilities, communication skills, and social-emotional development. For instance, the criteria for a toddler with a spinal cord injury would focus on achieving developmental milestones such as sitting, crawling, and early mobility, while the criteria for a teenager with the same injury would emphasize independence in self-care, community mobility, and school reintegration.

# Functional Assessment Tools

Interqual incorporates standardized functional assessment tools to objectively measure a child's abilities and progress. Commonly used tools include the Functional Independence Measure for Children (WeeFIM), the Pediatric Evaluation of Disability Inventory (PEDI), and the Gross Motor Function Measure (GMFM). These tools provide quantifiable data that supports clinical judgment and helps justify the need for continued inpatient rehabilitation.

## THE ROLE OF INTERQUAL IN CLINICAL DECISION-MAKING

Interqual is not a replacement for clinical judgment; rather, it is a tool that enhances and standardizes decision-making. In pediatric rehabilitation, clinicians use Interqual criteria to:

- **Guide admission decisions:** Determine whether a child meets the threshold for inpatient rehabilitation versus a lower level of care.
- **Monitor ongoing necessity:** Reassess the child's status at regular intervals to confirm that continued inpatient stay is warranted.
- **Support discharge planning:** Identify when the child has achieved sufficient functional gains to transition to a less intensive setting.

For case managers and utilization review teams, Interqual provides a common language for communicating with insurance companies and regulatory bodies. When a child's admission or continued stay is questioned, having documented evidence that aligns with Interqual criteria strengthens the case for medical necessity.

# Interqual and Length of Stay Management

Length of stay is a critical metric in pediatric rehabilitation. Staying too long can lead to unnecessary costs and delayed reintegration, while discharging too early can result in poor outcomes and readmissions. Interqual criteria help establish a reasonable expected length of stay based on the child's diagnosis, comorbidities, and functional status. By tracking progress against these benchmarks, clinicians can identify when a child is on track, falling behind, or exceeding expectations, and adjust the care plan accordingly.

## BENEFITS OF USING INTERQUAL FOR PEDIATRIC REHABILITATION

The adoption of Interqual for pediatric rehabilitation offers several benefits for patients, providers, and payers.

# Improved Clinical Outcomes

When children receive the right level of care at the right time, outcomes improve. Interqual criteria help ensure that children who need intensive, multidisciplinary rehabilitation receive it, while those who can be managed in less intensive settings avoid unnecessary hospitalization. This targeted approach reduces the risk of complications, hospital-acquired conditions, and functional decline.

# Enhanced Consistency and Equity

Without standardized criteria, decisions about pediatric rehabilitation can vary widely between facilities, regions, and individual clinicians. Interqual promotes consistency by providing objective, evidence-based benchmarks. This helps reduce disparities in access to care and ensures that all children, regardless of where they are treated, are evaluated using the same standards.

# Streamlined Utilization Review

For hospitals and health systems, Interqual simplifies the utilization review process. By documenting clinical findings against Interqual criteria, case managers can more efficiently communicate with insurance companies and justify the need for continued services. This reduces the administrative burden on clinicians and speeds up the authorization process.

# Cost Containment

By promoting appropriate utilization of resources, Interqual helps control healthcare costs. Inpatient rehabilitation is expensive, and unnecessary admissions or extended stays can strain hospital budgets and payer resources. Interqual criteria help ensure that these resources are reserved for children who truly need them, while others receive care in more cost-effective settings.

## CHALLENGES AND CONSIDERATIONS IN APPLYING INTERQUAL TO PEDIATRIC REHABILITATION

Despite its many benefits, using Interqual for pediatric rehabilitation is not without challenges. Clinicians and administrators must be aware of potential pitfalls and take steps to mitigate them.

# Limited Pediatric-Specific Evidence

While Interqual has evolved to include pediatric criteria, the evidence base for pediatric rehabilitation is less robust than for adult populations. Many of the studies used to inform Interqual criteria are based on adult data or small pediatric samples. Clinicians must use their judgment to interpret the criteria in the context of the individual child's unique circumstances, especially

when the evidence is sparse.

## Developmental Variability

Children develop at different rates, and what is considered "age-appropriate" can vary widely. Interqual criteria use developmental norms, but these norms may not capture the full range of typical variation. For example, a 3-year-old with a significant developmental delay may still meet criteria for inpatient rehabilitation, even if their functional level is below age expectations. Clinicians must be careful not to rigidly apply criteria without considering the child's individual trajectory.

## Family and Social Factors

Interqual criteria focus primarily on medical and functional factors, but family and social factors also play a critical role in pediatric rehabilitation. A child whose parents cannot provide adequate supervision at home may need a longer inpatient stay or a different discharge destination, even if they have met the medical criteria for discharge. Conversely, a child with strong family support may be able to transition home earlier than the criteria suggest. Interqual should be used as a guide, not a rigid rule, and clinicians should document any extenuating circumstances.

## Training and Buy-In

Successful implementation of Interqual for pediatric rehabilitation requires adequate training for all stakeholders, including physicians, nurses, therapists, and case managers. Without proper training, the criteria may be applied inconsistently or incorrectly. Additionally, some clinicians may resist using standardized criteria, viewing them as a threat to clinical autonomy. Addressing these concerns through education and transparent communication is essential for buy-in.

### BEST PRACTICES FOR IMPLEMENTING INTERQUAL IN PEDIATRIC REHABILITATION SETTINGS

To maximize the benefits of Interqual for pediatric rehabilitation, facilities should adopt best practices that promote accurate, consistent, and compassionate application of the criteria.

## Integrate Criteria into Daily Workflows

Interqual criteria should be incorporated into the daily workflow of the rehabilitation team. This can be achieved through:

- Using Interqual-based checklists during admission assessments and daily rounds.
- Training case managers to document findings directly against Interqual criteria in the electronic health record.
- Holding regular interdisciplinary meetings to review cases that do not clearly meet or exceed criteria thresholds.

When Interqual becomes a natural part of the clinical workflow, it reduces the burden of retrospective documentation and improves accuracy.

## Combine with Clinical Expertise and Family Input

Interqual criteria are most effective when used in conjunction with clinical expertise and input from the child and family. Clinicians should view the criteria as a starting point for discussion, not a final verdict. For example, if a child does not meet the numeric threshold for inpatient rehabilitation but the clinical team believes they would benefit from the structured environment, the team should document the rationale and seek a peer-to-peer review with the payer.

## Provide Ongoing Education and Feedback

Regular education sessions help ensure that all team members understand the criteria and how to apply them. Training should be updated whenever Interqual criteria are revised, and case examples should be shared to illustrate common scenarios. Additionally, providing feedback on utilization patterns and denial rates can help the team identify areas for improvement.

## Monitor Outcomes and Adjust

Implementing Interqual is not a one-time event. Facilities should track key metrics such as admission rates, length of stay, functional gains, and readmission rates to assess whether the criteria are being applied effectively. If outcomes suggest that children are being discharged too early or staying too long