InterQual & MCG Knowledge Check

Instructions: Select the best answer for each question.

1. What is the primary role of InterQual (IQ) and MCG in healthcare operations?

- A. To replace physician judgment
- B. To establish CMS regulations
- C. To support utilization review and decision-making processes
- D. To automatically determine inpatient status

2. Which statement best reflects the relationship between InterQual/MCG and CMS medical necessity?

- A. CMS defines medical necessity entirely through InterQual and MCG
- B. InterQual and MCG override physician judgment
- C. CMS medical necessity is grounded in physician judgment and patient-specific risk
- D. Failing InterQual automatically means inpatient admission is inappropriate

3. According to the document, effective Physician Advisors should:

- A. Argue directly from criteria tools
- B. Focus primarily on meeting screening criteria
- C. Lead discussions with clinical judgment and patient risk
- D. Avoid discussing CMS standards during appeals

4. Which of the following is considered a common pitfall for Physician Advisors?

- A. Using clinical judgment
- B. Explaining medical necessity
- C. Treating criteria as admission checklists
- D. Discussing anticipated clinical course

5. The document describes InterQual and MCG as:

- A. Binding standards of care
- B. Decision-support tools and supportive frameworks
- C. CMS regulations
- D. Determinants of medical necessity

Answer Key and Explanations

1. C — To support utilization review and decision-making processes

InterQual and MCG are commercially developed screening tools that support utilization review workflows and provide structured decision-support guidance.

2. C — CMS medical necessity is grounded in physician judgment and patient-specific risk

CMS standards rely on physician judgment, patient-specific risk, severity of illness, and anticipated clinical course rather than criteria tools alone.

3. C — Lead discussions with clinical judgment and patient risk

Effective Physician Advisors argue through medicine and clinical reasoning rather than relying solely on criteria.

4. C — Treating criteria as admission checklists

The document warns against allowing criteria tools to override clinical judgment or function as rigid checklists.

5. B — Decision-support tools and supportive frameworks

The document emphasizes that InterQual and MCG are supportive tools, not binding standards or determinants of medical necessity.

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