

*In this document*

2020 BCN exceptions of InterQual acute care adult and pediatric criteria.....	2
Acute kidney injury – adult, acute.....	2
Anemia / bleeding – adult, acute .....	3
Anemia / bleeding – adult, acute .....	3
Asthma – adult, acute .....	3
Bowel obstruction – adult, acute.....	3
COPD – adult, acute .....	4
Deep vein thrombosis – adult, acute .....	4
Electrolyte or mineral imbalance – adult, acute .....	4
Epilepsy – adult and pediatric, acute .....	5
General medical: gastrointestinal or biliary – adult, acute.....	5
General medical: genitourinary – adult, acute .....	6
General medical: general – adult, intermediate .....	6
General medical: neurological – adult, acute.....	6
General medical: respiratory – adult, acute .....	6
General medical: toxic exposure or ingestion – adult, intermediate .....	7
General trauma – adult, acute .....	7
General trauma – adult, intermediate .....	7
Infection: GI / GYN – adult, acute.....	7
Infection: sepsis – adult, acute .....	8
TIA – adult, acute.....	8
Guidelines for surgery and procedures in the inpatient setting .....	8
Medicare “two midnight” rule .....	9
Surgical notes .....	9
2020 BCN modifications of InterQual home health care criteria .....	9
2020 BCN modifications of InterQual rehabilitation criteria .....	10
2020 BCN modifications of InterQual skilled nursing facility criteria .....	11
2020 BCN modifications of InterQual long-term acute care criteria.....	12

In applying InterQual 2020 criteria to different benefit packages, BCN has adopted Local Rules. These Local Rules apply to all BCN HMO (commercial) and BCN Advantage members statewide whose care is coordinated by BCN's Utilization Management department.

- The Local Rules for the following were developed or revised:
  - Acute kidney injury
  - Asthma
  - Chronic obstructive pulmonary disease, or COPD
  - Electrolyte or mineral imbalance
  - General medical: gastrointestinal or biliary
  - Infection: sepsis
  - Transient ischemic attack, or TIA
- The Local Rules for the following were deleted:
  - Arrhythmia

Note: The Local Rules for all other criteria subsets shown below are unchanged from the previous version.

**2020 BCN exceptions of InterQual acute care adult and pediatric criteria**

InterQual 2020 standard	BCN 2020 accepted practice standard
<b>Acute kidney injury – adult, acute</b>	
Acute kidney injury, hospital acquired, and both: <ul style="list-style-type: none"> <li>• Finding, ≥one:               <ul style="list-style-type: none"> <li>• Urine output &lt;0.5 mL/k/h</li> <li>• Creatinine, one:                   <ul style="list-style-type: none"> <li>• ≥1.5x baseline and chronic kidney disease</li> <li>• ≥1.5x upper limit of normal (ULN)</li> <li>• Glomerular filtration rate (GFR) &gt;25% (0.25) decrease from baseline</li> </ul> </li> </ul> </li> </ul>	<b>Rule:</b> If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or to stabilize member for discharge.

InterQual 2020 standard	BCN 2020 accepted practice standard
<b>Anemia / bleeding – adult, acute</b>	
<p>Anemia, unknown etiology, and both:</p> <ul style="list-style-type: none"> <li>• Finding, ≥one:               <ul style="list-style-type: none"> <li>• Hct &lt;25% (0.25) or Hb &lt;8.3g/dL (83 g/L) and age ≥65 (excludes chronic anemia)</li> </ul> </li> <li>• Intervention, both:               <ul style="list-style-type: none"> <li>• Blood product transfusion</li> <li>• Hct or Hb monitoring at least 2x/24 hours</li> </ul> </li> </ul>	<p><b>Rule:</b></p> <p>When using the finding “If the initial Hct is within 22-25% or the Hb is within 7.3-8.3 g/dL (excludes chronic),” approve up to 48 hours of observation for blood product transfusion and monitoring.</p>
<b>Anemia / bleeding – adult, acute</b>	
<p>Lower gastrointestinal (GI) bleeding and all:</p> <ul style="list-style-type: none"> <li>• Hematochezia or melena</li> <li>• Hct &lt;30% (0.30) or Hb &lt;10.0 g/dL (100g/L) and ≥ one:               <ul style="list-style-type: none"> <li>• Heart rate 100-120/min, sustained</li> </ul> </li> </ul> <p>Upper gastrointestinal (GI) non-variceal bleeding and all:</p> <ul style="list-style-type: none"> <li>• Hct &lt;30% (0.30) or Hb &lt;10.0 g/dL (100g/L) and ≥ one:               <ul style="list-style-type: none"> <li>• Heart rate 100-120/min, sustained</li> </ul> </li> </ul>	<p><b>Rule:</b></p> <p>If using these criteria, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.</p>
<b>Asthma – adult, acute</b>	
<p>Acute, all:</p> <ul style="list-style-type: none"> <li>• 1-3h of outpatient management with short-acting beta-agonist plus ipratropium ≥1 dose</li> <li>• Wheezing unresolved</li> <li>• Finding, Both:               <ul style="list-style-type: none"> <li>• Respiratory status, ≥ one:                   <ul style="list-style-type: none"> <li>• Dyspnea, ≥ one:                       <ul style="list-style-type: none"> <li>• Agitation</li> <li>• Hunched over position</li> <li>• Talks in words</li> <li>• Unable to take PO</li> </ul> </li> </ul> </li> </ul> </li> </ul>	<p><b>Rule:</b></p> <p>If using these criteria, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.</p>
<b>Bowel obstruction – adult, acute</b>	
<p>Bowel obstruction confirmed by imaging and both:</p> <ul style="list-style-type: none"> <li>• NPO or nasogastric (NG) tube to suction</li> <li>• IV fluid, one:</li> </ul>	<p><b>Rule:</b></p> <p>If using these criteria, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.</p>

InterQual 2020 standard	BCN 2020 accepted practice standard
<b>COPD – adult, acute</b>	
<p>Acute, all:</p> <ul style="list-style-type: none"> <li>• Post treatment finding, ≥ one:               <ul style="list-style-type: none"> <li>• O2 sat ≤89% (0.89) and &lt; baseline</li> <li>• Increased work of breathing ≥ one:                   <ul style="list-style-type: none"> <li>• Unable to take PO</li> <li>• Hunched over position</li> <li>• Talks in words</li> <li>• Use of accessory respiratory muscles</li> </ul> </li> </ul> </li> </ul>	<p><b>Rule:</b></p> <p>If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or to stabilize member for discharge.</p>
<b>Deep vein thrombosis – adult, acute</b>	
<ul style="list-style-type: none"> <li>• Deep vein thrombosis (DVT) confirmed by ultrasound</li> <li>• Finding, ≥ one:               <ul style="list-style-type: none"> <li>• Body mass index (BMI) ≥35kg/m<sup>2</sup></li> <li>• Home environment unsafe</li> <li>• High risk for fall or trauma</li> </ul> </li> </ul>	<p><b>Rule:</b></p> <p>If using <b>these criteria</b>, BCN requires 48 hours of observation to complete workup and initiate treatment and/or to stabilize member for discharge.</p>
<b>Electrolyte or mineral imbalance – adult, acute</b>	
<p>Acute ≥ one:</p> <ul style="list-style-type: none"> <li>• Hypokalemia, all:               <ul style="list-style-type: none"> <li>• Finding, one:                   <ul style="list-style-type: none"> <li>• Potassium &lt;2.5 mEq/L (2.5 mmol/L)</li> <li>• No electrocardiogram (ECG) changes</li> </ul> </li> </ul> </li> <li>• Hypomagnesemia, both:               <ul style="list-style-type: none"> <li>• Finding, one:                   <ul style="list-style-type: none"> <li>• Magnesium 1.0-1.4 mg/dL (0.41-0.58 mmol/L) and symptomatic</li> </ul> </li> </ul> </li> <li>• Hyponatremia or syndrome of inappropriate antidiuretic hormone secretion (SIADH), both:               <ul style="list-style-type: none"> <li>• Finding, one:                   <ul style="list-style-type: none"> <li>• Sodium 120-129 mEq/L (120-129 mmol/L) and symptomatic</li> </ul> </li> </ul> </li> </ul>	<p><b>Rule:</b></p> <p>If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or to stabilize member for discharge.</p>

InterQual 2020 standard	BCN 2020 accepted practice standard
<b>Epilepsy – adult and pediatric, acute</b>	
<p>Acute, one:</p> <ul style="list-style-type: none"> <li>• Video electroencephalogram (EEG) monitoring and both:               <ul style="list-style-type: none"> <li>• Admission precertified by the patient’s health plan</li> <li>• Video electroencephalogram (EEG) monitoring ≤72h</li> </ul> </li> </ul>	<p><b>Rule:</b></p> <p>If using these criteria for an elective admission for video EEG monitoring, BCN reimburses as an observation.</p>
<b>General medical: gastrointestinal or biliary – adult, acute</b>	
<p>Gastrointestinal or biliary, one: Other gastrointestinal diagnosis, actual or suspected, ≥ one:</p> <ul style="list-style-type: none"> <li>• Bilirubin &gt;3.0 mg/dL (51.3 μmol/L) (excludes uncomplicated viral hepatitis), and all:               <ul style="list-style-type: none"> <li>• Finding ≥ one:                   <ul style="list-style-type: none"> <li>• Abdominal pain</li> <li>• Mental status changes (excludes coma, stupor, obtundation) or Glasgow Coma Scale (GCS) 9-14</li> <li>• Temperature &gt;99.4°F (37.4°C) PO or &gt;100.4°F (38.0°C) PR</li> </ul> </li> </ul> </li> <li>• Pancreatitis, chronic, and both:               <ul style="list-style-type: none"> <li>• Abdominal pain, intractable, ≥ one:                   <ul style="list-style-type: none"> <li>• Unresponsive to ≥3 doses analgesic (includes PO) within last 24h</li> <li>• Unresponsive to transdermal analgesic ≥24h</li> </ul> </li> <li>• Analgesic ≥3x/24h or continuous ≤3d</li> </ul> </li> <li>• Ileus confirmed by imaging and IV fluid ≤7d and one:               <ul style="list-style-type: none"> <li>• ≥75mL/h and ≥ one:                   <ul style="list-style-type: none"> <li>• Weight &lt;60kg</li> <li>• Age ≥65</li> <li>• Renal Insufficiency</li> <li>• Heart failure, chronic</li> </ul> </li> <li>• ≥100mL/h and weight ≥60 kg</li> </ul> </li> </ul>	<p><b>Rule:</b></p> <p>If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or stabilize member for discharge.</p>

InterQual 2020 standard	BCN 2020 accepted practice standard
<b>General medical: genitourinary – adult, acute</b>	
<p>Genitourinary ≥ one:</p> <ul style="list-style-type: none"> <li>• Hydronephrosis and both:               <ul style="list-style-type: none"> <li>• Finding, ≥ one:                   <ul style="list-style-type: none"> <li>• Hematuria</li> <li>• Pain</li> <li>• Renal failure</li> </ul> </li> <li>• Temperature, ≥ one:                   <ul style="list-style-type: none"> <li>• &gt;99.4°F (37.4°C) PO</li> <li>• &gt;100.4°F (38.0°C) PR</li> </ul> </li> <li>• Intervention ≥ one:                   <ul style="list-style-type: none"> <li>• Analgesic ≥3x/24h or continuous</li> <li>• Surgery planned within 24h</li> </ul> </li> </ul> </li> </ul>	<p><b>Rule:</b></p> <ul style="list-style-type: none"> <li>• If member has hydronephrosis with a stone less than 5mm, up to 48 hours of observation is approved for all treatment.</li> <li>• Any request with renal calculi with hydronephrosis with a stone &gt;5mm is considered inpatient.</li> </ul>
<b>General medical: general – adult, intermediate</b>	
<p>General, one:</p> <ul style="list-style-type: none"> <li>• Hypovolemia, Both:               <ul style="list-style-type: none"> <li>• Systolic blood pressure 90-99 mmHg</li> <li>• Volume expander ≤2d</li> </ul> </li> </ul>	<p><b>Rule:</b></p> <p>If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or stabilize member for discharge.</p>
<b>General medical: neurological – adult, acute</b>	
<p>Other neurological diagnosis actual or suspected, ≥ one:</p> <ul style="list-style-type: none"> <li>• Neurological disorder, new onset, and both:               <ul style="list-style-type: none"> <li>• Finding ≥ one:                   <ul style="list-style-type: none"> <li>• Ataxia</li> <li>• Blindness, diplopia or visual field loss</li> <li>• Nystagmus</li> <li>• Paresis or paralysis of extremity</li> </ul> </li> </ul> </li> </ul>	<p><b>Rule:</b></p> <p>If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or stabilize member for discharge.</p>
<b>General medical: respiratory – adult, acute</b>	
<p>Other respiratory diagnosis, actual or suspected, ≥ one:</p> <ul style="list-style-type: none"> <li>• Dyspnea and both:               <ul style="list-style-type: none"> <li>• Oxygenation ≥ one:                   <ul style="list-style-type: none"> <li>• Arterial PO<sub>2</sub> &lt;56 mmHg (7.4k Pa) and &lt; baseline</li> <li>• O<sub>2</sub> sat ≤89% (0.89) and &lt; baseline</li> </ul> </li> <li>• Requiring supplemental oxygen</li> </ul> </li> </ul>	<p><b>Rule:</b></p> <p>If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or stabilize member for discharge.</p>

InterQual 2020 standard	BCN 2020 accepted practice standard
<b>General medical: toxic exposure or ingestion – adult, intermediate</b>	
<p>Toxic exposure or ingestion, one:</p> <ul style="list-style-type: none"> <li>• Other toxic exposure or ingestion actual or suspected, and all:               <ul style="list-style-type: none"> <li>• Potential for significant arrhythmia</li> <li>• Electrocardiogram (ECG) normal, unchanged, or nondiagnostic</li> <li>• Continuous cardiac monitoring (excludes Holter)</li> </ul> </li> </ul>	<p><b>Rule:</b> If using this subset for alcohol abuse, approve up to 48 hours of observation for alcohol toxicity monitoring and management.</p>
<b>General trauma – adult, acute</b>	
<ul style="list-style-type: none"> <li>• Neurological, all:           <ul style="list-style-type: none"> <li>• Glasgow Coma Scale (GCS) 9-14</li> <li>• No focal neurologic deficits</li> <li>• No evidence of bleeding on computed tomography (CT)</li> <li>• Neurological assessment at least 6x/24h, ≤2d</li> </ul> </li> </ul>	<p><b>Rule:</b> If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or to stabilize members for discharge.</p>
<b>General trauma – adult, intermediate</b>	
<ul style="list-style-type: none"> <li>• General ≥ one:           <ul style="list-style-type: none"> <li>• High-risk trauma, both:               <ul style="list-style-type: none"> <li>• Finding ≥ one:                   <ul style="list-style-type: none"> <li>• Motor vehicle trauma and ≥ one:                       <ul style="list-style-type: none"> <li>• Crash speed ≥ 40 mph (64.4 kph)</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul>	<p><b>Rule:</b> If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or stabilize member for discharge.</p>
<b>Infection: GI / GYN – adult, acute</b>	
<ul style="list-style-type: none"> <li>• Diverticulitis and all:           <ul style="list-style-type: none"> <li>• Finding ≥ one:               <ul style="list-style-type: none"> <li>• Inadequate oral intake</li> <li>• Vomiting</li> <li>• Failed outpatient anti-infective treatment (includes PO) ≥ one:                   <ul style="list-style-type: none"> <li>• Continued deterioration despite ≥24h anti-infective treatment (includes PO)</li> </ul> </li> </ul> </li> </ul> </li> </ul>	<p><b>Rule:</b> If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or stabilize member for discharge.</p>

InterQual 2020 standard	BCN 2020 accepted practice standard
<b>Infection: sepsis – adult, acute</b>	
<ul style="list-style-type: none"> <li>• Systemic infection, (excludes viral), all:               <ul style="list-style-type: none"> <li>• Sign or symptom <math>\geq</math> two:                   <ul style="list-style-type: none"> <li>• Temperature, one:                       <ul style="list-style-type: none"> <li>• &gt;99.4° F (37.4°C) PO or &gt;100.4°F (38.0°C) PR</li> <li>• &lt;97.0°F (36.1°C) PO or &lt;98.0°F (36.6°C) PR</li> </ul> </li> <li>• Heart rate &gt;90/min, sustained</li> <li>• Vomiting, protracted</li> <li>• Mental status changes (excludes coma, stupor, or obtundation) or Glasgow Coma Scale (GCS) 9-14</li> </ul> </li> </ul> </li> </ul>	<p><b>Rule:</b></p> <p>If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or stabilize member for discharge.</p>
<b>TIA – adult, acute</b>	
<p>Acute, all:</p> <ul style="list-style-type: none"> <li>• Neurological deficit resolved or resolving</li> <li>• High risk <math>\geq</math> one:               <ul style="list-style-type: none"> <li>• Crescendo transient ischemic attack (TIA)</li> <li>• Endocardial vegetation by echocardiogram or magnetic resonance imaging (MRI)</li> <li>• Previous stroke</li> </ul> </li> <li>• Diagnostic workup, both:               <ul style="list-style-type: none"> <li>• Computed tomography (CT) or magnetic resonance imaging (MRI) performed</li> <li>• Vascular imaging of carotid artery, scheduled or performed within 24h</li> </ul> </li> <li>• Neurological assessment at least 3x/24h</li> <li>• Antiplatelet agent or anticoagulant (includes PO)</li> </ul>	<p><b>Rule:</b></p> <p>If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or stabilize member for discharge.</p>
<b>Guidelines for surgery and procedures in the inpatient setting</b>	
<p>BCN criteria classify procedures on the InterQual Inpatient surgery list that are followed by a single asterisk (*) as outpatient procedures except when the procedure is on the CMS inpatient-only list and the member is a BCN Advantage member.</p>	<ul style="list-style-type: none"> <li>• BCN criteria classify all other procedures on the InterQual inpatient list as inpatient procedures.</li> <li>• BCN criteria classify procedures deemed by CMS as inpatient procedures to be inpatient procedures for BCN Advantage members only.</li> </ul>



InterQual 2020 standard	BCN 2020 accepted practice standard
<b>Medicare “two midnight” rule</b>	
The BCN Advantage clinical review process takes precedence over the Original Medicare coverage determination process. This applies to requests related to any inpatient vs. observation stay, including a denied inpatient stay billed as observation, inpatient-only procedures and the “two midnight” rule.	<b>Rule:</b> Follow the BCN Advantage referral and clinical review process.

Observation doesn’t define clinical care, but rather describes the billing and payment method for a short stay (two or fewer calendar days) in the hospital.

**Surgical notes**

As a reminder, BCN requires precertification for any elective surgical procedure. In order for a surgical procedure to be approved for an inpatient stay, the following must occur:

- The procedure must be:
  - On the InterQual inpatient surgery list, or
  - Noted in the above Local Rules as a procedure that may be performed in an inpatient setting, or
  - On the CMS inpatient-only list for BCN Advantage members
- The procedure will be performed on the day of admission.
- Selected procedures require clinical review.

When a request for inpatient stay doesn’t meet the criteria outlined in the first two bullets above, additional information must be provided as to why the procedure cannot safely be performed on an outpatient basis.

The postoperative management of outpatient surgical procedures isn’t considered by BCN to be observation level of care and shouldn’t be billed as such.

**2020 BCN modifications of InterQual home health care criteria**

This applies to all BCN HMO and BCN Advantage patients statewide whose care is coordinated by BCN’s Utilization Management department.

- BCN criteria require that the patient must be receiving skilled services to meet home health care criteria.
- All home health care visits must be made to the patient's home. Telephone visits aren't sufficient to meet BCN criteria.
- Skilled nursing visits, which are provided for eight hours or more per day, don't meet BCN intensity of service (IS) criteria.

## **2020 BCN modifications of InterQual rehabilitation criteria**

- A BCN plan medical director reviews all requests for inpatient rehabilitation services when using the following criteria:
  - Impairment (new), brain injury, Rancho level 3 and evolving response.  
Note: The above is found under "Severity of Illness" in the "CNS/TBI" subset.
  - The illness, injury or exacerbation ≤30d selected is one of the following:
    - Cardiac disease or post-cardiac surgery
    - Ventilator management or weaning
    - Myopathy
    - Uncontrolled pain with neurologic or musculoskeletal etiologyNote: The above are found under the "Severity of Illness" in the "Medically Intensive" subset.
- A BCN plan medical director reviews all requests for inpatient rehabilitation services when the documentation shows:
  - The patient is at a total-assist level of care.
  - The functional mobility is described as stand by assistance, supervision, modified independent or independent.
- Physical and occupational therapy are required criteria for precertification and recertification of acute rehabilitation inpatient facility treatment.  
Note: Speech-language pathology as a stand-alone therapy doesn't meet criteria for BCN.
- Under "Impairment," the following cannot be used as stand-alone criteria points for inpatient rehabilitation services:
  - Cognitive

- Language, speech or swallowing
- Respiratory

Note: Cognitive therapy may not be a benefit. Refer to the member's certificate of coverage and BCN medical policy.

- Cardiac rehabilitation and pulmonary rehabilitation don't meet BCN requirements for the acute inpatient rehabilitation level of care and must be administered under each member's contract benefits.
- To meet IS criteria, BCN requires that the "post-admission evaluation" be a "preadmission evaluation" by a rehabilitation medical practitioner or authorized representative with the recommendation of acute inpatient rehabilitation.
- BCN criteria exclude the subacute rehabilitation section criteria when evaluating a patient for the **acute** rehabilitation level of care.
- Physical therapy and occupational therapy functional levels submitted to request an inpatient rehabilitation admission following a major joint replacement must be from no sooner than the third postoperative day. Outpatient major joint replacements are excluded from this local rule.

## **2020 BCN modifications of InterQual skilled nursing facility criteria**

- Physical therapy/occupational therapy functional levels submitted to request a skilled nursing facility admission following a major joint replacement must be from no sooner than the third postoperative day. Outpatient major joint replacements are excluded from this Local Rule.
- Maintenance therapy criteria subset is excluded.
- SNF therapy services must include physical therapy. Occupational, respiratory and speech/language therapy as stand-alone services don't meet criteria for SNF therapy.
- BCN plan medical director reviews all requests for SNF therapy services when:
  - Physical therapy services are for only balance training, endurance training, range of motion (ROM) and strength training.
  - The functional mobility is described as stand-by assistance, supervision, modified independent or independent.

- Discharge screens aren't applied as part of the review process for SNF patients on ventilators.
- Cognitive therapy may not be a benefit. Reference the member's certificate of coverage
- BCN excludes minimum, moderate, maximal or dependent assistance for eating or oral hygiene and toileting hygiene as a change or decline in functional ability.
- Patients who have had a transplant, are still in the global period and are placed in a health-system-related SNF are covered by the global payment.
- For SNF services requiring complex skilled nursing, BCN requires the following when selected:
  - IV or IM must occur at least twice daily.
  - Suprapubic catheter management must be new.
  - Nasopharyngeal and tracheostomy suctioning frequency must be at least 6 times daily.
  - Nebulizer treatment must be  $\geq 4x/24h$ .
- BCN excludes the initiation and supervision of bowel and bladder regimen as a complex skilled nursing service for admission and continued stay.

### **2020 BCN modifications of InterQual long-term acute care criteria**

- InterQual criteria state that the facility's classification (for example, skilled nursing facility) doesn't have to match the criteria subset but must meet the minimum requirements for clinical stability and the facility must be able to provide the specific level of care needed. Before consideration is made for the placement in LTAC, an assessment must be made by three BCN-contracted SNFs and a determination made that they can't provide the level of care required. Two of the three facilities contacted must be facilities identified by BCN Utilization Management as a facility that accepts members requiring higher levels of care such as ventilators.

**Addendum:** If a member was placed on a ventilator acutely during the inpatient admission and failed to wean while inpatient, the member can be assessed for LTAC facility level of care appropriateness by applying LTAC criteria instead of seeking out a SNF alternative.

- Ventilator weaning / weaning potential severity of illness (SI) must include an additional bullet point: No continuous sedative infusion within 24 hours of admission and failed weaning attempt in the acute setting. In addition, see the clarification below of the criterion “stable airway.”

Ventilator weaning:

Severity of illness (SI), all:

- Admission
  - Weaning potential, all:
    - Chest X-ray: stable or improving
    - $FiO_2 \leq 50\%$  (0.50)
    - Hemodynamic and neurologically stable last 24h, all:
      - Systolic BP >90 or within acceptable limits
      - Heart rate  $\leq 140$ /min or within acceptable limits
      - Arrhythmia managed
    - Hct  $\geq 24$  (0.24) or Hgb  $\geq 8.0$  g/dL (80 g/L)
    - No continuous paralytic agent infusion
    - PEEP  $\leq 10$  cm H<sub>2</sub>O and tolerates pressure support
    - Stable airway (Clarification: member must have a tracheostomy)
    - Spontaneous breathing with adequate inspiratory effort
    - T  $\leq 100.0^\circ$  F (38.0° C) PO
    - Underlying disease process stabilized
- Intravenous (IV) analgesics used to meet partial responder for continued stay reviews must have a documented pain management consultation
  - Medically complex:
    - Continued medical management of primary condition or illness,  $\geq$  one
      - IV medication titration q3-4h,  $\geq$  one:
        - Analgesic
      - Pain management,  $\geq$  one:
        - Analgesic or muscle relaxant  $\geq 3x/24h$  or continuous
        - PCA
    - Treatment of comorbid condition,  $\geq$  two:

- Medication administration,  $\geq$  one:
  - Analgesic  $\geq 3x/24h$  or continuous
- Respiratory complex and wound/skin:
  - Treatment of comorbid condition,  $\geq$  two:
    - Medication administration,  $\geq$  one:
      - Analgesic  $\geq 3x/24h$  or continuous