

Blue Cross and BCN Local Rules for 2022 for post-acute care

Modifications of InterQual® criteria

For Blue Cross commercial and BCN commercial

Effective Aug. 1, 2022

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Blue Cross Blue Shield of Michigan is implementing InterQual skilled nursing, rehabilitation and long-term acute care criteria effective Aug. 1, 2022. On this date, the modifications outlined below are taking effect and all previous modifications and InterQual criteria are replaced with these Local Rules. These Local Rules apply to all Blue Cross and BCN commercial members.

Notes:

- Group-specific benefits may vary.
- naviHealth manages post-acute care services for Medicare Plus BlueSM and BCN AdvantageSM members.
- See also the [2022 Blue Cross and BCN Local Rules for acute care](#) (modifications of InterQual acute care criteria) for admissions on or after March 1, 2022.

2022 Blue Cross and BCN modifications of InterQual skilled nursing facility criteria

- A Blue Cross or BCN medical director reviews all requests for the following:
 - SNF therapy services, when the therapy service requested is only for occupational therapy, respiratory therapy, speech therapy, swallowing therapy, language therapy, or cognitive training. Physical therapy is a required criterion for SNF therapy services.
 - Members requiring total or dependent assistance in most areas of mobility (such as chair or bed transfers, walking or ambulation, sitting to lying, lying to sitting, sitting or standing) without a documented therapy plan of care supporting the member's functional potential. Total assistance may be an indicator that the member cannot actively participate in therapy.
 - Physical therapy services, when they are for only balance training, endurance training, range of motion (ROM), and strength training. These services may be

provided in a lower level of care such as home with family support or in an outpatient setting.

- The functional mobility of the member during continued stay, when it is described as contact guard assistance, stand-by assistance, supervision, modified independent or independent in most areas. This is an indication that the member may be clinically stable for transfer or discharge to a lower level of care.
- Continued stay requests (starting on Episode Week 3) for SNF services requiring only wound or skin care including decubitus care when the daily wound regimen is already established for 2 weeks (no changes in treatment), manageable, and showing progressive healing (such as no signs of infection, reduction in wound size, etc.). These services may be provided in a lower level of care, such as home with family support an outpatient setting, or **in a** long-term care facility once an established discharge plan is documented with no foreseeable continued inpatient SNF care needs.
- SNF continued stays when the discharge planning does not include an estimated time frame, proposed setting for the next level of care, and an evaluation of the necessary services or support system following discharge. Discharge planning must be initiated upon admission with reasonable goals established to facilitate a successful transition to the next level of care.
- For SNF services requiring complex skilled nursing, Blue Cross and BCN require the following when selected:
 - The frequency for “IV or IM medication management” must be at least twice daily.
 - “Suprapubic catheter management” must be new.
 - The frequency for “nasopharyngeal or tracheostomy suctioning” must be at least 6x/24h.
 - The frequency for “nebulized treatment” must be $\geq 4x/24h$.
 - Blue Cross and BCN exclude the initiation and supervision of bowel and bladder regimen as a complex skilled nursing service for admission and continued stay.
 - The frequency for oxygen therapy requiring assessment and adjustments must be $\geq 2x/24h$.

- All continued stay reviews (episode week 2 and forward) for members requiring only SNF services for oxygen assessment and adjustment require review by a Blue Cross or BCN plan medical director.
- Requests following an inpatient major joint arthroplasty for an admission date no sooner than the third postoperative day. Therapy notes from the operative day and postoperative day 1 won't be accepted.
- Blue Cross transplant cases must be administered under the Human Organ Transplant Program benefit and aren't authorized under SNF guidelines.
- BCN members who have had a transplant are covered by the global payment when placed in a health-system-related SNF within the global period.
- For Blue Cross and BCN commercial members, cognitive therapy may not be a benefit. Refer to the member's certificate coverage; group review may be necessary.

2022 Blue Cross and BCN modifications of InterQual rehabilitation criteria

- A Blue Cross or BCN medical director reviews all requests for the following:
 - Members who require total assistance in most areas without a documented therapy plan of care supporting the member's functional potential. Total assistance may be an indicator that the member cannot actively participate in therapy.
 - Members whose functional mobility during continued stay is described as contact guard assistance, stand-by assistance, supervision, modified independent or independent in most areas. This is an indication that member may be clinically stable for transfer or discharge to a lower level of care.
 - Requests in which the following rehabilitation conditions are selected using the Medically Intensive subset on admission reviews:
 - Cardiac disease or post cardiac surgery
 - Ventilator management or weaning
 - Uncontrolled pain with neurologic or musculoskeletal etiology
 - Myopathy
 - Members with Rancho level 3 and evolving response for admission reviews.

- Requests in which speech, cognitive, language, swallowing, or respiratory impairment is selected without meeting mobility or ADL impairments. Mobility and ADL impairments are required criteria for rehabilitation admission and continued stay.
- Requests for which the “medical instability (new onset)” criteria are used as intensity of service (IS) criteria for continued stay reviews. A medical director must evaluate the case to determine the appropriateness of the setting when a member is unable to participate or progress in therapy due to a new medical instability.
- Requests for which only occupational therapy and speech-language pathology or prosthetics/orthotics is the therapy indicated. Both physical and occupational therapy are required therapy for acute rehabilitation services.
- Requests for which only physical therapy and speech-language pathology or prosthetics/orthotics as the therapy indicated. Both Physical and Occupational therapy are required therapy for acute rehabilitation services.
- Requests following an inpatient major joint arthroplasty for an admission date no sooner than the third postoperative day. Therapy notes from the operative day and postoperative day 1 won’t be accepted.
- Rehabilitation continued stays when the discharge planning does not include an estimated time frame, a proposed setting for the next level of care, and an evaluation of the necessary services or support system following discharge. Discharge planning must be initiated upon admission with reasonable goals established to facilitate a successful transition to the next level of care.
- The Subacute Rehabilitation subset is excluded when evaluating a member for the acute rehabilitation level of care.

2022 Blue Cross and BCN modifications of InterQual long-term acute care criteria

- A Blue Cross or BCN medical director reviews all requests for the following:
 - LTACH admissions (excludes vent weaning) when there is a contracted Blue Cross or BCN SNF available that can provide the post-acute care services.

Before consideration is made for the placement in LTACH, an assessment must be made by three Blue Cross- or BCN-contracted SNFs within 75 miles from the

member's current hospital location and a determination that they can't provide the level of care required. Two of the three facilities contacted are identified as a facility that accepts members requiring high levels of care such as ventilators.

- LTACH admissions and continued stays when “pain management” or “IV titration every 3-4h for an analgesic” is selected as a stand-alone criteria point for continued medical management of a primary condition or illness. An alternative medication treatment plan may be needed.
- LTACH ventilator weaning admissions when the member has one or more of the following:
 - Continuous sedative infusion within 24 hours of admission. Commencement of a weaning trial may not be appropriate if the member is still receiving a sedative.
 - No attempts of ventilator weaning in the acute setting when selecting “Tracheostomy placed and airway stable.” Ventilator weaning may not be necessary at the LTAC level of care as successful ventilator weaning may occur in the acute setting.
 - An endotracheal tube and selecting “Failed ventilator weaning and ventilator dependent.” Tracheostomy placement is preferred to facilitate accelerated removal of the ventilator and reduce occurrence of respiratory complications.
- LTACH ventilator weaning continued stays with one or more of the following:
 - No changes in ventilator or NIPPV settings. This is an indication that the member may be permanently ventilator or NIPPV dependent and may be clinically stable for transfer or discharge to a lower level of care.
 - “Unable to liberate from mechanical ventilation or NIPPV” criteria selected. This is an indication that the member may be appropriate for discharge to an alternative level of care or palliative care.
- LTACH admissions or continued stays using rehabilitation therapy for the “treatment of comorbid condition” and one or more of the following:
 - The functional status for physical therapy is described as dependent or total assist. Total assistance or dependent may be an indicator that the member cannot actively participate.
 - Therapy treatment plan includes only occupational therapy or speech therapy without physical therapy. Physical therapy is a required criteria for rehabilitation therapy.

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- No documented physical therapy plan of care or progress notes confirming functional improvement on continued stay review. Documented progress confirms that the member is participating in therapy to qualify the condition as an active comorbidity.
- LTACH continued stays when the discharge planning does not include an estimated time frame, a proposed setting for the next level of care, and an evaluation of the necessary services or support system following discharge. Discharge planning must be initiated upon admission with reasonable goals established to facilitate a successful transition to the next level of care.