



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Blue Cross Local Rules for 2021 (non-behavioral health)

Modifications of InterQual® criteria

For Blue Cross commercial and Medicare Plus BlueSM

Effective Aug. 2, 2021 / Updated Dec. 22, 2021

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Blue Cross Blue Shield of Michigan implemented InterQual acute care, rehabilitation, long-term acute care and skilled nursing criteria effective Aug. 2, 2021. On this date, the modifications outlined below took effect and all previous modifications and InterQual criteria were replaced with these guidelines. All prior authorization requests must be submitted via the e-referral system. When clinical information is requested for a medical or surgical admission, we require submission of the specific components of the medical record that validate that the request meets the criteria.

2021 Blue Cross modifications of InterQual acute care criteria

Blue Cross implemented the adult and pediatric 2021 InterQual acute care criteria on Aug. 2, 2021. On this date, the modifications outlined below took effect, and all previous modifications and InterQual criteria were replaced with these guidelines.

Exception: See the table below for the effective dates of acute care Local Rules.

Date of admission	Acute care Local Rules that apply
Aug. 2, 2021 through Feb. 28, 2022	Acute care Local Rules in this document
On or after March 1, 2022	Blue Cross and BCN Local Rules for 2022 (Modifications of InterQual acute care criteria)

Acute adult

Uncomplicated detoxification management must be prior authorized and billed under the psychiatric benefit.



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Guidelines for surgery and procedures in the inpatient setting, adult and pediatric

Facilities are required to submit a prior authorization request for all acute hospital admissions and surgical procedures. All hospital admission prior authorization requests must be made through the e-referral system.

Procedures that are listed on InterQual's inpatient listing are either appropriate for the inpatient setting, based on InterQual procedures criteria, or appropriate for the inpatient setting but not addressed by InterQual procedures criteria. Due to variations in practice, surgical procedures marked with an asterisk may be performed as inpatient or outpatient. The attending surgeon continues to determine the best level of care for his or her patient based on the procedure and its urgency, as well as the patient's stability, comorbidities and likelihood of complications. Medicare Plus Blue uses the Centers for Medicare & Medicaid Services inpatient list for determination of procedures appropriate for the inpatient setting.

Blue Cross Blue Shield of Michigan's medical policies and payment policies apply to procedures that are investigational or experimental.

Note: The postoperative management of outpatient surgical procedures is not considered by Blue Cross to be an observation level of care and should not be billed as such. Blue Cross requires prior authorization for postoperative management that's provided in the inpatient setting.

2021 Blue Cross modifications of InterQual rehabilitation criteria

Blue Cross implemented the 2021 InterQual rehabilitation criteria on Aug. 2, 2021. On this date, the modifications outlined below took effect and all previous modifications and InterQual criteria were replaced with these guidelines:

- The "Rancho level 3 or less and evolving responses" criteria may not be used as severity of illness (SI) criteria for admission reviews.
- Cardiac rehabilitation and pulmonary rehabilitation don't meet Blue Cross requirements for the acute inpatient rehabilitation level of care and must be administered under each member's contract benefits.
- The "Ventilator management or weaning" and "Uncontrolled pain with neurologic or musculoskeletal etiology" criteria may not be used as severity of illness (SI) criteria for admission reviews.



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- The “medical instability (new onset)” criteria may not be used as intensity of service (IS) criteria for continued stay reviews.
- Speech, cognitive, language, swallowing impairment and respiratory therapy don’t meet criteria for Blue Cross patients without meeting physical and occupational therapy criteria. Physical and occupational therapy are required criteria for prior authorization and re-authorization of acute rehabilitation inpatient facility treatment.
- Blue Cross requires that these cases be reviewed by a medical consultant:
 - Members who require total assistance in all areas
 - Members whose functional mobility during continued stay is described as contact guard assistance, stand-by assistance, supervision, modified independent or independent in most areas
- Blue Cross rehabilitation criteria require that group therapy be limited to three participants requiring similar treatments. Of the required three hours, no more than 30 minutes (two units) per day can be completed in a group. Documentation should include the number of participants, the length of time or units of group therapy, the treatments given, the patient’s response and the necessity of treatments.
- Blue Cross will review prior authorization 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.

2021 Blue Cross modifications of InterQual skilled nursing facility criteria

Blue Cross implemented the 2021 InterQual skilled nursing facility criteria on Aug. 2, 2021. On this date, the modifications outlined below took effect, and all previous modifications and InterQual criteria were replaced with these guidelines:

Note: Group-specific benefits may vary.

- Requests for maintenance therapy using the Maintenance Therapy subset don’t meet Blue Cross SNF level of care criteria for prior authorization.
- Therapy services must include physical or occupational therapy. The following cannot be used as stand-alone criteria points for SNF services:
 - Respiratory therapy
 - Speech therapy



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- Cognitive retraining
- Language therapy
- Swallowing therapy
- Blue Cross excludes minimum, moderate, maximal or dependent assistance for eating or oral hygiene as a change or decline in functional ability.
- Transplant cases must be administered under the Human Organ Transplant Program benefit and aren't authorized under SNF.
- For SNF services requiring complex skilled nursing, Blue Cross requires 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 excludes 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 a Blue Cross plan medical director review.
- A Blue Cross plan medical director reviews all requests for SNF therapy services when:
 - Patients require total or maximum assistance in all areas.
 - Physical therapy services are for only balance training, endurance training, range of motion (ROM) and strength training.



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- The functional mobility of the member during continued stay is described as contact guard assistance, stand-by assistance, supervision, modified independent or independent in most areas.
- Blue Cross will review prior authorization 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.

2021 Blue Cross modifications of InterQual long-term acute care criteria

Blue Cross implemented the 2021 InterQual LTAC criteria on Aug. 2, 2021. On this date, the modification outlined below took effect, and all previous modifications and InterQual criteria were replaced with this guideline:

- For Blue Cross members, “pain management” can't be used as a stand-alone criteria point for “continued medical management of primary condition or illness.”