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In applying InterQual 2021 criteria to different benefit packages, BCN has adopted Local Rules. These Local Rules apply to all BCN commercial and BCN Advantage members statewide whose care is coordinated by BCN’s Utilization Management department.

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)

Here are the details related to the 2021 Local Rules.

- The Local Rules for the following were developed or revised:
 - Acute coronary syndrome
 - Acute kidney injury
 - Chronic obstructive pulmonary disease, or COPD
 - Deep vein thrombosis
 - Epilepsy
 - Gastrointestinal bleeding
 - Stroke
 - Transient ischemic attack, or TIA
 - Withdrawal syndrome
- The Local Rules for the following were deleted:
 - Anemia/bleeding
 - Asthma
 - General medical: General
 - General medical: Neurological

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

2021 BCN exceptions to InterQual acute care adult and pediatric criteria

InterQual 2021 standard	BCN 2021 accepted practice standard
Acute coronary syndrome – adult, intermediate	
NSTEMI and ≥ one: <ul style="list-style-type: none"> • NSTEMI and pain free or controlled with medication 	Rule: If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or to stabilize member for discharge.
Acute kidney injury – adult, acute	
Creatinine ≥2x baseline or estimated baseline or GFR ≥50% (0.50) decrease from baseline and, ≥ one: <ul style="list-style-type: none"> • Diuretic ≥2x/24h, ≤3d • Immunosuppressant therapy, ≤3d • Corticosteroid (includes PO) 	Rule: If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or to stabilize member for discharge.
Bowel obstruction – adult, acute	
Bowel obstruction confirmed by imaging and both: <ul style="list-style-type: none"> • NPO or nasogastric (NG) tube to suction • IV fluid, one: <ul style="list-style-type: none"> • ≥75 mL/h and ≥ one: <ul style="list-style-type: none"> • Weight <60 kg • Age ≥65 • Renal insufficiency • Heart failure, chronic • ≥ 100 mL/h and weight ≥60 kg 	Rule: If using these criteria, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.
COPD – adult, acute	
Acute, all: <ul style="list-style-type: none"> • Post treatment finding, ≥ one: <ul style="list-style-type: none"> • O2 sat ≤89% (0.89) and < baseline • Increased work of breathing ≥ one: <ul style="list-style-type: none"> • Unable to take PO due to respiratory effort • Hunched over position 	Rule: If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or to stabilize member for discharge.

InterQual 2021 standard	BCN 2021 accepted practice standard
Deep vein thrombosis – adult, acute	
<ul style="list-style-type: none"> • DVT confirmed by ultrasound and one: <ul style="list-style-type: none"> • Unfractionated heparin, continuous and \geq one: <ul style="list-style-type: none"> • Bleeding, active or increased risk 	<p>Rule: If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or to stabilize member for discharge.</p>
Electrolyte or mineral imbalance – adult, acute	
<p>Acute \geq one:</p> <ul style="list-style-type: none"> • Hypokalemia, all: <ul style="list-style-type: none"> • Finding, one: <ul style="list-style-type: none"> • Potassium <2.5 mEq/L (2.5 mmol/L) • No electrocardiogram (ECG) changes • Hypomagnesemia, both: <ul style="list-style-type: none"> • Finding, one: <ul style="list-style-type: none"> • Magnesium 1.0-1.4 mg/dL (0.41-0.58 mmol/L) and symptomatic • Hyponatremia or syndrome of inappropriate antidiuretic hormone secretion (SIADH), both: <ul style="list-style-type: none"> • Finding, one: <ul style="list-style-type: none"> • Sodium 120-129 mEq/L (120-129 mmol/L) and symptomatic 	<p>Rule: If using these criteria, BCN requires 48 hours of observation to complete workup and initiate treatment and/or to stabilize member for discharge.</p>
Epilepsy – adult and pediatric, acute	
<p>Acute, one:</p> <ul style="list-style-type: none"> • Known seizure disorder and both: <ul style="list-style-type: none"> • Finding \geq one: <ul style="list-style-type: none"> • Anticonvulsant discontinued with the intent to provoke seizure • EEG (continuous or video), initiated or performed within 24h 	<p>Rule: If using these criteria, BCN reimburses as an observation to complete workup and initiate treatment and/or to stabilize member for discharge.</p> <p>Rule: Elective admissions for video EEG monitoring, BCN reimburses as an observation.</p>

InterQual 2021 standard	BCN 2021 accepted practice standard
Gastrointestinal (GI) bleeding – adult, acute	
<p>Lower gastrointestinal (GI) bleeding and ≥1 liter IV fluid or blood product transfusion prior to decision to admit and both:</p> <ul style="list-style-type: none"> • Hematochezia or melena and, ≥ one: <ul style="list-style-type: none"> • Presyncope or syncope <p>Upper gastrointestinal (GI) bleeding and ≥1 liter IV fluid or blood product transfusion prior to decision to admit and both:</p> <ul style="list-style-type: none"> • Coffee ground emesis, hematemesis, hematochezia or melena and ≥ one: <ul style="list-style-type: none"> • Presyncope or syncope 	<p>Rule:</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>
General medical: gastrointestinal or biliary – adult, acute	
<p>Gastrointestinal or biliary, one: Other gastrointestinal diagnosis, actual or suspected, ≥ one:</p> <ul style="list-style-type: none"> • Bilirubin >3.0 mg/dL (51.3 μmol/L) (excludes uncomplicated viral hepatitis), and all: <ul style="list-style-type: none"> • Finding ≥ one: <ul style="list-style-type: none"> • Abdominal pain • Mental status changes (excludes coma, stupor, obtundation) or Glasgow Coma Scale (GCS) 9-14 • Temperature >99.4°F (37.4°C) PO or >100.4°F (38.0°C) PR • Pancreatitis, chronic, and both: <ul style="list-style-type: none"> • Abdominal pain, intractable, ≥ one: <ul style="list-style-type: none"> • Unresponsive to ≥3 doses analgesic (includes PO) within last 24h • Unresponsive to transdermal analgesic ≥24h • Analgesic ≥3x/24h or continuous ≤3d • Ileus confirmed by imaging and IV fluid ≤7d and one: <ul style="list-style-type: none"> • ≥75mL/h and ≥ one: <ul style="list-style-type: none"> • Weight <60kg • Age ≥65 • Renal Insufficiency • Heart failure, chronic • ≥100mL/h and weight ≥60 kg 	<p>Rule:</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 2021 standard	BCN 2021 accepted practice standard
General medical: genitourinary – adult, acute	
<p>Genitourinary ≥ one:</p> <ul style="list-style-type: none"> • Hydronephrosis and both: <ul style="list-style-type: none"> • Finding, ≥ one: <ul style="list-style-type: none"> • Hematuria • Pain • Renal failure • Temperature, ≥ one: <ul style="list-style-type: none"> • >99.4°F (37.4°C) PO • >100.4°F (38.0°C) PR • Intervention ≥ one: <ul style="list-style-type: none"> • Analgesic ≥3x/24h or continuous • Surgery planned within 24h 	<p>Rule:</p> <ul style="list-style-type: none"> • If member has hydronephrosis with a stone less than 5mm, up to 48 hours of observation is approved for all treatment. • Any request with renal calculi with hydronephrosis with a stone >5mm is considered inpatient.
General medical: respiratory – adult, acute	
<p>Other respiratory diagnosis, actual or suspected, ≥ one:</p> <ul style="list-style-type: none"> • Dyspnea and both: <ul style="list-style-type: none"> • Oxygenation ≥ one: <ul style="list-style-type: none"> • Arterial PO₂ <56 mmHg (7.4k Pa) and < baseline • O₂ sat ≤89% (0.89) and < baseline • Requiring supplemental oxygen 	<p>Rule:</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>
General medical: toxic exposure or ingestion – adult, intermediate	
<p>Toxic exposure or ingestion, one:</p> <ul style="list-style-type: none"> • Other toxic exposure or ingestion actual or suspected, and all: <ul style="list-style-type: none"> • Potential for significant arrhythmia • Electrocardiogram (ECG) normal, unchanged, or nondiagnostic • Continuous cardiac monitoring (excludes Holter) 	<p>Rule:</p> <p>If using this subset for alcohol abuse, approve up to 48 hours of observation for alcohol toxicity monitoring and management.</p>
General trauma – adult, acute	
<ul style="list-style-type: none"> • Neurological, all: <ul style="list-style-type: none"> • Glasgow Coma Scale (GCS) 9-14 • No focal neurologic deficits • No evidence of bleeding on computed tomography (CT) • Neurological assessment at least 6x/24h, ≤2d 	<p>Rule:</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 2021 standard	BCN 2021 accepted practice standard
General trauma – adult, intermediate	
<ul style="list-style-type: none"> • General ≥ one: <ul style="list-style-type: none"> • High-risk trauma, both: <ul style="list-style-type: none"> • Finding ≥ one: <ul style="list-style-type: none"> • Motor vehicle trauma and ≥ one: <ul style="list-style-type: none"> • Crash speed ≥40 mph (64.4 kph) 	<p>Rule:</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>
Infection: GI / GYN – adult, acute	
<ul style="list-style-type: none"> • Diverticulitis and all: <ul style="list-style-type: none"> • Finding ≥ one: <ul style="list-style-type: none"> • Inadequate oral intake • Vomiting • Failed outpatient anti-infective treatment (includes PO) ≥ one: <ul style="list-style-type: none"> • Continued deterioration despite ≥24h anti-infective treatment (includes PO) 	<p>Rule:</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>
Infection: sepsis – adult, acute	
<ul style="list-style-type: none"> • Systemic infection, (excludes viral), all: <ul style="list-style-type: none"> • Sign or symptom ≥ two: <ul style="list-style-type: none"> • Temperature, one: <ul style="list-style-type: none"> • >99.4° F (37.4°C) PO or >100.4°F (38.0°C) PR • <97.0°F (36.1°C) PO or <98.0°F (36.6°C) PR • Heart rate >90/min, sustained • Vomiting, protracted • Mental status changes (excludes coma, stupor, or obtundation) or Glasgow Coma Scale (GCS) 9-14 	<p>Rule:</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>
Stroke – adult, acute	
<ul style="list-style-type: none"> • Acute ischemic or hemorrhagic stroke, all: <ul style="list-style-type: none"> • Finding by CT or MRI, ≥ one: <ul style="list-style-type: none"> • Non-diagnostic 	<p>Rule:</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 2021 standard	BCN 2021 accepted practice standard
TIA – adult, acute	
<p>Acute, all:</p> <ul style="list-style-type: none"> • Neurological deficit resolved or resolving • High risk ≥ one: <ul style="list-style-type: none"> • Crescendo transient ischemic attack (TIA) • Endocardial vegetation by echocardiogram or magnetic resonance imaging (MRI) • Previous stroke • Diagnostic workup, both: <ul style="list-style-type: none"> • CT or MRI performed • Vascular imaging of carotid artery, scheduled or performed within 24h • Antiplatelet agent or anticoagulant (includes PO) 	<p>Rule:</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>
Withdrawal syndrome – adult, acute	
<p>Substance, ≥ one:</p> <ul style="list-style-type: none"> • Alcohol withdrawal syndrome <p>Finding, ≥ one:</p> <ul style="list-style-type: none"> • Alcohol withdrawal syndrome and both: <ul style="list-style-type: none"> • CIWA-Ar 8-14 • Blood pressure, ≥150/90mmHg • Blood pressure ≥ one: <ul style="list-style-type: none"> • Diastolic ≥100mmHg • Systolic ≥150mmHg • Heart rate >100/min, sustained 	<p>Rule:</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>
Guidelines for surgery and procedures in the inpatient setting	
<ul style="list-style-type: none"> • BCN criteria classify all procedures on the InterQual Inpatient surgery list as appropriate for the inpatient setting. • BCN criteria classify procedures deemed by CMS as inpatient procedures to be inpatient procedures for BCN Advantage members only 	<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>

InterQual 2021 standard	BCN 2021 accepted practice standard
Medicare “two midnight” rule	
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.	Rule: 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 prior authorization 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, and should meet the qualifiers if listed, 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.

2021 BCN modifications of InterQual rehabilitation criteria

InterQual 2021 acute rehab standard	BCN 2021 accepted practice standard
Burns (acute rehab)	
<p>Admission: Severity of Illness, all:</p> <ul style="list-style-type: none"> • Impairment (new) with functional activity limitation requiring at least minimum assistance, ≥ two: <ul style="list-style-type: none"> • Mobility or motor impairment • ADL impairment • Respiratory impairment (includes ventilator assistance) <p>Continued stay: Partial responder and potential for significant improvement, one:</p> <ul style="list-style-type: none"> • Ongoing comprehensive rehabilitation program with at least 2 disciplines and ≥3h/d, ≥5d/wk, all: <ul style="list-style-type: none"> • Measurable progress documented toward pre-established goals with gains sustained, ≥ two: <ul style="list-style-type: none"> • ADLs (OT) • Functional mobility (PT or OT) 	<p>Rule: When using these criteria, a BCN plan medical director reviews all requests when the documentation shows that patient is at total-assist level of care.</p> <p>Rule: Physical and occupational therapy are required criteria for prior authorization and re-authorization. The following criteria points cannot be selected as stand-alone impairments without ADLs and mobility/motor impairments:</p> <ul style="list-style-type: none"> • Respiratory impairment <p>Rule: When using these criteria, a BCN plan medical director reviews all requests when the documentation shows that functional mobility is described as contact guard assistance, standby assistance, supervision, modified independent or independent in most areas.</p>

InterQual 2021 acute rehab standard	BCN 2021 accepted practice standard
CNS/TBI (acute rehab)	
<p>Admission: Severity of Illness, all:</p> <ul style="list-style-type: none"> • Impairment (new) ≥ one: <ul style="list-style-type: none"> • Mobility and functional activity limitation requiring at least minimum assistance, ≥ one: <ul style="list-style-type: none"> • ADL • Cognitive • Language, speech or swallowing • Brain injury: <ul style="list-style-type: none"> • Rancho level 3 and evolving response <p>Continued stay: Partial responder and potential for significant improvement, one:</p> <ul style="list-style-type: none"> • Ongoing comprehensive rehabilitation program with at least 2 disciplines and ≥3h/d, ≥5d/wk, all: <ul style="list-style-type: none"> • Measurable progress documented toward pre-established goals with gains sustained, ≥ two: <ul style="list-style-type: none"> • ADLs (OT) • Cognition or role function (OT or SLP) • Functional mobility (PT or OT) • Speech, language, or swallowing (SLP) 	<p>Rule: When using these criteria, a BCN plan medical director reviews all requests when the documentation shows that patient is at total-assist level of care.</p> <p>Rule: Physical and occupational therapy are required criteria for prior authorization and re-authorization. The following criteria points cannot be selected as stand-alone impairments without ADLs and mobility impairments:</p> <ul style="list-style-type: none"> • Cognitive • Language, speech or swallowing <p>Rule: When using this criterion, a BCN plan medical director reviews all requests for inpatient rehabilitation services.</p> <p>Rule: When using these criteria, a BCN plan medical director reviews all requests when the documentation shows that functional mobility is described as contact guard assistance, standby assistance, supervision, modified independent or independent in most areas.</p> <p>Rule: Physical and occupational therapy are required criteria for prior authorization and re-authorization. The following criteria points cannot be selected as stand-alone measurable progress without selecting progress with ADLs and functional mobility:</p> <ul style="list-style-type: none"> • Cognition or role function (OT or SLP) • Speech, language or swallowing (SLP)
<p>Note: Cognitive therapy may not be a benefit. Refer to the member’s certificate of coverage and BCN medical policy.</p>	

InterQual 2021 acute rehab standard	BCN 2021 accepted practice standard
Medically intensive (acute rehab)	
<p>Admission: Severity of Illness, all:</p> <ul style="list-style-type: none"> • Illness, injury, surgery or exacerbation ≤30d ≥ one: <ul style="list-style-type: none"> • Cardiac disease or post-cardiac surgery • Ventilator management or weaning • Myopathy • Uncontrolled pain with neurologic or musculoskeletal etiology • Impairment (new) with functional activity limitation requiring at least minimum assistance, ≥ two: <ul style="list-style-type: none"> • ADL • Cognitive • Language, speech, or swallowing • Respiratory • Mobility, motor or limited ambulation <50 ft <p>Continued stay: Partial responder and potential for significant improvement, one:</p> <ul style="list-style-type: none"> • Ongoing comprehensive rehabilitation program with at least 2 disciplines and ≥3h/d, ≥5d/wk, all: <ul style="list-style-type: none"> • Measurable progress documented toward pre-established goals with gains sustained, ≥ two: <ul style="list-style-type: none"> • ADLs (OT) • Functional mobility (PT or OT) 	<p>Rule: When using this criterion, a BCN plan medical director reviews all requests for inpatient rehabilitation services.</p> <p>Rule: When using these criteria, a BCN plan medical director reviews all requests when the documentation shows that patient is at total-assist level of care.</p> <p>Rule: Physical and occupational therapy are required criteria for prior authorization and re-authorization. The following criteria points cannot be selected as stand-alone impairments without ADLs and mobility impairments:</p> <ul style="list-style-type: none"> • Cognitive • Language, speech or swallowing • Respiratory <p>Rule: When using these criteria, a BCN plan medical director reviews all requests when the documentation shows that functional mobility is described as contact guard assistance, standby assistance, supervision, modified independent or independent in most areas.</p>
<p>Note: Cognitive therapy may not be a benefit. Refer to the member’s certificate of coverage and BCN medical policy.</p>	

InterQual 2021 acute rehab standard	BCN 2021 accepted practice standard
Orthopedic/amputation (acute rehab)	
<p>Admission: Severity of Illness, all:</p> <ul style="list-style-type: none"> • Illness, injury, or surgery ≤30d, ≥ one: <ul style="list-style-type: none"> • Major joint replacement (hip, knee, or shoulder with functional limitation, ≥ one: • Impairment (new) with functional activity limitation requiring at least minimum assistance, ≥ both: <ul style="list-style-type: none"> • Mobility or motor impairment • ADL impairment <p>Continued stay: Partial responder and potential for significant improvement, one:</p> <ul style="list-style-type: none"> • Ongoing comprehensive rehabilitation program with at least 2 disciplines and ≥3h/d, ≥5d/wk, all: <ul style="list-style-type: none"> • Measurable progress documented toward pre-established goals with gains sustained, ≥ two: <ul style="list-style-type: none"> • ADLs (OT) • Functional mobility (PT or OT) 	<p>Rule: BCN will review acute rehab 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.</p> <p>Rule: When using these criteria, a BCN plan medical director reviews all requests when the documentation shows that patient is at total-assist level of care.</p> <p>Rule: When using these criteria, a BCN plan medical director reviews all requests when the documentation shows that functional mobility is described as contact guard assistance standby assistance, supervision, modified independent or independent in most areas.</p>

InterQual 2021 acute rehab standard	BCN 2021 accepted practice standard
Pediatric rehabilitation	
<p>Admission: Severity of Illness, all:</p> <ul style="list-style-type: none"> • Impairment (new) ≥ one: <ul style="list-style-type: none"> • Mobility or motor impairment ≥ one: <ul style="list-style-type: none"> • ADL impairment • Cognitive, language, speech, swallowing or feeding impairment • Motor learning • Respiratory impairment <p>Continued stay: Partial responder and potential for significant improvement, one:</p> <ul style="list-style-type: none"> • Ongoing comprehensive rehabilitation program ≥3h/d, ≥5d/wk (age appropriate), all: <ul style="list-style-type: none"> • At least 2 therapy disciplines • Measurable progress documented toward pre-established goals with gains sustained, ≥ two: <ul style="list-style-type: none"> • ADLs (OT) • Cognition or role function (OT or SLP) • Motor, sensorimotor function or developmental activities (OT, PT or SLP) • Functional mobility (PT or OT) • Progress made with wound or soft tissue healing (PT) • Pulmonary function (PT, OT, or SLP) • Speech, language or swallowing (SLP) 	<p>Rule: When using these criteria, a BCN plan medical director reviews all requests when the documentation shows that patient is at total-assist level of care.</p> <p>Rule: Physical and occupational therapy are required criteria for prior authorization and re-authorization. The following criteria points cannot be selected as stand-alone impairments without ADLs and motor impairments:</p> <ul style="list-style-type: none"> • Respiratory • Cognitive, language, speech, swallowing or feeding impairment <p>Rule: Physical and occupational therapy are required criteria for prior authorization and re-authorization. The following criteria points cannot be selected as stand-alone measurable progress without selecting progress with ADLs and functional mobility:</p> <ul style="list-style-type: none"> • Cognition or role function (OT or SLP) • Pulmonary function (PT, OT, or SLP) • Speech, language or swallowing (SLP) <p>Rule: When using these criteria, a BCN plan medical director reviews all requests when the documentation shows that patient is at total-assist level of care.</p>

InterQual 2021 acute rehab standard	BCN 2021 accepted practice standard
<p>Note: Cognitive therapy may not be a benefit. Refer to the member's certificate of coverage and BCN medical policy.</p>	
<p>Spinal cord injury (acute rehab)</p>	
<p>Admission: Severity of Illness, all:</p> <ul style="list-style-type: none"> • Impairment (new) with functional activity limitation requiring at least minimum assistance, ≥ both: <ul style="list-style-type: none"> • Mobility or motor impairment • ADL impairment • Respiratory impairment <p>Continued stay: Partial responder and potential for significant improvement, one:</p> <ul style="list-style-type: none"> • Ongoing comprehensive rehabilitation program with at least 2 disciplines and ≥3h/d, ≥5d/wk, all: <ul style="list-style-type: none"> • Measurable progress documented toward pre-established goals with gains sustained, ≥ two: <ul style="list-style-type: none"> • ADLs (OT) • Functional mobility (PT or OT) • Pulmonary function (PT, OT, or SLP) • Speech, language or swallowing (SLP) 	<p>Rule: When using these criteria, a BCN plan medical director reviews all requests when the documentation shows that patient is at total-assist level of care.</p> <p>Rule: Physical and occupational therapy are required criteria for prior authorization and re-authorization. The following criteria points cannot be selected as stand-alone impairments without ADLs and mobility/motor impairments:</p> <ul style="list-style-type: none"> • Respiratory <p>Rule: When using these criteria, a BCN plan medical director reviews all requests when the documentation shows that functional mobility is described as contact guard assistance, standby assistance, supervision, modified independent or independent in most areas.</p> <p>Rule: Physical and occupational therapy are required criteria for prior authorization and re-authorization. The following criteria points cannot be selected as stand-alone measurable progress without selecting progress with ADLs and functional mobility:</p> <ul style="list-style-type: none"> • Pulmonary function (PT, OT, or SLP) • Speech, language or swallowing (SLP)
<p>Rule: 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.</p>	

InterQual 2021 acute rehab standard	BCN 2021 accepted practice standard
<p>Rule: BCN criteria exclude the subacute rehabilitation section criteria when evaluating a patient for the acute rehabilitation level of care.</p>	

2021 BCN modifications of InterQual skilled nursing facility criteria

InterQual 2021 SNF standard	BCN 2021 accepted practice standard
<p>Medical management (SAC-SNF)</p>	
<p>Admission, week 1, one: Skilled services, all:</p> <ul style="list-style-type: none"> • Services required, one: <ul style="list-style-type: none"> • Therapy, both: <ul style="list-style-type: none"> • Change or decline in functional ability and therapy evaluation completed with patient's full participation, ≥ one: <ul style="list-style-type: none"> • Minimum or moderate assistance, ≥ one: <ul style="list-style-type: none"> • Chair or bed transfer • Eating or oral hygiene • Sitting or lying, lying to sitting • Sitting to standing • Toileting hygiene • Toilet transfer • Walk or wheelchair <50 feet with 2 turns • Maximal assistance or dependent, ≥ one: <ul style="list-style-type: none"> • Chair or bed transfer • Eating or oral hygiene • Sitting or lying, lying to sitting • Sitting to standing • Toileting hygiene • Toilet transfer • Walk or wheelchair <50 feet with 2 turns 	<p>Rule: SNF therapy services must include physical therapy. The following criteria points cannot be selected as a stand-alone impairment in functional ability without selecting a change or decline in chair/bed transfer, sitting to lying, lying to sitting, sitting to standing, walk or wheelchair:</p> <ul style="list-style-type: none"> • Eating or oral hygiene • Toileting hygiene <p>Rule: BCN plan medical director reviews all requests for SNF therapy services when patients require total or maximum assistance in most areas.</p>

InterQual 2021 SNF standard	BCN 2021 accepted practice standard
<ul style="list-style-type: none"> • Therapy, plan of care documented ≤ 2 days, both: <ul style="list-style-type: none"> • Therapy at least 1hr/d for at least 5d/wk, ≥ one: <ul style="list-style-type: none"> • PT and/or OT, ≥ one: <ul style="list-style-type: none"> • Balance training • Endurance training • Range of motion (ROM) • Strength training • Respiratory therapy • Speech/language therapy • Cognitive training • Complex skilled nursing at least daily, ≥ one: <ul style="list-style-type: none"> • IV or IM medication management • Initiation and supervision of bladder and bowel regimen • Suprapubic catheter management • Nasopharyngeal or tracheostomy suctioning • Nebulizer treatment or oxygen therapy requiring assessment and adjustment (excludes MDI) 	<p>Rule: BCN plan medical director reviews all requests for SNF therapy services when physical or occupational therapy services are only for balance training, endurance training, range of motion (ROM) or strength training.</p> <p>Rule: SNF therapy services must include physical therapy. The following cannot be used as stand-alone criteria points for SNF therapy services:</p> <ul style="list-style-type: none"> • Occupational therapy • Respiratory therapy • Speech therapy • Swallowing therapy • Language therapy • Cognitive retraining <p>Rule: For SNF services requiring complex skilled nursing, BCN requires the following when selected:</p> <ul style="list-style-type: none"> • The frequency for “IV or IM medication management” must be at least twice daily. • “Suprapubic catheter management” must be new. • The frequency for “Nasopharyngeal and tracheostomy suctioning” must be at least 6x/24h. • The frequency for “Nebulizer treatment” must be ≥4x/24h. • The frequency for oxygen therapy requiring assessment and adjustments must be ≥2x/24h. <p>BCN excludes the initiation and supervision of bowel and bladder regimen as a complex skilled nursing service for admission and continued stay.</p>

InterQual 2021 SNF standard	BCN 2021 accepted practice standard
<p>Continued stay, week 2-4, one: Skilled services, both:</p> <ul style="list-style-type: none"> • Services required, one: <ul style="list-style-type: none"> • Therapy, one: <ul style="list-style-type: none"> • Progress toward pre-established goals with gains sustained, all: <ul style="list-style-type: none"> • Documented improvement in function and reduction in limitations • Therapy at least 1hr/d for at least 5d/wk, ≥ one: <ul style="list-style-type: none"> • PT and/or OT, ≥ one: <ul style="list-style-type: none"> • Balance training • Endurance training • Range of motion (ROM) • Strength training • Respiratory therapy • Speech/language therapy • Cognitive training • Minimal functional gains and expectation for functional improvement, all: <ul style="list-style-type: none"> • Therapy at least 1hr/d for at least 5d/wk, ≥ one: <ul style="list-style-type: none"> • PT and/or OT, ≥ one: <ul style="list-style-type: none"> • Balance training • Endurance training • Range of motion (ROM) • Strength training • Respiratory therapy • Speech/language therapy • Cognitive training • Complex skilled nursing at least daily, ≥ one: <ul style="list-style-type: none"> • IV or IM medication management • Initiation and supervision of bladder and bowel regimen • Suprapubic catheter management • Nasopharyngeal or tracheostomy suctioning 	<p>Rule: BCN plan medical director reviews all requests for SNF therapy services when 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.</p> <p>Rule: BCN plan medical director reviews all requests for SNF therapy services when physical or occupational therapy services are only for balance training, endurance training, range of motion (ROM) or strength training.</p> <p>Rule: SNF therapy services must include physical therapy. The following cannot be used as stand-alone criteria points for SNF therapy services:</p> <ul style="list-style-type: none"> • Occupational therapy • Respiratory therapy • Speech therapy • Swallowing therapy • Language therapy • Cognitive retraining <p>Rule: For SNF services requiring complex skilled nursing, BCN requires the following when selected:</p> <ul style="list-style-type: none"> • The frequency for “IV or IM medication management” must be at least twice daily. • “Suprapubic catheter management” must be new. • The frequency for “Nasopharyngeal and tracheostomy suctioning” must be at least 6x/24h.

BCN Local Rules for 2021 (non-behavioral health) Modifications of InterQual® criteria

For Blue Care Network commercial and BCN AdvantageSM

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

InterQual 2021 SNF standard	BCN 2021 accepted practice standard
<ul style="list-style-type: none"> Nebulizer treatment or oxygen therapy requiring assessment and adjustment (excludes MDI) 	<ul style="list-style-type: none"> The frequency for “Nebulizer treatment” must be $\geq 4x/24h$. 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 BCN plan medical director review. <p>BCN excludes the initiation and supervision of bowel and bladder regimen as a complex skilled nursing service for admission and continued stay.</p>
<p>Note: Cognitive therapy may not be a benefit. Refer to the member’s certificate of coverage.</p>	
<p>Rule: BCN 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.</p>	
<p>Rule: Requests for maintenance therapy using the Maintenance Therapy subset don’t meet BCN’s SNF level of care criteria for prior authorization.</p>	
<p>Rule: Discharge screens aren’t applied as part of the review process for SNF patients on ventilators.</p>	
<p>Rule: 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.</p>	

2021 BCN modifications of InterQual long-term acute care criteria

InterQual 2021 long-term acute care (LTAC) standard	BCN 2021 accepted practice standard
Medically complex (LTAC)	
<p>Severity of Illness, all:</p> <ul style="list-style-type: none"> • Admission <ul style="list-style-type: none"> • Continued treatment of a primary condition, ≥ one: • Active management or treatment of comorbid condition, ≥ two: • Clinical status, all: • Treatment required at this level of care due to clinical complexity, all: <p>Intensity of Service, one:</p> <ul style="list-style-type: none"> • Continued stay <ul style="list-style-type: none"> • Partial responder, potential for clinical and/or functional improvement, all: <ul style="list-style-type: none"> • Continued medical management of primary condition or illness, ≥ one: <ul style="list-style-type: none"> • IV medication titration q3-4h, ≥ one: <ul style="list-style-type: none"> • Analgesic • Pain management, ≥ one: <ul style="list-style-type: none"> • Analgesic or muscle relaxant ≥3x/24h or continuous • PCA • Treatment of comorbid condition, ≥ two: <ul style="list-style-type: none"> • Medication administration, ≥ one: <ul style="list-style-type: none"> • Analgesic ≥3x/24h or continuous 	<p>Rule:</p> <p>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.</p> <p>Rule:</p> <p>Intravenous (IV) analgesics used to meet partial responder for continued stay reviews must have a documented pain management consultation.</p>

InterQual 2021 long-term acute care (LTAC) standard	BCN 2021 accepted practice standard
Respiratory complex (LTAC)	
<p>Severity of Illness, all:</p> <ul style="list-style-type: none"> • Admission <ul style="list-style-type: none"> • Continued treatment of a primary condition, ≥ one: • Active management or treatment of comorbid condition, ≥ two: • Clinical status, all: • Treatment required at this level of care due to clinical complexity, all: <p>Intensity of Service, one:</p> <ul style="list-style-type: none"> • Continued stay <ul style="list-style-type: none"> • Partial responder, potential for clinical and/or functional improvement, all: <ul style="list-style-type: none"> • Treatment of comorbid condition, ≥ two: <ul style="list-style-type: none"> • Medication administration, ≥ one: <ul style="list-style-type: none"> • Analgesic ≥3x/24h or continuous 	<p>Rule:</p> <p>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.</p> <p>Rule:</p> <p>Intravenous (IV) analgesics used to meet partial responder for continued stay reviews must have a documented pain management consultation.</p>

InterQual 2021 long-term acute care (LTAC) standard	BCN 2021 accepted practice standard
Ventilator weaning (LTAC)	
<p>Severity of Illness, all:</p> <ul style="list-style-type: none"> • Admission <ul style="list-style-type: none"> • Weaning potential, all: <ul style="list-style-type: none"> • Chest X-ray: stable or improving • FiO₂ ≤50% (0.50) • Hemodynamic and neurologically stable last 24h, all: <ul style="list-style-type: none"> • Systolic BP >90 or within acceptable limits • Heart rate ≤140/min or within acceptable limits • Arrhythmia managed • Hct ≥24 (0.24) or Hgb ≥8.0 g/dL (80g/L) • No continuous paralytic agent infusion • PEEP ≤10 cm H₂O and tolerates pressure support • Stable airway • Spontaneous breathing with adequate inspiratory effort • T ≤100.0°F (38.0°C) PO • Underlying disease process stabilized 	<p>Rule:</p> <p>The following additional findings must also be met when reviewing the severity of illness.</p> <ul style="list-style-type: none"> • No continuous sedative infusion within 24 hours of admission and • Failed weaning attempt in the acute setting. <p>Note: When selecting stable airway, patient must have a tracheostomy.</p>

InterQual 2021 long-term acute care (LTAC) standard	BCN 2021 accepted practice standard
Wound/skin (LTAC)	
<p>Severity of Illness, all:</p> <ul style="list-style-type: none"> • Admission <ul style="list-style-type: none"> • Wound or skin condition, ≥ one: • Active management or treatment of comorbid condition, ≥ two: • Clinical status, all: • Treatment required at this level of care due to clinical complexity, all: <p>Intensity of Service, one:</p> <ul style="list-style-type: none"> • Continued stay <ul style="list-style-type: none"> • Partial responder, potential for clinical and/or functional improvement, all: <ul style="list-style-type: none"> • Treatment of comorbid condition, ≥ two: <ul style="list-style-type: none"> • Medication administration, ≥ one: <ul style="list-style-type: none"> • Analgesic ≥3x/24h or continuous 	<p>Rule: 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.</p> <p>Rule: Intravenous (IV) analgesics used to meet partial responder for continued stay reviews must have a documented pain management consultation.</p>