



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

# Blue Cross and BCN Local Rules for 2023 for post-acute care

## Modifications of InterQual® criteria

For Blue Cross commercial and BCN commercial

Effective Aug. 1, 2023 / Updated July 22, 2023

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Blue Cross Blue Shield of Michigan and Blue Care Network are implementing the 2023 InterQual skilled nursing, rehabilitation and long-term acute care criteria effective Aug. 1, 2023. 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. As an example, 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.
- naviHealth manages post-acute care services for Medicare Plus Blue<sup>SM</sup> and BCN Advantage<sup>SM</sup> members.

## **2023 Blue Cross and BCN modifications of InterQual skilled nursing facility criteria**

A Blue Cross or BCN medical director reviews all requests for the following:

1. SNF therapy in which only one of these is selected as a change or decline in functional mobility: eating, toileting hygiene, or stair negotiation when there are no stairs at entry into or within the home. Mobility impairments, such as transfers, walking or wheelchair mobility, are required criteria for SNF admissions and continued stays. Therapy services to improve only these impairments (eating, toileting hygiene, or stair negotiation) can be provided in a lower level of care, such as at home with home health care and family support or in an outpatient setting.
2. SNF therapy services when the therapy service requested is only for occupational therapy (OT), respiratory therapy (RT), speech therapy, swallowing therapy, language therapy (ST), or cognitive training. Physical therapy for the required mobility impairment is an essential criterion for SNF therapy services. OT, RT, ST, or cognitive therapy as a stand-alone service can be provided in a lower level of care setting, such as at home with home health care and family support or in an outpatient setting.

3. Physical therapy services, when they are only for balance training, endurance training, range of motion (ROM) exercises, self-care training (bathing, dressing, personal hygiene), or strengthening exercises. These services may be provided in a lower level of care, such as at home with home health care and family support or in an outpatient setting.
4. Continued stays when the documented improvement in function and reduction in limitations is described as contact guard assistance, stand-by assistance, supervision, modified independent, or independent in most areas. This is an indication that the member has responded to therapy, rehabilitation potential has been maximized for this setting, and discharge is expected.
5. 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.
6. For SNF services requiring only complex skilled nursing on admission and continued stay, when the Blue Cross and BCN required documentation doesn't include that the care cannot be safely provided in a lower level of care such as home, outpatient setting, or long-term care facility, due either to a lack of caregiver resources, home health care's inability to provide frequency, etc. In addition, the following is required when selected:
  - a. The frequency for "IV or IM medication management" must be at least twice daily or  $\geq$  two IV or IM medications daily.
  - b. "Suprapubic catheter management" must be new.
  - c. The frequency for "nasopharyngeal or tracheostomy suctioning" must be at least 4x/24h.
  - d. The "nebulizer treatment" must be new and the frequency must be  $\geq$ 4x/24h.
  - e. The frequency for oxygen therapy requiring assessment and adjustments must be  $\geq$ 2x/24h.
7. 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.

## 2023 Blue Cross and BCN modifications of InterQual rehabilitation criteria

A Blue Cross or BCN medical director reviews all requests for the following:

1. Requests for which measurable progress is documented toward pre-established goals, with gains sustained when the member's functional mobility during continued stay is contact guard, stand-by-assistance, supervision, modified independent, or independent in most areas. This is an indication that the member has responded to therapy, rehabilitation potential has been maximized for this setting, and discharge is expected.
2. Requests in which the following rehabilitation conditions are selected using the Medically Intensive subset on admission reviews:
  - a. Uncontrolled pain with neurologic or musculoskeletal etiology
  - b. Myopathy
3. Requests with "Rancho level 3 and evolving response" for admission reviews.
4. Requests in which speech, cognitive, language, swallowing, or respiratory impairment is selected without meeting mobility and activities of daily living (ADL) impairments. Mobility and ADL impairments are required criteria for rehabilitation admission and continued stay.
5. 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.
6. 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.
7. 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.
8. 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.
9. Requests for 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.

10. Requests for which the Subacute Rehabilitation level of care/criteria subset would be used. That criteria subset is excluded when evaluating a member for the acute rehabilitation level of care; subacute rehabilitation is captured through the Skilled Nursing level of care criteria.

## 2023 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:

1. 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 facilities that accept members requiring high levels of care such as ventilators.

2. 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. Documentation must include an alternative pain medication treatment plan.
3. LTACH ventilator weaning admissions when the member has one or more of the following:
  - a. 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.
  - b. No attempts of ventilator weaning in the acute setting when selecting "Tracheostomy placed and airway stable." Ventilator weaning may not be necessary at the LTACH level of care, as successful ventilator weaning may occur in the acute setting.
  - c. 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.
4. LTACH admissions or continued stays using rehabilitation therapy for the "treatment of comorbid condition" and one or more of the following:
  - a. Therapy treatment plan that includes only occupational therapy or speech therapy without physical therapy. Physical therapy is a required criteria for rehabilitation therapy.

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- b. 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.
5. 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.
6. Requests for LTACH ventilator weaning continued stays when documentation doesn't include a reasonable expectation and time frame of weaning potential and doesn't indicate that care cannot be safely provided either at home due to lack of caregiver resources or at a lower level of care setting such as a skilled nursing or a long-term care facility when one or more of the following is provided:
  - a. 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.
  - b. "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.