

Blue Care Network 2019 Local Rules

Effective August 2019

In applying InterQual® 2019 criteria to different benefit packages, BCN has adopted local rules. These local rules apply to all BCN commercial and BCN AdvantageSM members statewide whose care is coordinated by BCN's Care Management department. The following local rules were developed or revised:

- Arrhythmia
- Acute kidney injury
- Anemia and bleeding
- Asthma
- Bowel obstruction
- COPD
- Deep vein thrombosis
- Electrolyte or mineral imbalance
- General Medical: Gastrointestinal or biliary
- General Medical: Genitourinary
- General Medical: General — Intermediate
- General Trauma: General — Intermediate
- Infection: GI/GYN — Diverticulitis
- Infection: Sepsis
- TIA

The following Local Rules were deleted:

- Acute coronary syndrome
- Cholecystitis
- Dehydration or gastroenteritis
- Diabetes mellitus
- General Medical: Neurological (Persistent migraine and failed observation treatment)
- Hypoglycemia
- Infection: General — Mononucleosis
- Infection: GI/GU/GYN — Pyelonephritis
- Infection: Skin — Cellulitis
- Syncope

Acute Care of Adult and Pediatric	
InterQual 2019 Standard	BCN 2019 Accepted Practice Standard
Acute Kidney Injury	
Adult Acute Acute kidney injury, hospital acquired and, Both: <ul style="list-style-type: none"> • Finding, ≥ One: <ul style="list-style-type: none"> – Urine output < 0.5 mL/k/h – Creatinine, One: <ul style="list-style-type: none"> - ≥ 1.5x baseline and > upper limit of normal (ULN) - ≥ 1.5x upper limit of normal (ULN) and unknown baseline – Glomerular filtration rate (GFR) >25% (0.25) decrease from baseline 	Rule: <ul style="list-style-type: none"> • If utilizing one of the bullet points listed under Finding ≥ One, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.
Anemia/Bleeding	
Adult Acute Anemia, unknown etiology and, Both: <ul style="list-style-type: none"> • Finding, ≥ One: <ul style="list-style-type: none"> – Hct <25% (0.25) or Hb <8.3g/dL (83 g/L) and age ≥65 (excludes chronic anemia) • Intervention, Both: <ul style="list-style-type: none"> – Blood product transfusion – Hct or Hb monitoring at least 2x/24h 	Rule: <ul style="list-style-type: none"> • When utilizing this finding: If the initial Hct is within 22-25 percent or the Hb is within 7.3-8.3 g/dL (excludes chronic anemia), approve up to 48 hours of observation for blood product transfusion and monitoring.

Local Rules *Cont.*

Anemia/Bleeding	
<p>Adult Acute</p> <p>Lower gastrointestinal (GI) bleeding and, All:</p> <ul style="list-style-type: none"> • Hematochezia or melena • Hct <30% (0.30) or Hb <10.0 g/dL (100g/L) and, ≥ One: <ul style="list-style-type: none"> – Heart rate 100-120/min, sustained <p>Upper gastrointestinal (GI) non-variceal bleeding and, All:</p> <ul style="list-style-type: none"> • Hct <30% (0.30) or Hb <10.0 g/dL (100g/L) and, ≥ One: <ul style="list-style-type: none"> – Heart rate 100-120/min, sustained 	<p>Rule:</p> <ul style="list-style-type: none"> • If utilizing this criterion point, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.
Arrhythmia	
<p>Adult Intermediate, One:</p> <p>Atrial or ventricular arrhythmia, Both:</p> <ul style="list-style-type: none"> • Continuous cardiac monitoring (excludes Holter) and, ≥ One: <ul style="list-style-type: none"> – Antiarrhythmic, Both: <ul style="list-style-type: none"> - Hemodynamic stability - Medication, ≥ One: <ul style="list-style-type: none"> · Beta blocker (includes PO) · Calcium channel blocker (includes PO) 	<p>Rule:</p> <ul style="list-style-type: none"> • If using one of the criteria points listed under Antiarrhythmic, Both, BCN excludes oral medications.
Asthma	
<p>Adult Acute</p> <p>Acute, All:</p> <ul style="list-style-type: none"> • 1-3h of ED intervention with, One: • Wheezing unresolved • Finding, Both: <ul style="list-style-type: none"> – Respiratory status, ≥ One: <ul style="list-style-type: none"> - Dyspnea, ≥ One: <ul style="list-style-type: none"> · Agitation · Hunched over position · Talks in words · Unable to take PO 	<p>Rule:</p> <ul style="list-style-type: none"> • If using this criterion point, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.
Bowel Obstruction – New stand alone subset for 2019	
<p>Adult Acute</p> <p>Bowel obstruction confirmed by imaging and, Both:</p> <ul style="list-style-type: none"> • NPO or nasogastric (NG) tube to suction • IV fluid, One: 	<p>Rule:</p> <ul style="list-style-type: none"> • If using these criteria for bowel obstruction, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.
COPD	
<p>Adult Acute</p> <p>Acute, All:</p> <ul style="list-style-type: none"> • Finding, ≥ One: <ul style="list-style-type: none"> – O2 sat ≤ 89% (0.89) and < baseline – Work of breathing ≥ One: <ul style="list-style-type: none"> - Unable to take PO - Hunched over position - Talks in words 	<p>Rule:</p> <ul style="list-style-type: none"> • If using this criterion point, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.
Deep Vein Thrombosis	
<p>Adult Acute</p> <p>Deep vein thrombosis (DVT) confirmed by ultrasound</p> <ul style="list-style-type: none"> • Finding, ≥ One: <ul style="list-style-type: none"> – Body mass index (BMI) ≥ 35kg/m2 – Home environment unsafe – High risk for fall or trauma 	<p>Rule:</p> <ul style="list-style-type: none"> • If using one of these bullet points listed under Finding, ≥ One, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.

Local Rules *Cont.*

Electrolyte or Mineral Imbalance

Adult Acute

Acute, ≥ One:

- Hypokalemia, All:
 - Finding, One:
 - Potassium < 2.5 mEq/L(2.5 mmol/L)
 - No electrocardiogram (ECG) changes
- Hypomagnesemia, Both:
 - Finding, One:
 - Magnesium 1.0-1.4 mg/dL(0.41-0.58 mmol/L) and, ≥ One:
 - Carpopedal spasm
 - Clonus
 - Hyperreflexia
 - Malaise
 - Nausea
 - Tetany
 - Weakness
- Hyponatremia or syndrome of inappropriate antidiuretic hormone secretion (SIADH), Both:
 - Finding, One:
 - Sodium 120-129 mEq/L(120-129 mmol/L) and, ≥ One:
 - Headache
 - Mental status changes (excludes coma, stupor, obtundation) or Glasgow Coma Scale (GCS) 9-14
 - Muscle weakness
 - Nausea

Rule:

- If using this criterion point, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or stabilize member for discharge.
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Epilepsy

Adult and Pediatric Acute

Acute, One:

- Video electroencephalogram (EEG) monitoring and, Both:
 - Admission precertified by the patient's health plan
 - Video electroencephalogram (EEG) monitoring ≤ 72h

Rule:

- If utilizing this criterion for an elective admission for video EEG monitoring, BCN reimburses as an observation.

General Medical: Gastrointestinal or Biliary

Adult Acute

Gastrointestinal or biliary, One:

Other gastrointestinal diagnosis, actual or suspected, ≥ One:

- Jaundice or bilirubin >2.5 mg/dL(42.8 µmol/L) and, Both:
 - Finding ≥ One:
 - Abdominal pain
 - Mental status changes (excludes coma, stupor, obtundation) or Glasgow Coma Scale (GCS) 9-14
 - Temperature, ≥ One:
 - >99.4°F (37.4°C) PO (excludes viral hepatitis)
 - >100.4°F (38.0°C) PR (excludes viral hepatitis)
- Pancreatitis, chronic and, Both:
 - Abdominal pain, intractable, ≥ One:
 - Unresponsive to ≥ 3 doses analgesic (includes PO) within last 24h
 - Unresponsive to transdermal analgesic ≥ 24h
 - Analgesic ≥ 3x/24h or continuous ≤ 3d
- Ileus and, All:
 - Confirmed by computed tomography (CT) or X-ray
 - NPO or nasogastric tube to suction
 - IV fluid, One:

Rule:

- If using this criterion point for jaundice or bilirubin, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or stabilize member for discharge.
- If using these criteria for pancreatitis, chronic, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or stabilize member for discharge.
- If using these criteria for ileus, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or stabilize member for discharge.

Local Rules *Cont.*

General Medical: Genitourinary	
<p>Acute Adult</p> <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 (excludes viral hepatitis) >100.4°F (38.0°C) PR (excludes viral hepatitis) 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: General	
<p>Adult Intermediate</p> <p>General, one:</p> <ul style="list-style-type: none"> Hypovolemia, Both: <ul style="list-style-type: none"> Systolic blood pressure 90-99 mmHg Volume expander ≤ 2d 	<p>Rule:</p> <ul style="list-style-type: none"> If using this criterion point, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or stabilize member for discharge.
General Medical: Neurological	
<p>Adult Acute</p> <p>Other neurological diagnosis actual or suspected, ≥ One:</p> <ul style="list-style-type: none"> Neurological disorder, new onset and, Both: <ul style="list-style-type: none"> Finding ≥ One: <ul style="list-style-type: none"> Ataxia Blindness, diplopia, or visual field loss Nystagmus Paresis or paralysis of extremity 	<p>Rule:</p> <ul style="list-style-type: none"> If using this criterion point, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or stabilize member for discharge.
General Medical: Respiratory	
<p>Adult Acute</p> <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> <ul style="list-style-type: none"> If using this criteria under dyspnea, approve up to 48 hours of observation to complete work-up and initiate treatment and/or to stabilize the member for discharge.
General Medical: Toxic Exposure or Ingestion	
<p>Adult Intermediate</p> <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> <ul style="list-style-type: none"> If using this subset for ETOH abuse, approve up to 48 hours of observation for ETOH toxicity monitoring and management.
General Trauma	
<p>Adult Acute</p> <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> <ul style="list-style-type: none"> If utilizing these criteria for Neurological General Trauma, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize members for discharge.

Local Rules *Cont.*

General Trauma	
Adult Intermediate <ul style="list-style-type: none"> General, \geq One: <ul style="list-style-type: none"> High Risk Trauma, Both: <ul style="list-style-type: none"> Finding, \geq One: <ul style="list-style-type: none"> Motor Vehicle trauma and, \geq One: <ul style="list-style-type: none"> Crash speed \geq 40 mph (64.4 kph)	Rule: <ul style="list-style-type: none"> If using this criterion point, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or stabilize member for discharge.
Infection: GI/GYN	
Adult Acute <ul style="list-style-type: none"> Diverticulitis and, All: <ul style="list-style-type: none"> Finding, \geq One: <ul style="list-style-type: none"> Inadequate oral intake Vomiting Failed outpatient anti-infective treatment (includes PO), \geq One: <ul style="list-style-type: none"> Continued deterioration despite \geq 24h anti-infective treatment (includes PO)	Rule: <ul style="list-style-type: none"> If using these criteria points, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.
Infection: Sepsis	
Adult Acute <ul style="list-style-type: none"> Systemic infection, (excludes viral) and, All: <ul style="list-style-type: none"> Sign or symptom, \geq Two: <ul style="list-style-type: none"> Temperature, \geq One: <ul style="list-style-type: none"> $> 99.4^{\circ}\text{F}$ (37.4°C) PO $> 100.4^{\circ}\text{F}$ (38.0°C) PR $< 97.0^{\circ}\text{F}$ (36.1°C) PO $< 98.0^{\circ}\text{F}$ (36.6°C) PR Heart rate $> 100/\text{min}$, sustained Vomiting Mental status changes (excludes coma, stupor, or obtundation) or Glasgow Coma Scale (GCS) 9-14	Rule: <ul style="list-style-type: none"> If using these criteria points, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.
TIA	
Adult Acute Acute, All: <ul style="list-style-type: none"> Neurological deficit resolved or resolving High risk \geq One: <ul style="list-style-type: none"> Aneurysm Cardiac tumor or mass by imaging Crescendo transient ischemic attack (TIA) Endocardial vegetation by imaging Intervention, All: <ul style="list-style-type: none"> Diagnostic work-up pending, Both: <ul style="list-style-type: none"> Computed tomography (CT) or magnetic resonance imaging (MRI) scheduled or performed within 24h Vascular imaging of carotid artery, scheduled or performed within 24h Neurological assessment at least 6x/24h Antiplatelet agent(s) or anticoagulant (includes PO), administered or contraindicated Continuous cardiac monitoring (excludes Holter)	Rule: <ul style="list-style-type: none"> If using these criteria points, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or stabilize member for discharge.



Local Rules *Cont.*

Guidelines for surgery and procedures in the inpatient setting

- 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.

Rule:

- BCN criteria classify all other procedures on the InterQual inpatient list as inpatient procedures.
- BCN criteria classify procedures deemed by CMS as inpatient procedures to be inpatient procedures for BCN Advantage members only.

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 less 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 be noted in the above local rules as a procedure that may be performed in an inpatient setting or be 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.

2019 BCN Modifications (Local Rules) of InterQual Home Health Care, Rehabilitation, Skilled Nursing Facility Criteria

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

Home Health Care Criteria:

1. Patients must be receiving skilled services to meet HHC criteria.
2. All HHC visits must occur at the patient’s home. Telephone visits are excluded.
3. Skilled nursing visits, which are provided for eight hours or more per day, do not meet BCN intensity of service criteria.

Local Rules *Cont.*

Rehabilitation Level of Care Criteria:

1. Severity of Illness: Impairment; Brain injury, Rancho level 3 or less and evolving response are referred to a BCN plan medical director.
2. BCN plan medical director reviews all requests for inpatient rehabilitation services when the SI being utilized is for cardiac disease or post cardiac surgery.
3. Speech, cognitive, language, swallowing impairment, and respiratory therapy don't meet criteria for BCN patients without meeting physical and occupational therapy criteria. Physical and occupational therapy are required criteria for precertification and recertification of acute rehabilitation inpatient facility treatment.
4. A BCN plan medical director reviews all requests for inpatient rehabilitation services where the patient is at a total assist level of care.
5. A BCN plan medical director reviews all requests for inpatient rehabilitation services when the SI being utilized is for myopathy. (Found in the SI for Medically Intensive.)
6. Cognitive therapy may not be a benefit. Reference the member's certificate of coverage and BCN medical policy.
7. 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. The "Ventilator management or weaning" and "Uncontrolled pain with neurologic or musculoskeletal etiology" criteria may not be used as severity of illness, or SI, for admission reviews.
8. BCN requires that for IS criteria the "post admission evaluation" must be a "preadmission evaluation" by a rehabilitation medical practitioner or authorized representative with recommendation of acute inpatient rehab.
9. BCN criteria exclude the subacute rehabilitation section criteria when evaluating a patient for **acute** rehabilitation level of care.
10. 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.

Skilled Nursing Facility Level of Care Criteria:

1. 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.
2. Maintenance Therapy criteria subset (new for 2019) is excluded.
3. Multiple stage II pressure ulcers are excluded as a Finding for Wound/Skin (SAC-SNF) levels of care I, II, III.
4. SNF therapy services must include occupational therapy or physical therapy.
5. In the Respiratory (SAC-SNF) levels of care I, II, III, the Intervention criteria point of respiratory interventions daily \geq two includes the following:
 - Chest physiotherapy $\geq 4x/24h$
 - Nebulizer or inhaler treatment $\geq 4x/24h$, ≤ 1 week
 - Oxygen therapy (initial) and O₂ saturation less than or equal to 89 percent
 - Oxygen therapy adjustments $\geq 2x/wk$ and oximetry $\geq 1x/24h$
 - Suctioning 6 times/24h
 - Tracheostomy decannulation $\leq 1wk$
6. Discharge screens aren't applied as part of the review process for SNF patients on ventilators.
7. Under the Medical/Surgical (SAC-SNF) subset, levels of care I, II, III, BCN excludes 'Initial therapy evaluation' as an Intervention.



Local Rules *Cont.*

8. Cognitive therapy may not be a benefit. Reference the member's certificate of coverage and BCN medical policy {Medical/Surgical (SAC-SNF) subset, levels of care I, II, III, Finding}
9. "Complex PO medication regimen (new)" may not be used as SNF recert Partial Responder criteria.
10. BCN excludes NIPPV as an Intervention criterion point if this is utilized only for the treatment of sleep apnea {Respiratory (SAC-SNF) subset, levels of care II, III}.
11. BCN excludes minimum or limited assistance for ADL, cognitive, language, speech or swallowing, and respiratory as a Finding under Impairment (new) with functional limitation {Medical/Surgical (SAC-SNF) levels of care I, II, III; Respiratory (SAC-SNF) subset, level of care III; and Wound/Skin (SAC-SNF) subset, level of care III}.
12. Patients who have had a transplant that are still in the global period and are placed in a health system related SNF are covered by the global payment.
13. "Pain management" and "Uncontrolled pain" may not be selected as admission or continued stay criteria for BCN members under the SNF benefit.

Long Term Acute Care Level of Care Criteria:

1. 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 an LTAC, an assessment must be made by three Blue Care Network 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 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 long term acute care facility level of care appropriateness by applying LTAC criteria instead of seeking out a skilled nursing facility alternative.

2. 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, clarification of criteria point "Stable airway".

- Ventilator Weaning

- » Severity of Illness, All: Admission
 - › Weaning potential, All
 - Chest X-ray stable or improving
 - $\text{FiO}_2 \leq 50\%$ (0.50)
 - Hemodynamic and neurologically stable last 24h, All:
 - Systolic BP > 90 or within acceptable limits
 - Heart rate $\leq 140/\text{min}$ or within acceptable limits
 - Arrhythmia managed
 - $\text{Hct} \geq 24(0.24)$ or $\text{Hgb} \geq 8.0 \text{ g/dL}(80 \text{ g/L})$
 - No continuous paralytic agent infusion
 - $\text{PEEP} \leq 10 \text{ cm H}_2\text{O}$ and tolerates pressure support
 - Stable airway* (*Clarification: member must have a tracheostomy)
 - Spontaneous breathing with adequate inspiratory effort
 - $T \leq 100.0^\circ\text{F}$ (38.0°C) PO
 - Underlying disease process stabilized



Local Rules *Cont.*

3. 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