Blue Care Network 2018 Local Rules

Effective October 2018

In applying InterQual® 2018 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 Care Management department. The following Local Rules were developed or revised:

- Infection, Skin: Cellulitis
- Dehydration or Gastroenteritis
- Acute Kidney Injury
- Diverticulitis
- COPD
- Pyelonephritis
- Jaundice or Bilirubin

- General Trauma: (Motor vehicle trauma)
- Infection: Sepsis
- SNF & IPR (O/P Major Joint Replacements are excluded)
- Electrolyte or Mineral Imbalance (Hypokalemia, Hypomagnesemia, and Hyponatremia)
- LTACH (Vent and sedation)
- LTACH Pain Management
- SNF Pain Management Revision

The following Local Rules were deleted:

- Infection, actual or suspected (Failed O/P anti-infective treatment)
- SNF: Impairment (new) and requires supervision X 2. Transition Plan removed from Local Rules

### Acute Care of Adult and Pediatric

<table>
<thead>
<tr>
<th>InterQual 2018 Standard</th>
<th>BCN 2018 Accepted Practice Standard</th>
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</table>
| **Acute Coronary Syndrome** | **Rule:** If utilizing positive diagnostic testing, All, member must also have cardiac catheterization with intervention to be performed within the first 48 hours to be appropriate for inpatient setting.  
- 48 hours of observation for commercial and BCN Advantage members is initially approved for members with ongoing medical therapy. If active medical management is required beyond 48 hours an inpatient admission will be approved. |
| Intermediate, Adult  
Positive diagnostic testing, All: |  
- Imaging, ≥ one:  
  - Ischemia on stress test  
  - Ischemia on coronary computed tomography angiography (CTA)  
- Post Observation level of care, Both  
  - Post Observation level of care:  
    - Finding, ≥ one:  
      - Chest pain  
      - Anginal equivalent |
| **Acute Kidney Injury – Transitioned from General Medical Subset to Stand Alone Subset** | **Rule:** If utilizing one of the bullet points listed under Finding ≥ one, BCN requires 48 hours of observation to complete work-up and initiate treatment or to stabilize member for discharge. |
| Adult Acute  
Acute, Both: |  
- Finding, ≥ one:  
  - Creatinine, one:  
    - Known baseline, Both:  
      - Creatinine ≥ 2x baseline  
      - Creatinine > upper limit of normal (ULN)  
    - ≥ 2x upper limit of normal and unknown baseline  
  - Glomerular filtration rate (GFR) >50% decrease from baseline  
  - Urine output <0.5mL/kg/h and failed Observation |
| **Anemia/Bleeding** | **Rule:** If using Anemia/Bleeding  
- When utilizing this finding: If the initial Hct is within 22-25 percent or the Hb is within 7.3-8.3 g/d (excludes chronic), approve up to 48 hours of observation for blood product transfusion and monitoring. |
| Adult Acute  
Anemia, unknown etiology, Both: |  
- Finding, ≥ one:  
  - Hct <25% or Hb <8.3g/d and age ≥65 (excludes chronic anemia)  
Intervention, both  
- Blood product transfusion  
- Hct and Hb monitoring at least 2x/24 hours |
### Local Rules Cont.

#### Anemia/Bleeding

**Adult Acute**
- **Lower GI bleeding**, both:
  - Hematochezia or melena ≥one:
    - Heart rate 100-120/min, sustained
  - Upper GI (nonvariceal) bleeding, both
  - Hematemesis or melena ≥ one:
    - Heart rate 100-120/min, sustained

**Rule:** If using the criteria point heart rate 100-120/min, sustained under the lower or upper GI bleeding criteria, then there must be an additional bullet met to meet the criteria for admission.

#### Asthma

**Adult acute, one:**
- **Asthma, one:**
  - Failed observation treatment, Both:
    - Wheezing unresolved
    - Finding, ≥ one:
      - Dyspnea ≥ one:
        - Hunched over position
        - Talks in words
        - Unable to take PO
        - Agitation

**Rule:** If using this criteria point, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge. The exception is admissions to the ICU.

#### Cellulitis

**Infection: Skin Adult Acute**

**Finding ≥one:**
- Failed observation treatment including anti-infective, Both:
  - Continued deterioration
  - ≥ 24h treatment anti-infective
- Systemic symptom or finding, ≥two:
  - T > 99.4 F PO
  - WBC ≥13,000 cu.mm
  - Bands > 10%
  - ANC < 500/cu.mm
  - Heart rate > 100/min, sustained and > baseline
  - Vomiting
  - Mental status change (excludes coma, stupor, obtundation) or Glasgow Coma Scale 9-14

**Rule:** Member must have had 48 hours of observation care or Failed O/P before inpatient approval. At 48 hours the member must have evidence of a progression or no change in the erythematous borders that were present on admission. Any findings under Failed observation treatment or systemic symptom or finding would apply.

#### Cholecystitis

**Adult Acute**

**Acute cholecystitis confirmed by imaging, both:**
- Analgesics 3x/24h or continuous
- Anti-infective

**Rule:** Members must have had 48 hours of observation care before inpatient approval.
- Laparoscopic or percutaneous cholecystectomies are considered outpatient procedures.
- If open cholecystectomy is performed within 48 hours then may be approved as inpatient.

#### COPD – New for 2018

**Acute, All:**
- **Finding ≥one:**
  - O2 sat ≤ 89% (0.89) and < baseline
  - Work of breathing zone:
    - Unable to take PO
    - Hunched over position
    - Talks in words

**Rule:** If using this criteria point, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge. The exception is admissions to the ICU.

#### Deep Vein Thrombosis

**Adult Acute**

**DVT confirmed by imaging, both:**
- **Finding ≥one:**
  - High risk for fall or trauma

**Rule:** If using the bullet point listed under Finding, you must have an additional bullet to meet criteria for an admission.
## Local Rules Cont.

### Dehydration or Gastroenteritis – New Stand Alone Subset for 2018

- **Acute, ≥ Both:**
  - Failed Observation treatment
- **Rule:**
  - When utilizing the bullet Failed Observation, BCN requires 48 hours of observation to complete work-up and initiate treatment or to stabilize member for discharge

### Diabetes mellitus

**Adult Acute:**

- Diabetes mellitus, All:
  - Blood sugar >500 mg/dL
  - Without ketonuria or ketonemia
- **Finding ≥ one:**
  - Heart rate >100/min, sustained
  - Mental status changes (excludes coma, stupor, obtundation) or Glasgow Coma Scale 9-14

**Rule:**
- If using one of the bullet points listed under Findings BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.

### Electrolyte or Mineral Imbalance – New for 2018

- **Acute ≥ one:**
  - Hypokalemia, All:
    - Finding, one:
      - Potassium < 2.5 mEq/L
      - No ECG changes
  - **Finding ≥ one:**
    - Hypomagnesemia, Both:
      - Finding, one:
        - Magnesium 1.0-1.4 mg/dL, ≥ one:
          - Carpopedal spasm
          - Clonus
          - Hyperreflexia
          - Malaise
          - Nausea
          - Tetany
          - Weakness
        - Hyponatremia or SIADH, Both:
          - Finding, one:
            - Sodium 120-129 mEq/L zone:
              - 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 to stabilize member for discharge. The exception is admissions to ICU.

### Epilepsy

- **Epilepsy, Adult and Pediatric Acute**
  - **Acute, one:**
    - Video EEG monitoring, both:
      - Admission precertified by the patient’s health plan
      - Video EEG monitoring ≤ 72 hours

**Rule:**
- If utilizing this criterion for an elective admission for video EEG monitoring, BCN reimburses as an observation.
### Local Rules  Cont.

#### Adult Acute

**Gastrointestinal or biliary, one:**
- **Other gastrointestinal diagnosis, actual or suspected, ≥One:**
  - Jaundice or bilirubin >2.5 mg/dL, both:
    - Finding ≥ one:
      - Abdominal pain
      - Mental status changes (excludes coma, stupor, obtundation) or Glasgow Coma Scale 9-14
      - T >99.4 F PO (excludes viral hepatitis)
  - Pancreatitis, chronic, 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
  - Bowel Obstruction, All:
    - Confirmed by imaging
    - NPO or nasogastric tube to suction
    - IV fluid, one:
  - **Ileus, All:**
    - Confirmed by imaging
    - NPO or nasogastric tube to suction
    - IV fluid, one:

#### Rule:
- If using one of the bullet points listed under Finding ≥one, must have an additional bullet to meet criteria for admission.
- 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 bowel obstruction, 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.

#### General Medicine

**Genitourinary Acute Adult**

**Genitourinary, ≥one:**
- **Hydronephrosis, both:**
  - Finding ≥ one:
    - Hematuria
    - Pain
    - Renal failure
    - Temp greater than 99.4 F PO
  - Intervention ≥ one:
    - Analgesic ≥ 3x/24 h or continuous
    - Surgery planned within 24 hours

#### Rule:
- 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 Medicine

**Adult Intermediate**

**Intermediate ≥ one:**
- **General, one:**
  - Hypovolemia, both:
    - Systolic BP 90-99 mmHg
    - Volume expander ≤ 2d

#### Rule:
- If utilizing these criteria points, must have no improvement despite ≥48 hours of observation treatment before consideration is given for inpatient admission.

#### General Medicine

**Neurological Adult Acute**

**Neurological, one:**
- **Other neurological diagnosis, actual or suspected, ≥one:**
  - Persistent migraine and failed observation treatment, both:
    - Dihydroergotamine (DHE) ≤ 5 days since initiation
    - Antiemetic

#### Rule:
- If utilizing these criteria for migraine headache, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.
Local Rules  Cont.

**General Medicine**

### Neurological Adult Acute

- Other neurological diagnosis, actual or suspected ≥ One:
  - Neurological disorder, new onset, both:
    - Finding ≥ one:
      - Ataxia
      - Blindness, diplopia or visual field loss
      - Nystagmus
      - Paresis or paralysis of extremity

### Respiratory, Adult Acute

**Respiratory, one:**

- Other respiratory diagnosis, actual or suspected, ≥ one:
  - Dyspnea, both:
    - Oxygenation < baseline ≥ one:
      - Arterial PO2 <56 mmHg (7.4kPa)
      - O\(^2\) sat ≤89% (0.89)
    - Requiring supplemental oxygen

### Toxic exposure/ingestion, Adult Intermediate

- Toxic exposure or ingestion, one:
  - Other toxic exposure or ingestion, actual or suspected, all:
    - Potential for significant arrhythmia
    - ECG normal, unchanged, or non-diagnostic
    - Continuous cardiac monitoring (excludes Holter)

### General Trauma

**General Trauma, Adult Acute**

- Acute, one:
  - Neurological, all:
    - Glasgow Coma Scale (GCS) 9-14
    - No focal neurologic deficits
    - No evidence of bleeding on CT
    - Neurological assessment at least 6x/24h, ≤ 2d

### General Trauma – New for 2018

- Intermediate ≥ one:
  - General ≥ one:
    - High Risk Trauma, both:
      - Finding ≥ one:
        - Motor Vehicle trauma ≥ one:
          - Crash speed ≥40 mph

### Hypoglycemia

**Adult acute**

- Acute, one:
  - Hypoglycemia, all:
    - Blood sugar <70 mg/dL prior to initiation of treatment
    - Mental status change, persistent or GCS 9-14 (excludes coma, stupor, and obtundation)
    - Unresponsive to ≥2 boluses glucose 50 percent
    - Blood sugar monitoring ≥ 4x/24 h
    - Glucose ≥ 5% continuous infusion
    - Neurological assessment at least 4x/24h

**Rule:**

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

**Rule:**

- If utilizing this criteria for neurological deficit excluding TIA/Stroke, approve up to 48 hours of observation to complete workup and obtain a definitive diagnosis and/or to stabilize member for discharge.

**Rule:**

- If utilizing this criteria under dyspnea, approve up to 48 hours of observation to complete work-up and initiate treatment or to stabilize the member for discharge.

**Rule:**

- If using this subset for ETOH abuse, approve up to 48 hours of observation for ETOH toxicity monitoring and management.

**Rule:**

- 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.

**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. The exception is admissions to the ICU.

**Rule:**

- If utilizing these criteria for Hypoglycemia, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize members for discharge.
### Local Rules Cont.

**Infection: General**

<table>
<thead>
<tr>
<th>Infection: General Adult Acute</th>
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</thead>
<tbody>
<tr>
<td>■ Other infection, actual or suspected ≥ one:</td>
</tr>
<tr>
<td>• Mononucleosis, both:</td>
</tr>
<tr>
<td>- Mononucleosis</td>
</tr>
<tr>
<td>- Failed Observation management, both:</td>
</tr>
<tr>
<td>- Finding, both:</td>
</tr>
<tr>
<td>- Impaired swallowing</td>
</tr>
<tr>
<td>- Inadequate oral intake</td>
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</tbody>
</table>

**Rule:**
- If utilizing these criteria for mononucleosis, BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.

**Infection: GI/GU/GYN**

<table>
<thead>
<tr>
<th>Adult Acute</th>
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</thead>
<tbody>
<tr>
<td>• Diverticulitis, actual or suspected</td>
</tr>
<tr>
<td>• Finding ≥ one:</td>
</tr>
<tr>
<td>- Inadequate oral intake</td>
</tr>
<tr>
<td>- Vomiting</td>
</tr>
<tr>
<td>- Failed Outpatient anti-infective treatment (includes PO) ≥ one:</td>
</tr>
<tr>
<td>- Continued deterioration despite ≥ 24h anti-infective treatment (includes PO)</td>
</tr>
<tr>
<td>- Temperature &gt; 99.4 F PO</td>
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</tbody>
</table>

**Rule:**
- If using one of the bullet points listed under Finding ≥ one, then there must be an additional bullet met in order to meet the criteria for admission.

**Infection: Pneumonia**

<table>
<thead>
<tr>
<th>Pneumonia Adult Acute,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia confirmed by imaging ≥ one:</td>
</tr>
<tr>
<td>• Failed OP anti-infective treatment (includes PO) ≥ one:</td>
</tr>
<tr>
<td>- Continued deterioration despite ≥ 24 hours anti-infective treatment</td>
</tr>
<tr>
<td>- Unable to tolerate or absorb oral anti-infective</td>
</tr>
<tr>
<td>- Unresponsive to ≥ 3 days or ≥ 5 doses OP anti-infective</td>
</tr>
</tbody>
</table>

**Rule:**
- If using failed OP anti-infective treatment must have no improvement despite ≥ 48 hours of observation treatment before consideration is given for inpatient approval.

**Infection: GI/GU/GYN: Pyelonephritis**

<table>
<thead>
<tr>
<th>Pyelonephritis Adult Acute</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acute pyelonephritis actual or suspected</td>
</tr>
<tr>
<td>• Temp 99.4 F PO</td>
</tr>
<tr>
<td>• Finding, ≥ one:</td>
</tr>
<tr>
<td>- Failed Observation anti-infective treatment Both:</td>
</tr>
<tr>
<td>- ≥ 24h treatment</td>
</tr>
<tr>
<td>- Continued deterioration</td>
</tr>
</tbody>
</table>

**Rule:**
- If using failed Observation anti-infective treatment must have no improvement despite ≥ 48 hours of observation treatment before consideration is given for inpatient approval.

**Infection Sepsis – Transitioned from General Medical Subset to Stand Alone Subset**

<table>
<thead>
<tr>
<th>Infection, Sepsis Adult Acute</th>
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<tbody>
<tr>
<td>Acute, one:</td>
</tr>
<tr>
<td>• Systemic Infection, (Excludes Viral), all:</td>
</tr>
<tr>
<td>- Sign or Symptom ≥ two:</td>
</tr>
<tr>
<td>- Temperature, one:</td>
</tr>
<tr>
<td>- &gt; 99.4 F PO</td>
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<tr>
<td>- ≤ 97.0 F PO</td>
</tr>
<tr>
<td>- Heart rate &gt; 100/min, sustained</td>
</tr>
<tr>
<td>- Vomiting</td>
</tr>
<tr>
<td>- Mental status changes (excludes coma, stupor, obtundation) or Glsasow Coma Scale 9-14</td>
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</tbody>
</table>

**Rule:**
- 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.
Syncope

Adult Acute
• Syncope
• Unknown etiology, both:
  – Finding, one:
    - Family history of sudden cardiac death
    - Syncope during exertion
    - Syncope while supine
    - Symptoms preceding syncope, ≥ one:
      • Dyspnea
      • Palpitations

Rule:
• If using one of the bullet points listed under Unknown Etiology BCN requires 48 hours of observation to complete work-up and initiate treatment and/or to stabilize member for discharge.

TIA

Adult Acute
Acute, both:
Finding, both:
• Neurological deficit resolved or resolving
• High risk zone:
  – Suspected embolic source ≥ one:
    - Atrial fibrillation
    - Aneurysm
    - Atrial septal defect
    - Cardiac tumor or mass by imaging
    - Cardiomyopathy
    - Endocardial vegetation by imaging
    - Mechanical prosthetic value (excludes bioprosthetic)
    - Patent foramen ovale
  – Crescendo TIA
  – Known carotid stenosis
  – Previous stroke
• Intervention, all:
  – Diagnostic work-up pending, all:
    - CT or MRI, scheduled or performed within 24 hours
    - Vascular imaging of carotid artery, scheduled or performed within 24 hours
    - Cardiac echocardiogram, one:
      · Scheduled or performed within 24 hours
      · Recently performed
  • Neurological assessment at least 6x/24h
  • Antiplatelet agent or anticoagulant (includes PO), administered or contraindicated
  • Continuous cardiac monitoring (excludes Holter)

Rule:
• If using this subset for TIA, approve up to 48 hours of observation to complete work-up and initiate treatment or stabilize member for discharge.

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 Medicare 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
Local Rules  Cont.

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.

2018 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.

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. Physical therapy is a required treatment modality. Speech pathology and occupational therapy don’t meet BCN criteria without physical therapy.
3. A BCN plan medical director reviews all requests for inpatient rehabilitation services where the patient is at a total assist level of care.
4. 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.)
5. Cognitive therapy may not be a benefit. Reference the member’s certificate of coverage and BCN medical policy.
6. Cardiac rehabilitation, pulmonary rehabilitation and pain management don’t meet BCN requirements for the acute inpatient rehabilitation setting.
7. BCN criteria exclude the IS of Initial evaluations.
8. BCN criteria exclude the subacute rehabilitation section criteria when evaluating a patient for acute rehabilitation level of care.
9. 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.
Local Rules  Cont.

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. Multiple stage II pressure ulcers are excluded as a Finding for Wound/Skin (SAC-SNF) levels of care I, II, III.

3. SNF therapy services must include occupational therapy or physical therapy.

4. SNF therapy patients with a Rancho level less than 4 are referred to a BCN plan medical director.

5. In the Respiratory (SAC-SNF) levels of care I, II, III, the Intervention criteria point of respiratory interventions daily ≥ two includes the following:
   - Chest physiotherapy ≥4x/24h
   - Nebulizer or inhaler treatment ≥4x/24h, ≤1 week
   - Oxygen therapy (initial) and O2 saturation less than or equal to 89 percent
   - Oxygen therapy adjustments ≥2x/wk and oximetry ≥1x/24h
   - Suctioning 6 times/24h
   - Tracheostomy decannulation ≤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 evaluations as an Intervention.

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. BCN excludes oral medication adjustments as an Intervention criteria point.

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: Pain management may not be selected as a Finding or Intervention criteria under the SNF benefit:
   - Medical/Surgical (SAC-SNF) Level I, II and III (Finding):
     » Uncontrolled pain, both:
       › Failed OP management
     › Requires parenteral medication for analgesic
   - Medical/Surgical (SAC-SNF) Level I, II, III (Intervention):
     » Pain management, one:
       › Uncontrolled pain, ≥one:
         - PCA or continuous parenteral analgesic
         - Analgesic or muscle relaxant ≥2x/24hr
         - Transition to PO ≤2 days

14. Medicare SNF criteria subset is excluded for BCN Advantage members. BCN follows the criteria for Medical/Surgical (SAC-SNF), Respiratory (SAC-SNF) and Wound/Skin (SAC-SNF) Level I, Level II, Level III for BCN Advantage members.
Local Rules  Cont.

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 SNF’s 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
        » FiO2 ≤ 50% (0.50)
        » Hemodynamic and neurologically stable last 24h, All:
          » 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(80 g/L)
          » No continuous paralytic agent infusion
          » PEEP < 10 cm H2O and tolerates pressure support
          » Stable airway* (*Clarification: member must have a tracheostomy)
          » Spontaneous breathing with adequate inspiratory effort
          » T ≤100.0 F (38.0 C) PO
          » Underlying disease process stabilized

3. Intravenous (IV) analgesics used to meet Intensity of Illness (IS) for continued stay reviews must have a documented pain management consultation

• Medically Complex (IS):
  - Continued medical management of primary condition or illness, ≥ One
    » IV medication titration q3-4h, ≥ One:
      » Analgesic
    » Pain Management, ≥ One:
      » Analgesic or muscle relaxant ≥ 3x/24h or continuous
      » PCA
    - Treatment of comorbid condition, ≥ Two:
      » Medication administration, ≥ One:
        » Analgesic ≥ 3x/24h or continuous

• Respiratory Complex and Wound/Skin (IS):
  - Treatment of comorbid condition, ≥ Two:
    » Medication administration, ≥ One:
      » Analgesic ≥ 3x/24h or continuous