

PROVIDER BULLETIN

PROVIDER INFORMATION



Note: The effective date of 9/1/19 is being postponed until 1/1/20.
Refer to Provider Bulletin P54R1-19 for details.

June 3, 2019

Precertification for Commercial Inpatient Admissions Effective September 1, 2019

In order to best support the coordination of care for our members, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will implement a new policy requiring a precertification submission for all planned, acute, inpatient admissions for commercial members. Concurrent review will also be required for continued stays to ensure medical appropriateness and assist with transition of care.

While pre-admission notification (PAN) has been required for all Blue Cross members since early 2016, precertification is currently only required for Medicaid, Medicare Advantage and Federal Employee Program (FEP) members. This new policy will go into effect for dates of admission on or after **September 1, 2019**.

All unplanned emergency admissions (including detox and labor and delivery admissions) will not require clinical review at the time of admission but will require notification to the plan. These admissions must be medically necessary and are subject to retrospective review or audit. Concurrent reviews will be required for continued stays longer than two days for emergency admissions, two days for vaginal delivery, four days for cesarean delivery, or three days for detox.

Precertification requests must be submitted via the Availity Authorization Portal (see Bulletin P27-19) prior to the admission and should include all relevant clinical information to support the medical necessity for inpatient level of care. If the service or procedure planned during the inpatient admission requires a Prior Authorization (PA), the PA must be obtained prior to submitting the precertification. For specific details on precertification decision and notification timeframes, please refer to chapter four of the Provider Policy and Procedure Manual (PPPM).

While precertification will be required prior to the service being rendered, certain circumstances may make this difficult. Retrospective clinical review will be considered by Blue Cross in these circumstances for up to 48 hours from the time of inpatient admission and prior to the claim being submitted.

Admissions for newborns less than 30 days old that are not yet added to the subscriber's policy, observation stays, and outpatient procedures/services do not require inpatient precertification or notification.

Beginning January 1, 2020, if a precertification is not submitted prior to the admission, the claim for the entire stay will be denied and the provider will be held liable. The claim denial will be administrative and cannot be appealed for medical necessity. Medical necessity appeals *will* be accepted for dates of admission between September 1, 2019 and December 31, 2019, allowing additional time for providers to adjust.

Exceptions/Exemptions:

Beginning January 1, 2020, an appeal may be submitted for **limited administrative situations** when a claim is denied due to lack of precertification. These exceptions are listed below and must be supported by submitted documentation:

- Blue Cross is the subscriber’s secondary coverage and precertification is not required
- Another insurance company is identified as the payer and a claim was submitted to the other payer within the timely filing guidelines with Blue Cross subsequently identified as the patient’s primary coverage
- The patient is identified as the payer and is billed for the service, but later the patient reports Blue Cross coverage for the date of service. Appeals for this exception must include notes about accounts receivable actions. For example, include notes documenting calls with the Blue Cross Service Center or notes that the subscriber was sent to collections within 120 days after date of service.
- The subscriber was enrolled in the plan retrospectively, after the date of admission
- Extenuating circumstances beyond the control of the facility that make it impractical to obtain or validate the existence of a precertification of coverage prior to rendering the service (e.g. natural disaster or Availability outage)

Summary:

CURRENT PROCESS (Commercial)	EFFECTIVE SEPTEMBER 1, 2019 (Commercial)	EFFECTIVE JANUARY 1, 2020 (Commercial)
<p>A pre-admission notification must be submitted to Blue Cross when a member is admitted to an inpatient facility.</p> <p>No clinical review process is required.</p>	<p>Precertification must be submitted prior to planned inpatient admission.</p> <p>If approved, the claim will process according to the member’s benefits.</p> <p>If no precertification is submitted, the claim will deny, and medical necessity appeal will be allowed.</p>	<p>Precertification must be submitted prior to planned inpatient admission.</p> <p>If approved, the claim will process according to the member’s benefits.</p> <p>If precertification has not been received, claim payment will be denied. Limited administrative appeals will be accepted.</p>

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.