

PROVIDER BULLETIN

Provider information



January 17, 2013

Pre-certification and concurrent review for Medicare skilled nursing facility services for SecureBlueSM (HMO SNP) subscribers

To help assure that subscribers receive the appropriate level of care for nursing facility services, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross), is implementing certain pre-certification and concurrent review protocols beginning with some providers effective for admissions on and after March 4, 2013, for Medicare skilled nursing home services (SNF). Custodial nursing facility (NF) services will not require authorization at this time. *Providers for whom this initiative will be effective March 4, 2013, will receive additional information to assist with the ease and accuracy of administering this initiative.* This program may continue to expand throughout 2013, and impacted providers will receive additional information once these requirements are expanded. Pre-certification and concurrent review applies to health services provided to dually eligible SecureBlue subscribers (group numbers that begin with PP2.) All other Minnesota Health Care Programs and Medicare supplement benefit plans are excluded from review.

Definitions

"Pre-certification" means an advance review of a proposed facility admission or certain services or procedures in order to determine whether the proposed admission, services or procedures meet the medical necessity criteria for payment and to ensure that the subscriber receives the maximum benefits available under the subscriber's plan.

"Concurrent review" means ongoing review during the subscriber's care, to ensure that it meets established medical criteria in a timely manner and certifies the necessity, appropriateness, and quality of services during an inpatient admission.

"Skilled Nursing Facility" means a facility certified by Medicare to provide inpatient skilled nursing care, rehabilitation services or other related health services. Such services can only be performed by, or under the supervision of, licensed nursing personnel.

Pre-certification requirements

Provider must obtain pre-certification from Blue Cross before admitting a subscriber. If the admission is emergent or after business hours, the provider will obtain pre-certification within two (2) business days after the admission.

Provider shall obtain pre-certification by calling Blue Cross at **(651) 662-5540** or toll free at **1-800-711-9868**. Blue Cross will use criteria set forth by McKesson InterQual and Medicare Benefit Policy Manual Chapter 8-Coverage for Extended Care (SNF) Services under Hospital Insurance, in conducting a medical necessity review for the admission.

Failure to provide evidence of medical necessity may result in claim denials as provider liability.

Concurrent review requirements

Providers have a contractual obligation as noted in Chapter 4 of the online Blue Cross Provider Policy and Procedure Manual to adhere to care management programs. At the time of pre-certification, a date will be established to conduct concurrent review.

Concurrent review will include verification of medical necessity based on criteria set forth in McKesson InterQual and Medicare Benefit Policy Manual Chapter 8-Coverage for Extended Care (SNF) Services under Hospital Insurance for skilled facility days.

Failure to provide evidence of medical necessity may result in claim denials as provider liability.

Questions?

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

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