PROVIDER BULLETIN

Provider information

For the health of all.

September 27, 2012

Concurrent review requirements for long-term acute care (LTAC) and acute rehabilitation (Rehab) providers

To help assure that subscribers have benefits and are receiving the appropriate level of care at the right time, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will continue to require pre-certification review for all LTAC/Rehab admissions. Effective November 15, 2012, concurrent review will also be required for all participating LTAC/Rehab providers.

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 McKesson InterQual 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.

Pre-certification requirements

Providers 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. Providers shall obtain pre-certification by calling Blue Cross at (**651) 662-5270** or toll free at **1-800-528-0934**.

Failure to obtain pre-certification of an admission will trigger a retrospective review.

Concurrent review requirements

Providers have a contractual obligation as well as obligations noted in Chapter 4 of the online Blue Cross Provider Policy and Procedure Manual, available at **providers.bluecrossmn.com**, to adhere to care management programs. At the time of pre-certification, a date will be established between the facility and the Blue Cross clinician to conduct concurrent review. Concurrent review will include verification of medical necessity based on criteria set forth in the McKesson Interqual Criteria medical necessity guidelines. Criteria is available for review, on a case-by-case basis, upon request. 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**.

Distribution: All participating hospitals, LTAC and acute rehabilitation providers
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