

Bulletin



Note: This Pilot Initiative applies only to select providers, who received this Bulletin in the mail

October 4, 2011

New pre-certification and concurrent review requirements

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is implementing a change in the pre-certification and concurrent review requirements to ensure that Blue Cross subscribers receive the appropriate quality and level of care for medical services.

Definitions

Pre-certification review – An advance review of a proposed facility admission to determine whether the proposed admission meets the medical necessity criteria and to ensure that the subscriber receives the maximum benefits available under the subscriber’s plan.

Concurrent review – An ongoing review during the subscriber’s care, to ensure that it meets established medical criteria and appropriateness.

Pre-certification and/or concurrent review requirement

Effective for dates of service on and after December 1, 2011, a pre-certification review will be **required** for the following MS-DRG codes:

ID	MS-DRG (Medicare Severity Diagnosis Related Group)
392	Esophagitis, gastroent & misc digest disorders w/o MCC
603	Cellulitis w/o MCC
194	Simple pneumonia & pleurisy w CC
287	Circulatory disorders except AMI, w card cath w/o MCC
195	Simple pneumonia & pleurisy w/o CC/MCC
203	Bronchitis & asthma w/o CC/MCC
690	Kidney & urinary tract infections w/o MCC
694	Urinary stones w/o esw lithotripsy w/o MCC
202	Bronchitis & asthma w/ CC/MCC
193	Simple pneumonia & pleurisy w MCC

Coverage for services is based on the specifics of each subscriber’s benefits. The pre-certification requirement is for all subscribers who are enrolled in a fully insured, self-insured, or Minnesota Health Care Program. Pre-certification and concurrent review requirements will **not** change for Federal Employee Program (FEP) subscribers. In addition, concurrent review will be **required** if deemed appropriate at the time of the initial medical necessity review. Blue Cross will conduct the medical necessity review based on medical necessity criteria and Blue Cross and Blue Shield of Minnesota medical policies.

A request for pre-certification should be submitted either telephonically at **(651) 662-5270** or by fax on the Pre-Certification/Pre-Authorization for Inpatient Admission and Continued Stay Notification form, located on **providers.bluecrossmn.com**. The completed form should be faxed to **(651) 662-7006**. After benefit verification, the review will be forwarded to the Integrated Health Management Utilization Management review team for medical necessity review.

Failure to comply with the pre-certification and/or concurrent requirements will result in retrospective claims review. If medical necessity criteria is not met, the claim may deny as provider liability.

Questions?

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