Bulletin

August 10, 2010

Pre-certification and concurrent review requirements for Public Programs Long Term Acute Care (LTAC) and acute rehabilitation (Rehab) providers

To help assure that Subscribers receive the appropriate level of care, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross), require pre-certification and concurrent review for all LTAC/Rehab providers effective for dates of service on and after October 1, 2010. Pre-certification and concurrent review applies to Health Services provided to Public Program Subscribers, including Minnesota Health Care Programs. This includes Subscribers enrolled in SecureBlue℠ (HMO) and CareBlue℠ (HMO).

This does not include Subscribers enrolled in Platinum Blue℠ (Cost) and MedicareBlue℠ (Regional PPO). Medicare supplement benefit plans are also 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, and the appropriateness, and quality of services during an inpatient admission.

Pre-certification requirements

Provider will obtain pre-certification from Blue Cross before admitting a Subscriber. If admission is emergent or after business hours, provider will obtain pre-certification within two (2) business days after the admission. Provider shall obtain pre-certification by calling Blue Cross at **(651) 662-5270** or toll free at **1-800-528-0934**.

Blue Cross will use criteria set forth in the Medicare Guidelines for SecureBlue℠ (HMO) and CareBlue℠ (HMO) products in conducting a Medical Necessity review for admission. Milliman Care Guidelines® will be used for all other products in conducting a Medical Necessity review. Failure to provide evidence of Medical Necessity may result in claim denials as provider liability.

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 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 the Milliman Care Guidelines® or Medicare Guidelines medical necessity criteria.

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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