

# Bulletin



June 24, 2010

## Pre-certification and concurrent review for outpatient mental health services

To help assure that members receive the appropriate level of care and frequency of service for mental health disorder treatment, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) are implementing pre-certification and concurrent review protocols. This review protocol will begin for outpatient mental health services with some providers effective for dates of service on and after October 1, 2010. The pre-certification and concurrent review protocol parallels the process utilized for other medical/surgical services.

Providers for whom this initiative will be effective in October 2010 will receive additional information to assist with the ease and accuracy of administering this initiative. This program will continue to expand throughout 2010 and 2011, and impacted providers will receive additional information once these requirements are expanded. Pre-certification and concurrent review applies to health services provided to members in fully insured and self-insured benefit plans, including Minnesota Health Care Programs, with the exception of Minnesota Senior Care Plus (MSC+), SecureBlue<sup>SM</sup> (HMO), CareBlue<sup>SM</sup> (HMO), Platinum Blue<sup>SM</sup> (Cost) and MedicareBlue<sup>SM</sup> PPO members. Medicare supplement benefit plans are also excluded from review. This also does not apply to court-ordered outpatient mental health services. Coverage for court-ordered mental health services is detailed in Minnesota Statute 62Q.535.

### Pre-certification requirements

Provider will obtain pre-certification from Blue Cross before treatment services begin for a member. A one-visit Diagnostic Assessment (90801) may be completed without pre-certification. All services are subject to the benefit and network requirement provisions as written in the member's plan.

Provider shall obtain pre-certification by completing the Minnesota Universal Outpatient Mental Health/Chemical Health Authorization Form which can be found at [providers.bluecrossmn.com](http://providers.bluecrossmn.com). Click on "forms and publications" and from the drop-down box choose "forms: pre-admission/prior authorization." The completed form may be faxed to **(651) 662-0854**. Blue Cross will use guidelines set forth in the Mihalik Criteria in conducting a medical necessity review for services.

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 the concurrent review.

Concurrent review will include verification of medical necessity based on guidelines set forth in the Mihalik Criteria. All services are subject to the benefit and network requirement provisions as written in the member's plan.

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**.