



Pre-certification and concurrent review for inpatient/residential mental health and substance use disorder services

To help assure that members receive the appropriate level of care for mental health and substance use disorder treatment, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross), as done with other medical/surgical services, are implementing certain pre-certification and concurrent review protocols beginning with some providers effective for admissions on and after June 1, 2010, for inpatient/residential services. Providers for whom this initiative will be effective in June 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 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+), SecureBlueSM (HMO), CareBlueSM (HMO), Platinum BlueSM (Cost) and MedicareBlueSM PPO members. Medicare supplement benefit plans are also excluded from review. This also does not apply to court-ordered admissions to inpatient/residential treatment. Coverage for court-ordered mental health services is detailed in Minnesota Statute 62Q.535.

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 member. 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 Level of Care Utilization System (LOCUS) and Child and Adolescent Services Intensity Instrument (CASII) for mental health or the Dimensions criteria for substance use disorders 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 the LOCUS and CASII for mental health or the Dimensions criteria for substance use disorders.

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**.