



Update to residential substance abuse admission and concurrent review process

On March 17, 2009, Blue Cross and Blue Shield of Minnesota and Blue Plus issued Provider Bulletin P5-09 entitled, “Residential substance abuse admission and concurrent review process change” to ensure that Blue Cross members who are enrolled in a fully insured plan or Minnesota Health Care Program receive the appropriate quality and level of care for substance abuse services.

The requirements that were previously communicated in Provider Bulletin P5-09 as well as the change in our courtesy call policy are documented below.

PAN requirements

Effective July 1, 2009, a PAN is **required** for all residential substance abuse services, including services that were previously determined to be halfway house or extended care. Coverage for services is based on the specifics of each member’s benefits. The PAN requirement applies to all members who are enrolled in a fully insured plan or Minnesota Health Care Program.

Concurrent review

In addition to the PAN requirement, at day 21 of an inpatient/residential stay, a concurrent review is **required** with a medical necessity review. Blue Cross will conduct the medical necessity review based on an updated completion of the Department of Human Services (DHS) Dimensions Criteria and the submission of a current individualized treatment plan. A copy of the DHS Dimensions Criteria and Assessment is located on the DHS website at <http://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-2794-ENG>.

Change

Blue Cross will no longer provide courtesy calls to providers notifying them of missing preadmission notification (PAN) or Concurrent Review information. If PAN or Concurrent Review information is not received, the claim will deny as provider liability.

PAN form

The PAN form can either be faxed to **(651) 662-7006** or called into **(651) 662-5200** or **1-800-262-0820**. A copy of the PAN form is available on the Blue Cross website at providers.bluecrossmn.com.

Blue Cross policy

Failure to comply with the PAN or concurrent review requirements will result in claims being denied as provider liability.

Questions?

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