PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

December 3, 2018

Update to Behavioral Health Inpatient Admission Pre-certification and Outpatient Prior Authorization Requirements

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) previously communicated new pre-certification requirements in Provider Bulletin P48-18, entitled Migration of Minnesota Health Care Programs Subscribers to Amerigroup. This bulletin is an update to that document and details new pre-certification requirements for inpatient behavioral health (BH) hospital admissions.

Inpatient Pre-certification Requirements BH Inpatient Psychiatric and Substance Use Disorder (SUD) Hospitalization Admissions:

- Beginning February 1, 2019, all inpatient psychiatric and SUD hospitalization admissions will require pre-certification for Blue Advantage Families and Children (F&C) and Minnesota Senior Care Plus (MSC+) members.
- Providers should follow notification only process until February 1, 2019.
- Note, inpatient admissions for SecureBlue℠ members will remain notification only.

Emergent BH Inpatient Admissions:

- Emergent BH inpatient admissions require requests for authorization to be sent to Blue Cross within one business day of the admission.
- All BH emergent inpatient hospital admissions are reviewed within three calendar days of the facility notification to Blue Cross.
- Clinical information for the initial admission review will be requested at the time of the admission notification.
  - For BH admissions, facilities are required to provide requested clinical information within 24 hours of the request.
  - If information is not received within 24 hours, a lack of information adverse determination (a denial) may be issued.
  - If clinical information is received, a medical necessity review will be conducted using applicable nationally recognized clinical criteria.
  - Decisions are communicated verbally or via fax within 24 hours of the determination.

Inpatient BH Concurrent Reviews

- Inpatient BH concurrent reviews are the process of obtaining clinical information to establish medical necessity for a continued inpatient stay including review for extending a previously approved admission.
- To support continued stays, facilities are required to supply requested clinical information within 24 hours of the request. The location of this form and submission instructions are located under the heading “pre-certification and prior authorization request forms and submission.”

Continued
Distribution: Available online: https://www.bluecrossmn.com/healthy/public/personal/home/providers/forms-and-publications

- During each concurrent review interval, clinicians assess member progress and will help coordinate support prior to discharge. This is done to help facilitate a smooth transition for the member between levels of care or home and to avoid delays in discharge due to unanticipated care needs.
- In addition, attending providers are expected to coordinate with each member's PCP or outpatient specialty provider regarding follow-up care and services after discharge. The PCP or outpatient specialty provider is responsible for contacting the member to schedule all necessary follow-up care.

Planned/Elective Admissions:
Planned/elective admissions must receive approval at least 72 hours before the BH admission to ensure the proposed care is a covered benefit, medically necessary and performed at the appropriate level of care.

- If needed, additional supporting documentation may be requested to determine if the request is medically necessary.
- Determinations are communicated to the facility.
  - For standard requests, a decision is communicated as expeditiously as required by a member's condition-not to exceed 10 calendar days.
  - For expedited/urgent requests, decisions are communicated as expeditiously as required by a member's condition-not to exceed 72 hours.

Location of Forms
The following forms are used for psychiatric and SUD inpatient, psychiatric residential treatment facilities (inpatient level of care for children), children's mental health residential treatment (Rule 5), adult crisis/short-term mental health residential treatment, adult mental health residential treatment, and SUD residential treatment (children and adult):

  - Behavioral Health Initial Review Form for Inpatient and Residential Treatment
  - Behavioral Health Concurrent Review Form for Inpatient and Residential Treatment
- All forms are available on the Blue Cross website: (**https://www.bluecrossmn.com/healthy/public/personal/home/providers**)
- Path on Blue Cross website: For Providers > Migration of Minnesota Health Care Programs > Forms
- See below under *Pre-certification and Prior Authorization Request Forms & Submission* for information on other options for access to these forms and how to submit these forms.

Prior Authorization Requirements
Additional Services that are Notification Only:
The following services are not subject to a medical necessity review for BH only, but notification is required:

- H0038: self-help/peer services, per 15 minutes — level I
- H0038 HA: certified family peer specialist services
- H0038 HA HQ: certified family peer specialist services — group setting
- H0038 HQ: self-help/peer services, per 15 minutes — group
- H0038 U5: self-help/peer services, per 15 minutes — level II
- H0040: assertive community treatment program
- H0040 HA: assertive community treatment program
- H0040 HK: assertive community treatment program
- H2015: comprehensive community support services
- H2027: psychoeducational service
- H2027 HQ: family psychoeducation — recipient group
- H2027 HQ HR: family psychoeducation — family group
- H2027 HQ HS: family psychoeducation — family group
- H2027 HR: family psychoeducation — recipient and family
- H2027 HS: family psychoeducation — family

Mental Health - Targeted Case Management (MH-TCM) Services Notification of Potential Denial or Termination of Services

The *MH-TCM Services Notification of Potential Denial or Termination of Services Form* must be completed and sent to the Blue Cross BH department when MH-TCM services may be denied or terminated. Complete all contact/member information fields on this form. Complete either denial or termination information whichever applies to the situation. Fax completed form to **1-844-429-7757** within one business day of the determination/action.

- Denial of MH-TCM services is defined as the initial determination that a member does not meet the criteria for MH-TCM services.
- Termination of MH-TCM services is defined as the discontinuation of MH-TCM:
  - When the member no longer meets the eligibility criteria in *Minnesota Statutes* (Section 245.4871, Subd. 6) for a child or (245.462, Subd. 20) for an adult.
  - When the adult or the child's parent or legal representative requests that MH-TCM services end.
  - When no face-to-face contact has occurred between the case manager and the child for 90 consecutive days or between the case manager and the adult for 180 consecutive days because the child or adult has failed to keep an appointment or refused to meet with the case manager.

Early Intensive Developmental and Behavioral Intervention (EIDBI)

The EIDBI services are services offered to members under the age of 21 with autism spectrum disorder and related conditions.

- The Comprehensive multi-disciplinary evaluation (CMDE) and other forms needed to request or extend EIDBI services can be accessed from the following location:
  - **https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-304331**
- Please fill out the form and submit the form by fax:**1-800-505-1193**

Pre-certification and Prior Authorization Request Forms and Submission

Pre-certification and prior authorization requests can be submitted online as well as by fax or phone.

- **Location of Forms:** All forms can be retrieved on the Blue Cross website: (**https://www.bluecrossmn.com/healthy/public/personal/home/providers**)
- Path on Blue Cross website: For Providers > Migration of Minnesota Health Care Programs > Forms
- **Web:** Log in to the Availity Portal to be automatically routed to the Interactive Care Reviewer (ICR) – the online pre-certification tool. From the Availity home page (**https://www.availity.com**), select **Patient Registration | Authorizations and Referrals | Authorizations** to access ICR.
- **Fax: 1-877-434-7578**
  - Fax forms are available on the Blue Cross website under forms: **https://www.bluecrossmn.com/healthy/public/personal/home/providers/medicaid-transition**
- **Phone: 1-866-518-8448**

Care Guidelines

Medical necessity reviews are conducted using applicable state and nationally recognized clinical criteria. Beginning February 1, 2019, MCG Care Guidelines will be used for all levels of care where applicable state guidelines do not apply. Blue Cross licenses and uses MCG Care Guidelines to guide utilization management decisions. For BH, the *MCG Behavioral Health Guideline* is used to manage, review and assess those facing hospitalization and outpatient care; condition-specific guidelines, goals and optimal care pathways as well as other decision support tools are used. Note, Blue Cross has the right to customize MCG Care Guidelines based on determinations by its medical policy and technology assessment committee.

Questions? If you have questions, please contact Blue Cross Provider Services at **1-866-518-8448**.