



**Blue Medicare Advantage HMO/PPO Hospital Inpatient
Quick Reference Guide**

Utilization Management Department Call: 1-866-508-7140 Fax: 1-877-549-1744	Prior Authorization Required	Behavioral Health Services	High Tech Radiology/Radiation
<p>Prior authorization is the process of collecting and evaluating information in advance of authorizing the non-emergency use of facilities, diagnostic testing, and other services before care is provided. For most items, services and procedures requiring prior authorization, a request needs to be received at least 14 (fourteen) days prior to planned delivery of the service or item.</p> <p>The prior authorization process permits advanced eligibility verification, determination of coverage, and communication with the requesting physician and/or member. Prior authorization also allows Blue KC to identify members for pre-service discharge planning and case management.</p> <p>Prior authorization is performed telephonically or via fax with a review conducted by a representative of the Utilization Management Department, Medical Director and/or other Board-Certified Specialist.</p> <p>Blue KC's decision regarding an authorization is a coverage determination. Blue KC's decision is never intended to limit, restrict, or interfere with the physician's medical judgement. In all cases, decisions regarding treatment continuation or termination, treatment alternatives, or the provision of medical services are between the physician and patient.</p>	<p>For help in determining whether a service requires prior authorization or notification, refer to the Provider Portal Providers.BlueKC.com or you may call the Medicare Advantage Blue KC Customer Service at (866)508-7140. Some areas of particular relevance for discharge from hospital settings are:</p> <ul style="list-style-type: none"> • Ambulance <ul style="list-style-type: none"> • Air/Ground: non-emergent except from acute facility to SNF • SNF, Inpatient Rehab, or LTAC requests must be made for Blue KC Medicare Advantage contracted facilities ONLY. <ul style="list-style-type: none"> • Current listings of providers are available online through the Blue KC provider portal at Providers.BlueKC.com, for the most up-to-date listing. Please note, not all facilities contracted with Blue KC commercial are contracted for Blue Medicare Advantage. • NOTE: SNF, Acute Rehab and LTAC received after 2pm will be reviewed the next business day. Requests should contain complete clinical documentation. <p>Fax: 1-877-549-1745</p> <ul style="list-style-type: none"> • Wound Vacuum Devices • Wound Care Clinic • Insulin Pumps • Hyperbaric Oxygen 	<ul style="list-style-type: none"> • Lucet coordinates all behavioral health (mental health) services for Blue Medicare Advantage members. • To obtain preauthorization, check benefits, eligibility, or verification, call Lucet at 1-877-228-9370. • Preauthorization must be obtained prior to the delivery of care for behavioral health services. 	<ul style="list-style-type: none"> • CT • MRI/MRA • Nuclear Cardiology • PET • To request a prior authorization for outpatient high tech and radiation therapy services, go online via eviCore's Provider Portal, available 24 hours a day, seven days a week, through www.evicore.com/pr or call 1-888-693-3211.

Observation Admissions

Often, the member can be treated while in observation rather than a full admission. To help ensure that inpatient days are used appropriately, please follow these guidelines:

- If the facility requests inpatient admission but the appropriate condition-specific clinical guidelines suggest that an observation stay is more appropriate, the hospital could elect to convert to an observation stay for up to 48 hours. Additional information to support inpatient status will be reviewed upon request.
- If a member is admitted to observation for the allowed 48 hours then converted to inpatient, the provider must notify Blue Medicare Advantage of the request to convert to inpatient status within one (1) business day. This will help ensure that Blue Medicare Advantage will not potentially deny the case for late notification.
- Fax clinical updates to **1-877-549-1745**.

Medical Coverage Determinations	Appeals & Grievances	Expedited Appeals	Peer to Peer
<ul style="list-style-type: none"> • Phone: 1-866-508-7140 • Fax: 1-877-549-1744 	<ul style="list-style-type: none"> • Phone: 1-866-508-7140 • Fax: 1-877-549-1748 • Mail: Blue KC MA Attn: Appeals & Grievances P.O. Box 419169 Kansas City, MO 64141 <p>NOTE: Appeal option can only be used if an Integrated Denial Notice has been received by facility and/or member. If not, please see Peer to Peer process.</p>	<ul style="list-style-type: none"> • Expedited Appeal Only Phone: 1-866-508-7140 <p>NOTE: Appeal option can only be used if an Integrated Denial Notice has been received by facility and/or member. If not, please see Peer to Peer process.</p>	<ul style="list-style-type: none"> • Between the Health Plan’s Medical Director and the attending MD • Timeframe for the Peer to Peer review will be provided at the time the request is received • Facility UR staff may call Medical Management at 1-866-395-2353 with the following information to request a Peer to Peer review: <ul style="list-style-type: none"> • The attending MD’s first and last name and direct phone number (only a direct phone # to the MD will be accepted). • Member first and last name and DOB • Facility name • Provider availability for consult – hours and days

For information on contracted providers for Home Health and Skilled Nursing, please use the provider directory located on the provider portal at Providers.BlueKC.com.

SNF Request checklist

Information required to process the request:

- ✓ Documentation of prior level of function
- ✓ History and Physical and most recent progress notes
- ✓ Additional information as applicable including, but not limited to –
 - Therapy evals/notes (within 48 hours of request)
 - Wound status and treatment orders (including frequency of dressing change)
 - IV drugs – name, dosage, frequency (length of time planned for infusion if known)
 - Enteral therapy, including type of tube, bolus vs. continuous
 - Respiratory therapy needs

Some points to remember:

- No 3-day qualifying inpatient stay is required.
- Requests received after 2pm will be reviewed the next business day.
- Please consult Provider Directory on Portal for list of BKC MA contracted facilities.
- Authorizations are good for 48 hours from time of issue; update clinical information is required if admission to the SNF does not occur within the authorized timeframe.