



An independent licensee of the Blue Cross® and Blue Shield® Association serving residents and businesses of Minnesota



Pre-Certification Information for Chemical Dependency Treatment

Please complete all sections of this form and fax it to (651)662-0718. You will be notified of the information outcome. If you have any questions, please contact provider services at 1-800-365-2735

Patient Information

Name _____ Date of Birth _____

Member ID# _____ Date of Admission _____

What level of care is being requested for patient? (Inpatient, Extended Care, Halfway House)

What are patient's drug of choice? Patterns of use?

Does patient have an increase in tolerance? Do they experience withdrawal symptoms? If so what are their symptoms?

What is their drug history? (First use and Last use)

Treatment history? (If pt has previous tx's what is longest period of abstinence?)

Family history of chemical dependency/mental health?

What are patient's consequences because of their use? Is there legal, financial, family, social, physical, mental health?

Please provide Intake Dimension Ratings and brief information supporting these ratings;

1. Dimension 1-
2. Dimension 2-
3. Dimension 3-
4. Dimension 4-
5. Dimension 5-
6. Dimension 6-

For Inpatient we will be reviewing for medical necessity every 2 weeks from date of admission, there may be some exceptions based on patient's needs/progress.

For Extended Care we will be reviewing for medical necessity every 3 weeks from date of admission, there may be some exceptions based on patient's needs/progress.

For Halfway house placements we will be reviewing every 30 days from date of admission, there may be some exceptions based on patient's needs/progress.

FOR PATIENTS WHO ARE MAKING A TRANSITION FROM ONE LEVEL OF CARE TO ANOTHER LEVEL OF CARE, PRECERTIFICATION IS REQUIRED PRIOR TO STEP DOWN TO NEXT LEVEL OF CARE.

Please remember to be specific in how ratings are determined for each patient, and where patient struggles, and what goals or recommendations are being made to aid this patient in this area. Do not use blanket statements as each patient is individual in their needs and struggles.