Provider Preauthorization & Precertification Requirements

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1. BCBSM Definitions

Preauthorization: A process that allows physicians and other professional providers to determine, before treating a patient, if BCBSM will cover the cost of a proposed service. BCBSM requires preauthorization for services that may be experimental, not always medically necessary, or over utilized. Providers must submit clinical documentation in writing explaining why the proposed procedure is medically necessary.

Precertification: A review of a patient’s symptoms and proposed treatment to determine, in advance, whether he or she meets BCBSM criteria for treatment in the inpatient setting.

Prenotification: A process that allows facilities to notify BCBSM of an inpatient acute facility admission. There is an assumption that the attending physician has evaluated that the inpatient setting is the appropriate setting for the care being provided.

2. Behavioral Health

Commercial Blue Cross Blue Shield of Michigan Products-Non-Medicare

Precertification is required for:
- Psychiatric inpatient admissions
- Partial hospital admissions
- Substance abuse admissions

Precertification is not required for:
- Outpatient services
- Medicare primary contracts
- Coordination of benefits contracts

All inpatient mental health and substance abuse facilities are required to notify New Directions for all admissions and discharges; admissions exceeding four days require a clinical review. You may access New Directions Services authorization system at webpass.ndbh.com.

Preauthorization is required for outpatient repetitive transcranial magnetic stimulation. It may be a benefit for patients with major depressive disorder that meet strict selection criteria. Criteria are available on the Medical Policy and Precert/Preauth router here. Coverage is limited to select groups. Please verify member eligibility prior to seeking preauthorization. Claims will not be paid unless authorization is obtained.

Autism Spectrum Disorder

There are different types of services to treat autism, such as applied behavior analysis, that requires an authorization before treatment. Speech therapy, physical therapy and occupational therapy do not require authorization. For those services requiring preauthorization, an accurate diagnosis is necessary.
For members residing outside of Michigan who have an autism diagnosis, the diagnosis must meet the criteria specified in the multidisciplinary autism evaluation checklist. The evaluation must confirm the autism spectrum disorder diagnosis and provide a treatment plan containing a comprehensive set of treatment recommendations for the member, including a recommendation for applied behavior analysis. To obtain an accurate diagnosis, please review the multidisciplinary autism evaluation checklist.

If the evaluation results in a diagnosis of Autism Spectrum Disorder and the recommended treatment is applied behavior analysis, the evaluation documentation must be taken to a board-certified behavior analyst who participates with the Blue Cross plan in the state where the services would be provided. The behavior analyst is responsible for obtaining preauthorization before providing services for applied behavior analysis.

Behavioral health precertification and preauthorization is conducted by an independent company, New Directions, on behalf of Blue Cross Blue Shield of Michigan. Groups with other service providers can be reviewed here.

New Directions is available at 800-762-2382 to obtain precertification and preauthorization information. If medical records are requested for review, send the records to:

New Directions Behavioral Health
PO Box 6729
Leawood, KS 66206-0729

Medicare Plus Blue PPO-Medicare Advantage

All mental health and substance abuse inpatient, partial hospital, and intensive outpatient treatment admissions or extensions require preauthorization and concurrent review.

Acute care hospitals and behavioral health facilities that need to arrange for an inpatient admission, partial hospital admission, intensive outpatient admission or concurrent review for psychiatric or chemical dependency treatment must obtain prior authorization by calling MA PPO Behavioral Health Services at 888-803-4960 or by faxing 866-315-0442.

Medicare Advantage PPO Behavioral Health Services case managers are available 24 hours per day, seven days a week for inpatient admissions and member emergencies. Note: If you fail to submit your authorization request, submit an untimely request, or your request is denied and you still execute the service, the member must be held harmless.
Provider Preauthorization & Precertification Requirements

3. Human Organ Transplants

Commercial Blue Cross Blue Shield of Michigan Products Non-Medicare

Providers must contact BCBSM’s Human Organ Transplant Department for preauthorization for the following transplants and combination transplants:

- Bone marrow
- Pancreas-Kidney
- Heart-Lung
- Liver
- Pancreas
- Lung
- Small Bowel
- Partial Liver
- Heart
- Kidney-Liver
- Lobar Lung
- Kidney-Liver
- Lobar Lung
- Small Bowel
- Lobar Lung
- Partial Liver
- Multivisceral

Preauthorization is not required for:
- Kidney only, cornea or skin transplants
- Pre-transplant evaluations
- Donor benefits
- If BCBSM is the second payer

BCBSM’s Human Organ Transplant Department is available from 8 AM to 5 PM EST, Monday through Friday. Please call 800-242-3504 to obtain a preauthorization.

Medicare Plus Blue PPO-Medicare Advantage

All BCBSM Medicare Advantage members have coverage for all transplant procedures that are covered by traditional Medicare. Inquiries about coverage for transplantation should be directed to Medicare Advantage Provider Inquiry at 866-309-1719.

Although preauthorization of transplants for Medicare Advantage members is not required, a request for an organizational determination can be sent to BCBSM. Please fax your request with substantiating clinical information to 1-877-348-2251.

4. Inpatient Admissions

Commercial and Medicare Advantage PPO Blue Cross Blue Shield of Michigan Products

Precertification is required for:

- Acute care inpatient hospital medical and surgical admissions including:
  - Admission for transplants (kidney, cornea, skin, bone marrow and solid organ)
  - Admissions for IV chemotherapy
- Admissions to a skilled nursing facility
- Admissions to a rehabilitation facility
- Admissions to a long-term acute care facility
Provider Preauthorization & Precertification Requirements

Precertification is not required for:
- Outpatient services
- Maternity related services, including C-section
- Observation or short stay
- If BCBSM is secondary payer

BCBSM Precertification Services is available 24hrs, 7 days a week to receive faxed requests. Requests will be processed during regular business hours between 8AM to 5PM EST, Monday through Friday and during select holidays. Any requests received after 5PM or on a weekend or holiday will be processed the following business day according to the time it was received.

BCBSM encourages the use of your Electronic Provider Access system (EPA) through your local Blues plan portal to effectively and efficiently respond to your request. Should your local plan not have electronic access you can continue to complete the appropriate assessment form and submit the request via fax.

BCBSM precertification assessment forms and instructions for submission are located at: http://www.bcbsm.com/providers/quick-links.html

Requests must be submitted with complete clinical documentation to support the necessity of inpatient admissions. Incomplete requests will not be processed until all information is received.

Please allow 24-48 hours for the processing of all requests.

Note: InterQual criteria are utilized to complete acute hospital, skilled nursing, inpatient rehabilitation and long-term acute care precertification and recertification requests.

For members admitted into Michigan Inpatient acute facilities, admissions require Prenotification using WebDENIS. It is our expectation that a clinician will provide the appropriate clinical information and documentation regarding the member's condition and discharge planning.

For Medicare Plus Blue PPO-Medicare Advantage Only

Michigan Providers: Effective June 1, 2016, precertification and recertification requests for post-acute care facilities (skilled nursing, long term acute care and inpatient rehab) for Medicare Plus Blue PPO members who reside in Michigan who are going to Michigan post-acute care facilities should contact eviCore Healthcare via telephone at 1-877-917-2583 (BLUE) or fax at 1-844-407-5293.

Hours of operation are Monday through Friday 7:00 AM to 8:00 PM EST. Weekends and Holidays 10:00 AM to 5:00 PM.
6. Provider Preauthorization & Precertification Requirements

eviCore fax assessment forms can be obtained from the following URL:
https://www.evicore.com/healthplan/BCBSM

5. Medical Drugs

Commercial Blue Cross Blue Shield of Michigan Products Non-Medicare

Some medications administered by healthcare professionals require preauthorization, and certain clinical criteria must be met before they can be administered.

Please follow link for the medical policy, criteria and request form:
Medical Policies

6. Other Medical /Surgical Procedures

Commercial Blue Cross Blue Shield of Michigan Products Non-Medicare

Any service that does not meet our clinical criteria guidelines requires preauthorization. Some examples of services that may need preauthorization are:

1. Gender reassignment
2. Genetic testing
   a. When seeking approval for a commercially available genetic test panel, provide the name of the panel.
   b. When there is a specific CPT or HCPCS Code representing the panel, submit the specific code.
3. Investigational procedures
4. NOC codes
5. Off label drugs
6. Optune device
7. Potentially cosmetic procedures

Our clinical criteria can be viewed at the following site:
http://www.bcbsm.com/mprApp/mpr.do

Services that meet clinical criteria guidelines do not require preauthorization. If you have a question about whether a service requires preauthorization, you can call 1-800-344-8525, out of state providers 1-800-676-2583. Select Eligibility and Benefits, and answer the appropriate questions about the service you are requesting. If your question is not answered via automated response, you will be given the opportunity to be transferred to a live representative.

You can request a preauthorization in writing by submitting the request and supportive documentation to the following address:
Routine preauthorizations are responded to within 15 calendar days.

Limit the use of Urgent, STAT or ASAP on a pre-authorization request to when “medical care or services where application of the time frame for making routine or non-life threatening care determinations:

- Could seriously jeopardize the life, health or safety of the member or others, due to the member’s psychological state, or
- In the opinion of a practitioner with knowledge of the member’s medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.”

You can fax urgent requests to 1-866-311-9603, Monday through Friday 8:30 a.m. to 4:30 p.m. Urgent preauthorizations are responded to within 3 calendar days.

7. Prescription Drugs

Commercial Blue Cross Blue Shield of Michigan Products Non-Medicare

Some medications administered by healthcare professionals (facility outpatient & professional setting) require pre-authorization, and certain clinical criteria must be met before they can be administered.

Please follow link for the medical policy, criteria and request form:
http://www.bcbsm.com/mprApp/mpr.do

Medicare Plus Blue PPO-Medicare Advantage and Prescription Blue PDP

Medicare Plus Blue PPO and Prescription Blue PDP plans include prescription drug coverage. These plans will generally cover drugs listed in our formulary as long as:

- The drug is medically necessary
- The prescription is filled at network retail or mail-order pharmacies
- All other plan rules are followed, such as prior authorization, step therapy and quantity limits

The formulary document provides a brief description of the plans' benefits, including any deductibles. It is updated regularly. Click here for details.
Provider Preauthorization & Precertification Requirements

Providers can request a coverage determination (prior authorization, step therapy, formulary exception or quantity limit exception) by phone at 1-800-437-3803.

8. Radiology Services

Commercial Blue Cross Blue Shield of Michigan Products Non-Medicare

Preauthorization is not required for non-Michigan providers except for UAW retiree medical benefit trust members residing in the Anthem Indiana’s plan code 630. Click here for details.

Medicare Plus Blue PPO-Medicare Advantage

Preauthorization is not required for non-Michigan providers except for UAW retiree medical benefit trust members residing in multiple states. Click here for details.