# Non-Michigan Provider

## Precertification Pre-authorization Requirements

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I. BCBSM Definitions

- **Pre/Prior-authorization**: 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 pre-authorization 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.

II. Behavioral Health

**Commercial Blue Cross Blue Shield of Michigan products-Non-Medicare**

**Precertification is** required for:
- Mental Health (Psychiatric) inpatient admissions
- Mental Health partial hospital admissions
- Substance abuse residential treatment admissions
- Substance abuse inpatient acute detox admissions

**Precertification may be** (depending on benefit) required for:
- Substance Abuse partial hospital admissions
- Mental Health residential treatment admissions
- Outpatient repetitive transcranial magnetic stimulation (rTMS) – see below
- Applied Behavioral Analysis (for Autism Spectrum Disorders) – see below

**Precertification is not** required for:
- Substance Abuse or Mental Health intensive outpatient treatment (IOP)
- Substance Abuse or Mental Health 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 Web Pass authorization system at [http://webpass.ndbh.com/](http://webpass.ndbh.com/)

**Preauthorization** is required for outpatient repetitive transcranial magnetic stimulation. It may be a benefit for patients with major depression disorder that meet strict selection criteria. Criteria are available on the Medical Policy and Pre-Cert/Pre-Auth router at [bcbsm.com/providers/quick-links](http://bcbsm.com/providers/quick-links). Coverage is limited to select groups –

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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 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 pre-authorization 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 MAPPO 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.
III. Human organ transplants

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

Providers must contact BCBSM’s Human Organ Transplant Department for pre-authorization for the following transplants:

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

Pre-authorization is not required for:

- Kidney, cornea or skin transplants
- Pre-transplant evaluations
- Donor benefits
- If BCBSM is the secondary payer

BCBSM’s Human Organ Transplant Department is available from 8 a.m. to 5 p.m. Eastern time Monday through Friday. Please call 800-242-3504 to obtain a pre-authorization.

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.

IV. Inpatient admissions

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

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
  - Please call Case Management (800) 845-5982 or fax (866) 643-7057

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 24 hours, 7 days a week to receive faxed requests. Requests will be processed during regular business hours 8 a.m. to 5 p.m. EST Monday thru Friday.

If all clinical documentation is available, providers may contact us by phone, Monday thru Friday between the hours of 8 a.m. and 5 p.m. EST by calling 800-676-BLUE and selecting the appropriate prompts. Precertification request forms and instructions for submission are located at: bcbsm.com/providers/quick-links

**Medicare Plus Blue PPO-Medicare Advantage**

All acute inpatient hospital, skilled nursing facility, rehabilitation facility, long-term acute care facility require pre-authorization.

For all Medicare Plus Blue PPO members admitted into Michigan Inpatient acute facilities, admissions require prenotification using Web DENIS. It is our expectation that a clinician will provide the appropriate clinical information and documentation regarding the member’s condition and discharge planning.

**Michigan Providers:** Effective June 1, 2016, precertification and recertification requests for skilled nursing, long term acute care, and inpatient rehab facilities for Medicare Plus Blue PPO members who reside in Michigan and members 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.

Prior authorizations for Medical Plus Blue PPO contracts applies to the following services:

- Post Acute Care
- Lumbar Spinal Fusion Surgery effective 9/1/16
- Interventional Pain effective 9/1/16
- Radiation Oncology effective 11/1/16

- 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 EST.

- eviCore fax assessment forms can be obtained from the following URL: http://www.carecorenational.com/page/bcbsm-implementation.aspx

- NOTE: If the member DOES NOT reside in Michigan, please see the "Non-Michigan Providers and Members" section below.

Non-Michigan Providers and Members: Precertification requests for inpatient acute, skilled nursing, long term acute care, and inpatient rehab facilities for Medicare Plus Blue PPO members who do not reside in Michigan should continue to complete the appropriate assessment form and submit the request via fax to 1-866-464-8223 or email to MedicarePlusBlueFacilityFax@bcbsm.com.

BCBS Michigan fax assessment forms can be obtained from the following URL: http://www.bcbsm.com/providers/quick-links.html

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V. Medical drugs

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

Some medications administered by healthcare professionals require pre-authorization, and certain clinical criteria must be met before they can be administered; this applies to specialty pharmacy opt out groups. Please follow link for the medical policy, criteria and request form:

- Medical Policy

VI. 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 pre-authorization. Some examples of services that may need pre-authorization are:

- NOCcodes
- Investigational procedures
- Potentially cosmetic procedures
- Off label drugs
- Genetic testing

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

Services that meet clinical criteria guidelines do not require pre-authorization. If you have a question about whether a service requires pre-authorization, you can call 1-800-676-BLUE. 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 pre-authorization in writing by submitting the request and supportive documentation to the following address:

Blue Cross Blue Shield of Michigan
P.O. Box 2227
Detroit, MI
48231-2227
Attention: Pre-authorization, Provider Inquiry
Service Mail Code 0450

OR Fax at (866) 311-9603
VII. Prescription drugs

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

Some drugs require prior authorization (PA), and certain clinical criteria must be met before they can be dispensed. Other drugs are part of our step therapy (ST) program, which means the patient must have been treated with one or more formulary agents before these drugs are covered. Drugs that require PA or ST differ based on the formulary the member's plan uses.

- Clinical Formulary PA/ST
- Custom Formulary PA/ST

BCBSM Pharmacy Services is available 24/7.

Web – Login to Provider Secured Services at http://www.bcbsm.com/providers.html. Select Medication Prior Authorization or call 800-437-3803 to obtain criteria and forms.

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.

Providers can request a coverage determination (prior authorization, step therapy, formulary exception or quantity limit exception) by phone at 1-800-437-3803 or through our website at http://www.bcbsm.com/medicare/forms-determination.shtml.

VIII. Radiology services

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

Pre-authorization is not required for non-Michigan providers. URMBT discontinued using CareCore to authorize radiology services as of 5/13/14. Effective 5/13/14, claims for MMO and Anthem 630 will process through the system without checking for an authorization.

Medicare Plus Blue PPO - Medicare Advantage

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

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