Continuity of care criteria policy

For Blue Cross commercial and Blue Care Network commercial

May 2026

All continuity of care requests that do not meet criteria and require a clinical review are conducted by a Blue Cross Blue Shield of Michigan physician. In order to qualify for continuity of care, Blue Cross or Blue Care Network will confirm if a member is undergoing an active course of treatment. An active course of treatment is defined as one or more of the following:

1. Continuation of care under this criterion covers services directly related to the member's life-limiting illness and associated symptom management for the remainder of the member's life.
2. Established care with documented clinical activity. The member has had at least one visit with the treating provider for management of the condition in question within the preceding 6 months, AND the member's treatment plan involves one or more of the following:
    a. Scheduled visits for direct treatment, medication management or modification of a treatment protocol at intervals determined by the clinical nature of the condition (e.g., weekly, biweekly, monthly or quarterly).
    b. A treatment regimen that has been initiated, adjusted or modified within the preceding 6 months, including but not limited to changes in medication dosing, medication frequency, therapeutic modality or treatment plan — even if the member's visit frequency is annual or semi-annual.
3. An ongoing course of treatment for a condition requiring complex, time-sensitive care that cannot be safely interrupted or transferred without risk of clinical deterioration. Examples include, but are not limited to:
    a. Active chemotherapy, immunotherapy or targeted therapy cycles
    b. An active course of radiation therapy
    c. Postsurgical care requiring 90 days post-surgery
        i. The postoperative recovery period begins on the date of surgery and encompasses all care directly related to the surgical procedure, including postoperative office visits, management of surgical complications, postoperative rehabilitation when prescribed by the operating surgeon, and any reoperation or revision related to the index procedure.
    d. Organ transplant-related care, including:
        i. Members who are actively being evaluated for transplant candidacy at a transplant center, where the evaluation process is ongoing and has not been completed or closed
        ii. Members who have been accepted and are actively listed on a transplant waiting list through a transplant center, including all care required to maintain listing status (e.g., periodic re-evaluation, bridging therapy, management of the underlying organ failure and treatment of complications that could affect transplant eligibility)

   iii. Members in the acute post-transplant period who are receiving ongoing transplant-related care from the transplant center or its affiliated providers (e.g., immunosuppression management, graft surveillance, treatment of rejection or post-transplant complications)

e. Complex wound care or infusion therapy requiring ongoing provider-specific management

f. Active behavioral health treatment, including but not limited to: psychiatric medication initiation or titration (e.g., antipsychotic, mood stabilizer or antidepressant adjustment); ongoing psychotherapy for conditions such as post-traumatic stress disorder, eating disorders, autism, obsessive-compulsive disorder or psychotic disorders; medication-assisted treatment for substance use disorders (e.g., buprenorphine, methadone or naltrexone); or intensive outpatient or partial hospitalization programs for psychiatric or substance use conditions.

g. An ongoing course of treatment for a condition with a high near-term risk of death if the current treatment course is interrupted. This applies to conditions in which:

   i. The member is receiving active, disease-directed treatment (e.g., induction chemotherapy for acute leukemia, treatment of acute decompensated heart failure or management of acute organ failure), AND

   ii. Interruption or discontinuation of the current treatment course would, in the clinical reviewer's judgment, result in a high probability of death or irreversible clinical deterioration within a defined, near-term time frame (e.g., days to months), including conditions with a trajectory of progressive decline and recurrent life-threatening decompensations within the preceding 6 months.

   iii. This criterion does not apply to chronic conditions with long-term mortality risk that are being managed on a routine or maintenance basis.

h. End-of-life care. The member is receiving care for a serious illness with a prognosis of 6 months or less if the disease follows its expected course. (Note: This criterion corresponds to the category referenced as “terminal illness” in the No Surprises Act.) This includes members who are:

   i. Enrolled in or eligible for hospice services, OR

   ii. Receiving palliative care focused on symptom management, comfort and quality of life for an advanced, life-limiting illness, where the treating provider is actively managing the member's end-of-life care plan.

   iii. Covered services include pain and symptom management, psychosocial and spiritual support coordination, and medical management of conditions directly arising from or related to the life-limiting illness.

i. Pregnancy. The member is pregnant and has had at least one visit with the treating provider during the current pregnancy at which the pregnancy was confirmed or at which the pregnancy had already been confirmed prior to establishing care with that provider. If these criteria are met and the provider's network termination occurs during the pregnancy, the member may continue care with that provider through the completion of the postpartum period, defined as no later than 12 weeks after birth.

   i. Continuation of care for pregnancy does not apply if the member has not been seen by the provider for pregnancy-related care during the current pregnancy.

4. **Active treatment does not include:**

   a. Routine monitoring of a stable chronic condition at standard intervals without recent treatment modification (e.g., annual follow-up for well-controlled asthma, stable hypothyroidism on unchanged levothyroxine or stable diabetes with no medication changes in the preceding 6 months).

   b. Distinguishing acute exacerbations from routine monitoring. A chronic condition may qualify as an active course of treatment if the member has experienced an acute exacerbation, defined as an episode of worsening symptoms or clinical status that required an unscheduled or urgent visit, a change in treatment (e.g., new medication, dose escalation or addition of a therapeutic modality), emergency department visit, or hospitalization within the preceding 6 months. The clinical reviewer will evaluate whether the member has returned to baseline and resumed routine monitoring, or whether the exacerbation has resulted in an ongoing, modified treatment plan that constitutes active treatment. A single acute visit in the past 6 to 12 months that resulted in a return to the prior stable treatment regimen, with no further treatment modifications, does not constitute an active course of treatment.

5. When prognostic uncertainty exists, the physician may consider the member's overall disease trajectory, functional status (e.g., declining performance status or increasing dependence in activities of daily living), frequency and severity of hospitalizations and pattern of clinical decline to determine eligibility.

6. The physician retains discretion to determine whether the specific treatment meets this criterion based on the clinical circumstances. When making this determination, the physician may request and consider a clinical summary from the treating provider as supplementary information. Such a summary is not a binding attestation and does not independently establish eligibility; rather, it serves as clinical input to inform the reviewer’s independent assessment. The physician may also initiate a peer-to-peer consultation with the treating provider when additional clinical context is needed.