

## GENERAL RULES:

- Non-Michigan providers who aren't contracted with their local Blue Cross Blue Shield plan are considered by Blue Care Network (the HMO subsidiary of Blue Cross Blue Shield of Michigan) to be noncontracted. For those providers, all services require prior authorization except for emergency room and urgent care visits.
- Providers contracted with a Blue Cross Blue Shield plan must request prior authorization for the services listed in the table below. Requests for elective services should be submitted prior to the services being provided.

**EXCEPTION for point-of-service health plans:** Point-of-service plans such as Blue Elect Plus<sup>SM</sup> POS, Blue Elect Plus HSA<sup>SM</sup> POS, Blue Elect Plus HRA<sup>SM</sup> POS and Healthy Blue Choices<sup>SM</sup> POS have special rules:

- Non-Michigan providers who are contracted as Traditional providers with their local Blue Cross plan are considered in network for POS plans.
- Noncontracted and out-of-network providers can provide covered services as long as they follow the authorization requirements for the services listed in the table below (for providers outside of Michigan) or in the [Michigan providers: BCN global referral, plan notification and prior authorization](#) document (for providers within Michigan).

Note: The Blue Elect Plus HRA POS plan is available starting Jan. 1, 2025. For more details about the Blue Elect Plus POS plans, refer to the BCN [Blue Elect Plus POS](#) webpage at [ereferrals.bcbsm.com](#). For more details about Healthy Blue Choices POS, refer to the BCN [Healthy Blue Choices POS](#) at [ereferrals.bcbsm.com](#).

Inpatient services
<p><b>Inpatient behavioral health admissions, including for subacute detoxification:</b> Prior authorization is required. For most BCN members, these services are managed by Blue Cross Behavioral Health<sup>SM</sup>. Refer to:</p> <ul style="list-style-type: none"> <li>• The document <a href="#">Blue Cross Behavioral Health: Frequently asked questions for providers</a> for information about submitting authorization requests</li> <li>• The BCN <a href="#">Behavioral Health</a> and <a href="#">Autism Services</a> webpages on the <a href="#">ereferrals.bcbsm.com</a> website</li> </ul> <p><b>Important:</b> For BCN members with coverage through Healthy Blue Choices<sup>SM</sup> POS:</p> <ul style="list-style-type: none"> <li>• <b>Starting Jan. 1, 2025:</b> Behavioral health services are managed by Blue Cross Behavioral Health.</li> <li>• <b>Through Dec. 31, 2024:</b> Behavioral health services are managed by Carelon Behavioral Health. Submit retroactive requests for dates of service on or before Dec. 31, 2024, to Carelon Behavioral Health. For more information, refer to BCN's <a href="#">Healthy Blue Choices POS webpage</a>.</li> </ul>
<p><b>Inpatient medical and surgical admissions (acute):</b> Providers must request authorization for acute non-behavioral health inpatient admissions once the member is admitted to inpatient status and meets InterQual<sup>®</sup> criteria and any applicable BCN local rules. For commercial members, complete the <a href="#">Acute inpatient hospital assessment form</a> and follow the instructions on the form to submit requests to BCN.</p> <p>Note: For maternity admissions resulting in delivery (up to 48 hours following routine delivery or 96 hours following a C-section), providers must notify the plan to facilitate claims payment. Do this by submitting an authorization request; clinical review is not required.</p>
<p><b>Musculoskeletal services, including orthopedic and spinal procedures:</b> TurningPoint Healthcare Solutions LLC manages prior authorizations for certain musculoskeletal surgical and other related procedures for all BCN members. Submit prior authorization requests to TurningPoint. See BCN's <a href="#">Musculoskeletal Services</a> page for additional information.</p> <p>See also: Pain management services</p>
<p><b>Pain management services:</b> TurningPoint manages prior authorizations for pain management procedures as follows:</p> <ul style="list-style-type: none"> <li>• For BCN commercial members, prior authorization is required for all dates of service.</li> <li>• For BCN Advantage members: <ul style="list-style-type: none"> <li>○ For dates of service on or after May 1, 2025, prior authorization isn't required.</li> <li>○ For dates of service before May 1, 2025, prior authorization is required.</li> </ul> </li> </ul> <p>See BCN's <a href="#">Pain Management Services</a> page for additional information.</p> <p>See also: Musculoskeletal services, including orthopedic and spinal procedures</p>

## Inpatient services

### Post-acute care services (skilled nursing, long-term acute care and inpatient rehabilitation):

- **For BCN commercial members**, complete the [SNF/acute IPR assessment form](#) or the [LTACH assessment form](#), as appropriate, and follow the instructions on the form to submit prior authorization requests to BCN.
- **For BCN Advantage members**, the process to submit prior authorization requests varies based on the date of service:
  - **Facilities that DON'T have access to Availity Essentials™**: Complete the [SNF/acute IPR assessment form](#) or the [LTACH assessment form](#), as appropriate, and follow the instructions on the form to submit prior authorization requests to BCN.
  - **Facilities that HAVE access to Availity Essentials**: Submit prior authorization requests through the e-referral system.

Note: For retroactive authorization requests submitted on or after Oct. 1 for dates of service before Oct. 1, submit the request through the e-referral system. Be sure to enter the Centers for Medicare & Medicaid Services-determined PDP code in the Case Communication field. We'll accept retroactive requests through Sept. 30, 2025. If you have questions, send them to [UMMedicarePACCA@bcbsm.com](mailto:UMMedicarePACCA@bcbsm.com).

## Office, outpatient and ancillary services

### Air ambulance:

- **For BCN commercial members**, non-emergency flights must be authorized by Alacura Medical Transport Management. For information about submitting prior authorization requests, refer to the document [Non-emergency air ambulance prior authorization program: Overview for Michigan and non-Michigan providers](#).
- **For BCN Advantage members**, air ambulance flights don't require prior authorization. This applies to both emergency and non-emergency flights.

### Cosmetic, orthognathic and transgender surgeries — any location

**For bariatric surgeries**, non-Michigan providers must contact BCN Utilization Management at 1-800-392-2512 prior to performing the surgery.

**Behavioral health outpatient services** (for mental health and substance use disorders, including autism): For most BCN members, these services are managed by Blue Cross Behavioral Health. Refer to:

- The document [Blue Cross Behavioral Health: Frequently asked questions for providers](#) for information about submitting authorization requests for services that require authorization.
- The BCN [Behavioral Health](#) and [Autism Services](#) webpages

**Important:** For BCN members with coverage through Healthy Blue Choices<sup>SM</sup> POS:

- **Starting Jan. 1, 2025:** Behavioral health services are managed by Blue Cross Behavioral Health.
- **Through Dec. 31, 2024:** Behavioral health services are managed by Carelon Behavioral Health. Submit retroactive requests for dates of service on or before Dec. 31, 2024, to Carelon Behavioral Health. For more information, refer to BCN's [Healthy Blue Choices POS webpage](#).

## Cataract services and surgeries

### Chiropractic services –

- For physical medicine services (procedure codes \*97012, \*97014, \*97018, \*97022, \*97024, \*97026, \*97028, \*97032, \*97034, \*97035, \*97110, \*97112, \*97113, \*97116, \*97124, \*97140 and G0283): submit prior authorization requests through the EviCore by Evernorth provider portal at [evicore.com](https://evicore.com)<sup>\*\*</sup>. You can also phone EviCore at 1-855-774-1317 or fax the requests to EviCore at 1-855-774-1319. Refer to BCN's [PT, OT, ST and Physical Medicine Services](#) page for more information.
- For other chiropractic services (office visits, X-rays and manipulations), prior authorization is required. Request prior authorization by calling BCN Utilization Management at 1-800-392-2512.

## Office, outpatient and ancillary services

**Continuous glucose monitor products:** Requirements vary and prior authorization could be required in certain circumstances.

- **BCN commercial members who have both medical and pharmacy benefits through BCN** may obtain CGM products through:
  - A DME supplier under their medical benefit (Northwood is the exclusive DME provider for BCN commercial members who reside in Michigan.)
  - A participating network pharmacy under their pharmacy benefit
- **BCN commercial members who have only medical benefits through BCN** must obtain CGM products through a DME supplier.
- For dates of service on or after Oct. 1, 2024, **BCN Advantage members** must obtain their CGM products through a participating network pharmacy.

**Exception:** UAW Retiree Medical Benefits Trust members with BCN Advantage plans are excluded from this change. These members should continue to obtain their CGM products through a DME supplier.

For more information, see the document titled [Continuous glucose monitor products: FAQs for prescribing providers](#).

**Drugs covered under the medical benefit:** Refer to BCN's [Medical Benefit Drugs](#) page for drug lists and for information on submitting prior authorization requests for drugs covered under the medical benefit and the associated requirements.

See also: "Oncology and supportive care drugs — medical benefit and pharmacy benefit" row later in this table.

**Drugs submitted as pharmacy claims:** Some drugs require prior authorization, step therapy and/or quantity limits. Click [here](#) to see our PA, ST and QL guidelines. Call the Pharmacy Clinical Help Desk, available 24 hours, 7 days per week, at 1-800-437-3803 to obtain PA and ST requirements and forms. Walgreens Specialty Pharmacy provides specialty drugs to BCN members in Michigan. All drugs shipped into Michigan billed by other specialty pharmacies require prior authorization.

See also: "Oncology and supportive care drugs — medical benefit and pharmacy benefit" row later in this table.

## Durable medical equipment

- **Continuous glucose monitor products:** Refer to the information about continuous glucose monitor products earlier in this document.
  - **All other DME items** purchased in or shipped to Michigan require prior authorization.
- Note: For members with point-of-service (POS) plans:
- For members with Michigan home addresses, all providers must contact Northwood for DME.
  - For members with addresses outside of Michigan, non-Michigan providers must use a DME provider that participates as a Traditional provider with their local Blue Cross plan.

For more information, refer to the document [Durable medical equipment, prosthetics, orthotics and medical supplies management program: Frequently asked questions for providers](#).

## Elective (non-emergency) surgeries — any location

## Elective termination of pregnancy

## Experimental or investigational procedure codes

## Hearing aids, including bone-anchored hearing aids

**Home health care** — by home health care agencies only: Home health care requires authorization only for providers not contracted with BCN. Call those requests in to BCN Utilization Management at 1-800-392-2512. For providers contracted with BCN, no authorization is required.

## Hospice services

**Laboratory services:** Contact JVHL at 1-800-445-4979, for genetic testing and for laboratory services performed by an independent clinical laboratory, if the specimen was obtained in Michigan.

# Non-Michigan providers: BCN prior authorization requirements

For BCN commercial and BCN Advantage<sup>SM</sup> members

Revised May 2025

## Office, outpatient and ancillary services

**Musculoskeletal services, including orthopedic and spinal procedures:** TurningPoint Healthcare Solutions manages prior authorizations for certain musculoskeletal surgical and other related procedures for all BCN members. Submit prior authorization requests to TurningPoint. See BCN's [Musculoskeletal Services](#) page and [Pain Management Services](#) page for additional information.

See also: Pain management services

**Oncology and supportive care drugs — medical benefit and pharmacy benefit:** These drugs are managed under the Oncology Value Management program. Submit prior authorizations to OncoHealth through the OncoHealth OneUM<sup>TM</sup> portal.

For more information, refer to the document titled [Oncology Value Management program through OncoHealth: FAQs for providers](#). The document includes detailed information about the program, including links to drug lists.

**Pain management services:** TurningPoint manages prior authorizations for pain management procedures as follows:

- For BCN commercial members, prior authorization is required for all dates of service.
- For BCN Advantage members:
  - For dates of service on or after May 1, 2025, prior authorization isn't required.
  - For dates of service before May 1, 2025, prior authorization is required.

See BCN's [Pain Management Services](#) page for additional information.

See also: Musculoskeletal services, including orthopedic and spinal procedures

**Physical, occupational and speech therapy by therapists and physical medicine services by athletic trainers —**

Submit prior authorization requests for initial visits, follow-up visits and re-evaluations through the EviCore provider portal at [evicore.com](#)<sup>\*\*</sup>. You can also phone EviCore at 1-855-774-1317 or fax the requests to EviCore at 1-855-774-1319. Refer to BCN's [PT, OT, ST and Physical Medicine Services](#) page for more information.

## Sterilization procedures

### TMJ treatment

#### Transplants, for the procedure itself

##### • For dates of service on or after Jan. 1, 2024:

- For BCN commercial members, authorization is required through the Human Organ Transplant Program for solid organ and bone marrow transplant procedures (except skin and cornea). This includes kidney-only transplants.
- For BCN Advantage members, authorization is not required for any transplants.

##### • For dates of service before Jan. 1, 2024:

Authorization is required for all members through the Human Organ Transplant Program, for solid organ and bone marrow transplant procedures (except kidney, skin and cornea).

##### • For all dates of service:

Submit an outpatient prior authorization request for the transplant procedure through the e-referral system. For more information, refer to the [Getting Started](#) webpage on [ereferrals.bcbsm.com](#) and the [e-referral User Guide](#).

**Private duty nursing** (procedure codes S9123 and S9124) – Prior authorization is required for BCN commercial members. Note: Not all groups have private duty nursing as a benefit. Check each member's eligibility and benefits prior to performing services.

**In addition, all procedures with not-otherwise-classified or unlisted codes require prior authorization.**

## Other information

**BCN as secondary carrier:** BCN does not require authorization when it provides secondary medical coverage. However, the claim will be denied when the services is not a covered BCN benefit or when the member has not followed the requirements of the primary carrier.

**Members for whom Medicare is primary:** Authorization is required when Medicare days are exhausted and when infusion services are not routinely covered by Medicare and for any service Medicare identifies as not covered.

Note: Members with BCN Advantage<sup>SM</sup> HMO ConnectedCare, BCN Advantage<sup>SM</sup> Local HMO or any individual product do not have an out-of-network benefit for any service not deemed an emergency service or an urgent service.



**Blue Care  
Network  
of Michigan**

A nonprofit corporation and independent licensee  
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## **Non-Michigan providers: BCN prior authorization requirements**

**For BCN commercial and BCN Advantage<sup>SM</sup> members**

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**Peer-to-peer review of an authorization request denied by BCN:** Refer to these documents, which are available on the [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com) website:

- [How to request a peer-to-peer review with a Blue Cross or BCN medical director](#)
- [Physician peer-to-peer-request form \(for non-behavioral health cases\)](#)

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