

Special note: Due to the COVID-19 pandemic, clinical review requirements are temporarily suspended for the first three days of admission to skilled nursing facilities from hospitals in certain states. This applies to BCN commercial, BCN Advantage, Blue Cross Blue Shield of Michigan commercial and Medicare Plus BlueSM members until further notice. For these admissions, clinical documentation is not required until the continued stay review, starting on the fourth day of stay. For a list of states affected by this change as well as additional information about this change, refer to the [Provider Alert](#). Note: The alert document linked here will be updated as changes occur.

For a description of the routine requirements for admissions to skilled nursing facilities, see the “Post-acute care services” information below.

GENERAL RULES:

- **Non-Michigan providers who are not contracted with their local Blue Cross Blue Shield plan are considered by BCN 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: Products such as Blue Elect PlusSM POS and Blue Elect Plus HSASM POS allow out-of-network coverage. This means that 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 [BCN referral and authorization requirements for Michigan providers](#) document (for providers within Michigan). For more details about Blue Elect Plus POS and Blue Elect Plus HSA POS, refer to BCN's [Blue Elect Plus POS webpage](#) on the ereferrals.bcbsm.com website.

Inpatient services

Inpatient admissions: BCN Utilization Management must be notified of acute non-behavioral health inpatient admissions once the member is admitted to inpatient status and meets InterQual[®] and BCN clinical criteria.

For BCN Advantage members who have certain conditions and who are admitted for acute care medical services on or after March 1, 2022, submit authorization requests on the third day of the stay, after the member has spent two days in the hospital. Exception: For members in a critical care setting, requests can be submitted prior to the third day. For additional information, refer to the document [Submitting acute inpatient authorization requests: Frequently asked questions for providers](#); in the table of contents, click *What are the local rules that apply to members with certain conditions?*

Note: For information on behavioral health inpatient admissions, refer to the [Behavioral Health chapter](#) of the *BCN Provider Manual*.

Maternity admissions up to 48 hours following vaginal delivery and 96 hours following a cesarean section

Musculoskeletal services, including pain management: TurningPoint Healthcare Solutions, LLC, manages 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 for additional information.

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

- **For BCN commercial members**, fax prior authorization requests to BCN using the appropriate form on BCN's [Forms](#) page at ereferrals.bcbsm.com. On that page, look under the "Transitional Care Services" heading. The fax number is on the form.
- **For BCN Advantage members**, submit prior authorization requests to naviHealth:
 - **Out-of-state facilities:** Submit prior authorization requests through the naviHealth provider portal. To access the portal, log into your home plan's website and select an ID card prefix from Michigan. This will take you to the Blue Cross Blue Shield of Michigan website. Click the *Medicare Advantage Post-Acute Care Authorization* link and enter your NPI.
 - **In-state (contracted) providers:** Submit prior authorization requests for admissions to naviHealth by accessing the provider portal from the Provider Secured Services page. Visit bcbsm.com/providers and log in to Provider Secured Services. Click the *Medicare Advantage Post-Acute Care Authorization* link. Enter your NPI.
You can also access the portal directly at access.navihealth.com,* but you must first register. You can also call naviHealth at 1-855-851-0843 or fax requests to naviHealth at 1-844-899-3730 for new authorization requests, 1-844-736-2980 for continued stay requests or 1-844-729-2591 for discharges. For discharges only, you can email mid-west_discharge_info@navihealth.com. You can also submit through Allscripts®. Follow your current process.

Note: See the special note at the beginning of this document about the temporary suspension of clinical review requirements for the first three days after admission to skilled nursing facilities from hospitals in certain states.

Office, outpatient and ancillary services

Air ambulance: Only non-emergency flights require prior authorization.

- **For BCN commercial members**, non-emergency flights must be authorized by Alacura Medical Transport Management. To request authorization, fax the [Air ambulance flight information form](#) to Alacura. Then call Alacura to get the authorization number. The fax and telephone numbers for Alacura are on the form. Review the form for additional information, including the definition of a non-emergency flight.
- **For BCN Advantage members**, submit the prior authorization request to BCN.

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 (mental health and substance use disorders): Call the appropriate number in the BCN Behavioral Health department, above.

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 healthcare provider portal at www.evicore.com.* 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 [Outpatient PT, OT, ST](#) 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.

Drugs covered under the medical benefit: Refer to BCN's [Medical Benefit Drugs](#) page for information on submitting prior authorization requests for drugs covered under the medical benefit and the associated requirements. Click on the links below to open the lists of these drugs and see the requirements for each:

- [BCN commercial drug list](#)
- [BCN Advantage drug list](#)

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.

| Office, outpatient and ancillary services |
|--|
| Durable medical equipment purchased in or shipped to Michigan |
| Elective (non-emergency) surgeries — any location |
| Elective termination of pregnancy |
| Experimental or investigational procedure codes |
| Hearing aids, including bone-anchored hearing aids |
| <p>Home health care (by home health care agencies only):</p> <ul style="list-style-type: none"> • For BCN commercial members: 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. • For BCN Advantage members: Home health care requires authorization through CareCentrix[®], for episodes of care that start on or after June 1, 2021. This applies to home health agencies both inside and outside of Michigan. Refer to the Home health care: Quick reference guide for information on how to submit prior authorization requests. For additional information, refer to BCN's Home Health Care webpage at ereferrals.bcbsm.com. |
| <p>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.</p> |
| <p>Musculoskeletal services, including pain management: TurningPoint Healthcare Solutions manages authorizations for certain musculoskeletal surgical and other related procedures for all BCN members. Submit prior authorization requests to TurningPoint.</p> <p>See BCN's Musculoskeletal Services page for additional information.</p> |
| <p>Physical, occupational and speech therapy by therapists (starting May 27, 2019) and physical medicine services by athletic trainers (for dates of service on or after Jan. 1, 2021) – Submit prior authorization requests for initial visits, follow-up visits and re-evaluations through the eviCore healthcare provider portal at www.evicore.com. * 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 Outpatient PT, OT, ST page for more information.</p> |
| Sterilization procedures |
| TMJ treatment |
| Transplants (solid organ and bone marrow evaluations, harvesting and transplants) |
| In addition, all procedures with not-otherwise-classified or unlisted codes must be authorized. |

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 AdvantageSM HMO ConnectedCare and any individual product do not have an out-of-network benefit for any service not deemed an emergency service or an urgent service.

Peer-to-peer review of an authorization request denied by BCN: Refer to the [Quick Links webpage](#) at bcbsm.com/providers. Scroll down and click *Out-of-state providers*. Finally, click to open:

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

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.