



Blue Cross Complete authorization requirements

Contact Blue Cross Complete to request authorization:

Hours: 8:30 a.m. to 5 p.m., Monday through Friday

Telephone: 1-888-312-5713, press 1 to request authorization / **Fax:** 1-888-989-0019

NONCONTRACTED PROVIDERS must obtain authorization for all services listed below.

Inpatient services

Hospice services	Authorization is required for all providers.
Inpatient admissions	Authorization is required for all providers. This includes long-term acute care, inpatient rehabilitation and skilled nursing care. Providers should notify Blue Cross Complete of all emergency admissions within 1 business day.
Maternity	Plan notification is required for all providers. Notification must be made up to 48 hours following routine delivery / 96 hours following C-section.
Non-routine nursery care (NICU, special care nursery)	Authorization is required for all providers (This is a clarification of an existing requirement).

Office / outpatient / ancillary services

Bone anchored hearing aid	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Botox® §	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Bariatric surgery	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Biofeedback for urinary incompetence and chronic constipation	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Cardiac rehabilitation	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Chiropractic services	For 21 years and over and >18 visits per year, authorization is required for all providers. For < 21 years of age, authorization is required for all providers. Note: Coverage includes one set of X-rays of the spine per year. Chiropractor must be affiliated with Blue Cross Complete.
Cognitive therapy	Authorization is required for all providers.
Contact lenses (See also: Vision services and supplies: low vision and Vision services and supplies, routine)	Authorization is required for all providers. Routine vision services include routine eye exams, eyeglasses, and other vision services and supplies.
Cosmetic surgery	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
DME / P&O / medical supplies	Refer to the table of preferred vendors elsewhere in this document.
Elective termination of pregnancy	Authorization is required for all providers. Special requirements: The following procedures require a special consent that must be submitted with the claim to allow for claim processing: hysterectomy, sterilization procedures and elective termination of pregnancy.
Experimental and investigational	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.

Blue Cross Complete plan notification and authorization requirements

Office / outpatient / ancillary services (continued)

Home TPN and enteral feedings	Authorization is required for all providers.
Hospice services (home)	Authorization is required for all providers.
Hyperbaric oxygen therapy	Authorization is required for all providers.
Neuropsychological / psychological testing for bariatric surgery	Authorization is required for all providers.
Occupational therapy	Private/professional - authorization required for all visits/units following the evaluation. Outpatient facility - Authorization is required after 12 th visit/48 units.
Physical therapy	Authorization is required for all providers after 12 th visit/48 units.
Pulmonary rehabilitation	Authorization is required for all providers.
Speech therapy	Private/professional - authorization required for all visits/units following the evaluation. Outpatient facility - Authorization is required after 12 th visit/48 units.
TMJ treatment	Authorization is required for all providers.
Transplants	Authorization is required for all providers. This includes for solid organ and bone marrow evaluations and harvesting (except kidney/skin/cornea). Note: Direct members to Blue Distinction Centers for Transplants. Authorization request must be submitted at least 14 days prior to service being rendered.
Unclassified procedures (also called "not otherwise classified (NOC)," "unlisted" and "unspecified")	Authorization is required for all providers.
Injections	
Epidural steroid injection	Authorization is required for all providers.
Epidural steroid injection, transforminal	Authorization is required for all providers.
Facet joint injection	Authorization is required for all providers.
Sacroiliac joint injection	Authorization is required for all providers.

§ For medications covered under the medical benefit that require authorization, providers are encouraged to submit authorization requests using the *Blue Cross Complete Medication Prior Authorization Request* form, which is available at MiBlueCrossComplete.com/providers. The completed form must be faxed to PerformRx at 1-855-811-9326.

PREFERRED VENDORS

Type of service (outpatient)	Preferred vendors
Laboratory	- JVHL: 1-800-445-4979
Nondiabetic DME, P&O and medical supplies	- Northwood, Inc.: Call Northwood's customer service department at 1-800-393-6432 to identify a contracted supplier.
Diabetes and incontinence supplies	- J&B Medical Supply: 1-888-896-6233

Blue Dot Changes to Blue Cross Complete Plan Notification and Authorization Requirements

Service	Change description
● Chiropractic services	For <21 years of age, authorization is required for all providers. Effective September 1, 2016
● Injections	Added as a required authorization for all providers. Effective September 1, 2016
● Non-routine nursery care (NICU, special care nursery)	This is a clarification of an existing requirement. Effective September 1, 2016
● Occupational Therapy	Outpatient facility - Authorization is required after 12 th visit/48 units. Effective September 1, 2016
● Physical therapy	Authorization is required for all providers after 12 th visit/48 units. Effective September 1, 2016
● Speech therapy	Authorization is required for all providers after 12 th visit/48 units. Effective September 1, 2016
● Non contracted providers	Non contracted providers will no longer require authorization for all services rendered. Non contracted providers will be required to obtain authorization for services contained in this document. Effective May 1, 2018

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