

Guidelines for services reviewed by eviCore healthcare for

Blue Cross Blue Shield of Michigan and Blue Care Network

Guideline	Blue Cross PPO (commercial)	Blue Cross Medicare Plus Blue SM PPO	BCN HMO SM (commercial)	BCN Advantage SM
A. Services eviCore reviews for Blue Cross and BCN	<ul style="list-style-type: none"> • Lumbar spinal fusion surgery — eff. Jan. 1, 2018 • Radiation therapy — eff. Jan. 1, 2018 • Interventional pain management procedures — eff. Jan. 1, 2018 	<ul style="list-style-type: none"> • Physical and occupational therapy — eff. Jan. 1, 2017 <p>Note: eviCore does not manage speech therapy services for Medicare Plus Blue PPO.</p> <ul style="list-style-type: none"> • Lumbar spinal fusion surgery — eff. Sept. 1, 2016 • Radiation therapy — eff. Nov. 1, 2016 • Post-acute care services (skilled nursing facilities, long-term acute care hospitals and inpatient rehabilitation facilities) — eff. June 1, 2016 • Interventional pain management procedures — eff. Sept. 1, 2016 	<ul style="list-style-type: none"> • Physical, occupational and speech therapy by therapists and physical medicine services by chiropractors — eff. Aug. 1, 2008 • Select radiology procedures — eff. July 1, 2014 <p>Note: eviCore manages radiology procedures only for dates of service prior to Oct. 1, 2018, including postservice requests.</p> <ul style="list-style-type: none"> • Select cardiology and radiation therapy procedures — eff. Oct. 1, 2015 <p>Note: eviCore manages cardiology procedures only for dates of service prior to Oct. 1, 2018, including postservice requests.</p> <ul style="list-style-type: none"> • Select Interventional pain management procedures — eff. Sept. 1 and Dec. 1, 2016 	<ul style="list-style-type: none"> • Physical, occupational and speech therapy by therapists — eff. Aug. 1, 2008 • Physical medicine services by chiropractors — eff. Aug. 1, 2016 • Select radiology procedures — eff. July 1, 2014 <p>Note: eviCore manages radiology procedures only for dates of service prior to Oct. 1, 2018, including postservice requests.</p> <ul style="list-style-type: none"> • Select cardiology and radiation therapy procedures — eff. Oct. 1, 2015 <p>Note: eviCore manages cardiology procedures only for dates of service prior to Oct. 1, 2018, including postservice requests.</p> <ul style="list-style-type: none"> • Select Interventional pain management procedures — eff. Sept. 1 and Dec. 1, 2016

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B. How to initiate an authorization request for these services	<ul style="list-style-type: none"> • Interventional pain management procedures, lumbar spinal fusion surgery and radiation therapy: <ul style="list-style-type: none"> ○ Online: <ol style="list-style-type: none"> 1. Visit bcbsm.com/providers. 2. Log in to Provider Secured Services. 3. Click <i>web-DENIS</i>. 4. Click <i>Prior Authorization</i>. 5. Enter the NPI and contract number. 6. Click <i>Enter</i>. ○ By phone: 1-877-917-2583 ○ By fax: 1-800-540-2406 (Note: Radiation therapy authorizations requests may not be submitted by fax.) 	<ul style="list-style-type: none"> • Interventional pain management procedures, lumbar spinal fusion surgery, radiation therapy and PT/OT: <ul style="list-style-type: none"> ○ Online: <ol style="list-style-type: none"> 1. Visit bcbsm.com/providers. 2. Log in to Provider Secured Services. 3. Click <i>web-DENIS</i>. 4. Click <i>Prior Authorization</i>. 5. Enter the NPI and contract number. 6. Click <i>Enter</i>. ○ By phone: 1-877-917-2583 ○ By fax: 1-800-540-2406 (Note: Radiation therapy authorizations requests may not be submitted by fax.) • Post-acute care: <ul style="list-style-type: none"> ○ By phone: 1-877-917-2583 ○ By fax: 1-844-407-5293 ○ Via Allscripts®: Select eviCore healthcare as the HSP and change the state to TN. Attach the eviCore prior authorization form to the request. 	<ul style="list-style-type: none"> • PT/OT/ST by therapists (for BCN HMO and BCN Advantage) and physical medicine services by chiropractors (for BCN HMO only): <p>For urgent requests only, call BCN's Utilization Management department at 1-800-392-2512.</p> <p>Submit all other requests through BCN's e-referral system. To log in:</p> <ol style="list-style-type: none"> 1. Visit bcbsm.com/providers. 2. Click <i>LOGIN</i>. 3. Log in to Provider Secured Services using your user name and password. 4. Click <i>BCN e-referral</i>. <p>Note: The following must be submitted to BCN through the e-referral system: requests to approve the evaluation and first treatment visit (for occupational and physical therapy), the first treatment visit (for physical medicine services provided by chiropractors) and the evaluation only (for speech therapy).</p> <p>The requests submitted initially through e-referral are transferred to eviCore's online system the following day. Requests for subsequent visits must be submitted to eviCore either electronically at www.LMhealthcare.com* or by fax. (See section D in this document: Finding the eviCore fax forms for these services.) For questions about these requests, call eviCore Customer Service at 1-877-531-9139.</p> • Interventional pain management, radiation therapy services (and for select cardiology and radiology services with dates of service prior to Oct. 1, 2018, including postservice requests): <p>For urgent requests only, call eviCore at 1-855-774-1317.</p> <p>Submit all other requests through www.eviCore.com.* Click <i>Providers</i> and log in to the provider portal.</p> 	

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C. Procedure codes that require authorization by eviCore	Refer to the document Procedures that require authorization by eviCore , found on the eviCore-Managed Procedures page in the Blue Cross section at ereferrals.bcbsm.com .		<ul style="list-style-type: none"> PT/OT/ST by therapists (for BCN HMO and BCN Advantage) and physical medicine services by chiropractors (for BCN HMO only): Refer to the Care Management chapter in the <i>BCN Provider Manual</i>. Look in the section titled "Managing PT, OT and ST / Managing physical medicine services by chiropractors." Interventional pain management and radiation therapy services (and for select cardiology and radiology services with dates of service prior to Oct. 1, 2018, including postservice requests): Refer to the document Procedures that require authorization by eviCore, found on the eviCore-Managed Procedures page in the BCN section at ereferrals.bcbsm.com. 	

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D. Finding the eviCore fax forms for these services	<ul style="list-style-type: none"> • Interventional pain management procedures, lumbar spinal fusion surgery (Blue Cross PPO and Medicare Plus Blue PPO) and PT/OT (Medicare Plus Blue PPO only): <ol style="list-style-type: none"> 1. Visit www.eviCore.com.* 2. On the Resources tab, click <i>Providers</i>. 3. Scroll down to the Online Forms & Resources heading. 4. Select <i>Musculoskeletal</i> on the Selection Solution (Required) drop-down menu. 5. Click to open the specific form desired. <p>Note: Fax the form to 1-800-540-2406.</p> • Radiation therapy (Blue Cross PPO and Medicare Plus Blue PPO): Radiation therapy authorization requests may not be submitted by fax. However, required clinical information can be faxed for pending cases using the worksheets that are accessed by completing the following steps: <ol style="list-style-type: none"> 1. Visit www.eviCore.com.* 2. On the Solutions tab, click <i>Radiation Therapy</i>. 3. Click <i>Clinical Guidelines</i>. 4. Scroll down and click <i>View More Physician Worksheets</i>. 5. Click to open the desired worksheet. 6. Complete the worksheet and fax it to 1-800-540-2406. • Post-acute care forms (for Medicare Plus Blue PPO only): <ol style="list-style-type: none"> 1. Visit the Blue Cross post-acute care implementation page. 2. Under the Resources heading, click <i>BCBSM PAC Authorization Form</i>. 3. Complete the form and fax it to the fax number found on the form. 		<ul style="list-style-type: none"> • PT/OT/ST (for BCN HMO and BCN Advantage) and physical medicine services by chiropractors (for BCN HMO only): <ol style="list-style-type: none"> 1. Visit www.LMhealthcare.com.* 2. Click <i>Landmark Connect</i>. 3. Log in to Landmark Connect. 4. Click the Admin Resources tab. 5. Scroll down to the Forms heading. 6. Click to open the specific form desired. 7. Fax the completed form to 1-888-565-4225. <p>Note: Requests can also be submitted electronically from this website. Click the e-Forms tab in Landmark Connect to access the appropriate treatment plan authorization request. Complete the required forms and submit them electronically. (Also see section B in this document: How to initiate an authorization request for these services.)</p> • All other services: <ol style="list-style-type: none"> 1. Visit www.eviCore.com.* 2. On the Resources tab, click <i>Providers</i>. 3. Scroll down to the Online Forms & Resources heading. 4. On the Type Health Plan tab, select <i>Blue Care Network</i>. 5. Click <i>Show Results</i>. 6. Click to open the specific form desired. 7. Fax the form to the BCN-specific number listed on the form. <p>Note: If there is no BCN-specific fax number on the form, fax the form to the number given “for all other plans.”</p> 	

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E. Finding the eviCore criteria and clinical guidelines for these services	<ol style="list-style-type: none"> 1. Visit www.eviCore.com.* 2. On the Resources tab, click <i>Providers</i>. 3. Scroll down to the Clinical Guidelines heading. <p>For interventional pain management procedures, lumbar spinal fusion surgery (Blue Cross PPO and Medicare Plus Blue PPO) and PT/OT (Medicare Plus Blue PPO only):</p> <ol style="list-style-type: none"> 4. On the Select Solution tab, click <i>Musculoskeletal</i>. 5. Click to open the specific guideline desired. <p>For radiation therapy (for Blue Cross PPO and Medicare Plus Blue PPO):</p> <ol style="list-style-type: none"> 4. On the Select Solution tab, click <i>Radiation Therapy</i>. 5. Click to open the specific guideline desired. <p>For acute care admissions (Medicare Plus Blue PPO only): eviCore uses InterQual[®] criteria to determine medical necessity.</p>		<ul style="list-style-type: none"> • For all services: <ol style="list-style-type: none"> 1. Visit www.eviCore.com.* 2. On the Resources tab, click <i>Providers</i>. 3. Scroll down to the Clinical Guidelines heading. 4. On the Select Solution tab, click the clinical area. For example, click <i>Musculoskeletal</i>, for interventional pain management procedures. 5. Click to open the specific guideline desired. 																	
F. Clinical review requirements for PT/OT/STs and chiropractors providing physical medicine services	<p>This information applies to Medicare Plus Blue PPO only.</p> <ul style="list-style-type: none"> • For independent OTs: Clinical review is required for all treatment visits starting with the seventh visit after the initial evaluation. • For independent PTs and for PTs and OTs in outpatient therapy centers and hospitals: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Category</th> <th>Requirements</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">A</td> <td>Authorization is not required but providers must notify eviCore of the services that will be provided. These services will be authorized as a block of care subject to the member's benefit limit. No clinical information needs to be submitted. Clinical review is not required beyond the initial approval.</td> </tr> <tr> <td style="text-align: center;">B</td> <td>Clinical review is required for all treatment visits starting with the seventh visit after the initial evaluation. Note: This may vary depending on the member's condition.</td> </tr> <tr> <td style="text-align: center;">C</td> <td>Clinical review is required for all additional visits after the initial evaluation.</td> </tr> </tbody> </table> <p>Providers may view their category assignments in the eviCore provider portal. More information is available at www.LMhealthcare.com.*</p>		Category	Requirements	A	Authorization is not required but providers must notify eviCore of the services that will be provided. These services will be authorized as a block of care subject to the member's benefit limit. No clinical information needs to be submitted. Clinical review is not required beyond the initial approval.	B	Clinical review is required for all treatment visits starting with the seventh visit after the initial evaluation. Note: This may vary depending on the member's condition.	C	Clinical review is required for all additional visits after the initial evaluation.	<ul style="list-style-type: none"> • For OTs in any setting (for BCN HMO and BCN Advantage) and for chiropractors providing physical medicine services (for BCN HMO only): Clinical review is required for all treatment visits starting with the seventh visit after the initial evaluation. • For STs in any setting: Clinical review is required for all additional visits after the initial evaluation. • For PTs in any setting: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Category</th> <th>Requirements</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">A</td> <td>All treatment visits after the initial evaluation are automatically approved when submitted. This applies up to the benefit limit.</td> </tr> <tr> <td style="text-align: center;">B</td> <td>Clinical review is required for all treatment visits starting with the seventh visit after the initial evaluation.</td> </tr> <tr> <td style="text-align: center;">C</td> <td>Clinical review is required for all additional visits after the initial evaluation.</td> </tr> </tbody> </table> <p>Providers may view their category assignments in the eviCore provider portal. More information is available at www.LMhealthcare.com.*</p>		Category	Requirements	A	All treatment visits after the initial evaluation are automatically approved when submitted. This applies up to the benefit limit.	B	Clinical review is required for all treatment visits starting with the seventh visit after the initial evaluation.	C	Clinical review is required for all additional visits after the initial evaluation.
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