

Non-Michigan providers: Referral and authorization requirements

For BCN commercial and BCN AdvantageSM members only

Revised: December 2020

BCN's Utilization Management department hours:

Monday through Thursday 8:30 a.m. to 12 noon and 1 p.m. to 5 p.m.

Friday 9:30 a.m. to 12 noon and 1 p.m. to 5 p.m.

Telephone: 1-800-392-2512

BCN's Behavioral Health department hours:

Monday through Friday 8 a.m. to 5 p.m.

Telephone – BCN HMO: 1-800-482-5982

Telephone – BCN Advantage: 1-800-431-1059

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 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, refer to BCN's [Blue Elect Plus POS webpage](#) on the [ereferrals.bcbsm.com](#) website. Blue Elect Plus POS is available Jan. 1, 2021.

Inpatient services
<p>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.</p> <p>Note: For information on behavioral health inpatient admissions, refer to the Behavioral Health chapter of the <i>BCN Provider Manual</i>.</p>
<p>Maternity admissions up to 48 hours following vaginal delivery and 96 hours following a cesarean section</p> <p>Musculoskeletal services: TurningPoint Healthcare Solutions LLC manages authorizations for certain musculoskeletal surgical and other related procedures for all BCN members as follows:</p> <ul style="list-style-type: none"> • Pain management: For dates of service on or after Jan. 1, 2021, submit prior authorization requests to TurningPoint. For dates of service prior to Jan. 1, 2021, submit requests to eviCore healthcare. • Other musculoskeletal services: For dates of service on or after July 1, 2020, submit prior authorization requests to TurningPoint. <p>See BCN's Musculoskeletal Services page for additional information.</p>
<p>Post-acute care services: For BCN Advantage members admitted on or after June 1, 2019, to skilled nursing, long-term acute care and inpatient rehabilitation facilities, submit prior authorization requests to naviHealth.</p> <ul style="list-style-type: none"> • 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 <i>Medicare Advantage Post-Acute Care Authorization</i> 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 <i>Medicare Advantage Post-Acute Care Authorization</i> link. Enter your NPI. <p>Starting June 1, 2019, 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.</p>

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Office, outpatient and ancillary services
<p>Air ambulance: Only non-emergency flights require prior authorization. For BCN HMO (commercial) members, effective April 2, 2018, non-emergency flights must be authorized by Alacura Medical Transport Management. To request authorization, fax the Air ambulance flight information form to 1-844-608-3572. Then call Alacura at 1-844-608-3676 to get the authorization number. 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.</p>
Bariatric, cosmetic, orthognathic, and transgender surgeries — any location
Behavioral health (mental health and substance use disorders): Call the appropriate Behavioral Health number, above.
Cataract services and surgeries
<p>Chiropractic services, including the following physical medicine therapy codes, effective Aug. 1, 2016: *97012, *97014, *97018, *97022, *97024, *97026, *97028, *97032, *97034, *97035, *97110, *97112, *97113, *97116, *97124, *97140 and G0283. Starting May 27, 2019, submit physical medicine services 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.</p>
<p>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:</p> <ul style="list-style-type: none"> • BCN HMO drug list • BCN Advantage drug list
<p>Drugs submitted as pharmacy claims: Some drugs require 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.</p>
Durable medical equipment purchased in or shipped to Michigan
Elective (non-emergency) surgeries performed in an outpatient hospital or surgical facility
Elective termination of pregnancy
Experimental or investigational procedure codes
Hearing aids, including bone-anchored hearing aids
<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: TurningPoint Healthcare Solutions, LLC, manages authorizations for certain musculoskeletal surgical and other related procedures for all BCN members as follows:</p> <ul style="list-style-type: none"> • Pain management: For dates of service on or after Jan. 1, 2021, submit prior authorization requests to TurningPoint. For dates of service prior to Jan. 1, 2021, submit requests to eviCore healthcare. • Other musculoskeletal services: For dates of service on or after July 1, 2020, submit prior authorization requests to TurningPoint. <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>

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Office, outpatient and ancillary services
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 \(for non-behavioral health cases\)](#)