

Provider Preauthorization & Precertification Requirements

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Provider Preauthorization & Precertification Requirements

1. BCBSM Definitions

Preauthorization: A process that allows physicians and other professional providers to determine, before treating a patient, if BCBSM will cover the cost of a proposed service. BCBSM requires preauthorization for services or procedures that may be experimental, not always medically necessary, or over utilized. Providers must submit clinical documentation in writing explaining why the proposed procedure or service is medically necessary.

Precertification: A review of a patient's symptoms and proposed treatment to determine, in advance, whether he or she meets BCBSM criteria for treatment in the inpatient setting.

E-referral: Electronic platform for Michigan providers to submit requests for inpatient admission.

Electronic Provider Access (EPA): Electronic platform for out of state providers to submit requests through their local Blue's plan portal for Blue Cross Blue Shield of Michigan members.

2. Behavioral Health

Commercial Blue Cross Blue Shield of Michigan Products-Non-Medicare

Precertification is required for:

- Psychiatric inpatient admissions
- Partial hospital admissions
- Substance abuse admissions

Precertification is not required for:

- Outpatient services
- Medicare primary contracts
- Coordination of benefits contracts

All inpatient mental health and substance abuse facilities are required to notify New Directions for all admissions and discharges; most admissions will require a clinical review. You may access New Directions Services authorization system at webpass.ndbh.com.

Preauthorization is required for outpatient repetitive transcranial magnetic stimulation. It may be a benefit for patients with major depressive disorder that meet strict selection criteria. Criteria are available on the Medical Policy and Precert/Preauth router [here](#). Coverage is limited to select groups. Please verify member eligibility prior to seeking preauthorization. Claims will not be paid unless authorization is obtained.

Autism Spectrum Disorder

There are different types of services to treat autism, such as applied behavior analysis, that requires an authorization before treatment. Speech therapy, physical therapy and occupational therapy do not require authorization. For those services requiring preauthorization, an accurate diagnosis is necessary.

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For members residing outside of Michigan who have an autism diagnosis, the diagnosis must meet the criteria specified in the multidisciplinary autism evaluation checklist. The evaluation must confirm the autism spectrum disorder diagnosis and provide a treatment plan containing a comprehensive set of treatment recommendations for the member, including a recommendation for applied behavior analysis. To obtain an accurate diagnosis, please review the [multidisciplinary autism evaluation checklist](#).

If the evaluation results in a diagnosis of Autism Spectrum Disorder and the recommended treatment is applied behavior analysis, the evaluation documentation must be taken to a board-certified behavior analyst who participates with the Blue Cross plan in the state where the services would be provided. The behavior analyst is responsible for obtaining preauthorization before providing services for applied behavior analysis.

Behavioral health precertification and preauthorization is conducted by an independent company, New Directions, on behalf of Blue Cross Blue Shield of Michigan. Groups with other service providers can be reviewed [here](#).

New Directions is available at 800-762-2382 to obtain precertification and preauthorization information. If medical records are requested for review, send the records to:

New Directions Behavioral Health
PO Box 6729
Leawood, KS 66206-0729

Medicare Plus Blue PPO-Medicare Advantage

All mental health and substance abuse inpatient, partial hospital, and intensive outpatient treatment admissions or extensions require preauthorization and concurrent review.

Acute care hospitals and behavioral health facilities that need to arrange for an inpatient admission, partial hospital admission, intensive outpatient admission or concurrent review for psychiatric or chemical dependency treatment must obtain prior authorization by calling MA PPO Behavioral Health Services at 888-803-4960 or by faxing 866-315-0442.

Medicare Advantage PPO Behavioral Health Services case managers are available 24 hours per day, seven days a week for inpatient admissions and member emergencies. Note: If you fail to submit your authorization request, submit an untimely request, or your request is denied and you still execute the service, the member must be held harmless.

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3. Human Organ Transplants

Commercial Blue Cross Blue Shield of Michigan Products Non-Medicare

Providers must contact BCBSM's Human Organ Transplant Department for preauthorization for the following transplants and combination transplants:

- Bone marrow
- Pancreas
- Heart
- Pancreas-Kidney
- Lung
- Kidney-Liver
- Heart-Lung
- Small Bowel
- Lobar Lung
- Liver
- Partial Liver
- Multivisceral

Preauthorization is not required for:

- Kidney only, cornea or skin transplants
- Pre-transplant evaluations
- Donor benefits
- If BCBSM is the second payer

BCBSM's Human Organ Transplant Department is available from 8 AM to 5 PM EST, Monday through Friday. Please call 800-242-3504 to obtain a preauthorization.

Medicare Plus Blue PPO-Medicare Advantage

All BCBSM Medicare Advantage members have coverage for all transplant procedures that are covered by traditional Medicare. Inquiries about coverage for transplantation should be directed to Medicare Advantage Provider Inquiry at 866-309-1719.

Although preauthorization of transplants for Medicare Advantage members is not required, a request for an organizational determination can be sent to BCBSM. Please fax your request with substantiating clinical information to 1-877-348-2251.

4. Inpatient Admissions

Commercial Blue Cross Blue Shield of Michigan Products Non-Medicare

Precertification is required for:

- Acute care inpatient hospital medical and surgical admissions including:
 - Admission for transplants (kidney, cornea, skin, bone marrow and solid organ)
 - Admissions for IV chemotherapy
- Admissions to a skilled nursing facility
- Admissions to an acute inpatient rehabilitation facility
- Admissions to a long-term acute care facility



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- Sick newborn admissions

Precertification is not required for:

- Outpatient services (preauthorization may be required for certain services)
- Maternity admissions, including C-section (complicated admissions related to maternity care may require an additional authorization)
- Observation or short stay admissions
- If BCBSM is secondary payer

Michigan Acute Care Facilities

The Care Advance e-referral provider portal is available 24 hours, 7 days a week to receive requests for inpatient hospital admissions. Requests must be submitted with complete clinical documentation to support the necessity of inpatient admissions. Incomplete requests will not be processed until all information is received or are at risk for a denial for lack of information. Additional information, FAQs and training material can be found at <http://ereferrals.bcbsm.com/>

Out of State Acute Care Facilities

Requests for inpatient authorization for BCBSM members can be submitted directly through your local Blue plans electronic portal via the Electronic Provider Access system (EPA). BCBSM encourages the use of the Electronic Provider Access system (EPA) to effectively and efficiently respond to your request. Requests must be submitted with complete clinical documentation to support the necessity of inpatient admissions. Incomplete requests will not be processed until all information is received or are at risk for a denial for lack of information.

Note: Should your local plan not have electronic access you can continue to complete the appropriate assessment form and submit the request via fax.

Post Acute Care Facilities

(Acute Inpatient Rehab, Skilled Nursing, Long Term Acute Care Hospitals)

BCBSM Precertification Services is available 24hrs, 7 days a week to receive faxed requests. Requests will be processed during regular business hours between 8AM to 6PM EST, Monday through Friday and during select holidays. Any requests received after 6PM or on a weekend or holiday will be processed the following business day according to the time it was received.

For FEP member requests to skilled nursing facilities additional requirements may be needed prior to requesting a precertification. Please contact FEP benefits at 800-482-3600.

Beginning May 1, 2018, enhanced benefits for Skilled Nursing Facility (SNF), Long Term Acute Care Hospitals (LTACH), 5th level Hospice, and other requests for extra contractual benefits for commercial contracts will be processed within BCBSM Precertification Services.



Provider Preauthorization & Precertification Requirements

Precertification request forms and instructions for submission are located at:
<http://www.bcbsm.com/providers/quick-links.html>

Providers can call to obtain a status on Precertification requests by following the steps below and the prompts as indicated.

Before calling, providers should view the [Hospitals and Facilities List of Benefits \(PDF\)](#).

When you call:

1. Enter the following information:
 - Your BCBSM PIN, facility code or 10-digit national provider identifier (NPI)
 - Your specialty
 - The member's contract number, date of birth, the spelling of their first name and their ZIP code
2. Listen to the member's contract information.
3. Say "Eligibility and benefits."
4. Listen to the member's cost-share information.
5. Say the benefit you want to learn more about. You can find a list of options within the [Hospitals and Facilities List of Benefits \(PDF\)](#).
6. If the benefit is listed, say "Precertification" when prompted.
7. When the system asks if you still need assistance, say "yes" and you will be connected with a representative.

Please allow 24-72 hours for the processing of all requests.

Medicare Plus Blue PPO-Medicare Advantage

Michigan Acute Care Facilities

The Care Advance e-referral provider portal is available 24 hours, 7 days a week to receive requests for inpatient hospital admissions. Requests must be submitted with complete clinical documentation to support the necessity of inpatient admissions. Incomplete requests will not be processed until all information is received or are at risk for a denial for lack of information.

Out of State Acute Care Facilities

Requests for authorization for BCBS Michigan members can be submitted directly through your local plans electronic portal via the Electronic Provider Access system (EPA). BCBSM encourages the use of the Electronic Provider Access system (EPA) to effectively and efficiently respond to your request. Requests must be submitted with complete clinical documentation to support the necessity of inpatient admissions. Incomplete requests will not be processed until all information is received or are at risk for a denial for lack of information.

Note: Should your local plan not have electronic access you can continue to complete the appropriate assessment form and submit the request via fax.



Provider Preauthorization & Precertification Requirements

Michigan Post Acute Care Facilities

(Acute Inpatient Rehab, Skilled Nursing, Long Term Acute Care Hospitals)

Effective June 1, 2016, precertification and recertification requests for post-acute care facilities (skilled nursing, long term acute care and inpatient rehab) for Medicare Plus Blue PPO members who reside in Michigan who are going to Michigan post-acute care facilities should contact eviCore Healthcare via telephone at 1-877-917-2583 (BLUE) or fax at 1-844-407-5293.

Hours of operation are Monday through Friday 7:00 AM to 8:00 PM EST. Weekends and Holidays 10:00 AM to 5:00 PM.

eviCore fax assessment forms can be obtained from the following URL:

<https://www.evicore.com/healthplan/bcbsm>

Out of State Post Acute Care Facilities

BCBSM Precertification Services is available 24hrs, 7 days a week to receive faxed requests. Requests will be processed during regular business hours between 8AM to 6PM EST, Monday through Friday and during select holidays. Any requests received after 6PM or on a weekend or holiday will be processed the following business day according to the time it was received.

Precertification request forms and instructions for submission are located at: <http://www.bcbsm.com/providers/quick-links.html>

For status updates on MA PPO Precertification requests, please call 866-807-4811.

Please allow 24-72 hours for the processing of all requests.

Note: InterQual criteria are utilized to complete acute hospital, skilled nursing, inpatient rehabilitation and long-term acute care precertification and recertification requests.

5. Medical Drugs

Commercial Blue Cross Blue Shield of Michigan Products Non-Medicare

Some medications administered by healthcare professionals require preauthorization, and certain clinical criteria must be met before they can be administered.

Please follow link for the medical policy, criteria and request form:

[Medical Policies](#)

6. Other Medical /Surgical Procedures



Blue Cross
Blue Shield
Blue Care Network
of Michigan

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Commercial Blue Cross Blue Shield of Michigan Products Non-Medicare

Any service that does not meet our clinical criteria guidelines requires preauthorization. Some examples of services that may need preauthorization are:

- a. Gender Reassignment
- b. Genetic testing
 1. When seeking approval for a commercially available genetic test panel, provide the name of the panel.
 2. When there is a specific CPT or HCPCS Code representing the panel, submit the specific code.
- c. Investigational procedures
- d. NOC codes
- e. Off label drugs
- f. Optune Device
- g. Potentially cosmetic procedures

Our clinical criteria can be viewed at the following site:

<http://www.bcbsm.com/mprApp/mpr.do>

Services that meet clinical criteria guidelines do not require preauthorization. If you have a question about whether a service requires preauthorization, you can call 1-800-344-8525, out of state providers 1-800-676-2583. Select Eligibility and Benefits, and answer the appropriate questions about the service you are requesting. If your question is not answered via automated response, you will be given the opportunity to be transferred to a live representative.

You can request a preauthorization in writing by submitting the request and supportive documentation to the following address:

Blue Cross Blue Shield of Michigan
P.O. Box 2227
Detroit, MI 48231-2227
Attention: Preauthorization, Provider Inquiry Service Mail Code 0450

Routine preauthorizations are responded to within 15 calendar days.

Limit the use of Urgent, STAT or ASAP on a pre-authorization request to when “medical care or services where application of the time frame for making routine or non-life threatening care determinations:

- Could seriously jeopardize the life, health or safety of the member or others, due to the member’s psychological state, or



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- In the opinion of a practitioner with knowledge of the member's medical or behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request."

You can fax urgent requests to 1-866-311-9603, Monday through Friday 8:30 a.m. to 4:30 p.m. Urgent preauthorizations are responded to within 3 calendar days.

7. Prescription Drugs

Commercial Blue Cross Blue Shield of Michigan Products Non-Medicare

Some drugs require prior authorization (PA), and certain clinical criteria must be met before they can be dispensed. Other drugs are part of our step therapy (ST) program, which means the patient must have been treated with one or more formulary agents before these drugs are covered. Drugs that require PA or ST differ based on the formulary the member's plan uses.

[Clinical Formulary PA/ST](#)

BCBSM Pharmacy Services is available 24/7.

Web Login to Provider Secured Services at: <http://www.bcbsm.com/providers.html>. Select Medication Prior Authorization or call 800-437-3803 to obtain criteria and forms.

Medicare Plus Blue PPO-Medicare Advantage and Prescription Blue PDP

Medicare Plus Blue PPO and Prescription Blue PDP plans include prescription drug coverage. These plans will generally cover drugs listed in our formulary as long as:

- The drug is medically necessary
- The prescription is filled at network retail or mail-order pharmacies
- All other plan rules are followed, such as prior authorization, step therapy and quantity limits

The formulary document provides a brief description of the plans' benefits, including any deductibles. It is updated regularly. Click [here](#) for details.

Providers can request a coverage determination (prior authorization, step therapy, formulary exception or quantity limit exception) by phone at 1-800-437-3803 or through our website at: <http://www.bcbsm.com/medicare/forms-determination.shtml>

8. Radiology Services



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Provider Preauthorization & Precertification Requirements

Commercial Blue Cross Blue Shield of Michigan Products Non-Medicare

Pre-authorization is not required for non-Michigan providers.

- URMBS discontinued using CareCore to authorize radiology services as of 5/13/14. Effective 5/13/14, claims for MMO and Anthem 630 will process through the system without checking for an authorization.
- Effective 10/2017 BCBSM Teamsters members residing outside of Michigan requires a prior authorization through AIM Specialty Health. 1-800-728-8008.
- Effective 9/1/2017 BCBSM Trinity members residing outside of Michigan requires a prior authorization through AIM Specialty Health 1-800-728-8008.

Medicare Plus Blue PPO-Medicare Advantage

Preauthorization is not required for non-Michigan providers except for UAW retiree medical benefit trust members residing in multiple states. Click [here](#) for details.

9. Air Ambulance

Commercial Blue Cross Blue Shield of Michigan Products and Blue Care Network HMO

Only non-emergency flights require authorization. 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 obtain the authorization number. Review the form for additional information, including the definition of a non-emergency flight.

[Air Ambulance Form](#)

Medicare Advantage and Blue Care Network Advantage Products

Medicare Advantage PPO members please fax requests to
Blue Care Network Advantage members please