Blue Care Network of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

BCN referral and authorization requirements for Michigan providers

Plan notification, authorization and referral requirements
For members with BCN HMO℠ (commercial), BCN Advantage℠ HMO-POS and BCN Advantage℠ HMO products

For more complete information about plan notification, authorization and referral requirements, refer to the *BCN Provider Manual*.

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

OUT-OF-STATE SERVICES: Authorization and referral requirements for out-of-state services may vary from those outlined in this document. For information on requirements for out-of-state services, refer to the **Non-Michigan providers: Referral and authorization requirements** document or contact BCN's Utilization Management department at 1-800-392-2512.

>> FOR MEDICATIONS COVERED UNDER THE MEDICAL BENEFIT, SEE THE MEDICAL BENEFIT DRUGS – PHARMACY PAGE <<

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Click to open the list of Procedure codes that require authorization.

Plan notification alerts BCN to a scheduled service and is used for claims processing purposes. BCN does not perform clinical review on services that require plan notification only. Plan notification must be submitted prior to services being provided. **Authorization** determinations are conducted for benefit determination or the application of medical necessity criteria or both. Authorization requests must be submitted prior to services being provided.**Note:** This list is not all-inclusive. See also the notes at the end of Section 1. **In addition,** authorization of a service by BCN's Utilization Management department based on the clinical information provided does not guarantee payment. When the claim for the service is submitted, it may be subject to edits including, but not limited to, diagnosis, frequency and dose. The outcome of those edits may override the initial authorization.

General rule: For all services, noncontracted providers and providers who are not part of the designated network associated with the member's plan must obtain authorization from the BCN's Utilization Management department.
Exception: Products such as Blue Elect Plus℠ 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 in Michigan) or in the **Non-Michigan providers: Referral and authorization requirements** document (for providers outside of 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.

Note: As a rule, physicians must follow the authorization requirements that apply to the region in which the headquarters for their medical care group is located.

Service	Requirements
Acupuncture	Covered only for BCN Advantage members. Services are eligible for reimbursement when provided according to CMS guidelines. No referral or authorization is required.
Abdominoplasty	Authorization is required for all members. Must complete the **abdominoplasty questionnaire**.
Ambulance, air	• For BCN HMO (commercial) members: For non-emergency flights only, authorization is required from Alacura Medical Transport Management for dates of service on or after April 2, 2018. Fax the **Air ambulance flight information (non-emergency) form** to Alacura at 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. Emergency flights do not require authorization. • For BCN Advantage members: Authorization is not required, for either emergency or non-emergency flights.
Arthroscopy, knee See also: Musculoskeletal procedures, other	Authorization is required for all members. For dates of service on or after July 1, 2020, submit the request to TurningPoint Healthcare Solutions LLC through the TurningPoint Provider Portal. Refer to BCN's **Musculoskeletal Services** page at ereferrals.bcbsm.com.
Artificial heart, total	Authorization is required for all members. Must complete the **artificial heart, total, questionnaire**.
Autism treatment: applied behavior analysis	Contact BCN's Behavioral Health department for authorization of ABA treatment visits. Treatment requires a diagnosis of autism spectrum disorder made in an evaluation done by an autism evaluation center approved by Blue Cross / BCN. See the **list of approved AAECs**. The behavioral health components of the evaluation do not require authorization. For the evaluation's medical components, the AAEC must identify each medical specialist so the primary care physician can submit a referral for each. The multidisci[plinary results must be reported on the **AAEC Evaluation Results Form** and faxed to BCN. These requirements do not apply to members with BCN Advantage products.
Autism treatment: PT-OT-ST services	See entry for physical / occupational / speech therapy in this section.
Bariatric surgery	Authorization is required for all members. Must complete either the **bariatric surgery questionnaire for BCN HMO members** or the **bariatric surgery questionnaire for BCN Advantage members**.

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Service	Requirements
Biofeedback for urinary incontinence and chronic constipation	Authorization is required for all members. Attach all pertinent clinical information to the request in the e-referral system. Must complete either the **biofeedback questionnaire for BCN HMO members** or the **biofeedback questionnaire for BCN Advantage members**. Note: BCN's Utilization Management staff, not the Behavioral Health staff, make the determination on the request. Biofeedback is not covered for behavioral health diagnoses.
Blepharoplasty and repair of brow ptosis	Authorization is required for all members. Must complete the **questionnaire for blepharoplasty and repair of brow ptosis**.
Bone anchored hearing aid	Authorization is required for all members. Must complete the **bone-anchored hearing aid questionnaire**.
Breast implant management	Authorization is required for all members. Must complete the **breast implant management questionnaire**.
Breast reconstruction	Authorization is required for all members. Must complete the **breast reconstruction questionnaire**.
Breast reduction	Authorization is required for all members. Must complete the **breast reduction questionnaire**.
Cardiac rehabilitation	Authorization is required for all members. Must complete either the **cardiac rehabilitation questionnaire for BCN HMO members** or the **cardiac rehabilitation questionnaire for BCN Advantage members**.
Cardiology procedures See also: Coronary computed tomography-angiography (CCTA)	Select cardiology procedures require authorization managed by AIM Specialty Health® for members of all ages when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices.This applies to BCN HMO (commercial) and BCN Advantage members. Refer to the **list of procedure codes that require authorization by AIM.** Note: For cardiac implantable devices and services, authorization is required for dates of service on or after Jan. 1, 2021.
Cervical spine surgery See also: Musculoskeletal procedures, other	Authorization is required for all members. For dates of service on or after July 1, 2020, submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's **Musculoskeletal Services** page at ereferrals.bcbsm.com.
Chemical peels	Authorization is required for all members. For certain diagnoses, you must complete the **chemical peels questionnaire** that opens in the e-referral system. For more information, refer to the **BCN-managed procedure codes that require authorization** document.
Chiropractic services (spinal manipulations)	• For BCN HMO (commercial) members with a primary care physician in the East or Southeast region, the primary care physician must submit a global referral. No global referral is required outside of those regions. The chiropractor must submit a plan notification, which is required even for members whose coverage allows self-referrals. • For BCN Advantage members, no global referral is required in any region but the primary care physician must submit a plan notification.
Cholecystectomy, laparoscopic	Authorization is required for all members effective. Providers must complete the **laparoscopic cholecystectomy questionnaire**.
Cognitive therapy	Authorization is required for all members.
Colonoscopy – virtual	Authorization is required for all members.
Coronary computed tomography-angiography (CCTA)	This cardiology procedure requires authorization by AIM Specialty Health® for members of all ages when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices.This applies to BCN HMO (commercial) and BCN Advantage members. Refer to the **list of procedure codes that require authorization by AIM.**
Cosmetic or reconstructive surgery See also: Abdominoplasty; blepharoplasty and repair of brow ptosis; otoplasty; and rhinoplasty	Authorization is required for all members. Must complete the **cosmetic or reconstructive surgery questionnaire**.
Cranial neurostimulator pulse generator (deep brain stimulation), insertion or replacement	Authorization is required for all members. Must complete the **deep brain stimulation questionnaire**.
Dental anesthesia or immediate repair of trauma to natural teeth	Authorization is required for all members. Must complete the **questionnaire for dental anesthesia or repair of trauma to natural teeth**.
Dental services, other	Authorization is required for all members.
Developmental delay treatment	Authorization is required for all members.
Diabetic supplies	Authorization is required for all members. Must contact J & B Medical Supply to review all requests for diabetic and insulin pump supplies (1-888-896-6233). Exception: Diabetic shoes and inserts are handled by Northwood for dates of service on or after June 1, 2018. See "DME and P&O."

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Diagnostic and therapeutic tests	A global referral is required for BCN HMO members in the East and Southeast regions; for all other members, including BCN HMO members in the Mid, West and Upper Peninsula regions, no plan notification or authorization is required. No plan notification or authorization is required for members with BCN Advantage HMO-POS. Note: For University of Michigan Premier Care, Premier Care 65 and GradCare members, and for members with MSU products and with Blue Cross® Metro Detroit HMO and BCN Advantage℠ HMO ConnectedCare coverage, see exceptions to the general rule in Section 2: Referral requirements.
DME and P&O	Authorization is required for all members. Call Northwood at 1-800-393-6432 to identify a contracted supplier. The supplier submits the request to Northwood for review. Note: As a general rule, outpatient diabetic supplies are not provided through the Northwood network. Exception: Northwood provides diabetic shoes and inserts for dates of service on or after June 1, 2018.
Elective termination of pregnancy	Authorization is required for all members.
Electroconvulsive therapy	Authorization is required for all members.
Endoscopy, upper gastrointestinal, for gastroesophageal reflux disease	Authorization is required for all members. For certain diagnoses, you must complete the **endoscopy for GERD questionnaire** that opens in the e-referral system. For more information, refer to the **BCN-managed procedure codes that require authorization** document.
Endovascular intervention, peripheral artery	Authorization is required for all members. Must complete the **endovascular intervention questionnaire**.
Enteral nutrition (by home infusion therapy providers only)	Authorization is required for all members. Must complete the **enteral nutrition questionnaire**.
Epidural or intrathecal catheter (trial or permanent placement) See also: Musculoskeletal procedures, other	Authorization is required for all members. For dates of service on or after July 1, 2020, submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's **Musculoskeletal Services** page at ereferrals.bcbsm.com.
Excess skin removal	Authorization is required for all members. Must complete the **excess skin removal questionnaire**.
Experimental and investigational	Authorization is required for all members.
Facial and neck hair removal *(for University of Michigan employees only)*	Authorization is required for all members. For BCN HMO (commercial) members with U-M Premier Care and U-M GradCare plans, and for certain diagnoses, you must complete the **facial and neck hair removal (U-M) questionnaire** that opens in the e-referral system. For more information, refer to the **BCN-managed procedure codes that require authorization** document.
Facial feminization surgery and chondrolaryngoplasty *(for University of Michigan employees only)*	Authorization is required for all members. For BCN HMO (commercial) members with U-M Premier Care and U-M GradCare plans, and for certain diagnoses, you must complete the **facial feminization surgery and chondrolaryngoplasty (U-M) questionnaire** that opens in the e-referral system. For more information, refer to the **BCN-managed procedure codes that require authorization** document.
Gastric stimulation	Authorization is required for both BCN HMO (commercial) and BCN Advantage members. Must complete the **gastric pacing / stimulation questionnaire** for BCN Advantage members only.
Hammertoe correction surgery	Authorization is required for all members. For certain diagnoses, you must complete the **hammertoe correction surgery questionnaire** that opens in the e-referral system. For more information, refer to the **BCN-managed procedure codes that require authorization** document.
Home health care (by home health care facilities only)	• For all members covered through the UAW Retiree Medical Benefits Trust (group number 00278806), home health does not require authorization, effective December 2019. This applies to both contracted and noncontracted providers. • For BCN HMO and BCN Advantage members not covered through the UAW Retiree Medical Benefits Trust, home health requires authorization for these providers: - Noncontracted providers. Call these requests in to BCN Utilization Management at 1-800-392-2512. - Providers who are contracted with BCN but who do not belong to the provider network associated with the member's plan. Submit these authorization requests through the e-referral system.
Hyperbaric oxygen therapy	Authorization is required for all members. Must complete either the **hyperbaric oxygen therapy questionnaire for BCN HMO members** or the **hyperbaric oxygen therapy questionnaire for BCN Advantage members**.
Infertility procedures	Authorization is required for all members.

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Service	Requirements
Inpatient admissions See also: Post-acute care	Authorization is required for all members. Providers should notify BCN of acute non-behavioral health inpatient admissions once the member is admitted to inpatient status and meets InterQual® and BCN clinical criteria. Note: For inpatient behavioral health admissions, refer to the **Behavioral Health chapter** of the *BCN Provider Manual*. Look in the section titled " Authorization for behavioral health services."
Intensive outpatient therapy (mental health / substance use disorders)	Authorization is required for all members.
Joint replacement (initial or revision), total – hip or knee See also: Musculoskeletal procedures, other	Authorization is required for all members, for both an initial replacement and a revision. For dates of service on or after July 1, 2020, submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's **Musculoskeletal Services** page at ereferrals.bcbsm.com.
Joint replacement (initial), total – shoulder See also: Musculoskeletal procedures, other	Authorization is required for all members: For dates of service on or after July 1, 2020, submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's **Musculoskeletal Services** page at ereferrals.bcbsm.com.
Laboratory services, genetic and molecular testing	Authorization is required for all members. Must send requests to JVHL at 1-800-445-4979. Exception: No authorization is required for the Cologuard® colorectal cancer screening test. This applies to both BCN HMO (commercial) and BCN Advantage members. Medical necessity criteria must still be met for the test to be eligible for reimbursement. Refer to the **medical policy** for information on medical necessity criteria, which states that this test is considered a screening technique for colorectal cancer for asymptomatic individuals at average risk who are 50 years of age and older. Also, JVHL does not coordinate this testing and providers do not need to contact JVHL about this test.
Lumbar spine surgery See also: Musculoskeletal procedures, other	Authorization is required for all members. For dates of service on or after July 1, 2020, submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to **BCN's Musculoskeletal Services** page at ereferrals.bcbsm.com.
Male gynecomastia, surgical treatment	Authorization is required for all male members. Must complete the **surgical treatment for male gynecomastia questionnaire**.
Maternity: up to 48 hours following routine delivery / 96 hours following C-section	Plan notification is required for all members, including those whose coverage allows self-referrals.
Medications covered under the medical benefit See also: Medical oncology and supportive care drugs	For requirements related to drugs covered under the medical benefit, refer to the **Medical Benefit Drugs – Pharmacy** page, in the BCN section at ereferrals.bcbsm.com.
Medical oncology and supportive care drugs	Medical oncology and supportive care drugs covered under the medical benefit require authorization through AIM Specialty Health. This is effective as follows: • Aug. 1, 2019, for BCN HMO members. Refer to the **Requirements for drugs covered under the medical benefit – BCN HMO and Blue Cross PPO**. For the drugs listed as "Oncology Management Program," submit authorization requests to AIM. • Jan. 1, 2020, for BCN Advantage members. Refer to the **Medicare Advantage Medical Drug Prior Authorization and Step Therapy List**. Look in the "Submit authorization request through" columns to see which medications require authorization through AIM.
MRI of breast	This radiology procedure requires authorization by AIM Specialty Health for members of all ages when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. This applies to BCN HMO (commercial) and BCN Advantage members for dates of service on or after Oct. 1, 2018. Refer to the **list of procedure codes that require authorization by AIM.**

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Service	Requirements
Musculoskeletal procedures, other. See also: • Arthroscopy, knee • Cervical spine surgery • Epidural or intrathecal catheter • Joint replacement (various) • Lumbar spine surgery • Pain management • Radiofrequency ablation, peripheral nerves • Spinal cord stimulator	Authorization is required for the musculoskeletal procedures associated with the codes on the document **Musculoskeletal procedure codes that require authorization by TurningPoint**. Submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's **Musculoskeletal Services** page at ereferrals.bcbsm.com for more information.
Nasal sinus endoscopy (sinusotomy, ethmoidectomy)	Authorization is required for all members. Must complete the **sinusotomy questionnaire** or the **ethmoidectomy questionnaire**, as appropriate.
Neurofeedback (outpatient)	Authorization is required for all members. A report from an independent evaluation confirming the diagnosis of ADHD/ADD must be submittted with the initial authorization request. This could be the Conners, the NICHQ Vanderbilt Assessment Scales, the Test of Variables of Attention (T.O.V.A.®) or another psychological or neuropsychological test. In the e-referral system, must complete the questionnaire for requests involving additional visits. If no questionnaire displays, attach the required clinical documentation to the case in the e-referral system Note: BCN's Behavioral Health staff, not the Utilization Management staff, make the determination on the request. When authorized, the service is covered only for specific behavioral health diagnoses, not for medical diagnoses.
Neuropsychological / psychological testing for bariatric surgery	Plan notification is required for all members. No global referral is required for any member in any region.
Neurostimulator (spinal)	See: Spinal cord stimulator (trial or permanent placement).
Noncoronary vascular stents	Authorization is required for all members. Must complete the **noncoronary vascular stents questionnaire**.
Oral surgery	Authorization is required for all members. Must complete the **oral surgery questionnaire**.
Orthognathic surgery	Authorization is required for all members. Must complete the **orthognathic surgery questionnaire**.
Otoplasty	Authorization is required for all members. Must complete the **otoplasty questionnaire**.
Pain management involving epidural steroid joint injections, facet joint injections, neuroablation and sacroiliac joint injections See also: Musculoskeletal procedures, other	Authorization is required for all members: • For dates of service on or after Jan. 1, 2021, submit the request to TurningPoint Healthcare Solutions. Refer to BCN's **Musculoskeletal Services** page at ereferrals.bcbsm.com. • For dates of service prior to Jan. 1, 2021, submit the request to eviCore healthcare. Refer to the **list of procedure codes that require authorization by eviCore** and to BCN's **eviCore-Managed Procedures** page.
Partial hospitalization (mental health / substance use disorders)	Authorization is required for all members.
Pediatric feeding program, elective, inpatient and outpatient	Elective pediatric feeding programs require authorization for BCN HMO members effective for dates of service on or after Sept. 1, 2020. This applies to both inpatient and outpatient programs. Submit the authorization request through the e-referral system: • Use S0317 when submitting requests for both inpatient and outpatient programs. • For inpatient requests, do not add the length-of-stay procedure code. Use only the S0317 code when submitting authorization requests. For inpatient authorization requests that BCN approves, the length-of-stay procedure code will be added to the case. Bill a regular inpatient admission for reimbursement purposes. Do not bill elective inpatient pediatric feeding programs with the S0317 code.
Physical / occupational / speech therapy (including physical medicine services by chiropractors and by athletic trainers) for members with an autism diagnosis	The provider is responsible for verifying whether each member has autism benefits. For BCN HMO (commercial) members who have a diagnosis of autism and who have autism benefits: • For members 19 years of age or older, eviCore healthcare manages these authorization requests. Submit these requests using the **eviCore provider portal**.** • For members under age 19, no authorization is required. Claims for these services pay without a referral or an authorization if they are billed by a BCN-contracted provider with a childhood autism diagnosis code — specifically, for diagnosis codes F84.0, F84.5, F84.8 and F84.9. Note: eviCore manages physical medicine services provided by athletic trainers for dates of service on or after Jan. 1, 2021. This applies to BCN HMO members.

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Physical / occupational / speech therapy (including physical medicine services by chiropractors and by athletic trainers) - unrelated to autism treatment	Authorization is required for all members. Contact **eviCore healthcare**** and see additional information on the **Outpatient PT-OT-ST Management Program** webpage. Note: eviCore manages physical medicine services provided by athletic trainers for dates of service on or after Jan. 1, 2021. This applies to BCN HMO members.
Post-acute care (long-term acute care, inpatient rehabilitation and skilled nursing care)	Authorization is required for all members. For BCN HMO members, BCN's Utilization Management nurses manage the authorizations. Refer to **Post-acute care admissions: Submitting authorization requests to BCN**. For BCN Advantage members admitted on or after June 1, 2019, naviHealth manages the authorizations. Refer to **Post-acute care services: Frequently asked questions by providers**.
Pregnancy termination	Authorization is required for all members. For certain diagnoses, you must complete the pregnancy termination questionnaire that opens in the e-referral system. To see the preview questionnaires for pregnancy termination, refer to BCN's **Authorization Requirements & Criteria** page at **ereferrals.bcbsm.com**. Scroll down the page to the "Other procedures" table, locate the "pregnancy termination" row and click the link for the specific preview questionnaire you want to see. For more information, refer to the **BCN-managed procedure codes that require authorization** document.
Prostatic urethral lift procedures	Authorization is required for all members. Must complete the **prostatic urethral lift questionnaire**.
Proton beam therapy	This radiation therapy procedure requires authorization by eviCore healthcare for adult members only (18 and older) when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. This applies to BCN HMO (commercial) and BCN Advantage members. Refer to the **list of procedure codes that require authorization by eviCore** and to BCN's **eviCore-Managed Procedures** page.
Pulmonary rehabilitation	Authorization is required for all members. Must complete the **pulmonary rehabilitation questionnaire**.
Radiation therapy procedures See also: Proton beam therapy	Select radiation therapy procedures require authorization by eviCore healthcare for adult members only (18 and older) when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. This applies to BCN HMO (commercial) and BCN Advantage members. Refer to the **list of procedure codes that require authorization by eviCore** and to BCN's **eviCore-Managed Procedures** page.
Radiofrequency ablation, peripheral nerves See also: Musculoskeletal procedures, other	Authorization is required for all members. For dates of service on or after July 1, 2020, submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to **BCN's Musculoskeletal Services** page at ereferrals.bcbsm.com.
Radiology procedures See also: MRI of breast	Select radiology procedures require authorization by AIM Specialty Health for members of all ages when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices.This applies to BCN HMO (commercial) and BCN Advantage members for dates of service on or after Oct. 1, 2018. Refer to the **list of procedure codes that require authorization by AIM.**
Rhinoplasty	Authorization is required for all members. Must complete the **rhinoplasty questionnaire**.
Sacral nerve stimulation	Authorization is required for all members. Must complete the **sacral nerve stimulation questionnaire**.
Sleep studies - home	Authorization is not required for any member. Exception: Services associated with procedure code G0400 require authorization for all members, as they are considered experimental and investigational.
Sleep studies - outpatient facility or clinic	Authorization is required for all members. Must complete the **sleep study** questionnaire in the e-referral system. In addition - • A nondiagnostic home sleep test is required for adult members with symptoms of obstructive sleep apnea without certain other comorbid conditions prior to consideration for coverage of a sleep study in the outpatient facility or clinic. • Outpatient facility and clinic-based sleep management studies for adult members 18 years of age and older require the submission of evidence from the member's medical record. This evidence must both confirm the signs and symptoms of obstructive sleep apnea and indicate the specific condition the member has that would exclude or contraindicate a home sleep study.
Specialist office visits and treatment	A global referral is required for HMO members in the East and Southeast regions; for all other members, including HMO members in the Mid, West and Upper Peninsula regions, no plan notification or authorization is required. No plan notification or authorization is required for members with BCN Advantage HMO-POS. Note: For University of Michigan Premier Care, Premier Care 65 and GradCare members, and for members with MSU products and with Blue Cross Metro Detroit HMO and BCN Advantage HMO ConnectedCare coverage, see exceptions to the general rule in Section 2: Referral requirements.

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Service	Requirements
Spinal cord stimulator (trial or permanent placement) See also: Musculoskeletal procedures, other	Authorization is required for all members. For dates of service on or after July 1, 2020, submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's **Musculoskeletal Services** page at ereferrals.bcbsm.com.
Swallow evaluations, studies and therapy - outpatient	For all members: • Swallow evaluations (procedure code *92610) and swallow studies (procedure codes *92611 through *92617) require plan notification. • Swallow therapy (procedure code *92526) requires authorization. Submit requests to BCN Utilization Management through the e-referral system or by calling 1-800-392-2512.
Surgical procedures, routine	A global referral is required for HMO members in the East and Southeast regions; for all other members, including HMO members in the Mid, West and Upper Peninsula regions, no plan notification or authorization is required. No plan notification or authorization is required for members with BCN Advantage HMO-POS. Note: For University of Michigan Premier Care, Premier Care 65 and GradCare members, and for members with MSU products and with Blue Cross Metro Detroit HMO and BCN Advantage HMO ConnectedCare coverage, see exceptions to the general rule in Section 2: Referral requirements.
Temporomandibular joint surgery	Authorization is required for all members. Must complete the **temporomandibular joint surgery questionnaire**.
Transcranial magnetic stimulation for psychiatric or neurological disorders	Authorization is required for all members.
Transgender surgery and related services	Authorization is required for all members.
Transplants	Authorization is required for all members, for solid organ and bone marrow evaluations and harvesting (except kidney / skin / cornea): • **BCN HMO members** should be directed to a Blue Distinction® Center+ for Transplants if one is available for the type of transplant the member needs. If one is not available, a Blue Distinction® Center for Transplants facility may be used. • **BCN Advantage members** must have their transplants performed in a CMS-approved facility that is contracted with BCN. When a Blue Distinction Center for Transplants is available, BCN Advantage members should be referred there.
Unclassified procedures	Authorization is required for all members. (Also called "not otherwise classified (NOC)," "unlisted" and "unspecified.")
Varicose veins, treatment	Authorization is required for all members. Must complete the **varicose vein treatment questionnaire**.
Vascular embolization or occlusion (TACE or RFA)	Authorization is required for all members. For certain diagnoses, you must complete the **TACE / RFA questionnaire** that opens in the e-referral system. For more information, refer to the **BCN-managed procedure codes that require authorization** document.
Ventricular assistive devices, percutaneous	Authorization is required for all members. Must complete the **ventricular assist devices questionnaire** for BCN Advantage members, for procedure codes *33990 and *33991.
Visual training, orthotic and pleoptic	Authorization is required for all members. Must complete the **orthoptic and pleoptic visual training questionnaire**.
Woman's Choice services	See **Woman's Choice Referral and Authorization Guidelines**.

Note: BCN 65 members: BCN's Utilization Management department must be notified before a member's Medicare days are exhausted. Infusion is not routinely covered by Medicare. All care should be coordinated by the primary care physician.

Note: BCN as secondary carrier: BCN does not require authorization when it is the secondary payer. However, the claim will be denied when the service is not a BCN covered benefit and the member has not followed the requirements of the primary carrier.

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VENDOR CONTACT INFORMATION

Vendor	Services	Contact information
AIM Specialty Health	Reviews authorization requests for select cardiology and radiology procedures, for dates of service on or after Oct. 1, 2018. Also, manages authorizations for medical oncology and supportive care drugs for BCN HMO members effective Aug. 1, 2019, and for BCN Advantage members effective Jan. 1, 2020.	providerportal.com** 1-844-377-1278
Alacura Medical Transport Management	Manages authorizations for non-emergency air ambulance flights, for BCN HMO members only	Refer to the document **Air ambulance flight information (non-emergency)**
eviCore healthcare	Manages authorization requests for these services: • Select interventional pain management procedures, for dates of service prior to Jan. 1, 2021 • Radiation therapy procedures • PT/OT/ST by therapists • Physical medicine services by chiropractors in office and outpatient settings, including hospital outpatient settings • Physical medicine services by athletic trainers, in office and outpatient settings, including hospital outpatient settings, for dates of service on or after Jan. 1, 2021	www.evicore.com** 1-855-774-1317
J&B Medical Supply	Reviews all requests for outpatient diabetic and insulin pump supplies (not including diabetic shoes and inserts)	1-888-896-6233
JVHL	Provides statewide network and third-party administration for outpatient laboratory services	1-800-445-4979
naviHealth	Manages authorizations for BCN Advantage members admitted to post-acute care on or after June 1, 2019	access.navihealth.com** 1-855-851-0843
Northwood, Inc.	Reviews all requests for outpatient DME and P&O (including diabetic shoes and inserts) Note: Call Northwood's customer service department to identify a contracted supplier. The supplier submits the request to Northwood for review.	1-800-393-6432
TurningPoint Healthcare Solutions, LLC	Manages authorizations for BCN HMO and BCN Advantage members for these services: • Pain management procedures, for dates of service on or after Jan. 1, 2021 • Certain musculoskeletal surgical and other related procedures, for dates of service on or after July 1, 2020	Submit authorizations: • Through the TurningPoint Provider Portal • By phone at 1-833-217-9670 • By faxing the appropriate form: - Pain management procedures: (313) 483-7323 - Spine and orthopedic procedures: (313) 879-5509 For more information, refer to BCN's **Musculoskeletal Services** page at ereferrals.bcbsm.com.

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Section 2: Referral requirements

GENERAL RULE. BCN's referral requirements vary based on the region assigned to the medical care group for the member's primary care physician. (See the Blue Care Network Provider Consultant Regions map at the end of this document.) As a rule, physicians must follow the referral requirements that apply to the region in which the headquarters for their medical care group is located.

- For **BCN HMO** members who have a primary care physician that is part of a medical care group based in the **Mid, West or Upper Peninsula region,** no global referral or individual referral is required for claims processing as long as the specialist or provider is in the provider network associated with the member's health plan. The primary care physician must still manage the member's care and communication between physicians is still recommended. The primary care physician can communicate with the specialist by phone or fax or through instructions on a prescription. Both the primary care physician and the specialist should include written documentation about the communication in the member's medical record. Note: For members identified as males, a global referral from the primary care physician is required for gynecologic services. This applies regardless of the region.
- For **BCN HMO** members who have a primary care physician that is part of a medical care group based in the **East or Southeast region,** their primary care physician (or OB-GYN, for obstetric-gynecologic services) must submit a global referral to BCN for the member to see a contracted provider to get specialty care. A global referral allows the specialist to perform necessary services to diagnose and treat a member in the office, with the exception of services that require authorization. It also allows for the processing of claims. Specialists may not refer patients to other specialists, except for OB-GYNs, who may submit a global referral to BCN for contracted specialists for obstetric-gynecologic services. If the specialist determines that services are needed outside of those specified by a global referral, including further diagnosis or treatment in an alternate treatment setting (either outpatient or inpatient), the specialist is responsible for submitting all required plan notifications or authorization requests to BCN.

BCN's referral requirements also vary based on the product the member has:

- For **BCN Advantage** members in any region, no global referral or individual referral is required as long as the specialist or provider is part of the provider network for the member's health plan.

  Note: The e-referral system and the 278 electronic standard transaction have been programmed to remind providers that referrals are not accepted for BCN Advantage members. Specifically:

  - When a provider submits a referral for a BCN Advantage member through the e-referral system, the following message will be displayed: "Referrals are not accepted or needed for BCN Advantage members seeing providers in their health plan's network, but authorizations and plan notifications are still required for certain services. For more information, go to ereferrals.bcbsm.com."
  - When a provider submits a referral request for a BCN Advantage member through a 278 electronic standard transaction, the referral response will state "NA," which means that no action is needed.

  Note: For **BCN Advantage HMO-POS and BCN Advantage HMO ConnectedCare** members, services by providers outside of the network designated for each product require authorization. See also the **MSU Health Plans** page at ereferrals.bcbsm.com, for information on the referral requirements for those plans.
- For **University of Michigan Premier Care, Premier Care 65 and GradCare** members assigned to a non-U-M primary care physician and referred to any specialist (U-M or non-U-M), a referral is required. This guideline applies regardless of where the member lives or where the practitioners are located.
- **Blue Cross Metro Detroit HMO** members must choose their primary care physician from the Blue Cross Metro Detroit HMO provider network. That physician coordinates services within the Blue Cross Metro Detroit HMO provider network. Standard referral and authorization requirements apply.
- Members with **Blue Elect Plus℠ POS** (available starting Jan. 1, 2021) don't need a referral for any covered service. They can refer themselves to any provider — even to providers who are considered out of network for this product. When members get care from out-of-network providers, they pay higher out-of-pocket costs for covered services. For more details, refer to BCN's **Blue Elect Plus POS webpage** on the ereferrals.bcbsm.com website.
- Students covered by one of the University of Michigan student health plans must be assigned a primary care physician but then may seek care from other providers whether or not those providers are affiliated with BCN. Students covered by these plans are not required to get a referral prior to receiving services by a provider, but select services may require authorization.
- For members who have coverage through **self-funded or other products** that allow members to refer themselves directly to a specialist within a designated provider network, no referral is required from the primary care physician in order to access specialist services within that network. However, authorization requirements apply. Providers should always check Section 1 of this document for authorization requirements.

Some services do not require a referral as long as the service is performed by a contracted provider. In these instances, or whenever a referral does not need to be submitted to BCN, the primary care physician (or OB-GYN, for obstetric-gynecologic services) can recommend the member seek care with the specialist or provider using any method. However, the primary care physician and the specialist or other provider are encouraged to communicate with each other and document the recommendation and care in the member's health record. Also note:

- For chiropractic spinal manipulations, for neuropsychological / psychological testing for bariatric surgery, for physical medicine services provided by chiropractors and for physical, occupational or speech therapy, see Section 1 for the specific requirements for those services.
- The table below provides a list of services that do not require a referral for ANY member. Note: This list is not all-inclusive.

Office / outpatient / ancillary services

Ambulance - emergent	Referral is not required for any member.
Anesthesia	Referral is not required for any member.

This list is continued on the next page.

BCN referral and authorization requirements for Michigan providers
Section 2: Referral requirements

This list is continued from the previous page.

Office / outpatient / ancillary services	
Autism treatment: applied behavior analysis	See Section 1.
Bone density studies	Referral is not required for any member.
Cardiac stress tests	See Section 1 - Cardiology procedures.
Chemotherapy	Neither referral nor authorization is required for any member unless the chemotherapeutic agent used is shown elsewhere as requiring authorization. Refer to the information on the **Medical Benefit Drugs – Pharmacy** page in the BCN section at ereferrals.bcbsm.com.
Diagnostic and therapeutic tests	See Section 1.
Echocardiograms	See Section 1 - Cardiology procedures.
EKGs	Referral is not required for any member.
Emergency room services	Referral is not required for any member.
Fetal non-stress tests	Referral is not required for any member.
Hearing aid services (with hearing aid rider)	Referral is not required for any member.
Holter monitor	Referral is not required for any member.
Home health care	See Section 1.
Home infusion	Referral is not required for any member.
Immunizations	Referral is not required for any member.
Laboratory services, general	Referral is not required for any member.
Neuropsychological / psychological testing for other than bariatric surgery	Referral is not required for any member.
Observation stays	Referral is not required for any member. Note: Surgical procedures rendered during an observation stay require a separate outpatient referral, plan notification or authorization. For the authorization requirements pertaining to other procedures rendered during observation, see Section 1.
Pacemaker adjustments	Referral is not required for any member.
Pediatric Choice services	See **BCN Requirements for Pediatric Choice Program**.
Radiation therapy	See Section 1 - Radiation therapy procedures. For radiation therapy procedures other than those identified in Section 1, referral is not required for any member.
Radiology - routine	See Section 1 - Radiology procedures. For radiology procedures other than those identified in Section 1, referral is not required for any member.
Specialist office visits and treatment	See Section 1.
Sterilization procedures (with appropriate benefit)	Referral is not required for any member.
Surgical procedures, routine	See Section 1.
Urgent care	Referral is not required for any member.
Woman's Choice services	See **Woman's Choice Referral and Authorization Guidelines**.

Blue Dot Changes to the BCN referral and authorization requirements for Michigan providers

Service / Topic	Change Description
Inpatient admissions	The information in Section 1 about inpatient admissions is updated to show that providers should notify BCN of acute non-behavioral health inpatient admissions once the member is admitted to inpatient status and meets InterQual® and BCN clinical criteria.
Cardiology services	The Section 1 entry on cardiology services is updated to show that for cardiac implantable devices and services, authorization is required by AIM Specialty Health for dates of service on or after Jan. 1, 2021.
Blue Elect Plus POS	In Sections 1 and 2, information is added about the authorization and referral requirements for Blue Elect Plus℠ POS members. For more details, refer to BCN's **Blue Elect Plus POS webpage** on the ereferrals.bcbsm.com website. The Blue Elect Plus POS plan is available starting Jan. 1, 2021.
Ventricular assistive devices, percutaneous	Section 1 is updated to show that for percutaneous ventricular assistive devices, providers must complete the **ventricular assist devices questionnaire** in the e-referral system for BCN Advantage members, for procedure codes *33990 and *33991.
BCN Advantage HMO MyChoice Wellness, BCN Advantage HMO HealthySaver and BCN Advantage HMO HealthyValue	In Sections 1 and 2, references to BCN Advantage HMO MyChoice Wellness, BCN Advantage HMO HealthySaver and BCN Advantage HMO HealthyValue products are removed. Starting Jan. 1, 2021, these products are not available.
Laboratory services, genetic and molecular testing	The information about the Cologuard screening test for colorectal cancer is clarified with a summary of the medical necessity criteria that must be met for these tests to be eligible for reimbursement. These criteria include that Cologuard tests are covered only for members who are at least 50 years old.
Male gynecomastia, surgical treatment	Section 1 is updated to reflect the new name of a questionnaire that must be completed in the e-referral system. The name of the questionnaire is **surgical treatment for male gynecomastia**. This pertains to authorization requests for procedure code *19300.
Pain management procedures	Section 1, including the Vendor Contact Information table, is updated to show the following for pain management procedures: • For dates of service on or after Jan. 1, 2021, submit authorization requests to TurningPoint Healthcare Solutions LLC. • For dates of service prior to Jan. 1, 2021, submit authorization requests to to eviCore healthcare. This applies to both BCN HMO and BCN Advantage members. In addition, the Vendor Contact Information table is updated with details about how to submit prior authorization requests to TurningPoint.
Physical medicine services by athletic trainers	Section 1, including the Vendor Contact Information table, is updated to show that eviCore manages authorization requests for physical medicine services provided by athletic trainers for dates of service on or after Jan. 1, 2021. This applies to BCN HMO members.
Acupuncture	Section 1 is updated to show that acupuncture is covered only for BCN Advantage members. Services are eligible for reimbursement when provided according to CMS guidelines. No referral or authorization is required.
Pediatric feeding program, elective, inpatient and outpatient	Section 1 is updated to show that elective pediatric feeding programs require authorization for BCN HMO members, effective for dates of service on or after Sept. 1, 2020. This applies to both inpatient and outpatient programs. Submit the authorization request through the e-referral system. More details are added to show what procedure code to use when submitting the authorization request and when submitting the claim.
Musculoskeletal surgical and other related procedures	*This description is updated to include a link to the document* **Musculoskeletal procedure codes that require authorization by TurningPoint** *and to include radiofrequency ablation, peripheral nerves.* *This description is updated to show that this change is effective for dates of service on or after July 1, 2020.* Section 1, including the Vendor Contact Information table, is updated to show that for dates of service on or after July 1, 2020, authorization requests for certain musculoskeletal surgical and other related procedures must be submitted to TurningPoint Healthcare Solutions LLC for both BCN HMO and BCN Advantage members. These include: • Knee arthroscopy • Cervical and lumbar spine surgery • Joint replacement (knee, hip, shoulder) • Spinal cord stimulator (neurostimulator) • Epidural or intrathecal catheter • Radiofrequency ablation, peripheral nerves
Physical / occupational / speech therapy and physical medicine services by chiropractors for members with autism	Section 1 is updated to show that: • For BCN HMO members 19 years of age or older, eviCore healthcare manages these authorization requests. Submit these requests using the **eviCore provider portal**.** • For BCN HMO members under age 19, no authorization is required. Claims for these services pay without a referral or an authorization if they are billed by a BCN-contracted provider with a childhood autism diagnosis code — specifically, for diagnosis codes F84.0, F84.5, F84.8 and F84.9.

Blue Dot Changes to the BCN referral and authorization requirements for Michigan providers (continued)

Service / Topic	Change Description
Spinal cord stimulator or intrathecal or epidural catheter (trial or permanent placement)	In Section 1, links are added that open the three separate preview questionnaires related to placement of spinal cord stimulators and epidural or intrathecal catheters. Effective Feb. 2, 2020, in the e-referral system, three questionnaires replaced the one questionnaire previously used for all three services. In addition, in Section 1, the entry for the spinal cord stimulator placement service is separated from the entry for the epidural or intrathecal catheter placement service. Update: These questionnaires are used only for authorization requests submitted to BCN Utilization Management, for dates of service prior to July 1, 2020. For dates of service on or after July 1, 2020, submit these authorization requests to TurningPoint Health Solutions, LLC.
Breast reduction	In Section 1, a link to the updated breast reduction preview questionnaire is added. Effective Feb. 2, 2020, this questionnaire combined the previously separate questionnaires for adolescents and adults.
Home health care (by home health care facilities only) and home total parenteral nutrition	In Section 1, the information on home health care and home TPN is updated to show the following: • For all members covered through the UAW Retiree Medical Benefits Trust (group number 00278806), home health does not require authorization, effective December 2019. This applies to both contracted and noncontracted providers. • For BCN HMO and BCN Advantage members not covered through the UAW Retiree Medical Benefits Trust, home health requires authorization for these providers: - Noncontracted providers. Call these requests in to BCN Utilization Management at 1-800-392-2512. - Providers who are contracted with BCN but who do not belong to the provider network associated with the member's plan. Submit these requests through the e-referral system. • TPN provided at home does not require authorization. This applies to both contracted and noncontracted providers and to all BCN HMO and BCN Advantage members. References to home TPN requiring authorization are removed from this document.
Submitting authorization requests	In Section 1, we removed references to providers submitting authorization requests at least 14 business days prior to the service. Providers should submit authorization requests and clinical information prior to the service being provided but can submit requests and information through the e-referral system anytime.
Swallow evaluations, studies and therapy - outpatient	For outpatient swallow evaluations, studies and therapy, Section 1 is updated to show the following for all members: • Swallow evaluations (procedure code *92610) and swallow studies (procedure codes *92611 through *92617) require plan notification. • Swallow therapy (procedure code *92526) requires authorization. Submit requests to BCN Utilization Management through the e-referral system or by calling 1-800-392-2512.

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