



**Blue Care  
Network  
of Michigan**

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# **AUTHORIZATIONS**

## **QUICK REFERENCE GUIDE**

Blue Care Network of Michigan contracts with an independent company, eviCore healthcare (formerly CareCore National), to provide quality support in managing prior authorization for select radiology, cardiology, interventional pain management and radiation imaging services.

## Web authorization

Log in using your *User ID* and *Password* at **evicore.com**. Select *Request a Clinical Certification* to start the process.

1

### Referring Physician Selection

Select *Payor*

Select the referring physician from the list provided

Select the physician's *Location*

Enter the *contact name*, verify the physician's phone and fax numbers, enter the extension, if applicable, and select *Continue*

Select the *Program for Certification*

Select *Continue*

2

### Patient Selection

Enter *Member ID*, *Name* and *DOB*

Select *Eligibility Lookup*

Click *Select* to locate patient

Select *Continue*

3

### Procedure Selection

Enter the *Expected Procedure Date*, *Service* and *ICD-10 Code* (code or description)

Select *Lookup*, then select the ICD-10 code from the list

Verify the information and select *Continue*

4

### Site Selection

Enter the *Site Name*, *City*, or *TIN* and select *Lookup Site*

Select appropriate site from the list

Verify the selected site and click *Continue*

# Phone authorization

Call 1-855-774-1317 and select the appropriate prompt to start a new request.

## Starting a new case

When submitting for a prior authorization please have the following information:

**Procedure** – CPT code, ICD-10 code, necessary clinical information

**Member** – From the member's ID card: Member ID, DOB, name, group number, carrier

**Referring Provider and Site** – Provider's NPI, name, address, phone and fax number

\*Authorizations can be obtained via fax at 1-800-540-2406, however, obtaining a prior authorization online is more efficient and can be completed 24/7.

## Clinical collection phase

The clinical collection is completed by answering a set of questions prompted by the desired service. Answer each question as completely as possible. The answer to each question will prompt another question in an effort to collect complete clinical information.

## Determination provided

If medical necessity has been determined, an authorization/notification number will be provided along with the expiration date.

If the clinical information provided doesn't demonstrate medical necessary, the request will be referred to an eviCore healthcare medical director for review. Additional clinical information may be required to complete the request. A case number is assigned for reference.

Modifications to cases may be made by calling the prior authorization number and supplying either the authorization/notification number or the case number for reference.

The ordering physician or clinician\* may speak with a medical director or case manager at any point during the case management process by calling the prior authorization number.

\*Only the following may speak to a medical director or case manager: physician, physician's assistant or nurse practitioner.



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