

## UTILIZATION MANAGEMENT



Blue Cross and BCN provide utilization management programs.

These programs vary based on member coverage and may be administered by Blue Cross or BCN staff or by contracted vendors.

Utilization management programs focus on ensuring that patients get the right care at the right time in the right location through the authorization process.

For cosmetic procedures, these programs are provided by the department listed below.

### Utilization management

#### [BCN Utilization Management](#)

Keep reading to learn which members have access to or requirements under these programs. Programs may not apply to all members.

*This document is subject to change. Access this document via [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) to ensure you're viewing the most up-to-date information.*

## UTILIZATION MANAGEMENT

### BCN Utilization Management

Makes authorization determinations for various cosmetic procedures for the following groups and individual members:

- BCN commercial — All fully insured groups, all self-funded groups\* and all members with individual coverage
- BCN Advantage<sup>SM</sup> — All groups and all members with individual coverage

### Medical necessity and coverage determination criteria

- For BCN commercial members, we use our medical policies to determine medical necessity for select cosmetic procedures.  
  
Our medical policies are available through the [Medical Policy & Pre-Cert/Pre-Auth Router Home](#) page of the **bcbsm.com** website. Enter the procedure code in the *Policy/Topic Keyword* field and press ENTER. (You don't need to choose a category.)
- For BCN Advantage members, we apply the Medicare national coverage determinations (if available) or Medicare local coverage determinations (in the absence of national coverage determinations). If there is no Medicare NCD/LCD, we apply our medical policies.

Note: The “Government regulations” sections of our medical policies include the Medicare coverage determinations that were in effect when the policies were last reviewed. You can access the policies through the [Medical Policy & Pre-Cert/Pre-Auth Router Home](#) page of the **bcbsm.com** website. Enter the procedure code in the *Policy/Topic Keyword* field and press ENTER. (You don't need to choose a category.)

### Resources

#### For BCN commercial and BCN Advantage

- See the [BCN referral and authorization requirements for Michigan providers](#) document.
- See the “Authorization criteria and preview questionnaires” section of the [BCN Authorization Requirements & Criteria](#) page on our [ereferrals.bcbsm.com](#) website.
- See the [Utilization Management](#) chapter of the BCN Provider Manual.

#### For BCN Advantage, also see

- The “BCN Advantage utilization management program” section of the [BCN Advantage](#) chapter in the *BCN Provider Manual*

## ADDITIONAL INFORMATION

### About this document

This document lists coverage exceptions for major groups.

It also provides links to additional resources, some of which may be in provider manuals that aren't publicly available.

- To access chapters of the *Blue Cross' PPO Provider Manual*, log in as a provider at [bcbsm.com](http://bcbsm.com), click the *Provider Manuals* link on the right and then click the *Blue Cross PPO Provider Manual* link.
- To access chapters of the *BCN Provider Manual*, log in as a provider at [bcbsm.com](http://bcbsm.com), click the *Provider Manuals* link on the right and then click the *BCN Provider Manual* link.

### Information for out-of-state providers

See the following documents for referral and authorization requirements.

- For Blue Cross commercial and Medicare Plus Blue members: [Provider Preauthorization and Precertification Requirements](#)
- For BCN commercial and BCN Advantage members: [Non-Michigan providers: Referral and authorization requirements](#)

You can view these documents and our medical policies through the [Medical Policy & Pre-Cert/Pre-Auth Router](#). To access the router, go to [bcbsm.com/providers](http://bcbsm.com/providers), click *Quick Links*, click *Out-of-state providers* and then click *Medical policy, precertification and preauthorization router*.

### Reminder

As always, it's essential that providers check each member's eligibility and benefits prior to performing services.

Providers are responsible for identifying the need for authorization through web-DENIS, Benefit Explainer or Provider Inquiry and for contacting vendors and obtaining authorization for services, as needed.

\*For self-funded plans, the employer assumes the risk for claims costs and pays a fee for administrative services provided by Blue Cross or BCN.