


Michigan providers: BCN global referral, plan notification and prior authorization requirements

For Blue Care Network commercial and BCN AdvantageSM

Effective January 2007 | Updated July 2024

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This document provides information about BCN's global referral, plan notification and prior authorization requirements for Michigan providers. The most recent changes to this document are marked with a Blue Dot  and each change is explained in the [Blue Dot changes in this document](#) section at the end of this document.

Requirements for services provided by non-Michigan providers may vary from those outlined in this document. For more information, see the document titled [Non-Michigan providers: BCN referral and authorization requirements](#) in the BCN section of ereferrals.bcbsm.com.

Check each member's eligibility and benefits prior to providing services. To learn how, complete the *Effective searches in Benefits & Eligibility mini module* on our provider training site. Access the mini module by logging in to our provider portal (availity.com^{**}), clicking *Payer Spaces* on the menu bar, clicking the BCBSM and BCN logo, and then clicking the *Provider Training Site* tile on the Applications tab; on the provider training site, search on the name of the mini module.

Additional resources

- For the list of procedure codes that require prior authorization, see the [Procedure codes for which providers must request prior authorization](#) document on ereferrals.bcbsm.com.
- For additional information about services, see the pertinent page in the [BCN section of ereferrals.bcbsm.com](#).
- For general information about global referral, plan notification and prior authorization requirements, refer to the [Utilization Management](#) chapter, the [Behavioral Health](#) chapter and the [BCN Advantage](#) chapter of the *BCN Provider Manual*.

Requirements at a glance

The following table provides a summary of global referral, plan notification and prior authorization requirements by service. The name of the service is linked when additional information is available; click the link to view the additional information. The list of services within the table isn't all inclusive.

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For more information, see [How to submit global referral requests, plan notifications and prior authorization requests](#).

Service	Requirements					
	Global referral		Plan notification		Prior authorization	
	BCN commercial: East, Southeast regions	BCN commercial: Mid, West, UP regions and POS plans ¹ BCN Advantage	BCN commercial: East, Southeast regions	BCN commercial: Mid, West, UP regions and POS plans ¹ BCN Advantage	BCN commercial: East, Mid, Southeast, West, UP regions and POS plans ¹	BCN Advantage
Abdominoplasty					✓ ²	✓ ²
Acupuncture					✓ ³	✓ ³
Ambulance, air — non-emergency flights					✓	
Ambulance, air — emergency flights	No global referral, plan notification or prior authorization requirements					
Ambulance, ground — emergency transport	No global referral, plan notification or prior authorization requirements					
Ambulatory event monitors, implantable					✓ ²	✓ ²
Anesthesia	No global referral, plan notification or prior authorization requirements					
Arthroscopy, knee					✓	✓
Artificial heart, total	Prior authorization requirements don't apply for dates of service on or after Jan. 1, 2024. Click the link at left for additional information.					
Applied behavior analysis for the treatment of autism					✓	✓
Balloon ostial dilation					✓ ²	✓ ²
Bariatric surgery, outpatient			✓ ⁵			
Bariatric surgery, inpatient					✓	✓
Biofeedback for urinary incontinence and chronic constipation	Plan notification is required for dates of service on or after Jan. 1, 2024. Click the link at left for additional information.					
Blepharoplasty					✓ ²	✓ ²
Bone anchored hearing aid					✓ ²	✓ ²
Bone density studies	No global referral, plan notification or prior authorization requirements					

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Breast elastography using magnetic resonance or ultrasound					✓ ²	✓ ²
Breast implant management					✓ ²	✓ ²
Breast reconstruction					✓ ²	✓ ²
Breast reduction					✓ ²	✓ ²
Cardiac ablation					✓ ²	✓ ²
Cardiac rehabilitation					✓	✓
Cardiology procedures					✓ ³	✓ ³
Cervical spine surgery					✓	✓
Chemical peels					✓ ²	✓ ²
Chemotherapy					✓ ³	✓ ³
Chiropractic services (spinal manipulations)	✓				✓	✓ ⁴
Cognitive rehabilitation					✓	✓
Colonoscopy — virtual					✓	✓
Coronary computed tomography — angiography (CCTA)					✓	✓
Cosmetic or reconstructive surgery					✓ ²	✓ ²
Dental general anesthesia or dental services					✓ ²	✓ ²
Developmental delay treatment					✓	✓
Diabetes supplies					✓ ³	✓ ³
Diagnostic and therapeutic tests			✓ ⁵			

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Durable medical equipment and prosthetics and orthotics (DME and P&O)					✓	✓
Echocardiograms	No global referral, plan notification or prior authorization requirements					
Electrocardiograms (EKGs)	No global referral, plan notification or prior authorization requirements					
Emergency room services	No global referral, plan notification or prior authorization requirements					
Endoscopic bypass (E&I)					✓ ²	✓ ²
Endoscopy, upper gastrointestinal, for gastroesophageal reflux disease					✓ ²	✓ ²
Endovascular intervention, peripheral artery					✓	✓ ²
Endovenous ablation for treatment of varicose veins					✓	✓
Enteral nutrition (must be provided by home infusion therapy provider)					✓ ²	✓ ²
Epidural or intrathecal catheter (trial or permanent placement)					✓	✓
Excess skin removal					✓ ²	✓ ²
Experimental and investigational					✓ ²	✓ ²
Fetal non-stress tests	No global referral, plan notification or prior authorization requirements					
Gastric pacing / stimulation					✓ ²	✓ ²
Gender affirmation services					✓ ³	✓ ³
Hammertoe correction surgery					✓ ²	✓ ²
Hearing aid services (with hearing aid rider)	No global referral, plan notification or prior authorization requirements					

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Holter monitor	No global referral, plan notification or prior authorization requirements					
Home health care (by home health care agencies only)						✓
Home infusion	No global referral, plan notification or prior authorization requirements					
Hospice services, 5th level					✓ ³	✓ ³
Hyperbaric oxygen therapy					✓	✓
Immunizations	No global referral, plan notification or prior authorization requirements					
Infertility procedures					✓	✓
Inpatient admissions (acute medical / surgical)					✓	✓
Inpatient hospital program (mental health / substance use disorders)					✓	✓
Intensive outpatient program (mental health / substance use disorders)	Prior authorization requirements don't apply for dates of service on or after Jan. 1, 2024. Click the link at left for additional information.					
Joint replacement (initial or revision), total – hip or knee					✓	✓
Joint replacement (initial), total – shoulder					✓	✓
Laboratory services, general	No global referral, plan notification or prior authorization requirements					
Laboratory services, genetic and molecular testing					✓	✓
Left atrial appendage closure					✓ ²	✓ ²
Lumbar spine surgery					✓	✓
Male gynecomastia, surgical treatment					✓ ²	✓ ²

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Maternity: Up to 48 hours following routine delivery / 96 hours following C-section					✓	✓
Medical formula for inborn errors of metabolism					✓	
Medical oncology and supportive care drugs					✓ ³	✓ ³
Medications covered under the medical benefit					✓ ³	✓ ³
MRI of breast					✓	✓
Musculoskeletal procedures, other					✓ ³	✓ ³
Nasal sinus endoscopy (sinusotomy, ethmoidectomy)					✓ ²	✓ ²
Neurofeedback for behavioral health (outpatient)	Prior authorization requirements don't apply for dates of service on or after Jan. 1, 2024. Click the link at left for additional information.					
Neuropsychological / psychological testing for bariatric surgery			✓			
Noncoronary vascular stents					✓ ²	✓ ²
Not otherwise classified					✓ ²	✓ ²
Observation stays	No global referral, plan notification or prior authorization requirements					
Oral surgery					✓ ²	✓ ²
Orthognathic surgery					✓ ²	✓ ²
Otoplasty					✓ ²	✓ ²
Pacemaker adjustments	No global referral, plan notification or prior authorization requirements					

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Pain management involving epidural steroid joint injections, facet joint injections, neuroablation and sacroiliac joint injections					✓	✓
Partial hospital program (mental health / substance use disorders)					✓	✓
Pediatric Choice services	No global referral, plan notification or prior authorization requirements					
Pediatric feeding program, elective, inpatient and outpatient					✓ ²	
Physical, occupational and speech therapy (including physical medicine services by chiropractors and by athletic trainers)	Prior authorization requirements apply when services aren't related to autism. For services related to autism, prior authorization requirements don't apply for any members for dates of service on or after Jan. 1, 2024. Click the link at left for additional information.					
Post-acute care (long-term acute care, inpatient rehabilitation and skilled nursing care)					✓	✓
Pregnancy termination					✓ ²	✓ ²
Private duty nursing					✓	
Prostatic urethral lift procedures					✓ ²	✓ ²
Proton beam therapy					✓	✓
Pulmonary rehabilitation					✓	✓
Radiation oncology procedures					✓	✓
Radiation therapy					✓ ³	✓ ³
Radiofrequency ablation, peripheral nerves					✓	✓

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Radiology procedures					✓ ³	✓ ³
Responsive stimulation for the treatment of refractory partial epilepsy					✓ ²	✓ ²
Residential program (mental health / substance use disorders)					✓	
Rhinoplasty					✓ ²	✓ ²
Routine Women's Health Benefit (formerly known as Woman's Choice)					✓ ³	✓ ³
Sacral nerve neuromodulation / stimulation for fecal incontinence or for urinary incontinence					✓ ²	✓ ²
Septoplasty					✓ ²	✓ ²
Sleep studies — home			✓			
Sleep studies — in lab — adult					✓	✓ ⁴
Sleep studies — in lab — pediatric			✓			
Specialist office visits and treatment	✓					
Sterilization procedures (with appropriate benefit)	No global referral, plan notification or prior authorization requirements					
Subacute detoxification, inpatient					✓	✓
Subacute detoxification, outpatient	No global referral, plan notification or prior authorization requirements					
Surgical procedures, routine			✓ ⁵			

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Swallow studies — outpatient			✓			
Swallow therapy — outpatient					✓	✓
Temporomandibular joint surgery					✓ ²	✓ ²
Thyroidectomy					✓ ²	✓ ²
Transcatheter arterial chemoembolization (TACE) and radioembolization of liver tumors					✓ ²	✓ ²
Transcranial magnetic stimulation for psychiatric or neurological disorders					✓	✓
Transplants					✓	✓ ³
Unclassified procedures					✓	✓
Urgent care	No global referral, plan notification or prior authorization requirements					
Varicose veins, treatment					✓	✓
Visual training, orthotic and pleoptic					✓ ²	✓ ²
Woman's Choice services (now known as Routine Women's Health Benefit)					✓ ³	✓ ³

¹POS plans are point-of-service products that allow the flexibility to receive covered health services in or out of network without a global referral.

²Submit prior authorization requests to BCN through the e-referral system. Attach all pertinent clinical documentation. See the document titled [Authorization criteria and preview questionnaires](#) for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.

³Prior authorization is required only for certain services, certain dates of service, in certain circumstances or settings, or for certain plans. Click the link in the Service column for details.

⁴The primary care provider must submit the prior authorization request.

⁵Plan notifications must be submitted by the primary care provider or the specialist with the global referral on file. As a general rule, submit plan notification for BCN commercial members for outpatient diagnostic tests and surgical procedures when they're performed in outpatient hospital facilities or ambulatory surgery facilities in the East and Southeast regions.

Overview of global referrals, plan notifications and prior authorizations

Global referrals

BCN Advantage and BCN commercial point of service, or POS, products don't require global referrals. The e-referral system and the 278 electronic standard transaction are programmed to remind providers that global referrals are not accepted for members with these plans.

For members with other BCN commercial plans, global referrals are requested by primary care providers so the member can see a specialist. Primary care providers should submit global referral requests to BCN through the e-referral system. For more information, see the [e-referral User Guide](#).

Health care providers must follow the global referral requirements that apply to the region in which their medical care group is headquartered. See the interactive [Provider Consultant Regions](#) map.

- **When the primary care provider is part of a medical care group headquartered in the Mid, West or Upper Peninsula region:** Global referrals aren't required. The primary care provider must still manage the member's care and communication among providers is still recommended. The primary care provider can communicate with the specialist by phone or fax or through instructions on a prescription. Both the primary care provider and the specialist should include written documentation about the communication in the member's medical record.
- **When the primary care provider is part of a medical care group headquartered in the East or Southeast region:**
 - The primary care provider 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. It also facilitates for the processing of claims. Note that providers must submit plan notifications or requests for prior authorization as outlined elsewhere in this document.
 - Specialists may not submit global referrals to other specialists. 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 prior authorization requests.

Exception: OB-GYNs may recommend BCN members see contracted specialists for obstetric-gynecologic services. However, they don't need to submit global referrals through the e-referral system.

Notes:

- Members must choose their primary care provider from the provider network designated for their plan.
- See the [MSU Health Plans](#) page at ereferrals.bcbsm.com for information on the global referral requirements for those plans.

Plan notifications

Plan notifications must be submitted by the primary care provider or the specialist with the global referral on file. As a general rule, submit plan notification for BCN commercial members for outpatient diagnostic tests and surgical procedures when they're performed in outpatient hospital facilities or ambulatory surgery facilities in the East and Southeast regions.

Plan notifications alert BCN to scheduled services and facilitate claims payment. Clinical review isn't required.

Health care providers must follow the plan notification requirements that apply to the region in which the headquarters for their medical care group is located. Plan notification requirements apply only to BCN commercial and only when the headquarters of the providers' medical care group is in the East or Southeast region. (See the interactive [Provider Consultant Regions](#) map.) Plan notifications must be submitted before services are provided. Submit plan notifications to BCN through the e-referral system by clicking *Submit Referral*. For more information, see the [e-referral User Guide](#).

Prior authorizations

Blue Care Network requires prior authorization for certain procedures to ensure that members get the right care at the right time and in the right location.

Health care providers must submit prior authorization requests before providing services. The [More information about plan notification and prior authorization requirements for each service](#) section on page 12 specifies where to submit requests for each service that requires prior authorization.

Prior authorization doesn't 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 rules:

- Health care providers who are contracted with BCN must follow the prior authorization requirements outlined in this document.
- When services are performed in an inpatient place of service, providers typically need to submit a prior authorization request to BCN through the e-referral system for the inpatient stay. However, in some instances, the place of service is reviewed as part of the prior authorization request for the procedure. In those cases, providers don't need to submit a separate prior authorization request for the inpatient stay; instead, the ordering provider or provider office that secured the prior authorization should provide the authorization number to the facility or providers when they schedule the procedure. The facility should work under that authorization, which is available in the e-referral system. If a length of stay extension is needed, the facility should request the extension using the approved authorization.

Example: When TurningPoint reviews prior authorization requests for musculoskeletal and pain management procedures, they review the setting as part of the prior authorization determination for each procedure. A separate prior authorization isn't needed for the inpatient stay.

- Noncontracted providers and providers who aren't part of the provider network designated for the member's plan must obtain prior authorization.

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Exception: Products such as Blue Elect PlusSM POS, Blue Elect Plus HSASM POS and Healthy Blue ChoicesSM POS allow out-of-network coverage. This means noncontracted and out-of-network providers can provide covered services as long as they do the following:

- For providers in Michigan, follow the prior authorization requirements for the services listed in the “Requirements at a glance” section of this document.
- For providers outside of Michigan, follow the requirements in the document [Non-Michigan providers: BCN referral and authorization requirements](#).

For more information about Blue Elect Plus POS and Blue Elect Plus HSA POS, see the [BCN Blue Elect Plus POS and Blue Elect Plus HSA POS](#) webpage. For more details about Healthy Blue Choices POS, see the [BCN Healthy Blue Choices POS](#) webpage.

Notes:

- **BCN 65 members:** The BCN Utilization Management department must be notified before a member’s Medicare days are exhausted. Infusion isn’t routinely covered by Medicare. All care should be coordinated by the primary care provider.
- **BCN as secondary carrier:** Prior authorization isn’t required when BCN is the secondary payer. However, the claim will be denied when the service isn’t a BCN-covered benefit and the member hasn’t followed the requirements of the primary carrier.
- When a procedure requires prior authorization from BCN and will be performed by a provider who isn’t contracted with BCN, the requesting provider must complete the [out-of-network providers questionnaire](#). If additional questionnaires open for the procedure itself, the requesting provider must complete them. This applies to both BCN commercial and BCN Advantage members.

How to submit global referral requests, plan notifications and prior authorization requests

To submit requests:

1. Log in to our provider portal ([availability.com](#)**).
2. Click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo.
3. Click the link for the appropriate tile in the Applications tab.

To learn how to submit requests using other methods (for example, by fax or phone), see the pertinent page in the [BCN section of the *ereferrals.bcbsm.com* website](#).

More information about plan notification and prior authorization requirements

This section contains additional information about requirements for many of the services listed in the “Requirements at a glance” section of this document.

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For information about submitting requests, see the [How to submit global referral requests, plan notifications and prior authorization requests](#) section on page 12.

Acupuncture

Prior authorization is required for all BCN commercial members. Prior authorization is also required for BCN Advantage members when benefit limits are exceeded.

Submit requests to BCN through the e-referral system. Refer to the document [Procedure codes for which providers must request prior authorization](#).

Notes:

- Not all groups have an acupuncture benefit. Check each member's eligibility and benefits before requesting prior authorization.
- The services of acupuncturists aren't reimbursable for BCN Advantage members.

Ambulance, air — non-emergency flights

For BCN commercial members, submit prior authorization requests to Alacura Medical Transport Management. See the document [Procedure codes for which providers must request prior authorization](#) and the [BCN Air Ambulance Services](#) page on **ereferrals.bcbsm.com** for more information. You can also call Alacura at 1-844-608-3674.

Arthroscopy, knee

Submit prior authorization requests to TurningPoint Healthcare Solutions LLC through the TurningPoint Provider Portal. See the document [Musculoskeletal procedure codes that require authorization by TurningPoint](#) and the [BCN Musculoskeletal Services](#) page on **ereferrals.bcbsm.com** for more information.

See also: [Musculoskeletal procedures, other](#)

Artificial heart, total

Prior authorization requirements vary by date of service:

- For dates of service on or after Jan. 1, 2024, prior authorization is required only for the inpatient admission. The surgery doesn't require clinical review.
- For dates of service before Jan. 1, 2024, prior authorization is required. Submit requests to BCN through the e-referral system.

Applied behavior analysis for the treatment of autism

Treatment requires a diagnosis of autism spectrum disorder. For information about obtaining a comprehensive diagnostic evaluation, see the document [Obtaining an autism diagnostic evaluation and finding treatment](#).

Prior authorization is required for all members. Submit requests to Blue Cross Behavioral Health.

See the document [Procedure codes for which providers must request prior authorization](#) and the [BCN Autism Services](#) page on **ereferrals.bcbsm.com** for more information.

Bariatric surgery

Requirements vary depending on the setting.

- **Outpatient:** Plan notification is required as indicated earlier in this document.
- **Inpatient:** Prior authorization is required only for the inpatient admission. The surgery doesn't require clinical review.

Some groups require the bariatric surgery to be performed in a specific facility.

Biofeedback for urinary incontinence and chronic constipation

Requirements vary based on the date of service:

- For dates of service on or after Jan. 1, 2024, plan notification is required as specified earlier in this document.
- For dates of service before Jan. 1, 2024, prior authorization is required for all members. Submit requests to BCN through the e-referral system.

Cardiology procedures

Select procedures require prior authorization. See the following resources for more information:

- **For procedures managed by BCN Utilization Management:** See the document [Procedure codes for which providers must request prior authorization](#) and the [BCN Cardiology Services](#) page on [ereferrals.bcbsm.com](#).
- **For procedures managed by Carelon:** See the document [Procedures that require prior authorization by Carelon](#) and the [BCN Cardiology Services](#) page on [ereferrals.bcbsm.com](#) for more information.

See also:

- The following rows in the [Requirements at a glance](#) table above: Ambulatory event monitors, implantable; Cardiac ablation; and Left atrial appendage closure
- The [Coronary computed tomography-angiography \(CCTA\)](#) section later in this document.

Cervical spine surgery

Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document [Musculoskeletal procedure codes that require authorization by TurningPoint](#) and the [BCN Musculoskeletal Services](#) page on [ereferrals.bcbsm.com](#) for more information.

See also: [Musculoskeletal procedures, other](#)

Chiropractic services (spinal manipulations)

Requirements vary depending on the member's plan.

- **For BCN commercial members:** The chiropractor must submit a prior authorization request to BCN through the e-referral system. Include procedure codes *98940, *98941, *98942 and *98943 for manipulations and any applicable radiology codes.

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Important: If a primary care provider in the East or Southeast region doesn't submit a global referral, the chiropractor can't submit the prior authorization request. The primary care provider can submit a global referral and then submit the prior authorization request on behalf of the chiropractor, but the request must include all applicable procedure codes.

- **For BCN Advantage members:** A prior authorization request must be submitted to BCN through the e-referral system by either the primary care provider or the chiropractor. Include procedure codes *98940, *98941 and 98942 for manipulations and include any applicable radiology codes.

Cognitive rehabilitation

Submit prior authorization requests for all members as follows:

- When related to occupational therapy, submit to eviCore healthcare through the eviCore provider portal. See the document [Procedure codes that require prior authorization by eviCore](#) and the [BCN PT, OT, ST and Physical Medicine Services](#) page on [ereferrals.bcbsm.com](#) for more information.
- When related to speech therapy, submit to BCN through the e-referral system.

Colonoscopy — virtual

Submit prior authorization requests to BCN through the e-referral system. Refer to the document [Procedure codes for which providers must request prior authorization](#).

Coronary computed tomography — angiography (CCTA)

Submit prior authorization requests to Carelon Medical Benefits Management through the Carelon provider portal. See the document [Procedures that require prior authorization by Carelon](#) and the [BCN Cardiology Services](#) page on [ereferrals.bcbsm.com](#) for more information.

Cosmetic or reconstructive surgery

Select cosmetic and reconstructive surgery procedures require prior authorization. Refer to the document [Procedure codes for which providers must request prior authorization](#).

See also: The Abdominoplasty, Blepharoplasty, Otoplasty, Rhinoplasty and Septoplasty rows in the [Requirements at a glance](#) table above.

Developmental delay treatment

Submit prior authorization requests to BCN through the e-referral system. Refer to the document [Procedure codes for which providers must request prior authorization](#).

Diabetes supplies

For diabetes supplies covered under the medical (durable medical equipment, or DME) benefit, call Northwood, Inc. at 1-800-393-6432 to identify a contracted supplier. This applies to items such as continuous glucose monitors, insulin pumps and supplies, testing supplies, and diabetic shoes and inserts.

Prior authorization is required only in certain circumstances; for example: when quantity limits are exceeded, when documentation is required, when the supplier is outside of the Northwood network or for reasons of medical necessity outside of the Blue Cross Inclusionary Criteria or Medicare Local Coverage Determination.

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BCN commercial members with a BCN pharmacy benefit must obtain insulin under their pharmacy benefit, through participating pharmacies. They may also obtain diabetes monitoring products and supplies through participating pharmacies. When obtained under the pharmacy benefit, prior authorization isn't required.

See the document [Procedure codes for which providers must request prior authorization](#) and the [BCN Diabetes Supplies](#) page on ereferrals.bcbsm.com for more information.

Durable medical equipment and prosthetics and orthotics (DME and P&O)

Call Northwood at 1-800-393-6432 to identify a contracted supplier. The supplier submits the prior authorization request to Northwood for review.

See the document [Procedure codes for which providers must request prior authorization](#) and the [BCN Durable Medical Equipment, Prosthetics and Orthotics](#) page on ereferrals.bcbsm.com for more information.

Endovascular intervention, peripheral artery

Submit prior authorization requests as follows:

- **For BCN commercial members:** Submit to Carelon Medical Benefits Management. See the document [Procedures that require prior authorization by Carelon](#) and the [BCN Cardiology Services](#) page on ereferrals.bcbsm.com for more information.
- **For BCN Advantage members:** Submit to BCN through the e-referral system. Refer to the document [Procedure codes for which providers must request prior authorization](#).

Endovenous ablation for treatment of varicose veins

Submit prior authorization requests to BCN through the e-referral system. Refer to the document [Procedure codes for which providers must request prior authorization](#).

Epidural or intrathecal catheter (trial or permanent placement)

Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document [Musculoskeletal procedure codes that require authorization by TurningPoint](#) and the [BCN Musculoskeletal Services](#) page on ereferrals.bcbsm.com for more information.

See also: [Musculoskeletal procedures, other](#)

Gender affirmation services

Submit prior authorization requests to BCN through the e-referral system. Refer to the document [Procedure codes for which providers must request prior authorization](#).

Notes:

- Gender affirmation services, including facial feminization and facial and neck hair removal, aren't a benefit for all members. Check each member's eligibility and benefits before requesting prior authorization.
- For BCN commercial members with U-M Premier Care and U-M GradCare plans and for certain diagnoses, a questionnaire will open in the e-referral system for certain procedure codes. See the document [Authorization criteria and preview questionnaires](#) for links to the preview questionnaires that show the questions you must answer in the e-referral system.

Home health care (by home health care agencies only)

For BCN Advantage members, submit prior authorization requests to CareCentrix®. This requirement applies to home health agencies both inside Michigan and outside of Michigan. See the [BCN Home-Based Services](#) page on [ereferrals.bcbsm.com](#) for more information.

Hospice services, 5th level

5th-level hospice services require prior authorization only for University of Michigan Premier Care and GradCare members. This requirement applies to dates of service on or after Jan. 1, 2023.

Infertility procedures

Submit prior authorization requests to BCN through the e-referral system. Refer to the document [Procedure codes for which providers must request prior authorization](#).

Inpatient admissions (acute medical / surgical)

Providers should notify BCN of inpatient acute medical / surgical (non-behavioral health) admissions once the member is admitted to inpatient status and meets InterQual® criteria (for all admissions) and any associated Local Rules (for admissions that occurred prior to Aug. 1, 2023). Refer to the document [Procedure codes for which providers must request prior authorization](#).

Note: For inpatient behavioral health admissions, see the [BCN Behavioral Health](#) page on [ereferrals.bcbsm.com](#).

See also: [Post-acute care](#)

Inpatient hospital program (mental health / substance use disorders)

Prior authorization is required for all members. Submit requests to Blue Cross Behavioral Health.

See the document [Procedure codes for which providers must request prior authorization](#) and the [BCN Behavioral Health](#) page on [ereferrals.bcbsm.com](#) for more information.

Intensive outpatient program (mental health / substance use disorders)

Prior authorization requirements vary depending on the date of service.

- **For dates of service on or after Jan. 1, 2024:** Prior authorization isn't required.
- **For dates of service before Jan. 1, 2024:** Submit prior authorization requests by emailing BHStrategyAppealsandRetrospectiveRequests@bcbsm.com or by calling one of these numbers and selecting the appropriate prompt:
 - For BCN commercial members, call 1-800-482-5982.
 - For BCN Advantage members, call 1-800-431-1059.

Refer to the document [Procedure codes for which providers must request prior authorization](#).

Joint replacement (initial or revision), total — hip or knee

Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document [Musculoskeletal procedure codes that require authorization by TurningPoint](#) and the [BCN Musculoskeletal Services](#) page on [ereferrals.bcbsm.com](#) for more information.

See also: [Musculoskeletal procedures, other](#)

Joint replacement (initial), total — shoulder

Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document [Musculoskeletal procedure codes that require authorization by TurningPoint](#) and the [BCN Musculoskeletal Services](#) page on ereferrals.bcbsm.com for more information.

See also: [Musculoskeletal procedures, other](#)

Laboratory services, genetic and molecular testing

Submit prior authorization requests to JVHL. Refer to the document [Procedure codes for which providers must request prior authorization](#).

Exception: Although prior authorization isn't required for the Cologuard[®] colorectal cancer screening test, medical necessity criteria must be met for the test to be eligible for reimbursement. See the medical policy *Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening* 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:

- For BCN commercial members, 45 years of age
- For BCN Advantage members, 50 years of age or older

Note: JVHL doesn't coordinate this testing so providers don't need to contact JVHL about Cologuard cancer screening tests.

Lumbar spine surgery

Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document [Musculoskeletal procedure codes that require authorization by TurningPoint](#) and the [BCN Musculoskeletal Services](#) page on ereferrals.bcbsm.com for more information.

See also: [Musculoskeletal procedures, other](#)

Maternity: Up to 48 hours following routine delivery / 96 hours following C-section

Prior authorization is required for all members to facilitate claims payment. Clinical review isn't required. Submit requests to BCN through the e-referral system.

Medical oncology and supportive care drugs

Medical oncology and supportive care drugs covered under the medical benefit require prior authorization through Carelon Medical Benefits Management. To determine which drugs require prior authorization, see:

- For BCN commercial members, the [Oncology Value Management program prior authorization list for Blue Cross and BCN commercial members](#).
- For BCN Advantage members, the [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#). Look in the "Submit authorization request through" columns to see which drugs require prior authorization through Carelon.

See the [BCN Medical Benefit Drugs](#) page on ereferrals.bcbsm.com for additional information.

Medications covered under the medical benefit

See the [BCN Medical Benefit Drugs](#) page on [ereferrals.bcbsm.com](#) for more information.

See also: [Medical oncology and supportive care drugs](#)

MRI of breast

Submit prior authorization requests for adult members to Carelon Medical Benefits Management through the Carelon provider portal. See the document [Procedures that require prior authorization by Carelon](#) and the [BCN Radiology Services, High Tech](#) page on [ereferrals.bcbsm.com](#) for more information.

Musculoskeletal procedures, other

For the procedure codes in the [Musculoskeletal procedure codes that require authorization by TurningPoint](#) document, submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the [BCN Musculoskeletal Services](#) page on [ereferrals.bcbsm.com](#) for more information.

See also: [Arthroscopy, knee](#); [Cervical spine surgery](#); [Epidural or intrathecal catheter](#); [Joint replacement \(initial or revision\), total – hip or knee](#); [Joint replacement \(initial\), total – shoulder](#); [Lumbar spine surgery](#); [Pain management](#); and [Radiofrequency ablation, peripheral nerves](#)

Neurofeedback for behavioral health (outpatient)

Prior authorization requirements vary depending on the date of service.

- **For dates of service on or after Jan. 1, 2024:** Prior authorization isn't required.
- **For dates of service before Jan. 1, 2024:** Prior authorization is required for all members. To submit prior authorization requests, email BHStrategyAppealsandRetrospectiveRequests@bcbsm.com or call one of these numbers and select the appropriate prompt:
 - For BCN commercial members, call 1-800-482-5982.
 - For BCN Advantage members, call 1-800-431-1059.

Refer to the document [Procedure codes for which providers must request prior authorization](#).

Note: A report from an independent evaluation confirming the diagnosis of ADHD/ADD must be submitted with the initial prior 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. When authorized, the service is covered only for specific behavioral health diagnoses, not for medical diagnoses.

Observation stays

Surgical procedures performed during an observation stay may require an outpatient global referral, plan notification or prior authorization. Refer to the document [Procedure codes for which providers must request prior authorization](#).

Pain management involving epidural steroid joint injections, facet joint injections, neuroablation and sacroiliac joint injections

Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document [Musculoskeletal procedure codes that require authorization by TurningPoint](#) and the [BCN Musculoskeletal Services](#) page on [ereferrals.bcbsm.com](#) for more information.

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Effective January 2007 | Updated July 2024

See also: [Musculoskeletal procedures, other](#)

Partial hospital program (mental health / substance use disorders)

Prior authorization is required for all members. Submit requests to Blue Cross Behavioral Health.

See the document [Procedure codes for which providers must request prior authorization](#) and the [BCN Behavioral Health](#) page on [ereferrals.bcbsm.com](#) for more information.

Pediatric Choice services

See the document titled [Requirements for BCN Pediatric Choice Program](#).

Pediatric feeding program, elective, inpatient and outpatient

For BCN commercial members, submit prior authorization requests to BCN through the e-referral system for both inpatient and outpatient programs. In addition:

- Use procedure code S0317 when submitting requests for both inpatient and outpatient programs.
- For inpatient requests, don't add the length-of-stay procedure code. Use only code S0317 when submitting prior authorization requests. For inpatient prior 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. Don't bill elective inpatient pediatric feeding programs with the S0317 code.

Physical, occupational and speech therapy (including physical medicine services by chiropractors and by athletic trainers)

Requirements vary depending on whether the therapy is related to autism.

Situation	Details
Therapy is related to the member's autism diagnosis	<p>The provider is responsible for verifying whether each member has autism benefits. For BCN commercial members who have a diagnosis of autism and have autism benefits, prior authorization requirements vary based on the date of service:</p> <ul style="list-style-type: none"> • For dates of service on or after Jan. 1, 2024, prior authorization isn't required. • For dates of service before Jan. 1, 2024: <ul style="list-style-type: none"> ○ For members 19 years of age or older, submit prior authorization requests to eviCore healthcare through the eviCore provider portal. ○ For members under age 19, prior authorization isn't required. Claims for these services pay without a global referral or an authorization if they are billed by a BCN-contracted provider with a childhood autism diagnosis code (F84.0, F84.5, F84.8 or F84.9).
Therapy isn't related to autism	Submit prior authorization requests to eviCore through the eviCore provider portal.

See the document [Procedure codes that require prior authorization by eviCore](#) and the [BCN PT, OT, ST and Physical Medicine Services](#) page on [ereferrals.bcbsm.com](#) for more information.

Post-acute care (long-term acute care, inpatient rehabilitation and skilled nursing care)

See below to determine where to submit the prior authorization request.

- **For BCN commercial members:** Submit prior authorization requests to BCN through the e-referral system.
- **For BCN Advantage members:** Submit prior authorization requests to Home & Community Care.

See the [BCN Post-Acute Care](#) page on [ereferrals.bcbsm.com](#) for more information.

Private duty nursing

For BCN commercial members, submit prior authorization requests for procedure codes S9123 and S9124 to BCN through the e-referral system.

Note: Not all groups have private duty nursing as a benefit. Check each member's eligibility and benefits prior to performing services.

Proton beam therapy

For adult members (18 years of age or older), submit prior authorization requests to eviCore through the eviCore provider portal. See the document [Procedure codes that require prior authorization by eviCore](#) and the [BCN Oncology Services](#) page on [ereferrals.bcbsm.com](#) for more information.

Radiation oncology procedures

Select radiation oncology procedures require prior authorization for adult members. Submit requests to eviCore healthcare through the eviCore provider portal. See the document [Procedure codes that require prior authorization by eviCore](#) and the [BCN Oncology Services](#) page on [ereferrals.bcbsm.com](#) for more information.

See also: [Proton beam therapy](#)

Radiation therapy

For radiation therapy procedures other than those identified elsewhere in this document, global referrals aren't required.

Note: See the document [Procedures that require prior authorization by Caredon](#) for a list of high-tech radiology codes that require prior authorization.

See also: [Proton beam therapy](#), [Radiation oncology procedures](#)

Radiofrequency ablation, peripheral nerves

Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document [Musculoskeletal procedure codes that require authorization by TurningPoint](#) and the [BCN Musculoskeletal Services](#) page on [ereferrals.bcbsm.com](#) for more information.

See also: [Musculoskeletal procedures, other](#)

Radiology procedures

For radiology procedures other than those identified elsewhere in this document, neither global referral nor plan notification nor prior authorization is required.

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Select radiology procedures require authorization by Carelon Medical Benefits Management for members of all ages. See the document [Procedures that require prior authorization by Carelon](#) and the [BCN Radiology Services, High Tech](#) page on ereferrals.bcbsm.com for more information.

See also: [MRI of breast](#)

Residential program (mental health / substance use disorders)

Prior authorization is required for BCN commercial members. Submit requests to Blue Cross Behavioral Health.

See the document [Procedure codes for which providers must request prior authorization](#) and the [BCN Behavioral Health](#) page on ereferrals.bcbsm.com for more information.

Note: BCN Advantage doesn't have a residential mental health treatment benefit.

Routine Women's Health Benefit (formerly known as Woman's Choice)

See the document [Routine Women's Health Benefit Referral and Authorization Guidelines](#).

Sleep studies — in lab

Requirements vary based on the member's age, plan and the date of service. See the [BCN Sleep Studies](#) page on ereferrals.bcbsm.com and the following lists of procedure codes:

- [Procedure codes for which providers must request prior authorization](#)
- [Procedures that require prior authorization by Carelon](#)

Subacute detoxification, inpatient

Prior authorization is required for all members. Submit requests to Blue Cross Behavioral Health.

See the document [Procedure codes for which providers must request prior authorization](#) and the [BCN Behavioral Health](#) page on ereferrals.bcbsm.com for more information.

Swallow studies — outpatient

For procedure codes *92611 through *92617, submit plan notification to BCN through the e-referral system.

Note: If this service is performed in conjunction with speech therapy, providers must request prior authorization from eviCore for the speech therapy procedure codes. See the [BCN PT, OT, ST and Physical Medicine Services](#) page on ereferrals.bcbsm.com for more information.

Swallow therapy — outpatient

For procedure code *92526, submit prior authorization requests to BCN through the e-referral system.

Note: If this service is performed in conjunction with speech therapy, providers must request prior authorization from eviCore for the speech therapy procedure codes. See the [BCN PT, OT, ST and Physical Medicine Services](#) page on ereferrals.bcbsm.com for more information.

Transcranial magnetic stimulation for psychiatric or neurological disorders

Prior authorization is required for all members. Submit requests to Blue Cross Behavioral Health.

See the document [Procedure codes for which providers must request prior authorization](#) and the [BCN Behavioral Health](#) page on ereferrals.bcbsm.com for more information.

Transplants

For the inpatient admission, see [Inpatient admissions \(acute medical / surgical\)](#).

For the transplant procedure, submit outpatient prior authorization requests to BCN through the e-referral system as follows. For more information, see the [e-referral User Guide](#).

- For dates of service on or after Jan. 1, 2024:
 - For BCN commercial members, authorization is required through the Human Organ Transplant Program for solid organ and bone marrow transplant procedures (except skin and cornea). This includes kidney-only transplants.
 - For BCN Advantage members, prior authorization isn't required for any transplants.
- For dates of service before Jan. 1, 2024: Prior authorization is required for all members through the Human Organ Transplant Program, for solid organ and bone marrow procedures (except kidney, skin and cornea).

Refer to the document [Procedure codes for which providers must request prior authorization](#).

Notes:

- BCN commercial 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 Centers for Medicare & Medicaid Services-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

These procedures are also called “not otherwise classified (NOC),” “unlisted” and “unspecified.”

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Blue Dot changes in this document

Service / topic	Change description	Change date
General	We updated the look of this document and reorganized the information.	July 2024
Acupuncture	The <i>Requirements at a glance</i> and <i>More information about plan notification and prior authorization requests</i> sections are updated to show that for acupuncture, authorization is required for select BCN commercial and BCN Advantage members. Because not all groups have an acupuncture benefit, providers should check each member's eligibility and benefits prior to requesting authorization.	June and April 2024
Chiropractic services (spinal manipulations)	In the <i>More information about plan notification and prior authorization requests</i> section, the information about chiropractic services (spinal manipulations) is updated to clarify the following for both BCN commercial and BCN Advantage members: <ul style="list-style-type: none"> The prior authorization request should include the procedure codes for manipulations and any applicable radiology codes. Don't include codes for office visits. Either the primary care provider or the chiropractor can submit the prior authorization request. 	June 2024
Endoscopic bypass (E&I)	The <i>Requirements at a glance</i> section is updated to show that for an endoscopic bypass (E&I), providers must complete the questionnaire that opens in the e-referral system when a prior authorization request is submitted. This is effective starting March 31, 2024.	June 2024
Various	Links to the document BCN-managed procedure codes that require authorization for Michigan providers are removed. To determine whether a procedure code requires prior authorization from BCN, see the document titled Procedure codes for which providers must request prior authorization . For codes managed by BCN, "BCNA," "HMO" or "BCNA HMO" appears in the "Lines of business" column and "e-referral" appears in the "Requests managed by" column.	April 2024
Global referrals section	The <i>Global referrals</i> section is updated to show that for Blue Elect Plus POS, Blue Elect Plus HSA POS and Healthy Blue Choices POS members, the e-referral system and the 278 electronic standard transaction are programmed to remind providers that referrals are not accepted for these members. Providers will see pertinent messaging starting April 1, 2024.	March 2024
Routine Women's Health Benefit	This document is updated to show that the Woman's Choice program is now known as Routine Women's Health Benefit.	February 2024
Various	This document is updated to show that naviHealth, Inc., is now known as Home & Community Care.	February 2024
Various	The <i>Requirements at a glance</i> section is updated to show that providers should refer to the document Authorization criteria and preview questionnaires for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.	February 2024

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Service / topic	Change description	Change date
Computed tomography to detect coronary artery calcification	In the <i>Requirements at a glance</i> section, the information about computed tomography to detect coronary artery calcification is removed because this service no longer requires prior authorization. This was effective for dates of service on or after Jan. 28, 2024.	December 2023
Behavioral health services, various	The <i>More information about plan notification and prior authorization requests</i> section is updated to show that for dates of service on or after Jan. 1, 2024, Blue Cross Behavioral Health manages authorizations for behavioral health services, including autism treatment, for BCN commercial and BCN Advantage members. Exception: Carelon Behavioral Health manages these authorizations for Healthy Blue Choices SM POS members.	December 2023 / January 2024
Diabetes supplies	This document is updated to show that starting Jan. 1, 2024, for diabetes supplies covered under the medical (DME) benefit for both BCN commercial and BCN Advantage members, providers should call Northwood, Inc., at 1-800-393-6432 to identify a contracted supplier.	December 2023 / January 2024
Transplants	The <i>More information about plan notification and prior authorization requests</i> section is updated to show that for dates of service on or after Jan. 1, 2024: <ul style="list-style-type: none"> For BCN commercial members, authorization is required through the Human Organ Transplant Program for solid organ and bone marrow evaluations and harvesting (except skin and cornea). This includes kidney-only transplants. For BCN Advantage members, authorization is not required for any transplants. 	December 2023 / January 2024
Endovenous ablation for treatment of varicose veins	The <i>More information about plan notification and prior authorization requests</i> section is updated to show that a questionnaire does not open for this service in the e-referral system. Instead, starting in late November 2023, providers are prompted to answer a series of questions.	November 2023
Varicose vein treatment	The <i>More information about plan notification and prior authorization requests</i> section is updated to show that a questionnaire does not open for this service in the e-referral system. Instead, starting in late November 2023, providers are prompted to answer a series of questions.	November 2023
Provider Consultant Regions map	In the <i>Global referrals</i> and <i>Plan notifications</i> sections, we added a link to the interactive Provider Consultant Regions map.	November 2023
Sleep studies — home	In the <i>Requirements at a glance</i> section, the information about the requirements for home sleep studies is updated.	October 2023
Balloon ostial dilation	For dates of service on or after Aug. 27, 2023, providers must complete the balloon ostial dilation questionnaire for procedure codes *31295, *31296, *31297 and *31298. Note that for dates of service before Aug. 27, 2023, the sinusotomy questionnaire opens for these procedure codes.	August 2023

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