



# BCN referral and authorization requirements for Michigan providers

Plan notification, authorization and referral requirements

For members with Blue Care Network commercial, BCN Advantage<sup>SM</sup> HMO-POS and BCN Advantage<sup>SM</sup> 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 commercial: 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 [BCN MEDICAL BENEFIT DRUGS PAGE](#) <<

## Section 1: Plan notification and authorization requirements

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. For information about how to submit a plan notification or an authorization request, refer to the [e-referral User Guide](#). **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<sup>SM</sup> POS, Blue Elect Plus HSA<sup>SM</sup> POS and Healthy Blue Choices<sup>SM</sup> 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 and Blue Elect Plus HSA POS, refer to BCN's [Blue Elect Plus POS](#) webpage. For more details about Healthy Blue Choices POS, refer to BCN's [Healthy Blue Choices POS](#) webpage.

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.

Note: When a procedure is to be performed by a provider not contracted with BCN, the requesting provider must complete the [out-of-network providers questionnaire](#). If a questionnaire also opens for the procedure itself, the requesting provider must complete both questionnaires. This applies to both BCN commercial and BCN Advantage members.

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. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Ambulance, air	<ul style="list-style-type: none"> <li>For BCN commercial members: For non-emergency flights only, prior authorization is required from Alacura Medical Transport Management. For information about submitting prior authorization requests, refer to the document <a href="#">Non-emergency air ambulance prior authorization program: Overview for Michigan and non-Michigan providers</a>. Emergency flights do not require authorization.</li> <li>For BCN Advantage members: Authorization is not required, for either emergency or non-emergency flights.</li> </ul>
Ambulatory event monitors, implantable	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Arthroscopy, knee See also: Musculoskeletal procedures, other	Authorization is required for all members. Submit the request to TurningPoint Healthcare Solutions LLC through the TurningPoint Provider Portal. Refer to BCN's <a href="#">Musculoskeletal Services</a> page at <a href="#">ereferrals.bcbsm.com</a> .
Artificial heart, total	Authorization is required for all members.

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Service	Requirements
Autism treatment: applied behavior analysis	<p>Authorization is required for all members. Treatment requires a diagnosis of autism spectrum disorder.</p> <p><b>For dates of service on or after Jan. 1, 2024:</b> Blue Cross Behavioral Health<sup>SM</sup> manages the authorizations. For information about obtaining a comprehensive diagnostic evaluation, refer to the document <a href="#">Obtaining an autism diagnostic evaluation and finding treatment</a>. For information about submitting prior authorization requests, refer to the document <a href="#">Blue Cross Behavioral Health: Frequently asked questions for providers</a>.</p> <p><b>For dates of service before Jan. 1, 2024:</b> To submit prior authorization requests, email <a href="mailto:BHStrategyAppealsandRetrospectiveRequests@bcbsm.com">BHStrategyAppealsandRetrospectiveRequests@bcbsm.com</a> or call one of these numbers and select the appropriate prompt:</p> <ul style="list-style-type: none"> <li>• For BCN commercial members, call 1-800-482-5982.</li> <li>• For BCN Advantage members, call 1-800-431-1059.</li> </ul>
Autism treatment: PT-OT-ST services	See entry for physical / occupational / speech therapy in this section.
Balloon ostial dilation	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Bariatric surgery	Plan notification is required for all members prior to the service being performed. In addition, a global referral is required for BCN commercial members whose primary care provider is part of a medical care group based in the East or Southeast region.
Biofeedback for urinary incontinence and chronic constipation	<p>Authorization is required for all members. Attach all pertinent clinical information to the request in the e-referral system. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.</p> <p>Note: BCN's Utilization Management staff make the determination on the request. Biofeedback is not covered for behavioral health diagnoses.</p>
Blepharoplasty	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Bone anchored hearing aid	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Breast elastography using magnetic resonance or ultrasound	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Breast implant management	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Breast reconstruction	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Breast reduction	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Cardiac ablation	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Cardiac rehabilitation	Plan notification is required for all members.
Cardiology procedures See also: Ambulatory event monitors, implantable; cardiac ablation; coronary computed tomography-angiography (CCTA); and left atrial appendage closure	Select cardiology procedures, including cardiac implantable devices and services, require authorization managed by Carelon Medical Benefit Management-for members of all ages when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. This applies to BCN commercial and BCN Advantage members. Refer to the <a href="#">list of procedure codes that require authorization by Carelon</a> .
Cervical spine surgery See also: Musculoskeletal procedures, other	Authorization is required for all members. Submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's <a href="#">Musculoskeletal Services</a> page at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> .

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Chemical peels	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Chiropractic services (spinal manipulations)	<p><b>For BCN commercial members:</b></p> <ul style="list-style-type: none"> <li>For BCN commercial members with a primary care provider in the East or Southeast region, the primary care provider must submit a global referral. No global referral is required outside of those regions.</li> <li>Once the global referral is submitted by the primary care provider, the chiropractor must submit a prior authorization request, which is required even for members whose coverage allows self-referrals. To submit a prior authorization request in the e-referral system, select "Submit Outpatient Authorization." Include procedure codes *98940, *98941, *98942 and *98943 for manipulations and any applicable office visit and radiology codes.</li> </ul> <p>Note: If the primary care provider doesn't submit the global referral, the chiropractor cannot submit the prior authorization request.</p> <p>Note: 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 codes.</p> <p><b>For BCN Advantage members:</b></p> <ul style="list-style-type: none"> <li>Global referrals are not accepted for BCN Advantage members in any region who are seeing providers in their health plan's network, but the primary care provider must submit a prior authorization request.</li> <li>To submit a prior authorization request in the e-referral system, the primary care provider must select "Submit Outpatient Authorization." Use procedure codes *98940, *98941 and 98942 for manipulations and include any applicable office visit and radiology codes.</li> </ul>
Cholecystectomy, laparoscopic	Plan notification is required for all members.
Cognitive rehabilitation	<p>Authorization is required for all members, for procedure code *97129:</p> <ul style="list-style-type: none"> <li>When the procedure is related to occupational therapy, submit the request to eviCore.</li> <li>When the procedure is related to speech therapy, submit the request to BCN through the e-referral system.</li> </ul>
Colonoscopy – virtual	Authorization is required for all members.
Coronary computed tomography – angiography (CCTA)	This cardiology procedure requires authorization by Carelon Medical Benefit Management for members of all ages when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. This applies to BCN commercial and BCN Advantage members. Refer to the <a href="#">list of procedure codes that require authorization by Carelon</a> .
Cosmetic or reconstructive surgery See also: Abdominoplasty; blepharoplasty; otoplasty; rhinoplasty; and septoplasty	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Cranial neurostimulator pulse generator (deep brain stimulation), insertion or replacement	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Dental general anesthesia or dental services	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Developmental delay treatment	Authorization is required for all members.

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Diabetes supplies	<p>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. This includes items such as continuous glucose monitors, insulin pumps and supplies, and testing supplies, and diabetic shoes and inserts..</p> <p>Authorization is not required except in certain circumstances. Examples: 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.</p> <p>BCN commercial members with a BCN pharmacy benefit must obtain insulin and may also obtain diabetes monitoring products and supplies under their pharmacy benefit, through participating pharmacies. I these instances, no authorization is required.</p>
Diagnostic and therapeutic tests	<p>A global referral is required for BCN commercial members in the East and Southeast regions; for all other members, including BCN commercial 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.</p> <p>Note: See exceptions to the general rule in Section 2: Referral requirements.</p>
Durable medical equipment and prosthetics and orthotics (DME and P&O)	<p>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.</p>
Endoscopy, upper gastrointestinal, for gastroesophageal reflux disease	<p>Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system. For more information, refer to the <a href="#">BCN-managed procedure codes that require authorization</a> document.</p>
Endovascular intervention, peripheral artery	<p>Authorization is required for all members, as follows:</p> <ul style="list-style-type: none"> <li>• For BCN commercial members, submit requests to Carelon Medical Benefit Management.</li> <li>• For BCN Advantage members, submit requests to BCN Utilization Management. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.</li> </ul>
Endovenous ablation for treatment of varicose veins	<p>Authorization is required for all members.</p>
Enteral nutrition (by home infusion therapy providers only)	<p>Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.</p>
Epidural or intrathecal catheter (trial or permanent placement)  See also: Musculoskeletal procedures, other	<p>Authorization is required for all members. Submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's <a href="#">Musculoskeletal Services</a> page at ereferrals.bcbsm.com.</p>
Excess skin removal	<p>Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.</p>
Experimental and investigational	<p>Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.</p>
Facial and neck hair removal ( <i>for University of Michigan employees only</i> )	<p>Authorization is required for all members. For BCN commercial members with U-M Premier Care and U-M GradCare plans, and for certain diagnoses, refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system. For more information, refer to the <a href="#">BCN-managed procedure codes that require authorization</a> document.</p>
Facial feminization surgery and chondrolaryngoplasty ( <i>for University of Michigan employees only</i> )	<p>Authorization is required for all members. For BCN commercial members with U-M Premier Care and U-M GradCare plans, and for certain diagnoses, refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system. For more information, refer to the <a href="#">BCN-managed procedure codes that require authorization</a> document.</p>
Gastric pacing / stimulation	<p>Authorization is required for both BCN commercial and BCN Advantage members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.</p>

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Hammertoe correction surgery	Authorization is required for all members. For certain diagnoses, refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system. For more information, refer to the <a href="#">BCN-managed procedure codes that require authorization</a> document.
Home health care (by home health care agencies only)	<ul style="list-style-type: none"> <li>For BCN commercial members, home health care requires authorization only for providers not contracted with BCN. Call these requests in to BCN Utilization Management at 1-800-392-2512. For providers contracted with BCN, no authorization is required.</li> <li>For BCN Advantage members, home health care requires authorization through CareCentrix®. This applies to home health agencies both inside Michigan and outside of Michigan. Refer to the <a href="#">Home health care: Quick reference guide</a> for information on how to submit prior authorization requests. For additional information, refer to the BCN <a href="#">Home-Based Services</a> webpage at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a>.</li> </ul>
Hospice services, 5th level	5th-level hospice services require authorization for University of Michigan Premier Care and GradCare members only. This applies to dates of service on or after Jan. 1, 2023.
Hyperbaric oxygen therapy	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Infertility procedures	Authorization is required for all members.
Inpatient admissions (acute medical/surgical) See also: Post-acute care	<p>Authorization is required for all members. 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).</p> <p>Note: For inpatient behavioral health admissions, see the document <a href="#">Blue Cross Behavioral Health: Frequently asked questions for providers</a>.</p>
Intensive outpatient therapy (mental health / substance use disorders)	<p><b>For dates of service on or after Jan. 1, 2024:</b> No authorization is required.</p> <p><b>For dates of service before Jan. 1, 2024:</b> Authorization is required for all members. To submit prior authorization requests, email <a href="mailto:BHStrategyAppealsandRetrospectiveRequests@bcbsm.com">BHStrategyAppealsandRetrospectiveRequests@bcbsm.com</a> or call one of these numbers and select the appropriate prompt:</p> <ul style="list-style-type: none"> <li>For BCN commercial members, call 1-800-482-5982.</li> <li>For BCN Advantage members, call 1-800-431-1059.</li> </ul>
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. Submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's <a href="#">Musculoskeletal Services</a> page at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> .
Joint replacement (initial), total – shoulder See also: Musculoskeletal procedures, other	Authorization is required for all members: Submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's <a href="#">Musculoskeletal Services</a> page at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> .
Laboratory services, genetic and molecular testing	<p>Authorization is required for all members. Must send requests to JVHL at 1-800-445-4979.</p> <p>Exception: No authorization is required for the Cologuard® colorectal cancer screening test. This applies to both BCN 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 <i>Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening</i> 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 45 years of age or older (for BCN commercial members) or 50 years of age or older (for BCN Advantage members). Also, JVHL does not coordinate this testing and providers do not need to contact JVHL about this test.</p>
Left atrial appendage closure	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Lumbar spine surgery See also: Musculoskeletal procedures, other	Authorization is required for all members. Submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to <a href="#">BCN's Musculoskeletal Services</a> page at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> .
Male gynecomastia, surgical treatment	Authorization is required for all male members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.

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Service	Requirements
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.
Medical formula for inborn errors of metabolism	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Medical oncology and supportive care drugs	Medical oncology and supportive care drugs covered under the medical benefit require authorization through Carelon Medical Benefit Management. <ul style="list-style-type: none"> <li>• For BCN commercial members, refer to the <a href="#">Medical oncology prior authorization list for Blue Cross and BCN commercial members</a>.</li> <li>• For BCN Advantage members, refer to the <a href="#">Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members</a>. Look in the "Submit authorization request through" columns to see which medications require authorization through Carelon.</li> </ul>
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 <a href="#">Medical Benefit Drugs – Pharmacy</a> page, in the BCN section at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> .
Mobile cardiac outpatient telemetry	Authorization is required for all adult and pediatric BCN commercial members, for some procedure codes.
MRI of breast	This radiology procedure requires authorization by Carelon Medical Benefit Management for members of all ages when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. This applies to BCN commercial and BCN Advantage members. Refer to the <a href="#">list of procedure codes that require authorization by Carelon</a> .
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; and spinal cord stimulator	Authorization is required for the musculoskeletal procedures associated with the codes on the document <a href="#">Musculoskeletal procedure codes that require authorization by TurningPoint</a> .  Submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's <a href="#">Musculoskeletal Services</a> page at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> for more information.
Nasal sinus endoscopy (sinusotomy, ethmoidectomy)	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Neurofeedback (outpatient)	<b>For dates of service on or after Jan. 1, 2024:</b> No authorization is required.  <b>For dates of service before Jan. 1, 2024:</b> Authorization is required for all members. To submit prior authorization requests, email <a href="mailto:BHStrategyAppealsandRetrospectiveRequests@bcbsm.com">BHStrategyAppealsandRetrospectiveRequests@bcbsm.com</a> or call one of these numbers and select the appropriate prompt: <ul style="list-style-type: none"> <li>• For BCN commercial members, call 1-800-482-5982.</li> <li>• For BCN Advantage members, call 1-800-431-1059.</li> </ul> <p>Note: A report from an independent evaluation confirming the diagnosis of ADHD/ADD must be submitted 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. When authorized, the service is covered only for specific behavioral health diagnoses, not for medical diagnoses.</p>
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. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Not otherwise classified	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Oral surgery	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.

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Orthognathic surgery	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Otoplasty	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
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. Submit the request to TurningPoint Healthcare Solutions. Refer to BCN's <a href="#">Pain Management Services</a> page at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> .
Partial hospitalization (mental health / substance use disorders)	Authorization is required for all members.  <b>For dates of service on or after Jan. 1, 2024:</b> Blue Cross Behavioral Health manages the authorizations. For information about submitting prior authorization requests, refer to the document <a href="#">Blue Cross Behavioral Health: Frequently asked questions for providers</a> .  <b>For dates of service before Jan. 1, 2024:</b> To submit prior authorization requests, email <a href="mailto:BHStrategyAppealsandRetrospectiveRequests@bcbsm.com">BHStrategyAppealsandRetrospectiveRequests@bcbsm.com</a> or call one of these numbers and select the appropriate prompt:  <ul style="list-style-type: none"> <li>• For BCN commercial members, call 1-800-482-5982.</li> <li>• For BCN Advantage members, call 1-800-431-1059.</li> </ul>
Pediatric feeding program, elective, inpatient and outpatient	Elective pediatric feeding programs require authorization for BCN commercial members. This applies to both inpatient and outpatient programs. Submit the authorization request through the e-referral system and refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system. In addition:  <ul style="list-style-type: none"> <li>• Use S0317 when submitting requests for both inpatient and outpatient programs.</li> <li>• 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.</li> </ul>
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 commercial members who have a diagnosis of autism and who have autism benefits:  <ul style="list-style-type: none"> <li>• For members 19 years of age or older, eviCore healthcare manages these authorization requests. Submit these requests using the <a href="#">eviCore provider portal</a>**.</li> <li>• 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.</li> </ul>
Physical / occupational / speech therapy (including physical medicine services by chiropractors and by athletic trainers) - unrelated to autism	Authorization is required for all members. Contact <a href="#">eviCore healthcare</a> ** and see additional information on the <a href="#">PT, OT, ST and Physical Medicine Services</a> webpage.
Post-acute care (long-term acute care, inpatient rehabilitation and skilled nursing care)	Authorization is required for all members.  For BCN commercial members, BCN's Utilization Management nurses manage the authorizations. Refer to <a href="#">Post-acute care admissions: Submitting authorization requests to BCN</a> .  For BCN Advantage members, Home & Community Care (formerly known as naviHealth, Inc.) manages the authorizations. Refer to <a href="#">Post-acute care services: Frequently asked questions for providers</a> .
Pregnancy termination	Authorization is required for all members. For certain diagnoses, you must complete the pregnancy termination questionnaires that open in the e-referral system. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system. For more information, refer to the <a href="#">BCN-managed procedure codes that require authorization</a> document.
Private duty nursing	Authorization is required for BCN commercial members, for procedure codes S9123 and S9124. Note: Not all groups have private duty nursing as a benefit. Check each member's eligibility and benefits prior to performing services.

## BCN referral and authorization requirements for Michigan providers

### Section 1: Plan notification and authorization requirements

Service	Requirements
Prostatic urethral lift procedures	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
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 commercial and BCN Advantage members. Refer to the <a href="#">list of procedure codes that require authorization by eviCore</a> and to BCN's <a href="#">Oncology services</a> page.
Pulmonary rehabilitation	Plan notification is required for all members.
Radiation oncology procedures See also: Proton beam therapy	Select radiation oncology 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 commercial and BCN Advantage members. Refer to the <a href="#">list of procedure codes that require authorization by eviCore</a> and to BCN's <a href="#">Oncology services</a> page.
Radiofrequency ablation, peripheral nerves See also: Musculoskeletal procedures, other	Authorization is required for all members. Submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's <a href="#">Musculoskeletal Services</a> page at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> .
Radiology procedures See also: MRI of breast	Select radiology procedures require authorization by Carelon Medical Benefit Management for members of all ages when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. This applies to BCN commercial and BCN Advantage members. Refer to the <a href="#">list of procedure codes that require authorization by Carelon</a> .
Responsive stimulation for the treatment of refractory focal epilepsy	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Rhinoplasty	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Routine Women's Health Benefit (formerly known as Woman's Choice)	See the document <a href="#">Routine Women's Health Benefit Referral and Authorization Guidelines</a> .
Sacral nerve neuromodulation / stimulation for fecal incontinence or for urinary incontinence	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Septoplasty	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Sleep studies - home	<ul style="list-style-type: none"> <li>• For BCN commercial members, submit prior authorization requests to notify the plan. Although these requests don't require clinical review, you must submit a prior authorization request to facilitate claims payment.</li> <li>• For BCN Advantage members, prior authorization is required only when the provider is out of network with the member's plan.</li> </ul>
Sleep studies - in lab	<p><b>For BCN commercial members, authorization is required:</b></p> <ul style="list-style-type: none"> <li>• For dates of service on or after Sept. 1, 2023, submit requests to Carelon Medical Benefit Management. Refer to the <a href="#">list of procedure codes that require authorization by Carelon</a>.</li> <li>• For dates of service before Sept. 1, 2023, submit requests to BCN.</li> </ul> <p><b>For BCN Advantage members:</b></p> <ul style="list-style-type: none"> <li>• For dates of service on or after Oct. 9, 2023, authorization is required only for BCN Advantage members whose providers are out of network for their plan. Submit those requests to BCN.</li> <li>• For dates of service before Oct. 9, 2023, authorization is required for all BCN Advantage members. Submit requests to BCN.</li> </ul>
Specialist office visits and treatment	A global referral is required for BCN commercial members in the East and Southeast regions; for all other members, including BCN commercial 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: See exceptions to the general rule in Section 2: Referral requirements.



## BCN referral and authorization requirements for Michigan providers

### Section 1: Plan notification and authorization requirements

Service	Requirements
Spinal cord stimulator (trial or permanent placement)  See also: Musculoskeletal procedures, other	Authorization is required for all members. Submit the request to TurningPoint Healthcare Solutions through the TurningPoint Provider Portal. Refer to BCN's <a href="#">Musculoskeletal Services</a> page at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> .
Subacute detoxification	<ul style="list-style-type: none"> <li>Inpatient subacute detoxification requires authorization for all members. For details about submitting prior authorization requests, see the document <a href="#">Blue Cross Behavioral Health: Frequently asked questions for providers</a>.</li> <li>Outpatient subacute detoxification doesn't require authorization.</li> </ul>
Surgical procedures, routine	A global referral is required for BCN commercial members in the East and Southeast regions; for all other members, including BCN commercial 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: See exceptions to the general rule in Section 2: Referral requirements.
Swallow studies and therapy - outpatient	<p>For all members:</p> <ul style="list-style-type: none"> <li>Swallow studies (procedure codes *92611 through *92617) require plan notification..</li> <li>Swallow therapy (procedure code *92526) requires authorization.</li> </ul> <p>Submit plan notifications and authorization requests to BCN Utilization Management through the e-referral system or by calling 1-800-392-2512.</p> <p>Note: If these services are performed in conjunction with speech therapy, providers must request authorization from eviCore for the speech therapy procedure codes. See the list of <a href="#">Procedure codes that require authorization by eviCore healthcare</a> for more information.</p>
Temporomandibular joint surgery	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Thyroidectomy	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Transcatheter arterial chemoembolization (TACE) and radioembolization of liver tumors	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
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	<p><b>For the inpatient admission:</b> Refer to the entry for "Inpatient admissions (acute medical/surgical)" in this document.</p> <p><b>For the transplant procedure:</b></p> <p><b>For dates of service on or after Jan. 1, 2024:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>For BCN Advantage members, authorization is not required for any transplants.</li> </ul> <p><b>For dates of service before Jan. 1, 2024:</b> Authorization is required for all members through the Human Organ Transplant Program, for solid organ and bone marrow procedures (except kidney, skin and cornea).</p> <p><b>For all dates of service:</b> Submit an outpatient prior authorization request for the transplant procedure through the e-referral system. For more information, refer to the <a href="#">e-referral User Guide</a>.</p> <p>Notes:</p> <ul style="list-style-type: none"> <li><b>BCN commercial members</b> 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.</li> <li><b>BCN Advantage members</b> 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.</li> </ul>

## BCN referral and authorization requirements for Michigan providers

### Section 1: Plan notification and authorization requirements

Service	Requirements
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.
Ventricular assistive devices, percutaneous	Authorization is required for all members.
Visual training, orthotic and pleoptic	Authorization is required for all members. Refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Woman's Choice (now known as Routine Women's Health Benefit)	See the document <a href="#">Routine Women's Health Benefit Referral and Authorization Guidelines</a> .

**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.

## BCN referral and authorization requirements for Michigan providers

### Section 1: Plan notification and authorization requirements

#### VENDOR CONTACT INFORMATION

Vendor	Services	Contact information
Alacura Medical Transport Management	Manages authorizations for non-emergency air ambulance flights, for BCN commercial members only	Refer to the document <a href="#">Non-emergency air ambulance prior authorization program: Overview for Michigan and non-Michigan providers</a>
CareCentrix	Manages authorizations for home health care for BCN Advantage members	Refer to the BCN <a href="#">Home-Based Services</a> webpage at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a>
Carelon Behavioral Health	Manages authorizations for behavioral health services, including autism treatment, for Healthy Blue Choices <sup>SM</sup> POS members	1-800-346-7651
Carelon Medical Benefits Management	Manages authorization requests for these services: <ul style="list-style-type: none"> <li>• Select cardiology and radiology procedures for BCN commercial and BCN Advantage members – for all dates of service</li> <li>• In-lab sleep studies for BCN commercial members – for dates of service on or after Sept. 1, 2023</li> <li>• Medical oncology and supportive care drugs for BCN commercial and BCN Advantage members</li> </ul>	Visit the Carelon provider portal at <a href="http://providerportal.com">providerportal.com</a> <sup>**</sup> . 1-844-377-1278
eviCore healthcare	Manages authorization requests for these services: <ul style="list-style-type: none"> <li>• Select interventional pain management procedures</li> <li>• Radiation oncology procedures</li> <li>• PT/OT/ST by therapists</li> <li>• Physical medicine services by chiropractors in office and outpatient settings, including hospital outpatient settings</li> <li>• Physical medicine services by athletic trainers, in office and outpatient settings, including hospital outpatient settings</li> </ul>	<a href="http://evicore.com">evicore.com</a> <sup>**</sup> 1-855-774-1317
JVHL	Provides statewide network and third-party administration for outpatient laboratory services	1-800-445-4979
Home & Community Care (formerly known as naviHealth)	Manages authorizations for BCN Advantage members admitted to post-acute care	<a href="http://access.navihealth.com">access.navihealth.com</a> <sup>**</sup> 1-855-851-0843
Northwood, Inc.	Reviews all requests for outpatient DME and P&O (including diabetic shoes / inserts and diabetes supplies)  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 commercial and BCN Advantage members for these services: <ul style="list-style-type: none"> <li>• Pain management procedures</li> <li>• Certain musculoskeletal surgical and other related procedures</li> </ul>	<a href="http://myturningpoint-healthcare.com">myturningpoint-healthcare.com</a> <sup>**</sup> Toll-free phone: 1-833-217-9670 Local phone: 313-908-6040

## BCN referral and authorization requirements for Michigan providers

### 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 interactive [Provider Consultant Regions](#) map.) 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 commercial** 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 commercial** 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 are programmed to remind providers that referrals are not accepted for BCN Advantage members.

- For **BCN Advantage HMO-POS** members: For care within the statewide BCN Advantage HMO-POS network, standard BCN authorization requirements apply.
- **BCN Advantage HMO ConnectedCare** and **BCN Advantage Local HMO** members must choose their primary care physician from the designated provider network associated with their plan.
- **Blue Cross Metro Detroit HMO, Blue Cross Local HMO, BCN Virtual Primary Care** and **Blue Cross Preferred HMO Virtual Primary Care** members must choose their primary care physician from the designated provider network associated with their plan. For care within the statewide BCN provider network, standard BCN referral and authorization requirements apply. Care outside the statewide BCN provider network requires that the primary care physician request prior authorization from BCN.
- See the [MSU Health Plans](#) page at [ereferrals.bcbsm.com](http://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), standard BCN referral and authorization requirements apply.

Note: 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.

- **Blue Elect Plus POS, Blue Elect Plus HSA POS** and **Healthy Blue Choices POS** members don't need a referral for any covered service. They can refer themselves to any provider — even to providers considered out of network for these products. When these members get care from out-of-network providers, they pay higher out-of-pocket costs for covered services. For more details, see BCN's [Blue Elect Plus POS](#) and [Healthy Blue Choices POS](#) webpages at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com).

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

- 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, services by providers outside of the network designated for each product may require BCN authorization and typically result in higher out-of-pocket costs.

**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 that follows provides a list of services that do not require a referral for ANY member. Note: This list is not all-inclusive.

## BCN referral and authorization requirements for Michigan providers

### Section 2: Referral requirements

Office / outpatient / ancillary services	
Ambulance - emergent	Referral is not required for any member.
Anesthesia	Referral is not required for any member.
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 <a href="#">Medical Benefit Drugs – Pharmacy</a> page in the BCN section at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> .
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 <a href="#">BCN Requirements for Pediatric Choice Program</a> .
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 (now known as Routine Women's Health Benefit)	See the document <a href="#">Routine Women's Health Benefit Referral and Authorization Guidelines</a> .

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

Service / Topic	Change Description
Section 2	Section 2 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.
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.
Various	This document is updated to show that naviHealth, Inc., is now known as Home & Community Care.
Various	Section 1 is updated to show that providers should refer to the document <a href="#">Authorization criteria and preview questionnaires</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Computed tomography to detect coronary artery calcification	In Section 1, 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.
Behavioral health services, various	Section 1 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 <sup>SM</sup> POS members.
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.
Transplants	Section 1 is updated to show that for dates of service on or after Jan. 1, 2024: <ul style="list-style-type: none"> <li>• 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.</li> <li>• For BCN Advantage members, authorization is not required for any transplants.</li> </ul>
Vendor contact information	The contact information for Carelon Behavioral Health is added to the Vendor Contact Information table.
Endovenous ablation for treatment of varicose veins	Section 1 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.
Varicose vein treatment	Section 1 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.
Provider Consultant Regions map	In Section 2, we added a link to the interactive <a href="#">Provider Consultant Regions</a> map.
Sleep studies - home	The information about the requirements for home sleep studies is updated and clarified.
Balloon ostial dilation	For dates of service on or after Aug. 27, 2023, providers must complete the <a href="#">balloon ostial dilation questionnaire</a> for procedure codes *31295, *31296, *31297 and *31298. Note that for dates of service before Aug. 27, 2023, the <a href="#">sinusotomy questionnaire</a> opens for these procedure codes.
Endovascular intervention, peripheral artery	The information about endovascular intervention, peripheral artery, is updated to show that for BCN commercial members, for dates of service on or after Sept. 1, 2023, Carelon Medical Benefits Management manages the authorizations. Submit requests through the Carelon provider portal.
Sleep studies - in lab	The information about in-lab sleep studies is updated to show the following: <ul style="list-style-type: none"> <li>• For BCN commercial members, for dates of service on or after Sept. 1, 2023: Carelon Medical Benefits Management manages the authorizations. Submit requests through the Carelon provider portal.</li> <li>• For BCN Advantage members, for dates of service on or after Oct. 9, 2023: Authorization is required only when the provider is out of network for the member's plan. Submit those requests to BCN.</li> </ul>

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## **BCN referral and authorization requirements for Michigan providers**

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