

## Routine Women's Health Benefit referral and authorization guidelines

For BCN commercial

### For the BCN Routine Women's Health Benefit program (formlerly known as Woman's Choice), the referral and authorization guidelines outlined below apply.

- · All services are subject to a member's eligibility and benefits.
- A referral is not required for most professional services provided by BCN-affiliated women's health specialists for BCN commercial members, subject to the <u>Routine Women's Health Benefit speciality and procedure/diagnosis code requirements</u>.
- Referral requests must be submitted electronically (preferred method) or by telephone to BCN's Utilization Management department at 1-800-392-2512.
- A requirement for authorization (when applicable) applies to all members in all regions.

These guidelines address only referral, plan notification and authorization requirements. In addition, this list is not all-inclusive. Only the most commonly requested services are included in this list.

Note: Refer to the <u>Utilization Management chapter</u> of the *BCN Provider Manual* for information on referrals to other specialists for obstetric-gynecologic services. For non-obstetric-gynecologic services, a global referral is required from the primary care physician. (a) Refer to the <u>BCN Referral and Authorization Requirements</u> document for referral requirements for gender transition services.

	Direct-access services	Plan notification	Authorization		
Services	No referral or authorization required	Must be submitted prior to initiation of services	Requests must be submitted prior to initiation of services		
Gynecological care in physician office					
Breast physical examination	Х				
Contraceptive management	Х				
Endometrial ablation	Х				
Gynecological examination and services	Х				
Infertility visits and treatment (when performed by a reproductive endocrinologist)			Х		
Laboratory services (b)	Х				
Pap smear	Х				
Radiology services (non-high-tech) for example, bone density studies, mammograms and pelvic ultrasounds	Х				
Surgical procedures, routine	Х				
Gynecological care in inpatient setting					
Hospital admissions for gynecologic conditions other than delivery			X		
Gynecological care in outpatient setting					
Radiology services (non-high-tech) for example, bone density studies, mammograms and pelvic ultrasounds	Х				
Surgical procedures (gynecologic), routine		Х			
Treatment of suspected or confirmed malignancy		X			
Voluntary sterilization			X		
Obstetrical care  Note: These services include evaluation and treatment involving obstetric diagnoses and procedures. Services that require plan notification or authorization do not require a global referral from the primary care physician when related to a pregnancy diagnosis.					
Amniocentesis		X			
Elective pregnancy termination			Х		
Fetal non-stress test	X				
Laboratory services (b)	X				
Maternity inpatient: up to 48 hours following routine delivery / 96 hours following C-section		Х			
Radiology services (non-high-tech) for example, maternity ultrasounds	Х				



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Services	Direct-access services No referral or authorization required	Plan notification  Must be submitted prior to initiation of services	Authorization  Requests must be submitted prior to initiation of services			
Obstetrical care (continued)  Note: These services include evaluation and treatment involving obstetric diagnoses and procedures. Services that require plan notification or authorization do not require a global referral from the primary care physician when related to a pregnancy diagnosis.						
Surgical treatment of spontaneous or missed abortion		X				
Tubal ligations performed at the time of inpatient delivery			Х			

<sup>(</sup>a) For BCN commercial members in the Mid, West and Upper Peninsula regions, neither a global referral nor plan notification is required. For those members, however, services must be coordinated with the member's primary care physician, for non-obstetric-gynecologic services. For BCN Advantage members in any region, no referral from the primary care physician is required for any service.

### Blue Dot Changes to the Routine Women's Health Benefit referral and authorization guidelines

Service	Change description
Program name	This document is updated to show that the Woman's Choice program is now known as Routine Women's Health Benefit.

<sup>(</sup>b) All laboratory services must be directed to a laboratory in the JVHL network or to the designated lab vendor.