



# Woman's Choice Referral and Authorization Guidelines

For BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup>

**For the BCN Woman's Choice program, 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 HMO<sup>®</sup> (commercial) members, subject to the [Woman's Choice specialty and procedure/diagnosis code requirements](#).
- 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 Care Management chapter 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. Refer to the *BCN Referral and Authorization Requirements* document for referral requirements for gender transition services.

Services	Direct-access services No referral or authorization required	Global referral required <sup>(a)</sup> For non-pregnancy-related services	Plan notification Must be submitted prior to initiation of services	Authorization Requests must be submitted at last 14 days prior to initiation of services
<b>Gynecological care in physician office</b>				
Breast physical examination	X			
Contraceptive management	X			
Endometrial ablation <sup>(b)</sup>				X
Gynecological examination and services	X			
Infertility visits and treatment (when performed by a reproductive endocrinologist)				X
Laboratory services <sup>(c)</sup>	X			
Pap smear	X			
Radiology services (non-high-tech): e.g., bone density studies, mammograms and pelvic ultrasounds	X			
Surgical procedures, routine	X			
<b>Gynecological care in inpatient setting</b>				
Hospital admissions for gynecologic conditions other than delivery				X
<b>Gynecological care in outpatient setting</b>				
Radiology services (non-high-tech): e.g., bone density studies, mammograms and pelvic ultrasounds	X			
Surgical procedures (gynecologic), routine			X	
Treatment of suspected or confirmed malignancy			X	
Voluntary sterilization				X
<b>Obstetrical care</b>				
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				X

<sup>(a)</sup> A requirement for referral from the primary care physician or plan notification applies only to members in the East and Southeast regions, for non-obstetric-gynecologic services. For members in the Mid, West and Upper Peninsula regions, neither 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.

<sup>(b)</sup> For endometrial ablation (in office only), providers must complete the endometrial ablation questionnaire. A preview questionnaire is available on the Authorization Requirements & Criteria page, in the BCN section at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com).



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<b>Obstetrical care (continued)</b> 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.				
Fetal non-stress test	X			
Laboratory services <sup>(c)</sup>	X			
Maternity inpatient: up to 48 hours following routine delivery / 96 hours following C-section			X	
Radiology services (non-high-tech): e.g., maternity ultrasounds	X			
Surgical treatment of spontaneous or missed abortion			X	
Tubal ligations performed at the time of inpatient delivery				X

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

## Blue Dot Changes to the Woman's Choice Referral and Authorization Guidelines

Service	Change Description
Terminology used throughout this document	References to "clinical review" are changed to "authorization." Also, the new name for the <i>BCN Referral and Clinical Review Program</i> is <i>BCN Referral and Authorization Requirements</i> . References to that document are updated with the new name.  In addition, the new name for the BCN Care Management department is the Utilization Management department.