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About Blue Cross Behavioral Health

What changed on Jan. 1, 2024, for behavioral health services?

Starting Jan. 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network consolidated all behavioral health prior authorization and case management services under Blue Cross Behavioral Health. This applies to most Blue Cross commercial and BCN commercial members and all Medicare Plus Blue and BCN Advantage members.

Highlights. See below for some highlights of what changed and what stayed the same.

What changed	What stayed the same
<ul style="list-style-type: none"> Blue Cross Behavioral Health manages prior authorization and case management services for the members mentioned earlier. Providers submit all prior authorization requests through the Blue Cross Behavioral Health provider portal rather than using different provider portals to submit requests for different members. The information on how to submit appeals is included in the prior authorization determination letters. 	<ul style="list-style-type: none"> Providers use availity.com** to access the portal for submitting prior authorization requests. Providers can also submit prior authorization requests using the same phone numbers you've always used. Provider networks and provider reimbursement stayed the same. Members can continue to see their current providers.

In addition:

- The medical necessity criteria we use for making determinations on prior authorization requests for some members changed. See “What medical necessity criteria are used to make determinations on prior authorization requests?” on page 8 of this document.
- Members have additional opportunities to obtain a comprehensive diagnostic autism evaluation prior to starting treatment. See “Autism evaluation and treatment services ” on page 9 of this document.
- Members’ benefits, copayments, coinsurance and deductibles didn’t change because of this reorganization. Members’ benefit levels and out-of-pocket costs continue to be determined by the members’ contract benefits, which can change over time. Be sure to check each member’s eligibility and benefits through our provider portal (availity.com**).

Which members participate in Blue Cross Behavioral Health?

Starting Jan. 1, 2024, Blue Cross Behavioral Health manages behavioral health services for all Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members with the exceptions noted below.

Members	Exceptions
Blue Cross commercial	Behavioral health services for some Blue Cross commercial members are managed by a different entity. Refer to the Mental Health and Substance Use Disorder Carve-Out List . To access this document: <ol style="list-style-type: none"> 1. Log in to our provider portal (availity.com**). 2. Click on <i>Payer Spaces</i> and then click on the BCBSM and BCN logo. 3. Click on <i>Member Care</i> and then click <i>Behavioral Health</i>. 4. Look in the “Blue Cross commercial” column.
Medicare Plus Blue	No exceptions
BCN commercial	For Healthy Blue Choices SM POS members, behavioral health services are managed by Carelon Behavioral Health.
BCN Advantage	No exceptions

Why did Blue Cross and BCN combine services under Blue Cross Behavioral Health?

We combined services under Blue Cross Behavioral Health to standardize prior authorization and case management functions for all lines of business.

This should make it easier for you to manage these services for your Blue Cross and BCN patients because:

- You’re using the same provider portal to submit and update behavioral health prior authorization requests.
- We’re making determinations on these requests using the same medical necessity criteria.
- Your Blue Cross and BCN patients who need behavioral health case management services can get them through Blue Cross Coordinated CareSM.

The main benefit for providers is consistency across all lines of business.

For exceptions, see the question “Which members participate in Blue Cross Behavioral Health?” on page 2 of this document.

Which services and procedure codes require prior authorization?

Refer to the following documents to determine which services and procedure codes require prior authorization:

- [Summary of utilization management programs for Michigan providers](#)
- [Procedure codes for which providers must request prior authorization](#)

Prior authorization and concurrent review requests

How do I submit requests?

You can submit requests:

- Electronically, through the Blue Cross Behavioral Health provider portal, which you must access through Availity[®] Essentials. For more information:
 - See our [Getting Started](#) page, for instructions on how to register for Availity Essentials.
 - Refer to the question “How do I register for Availity Essentials?” on page 4 of this document.
- By phone. Refer to the question “How do I submit requests by phone” on page 7 of this document.

How do I register for Availity Essentials?

Availity Essentials is the provider portal for Blue Cross and BCN. To submit behavioral health requests, you'll need to log in to Availity Essentials ([availity.com](https://www.availity.com)**) and then access the Blue Cross Behavioral Health provider portal.

If you don't already have an Availity Essentials log in, refer to the [Register for web tools](#) webpage for information about registering. The Availity Essentials administrator in your office can register your organization, if needed.

Here's how to access the [Register for web tools](#) page:

1. Visit bcbsm.com/providers.
2. Click *Enrollment*.
3. Scroll and click *Register for web tools*.

For assistance with Availity Essentials administrator functions, contact Availity Essentials Client Services using one of the following methods:

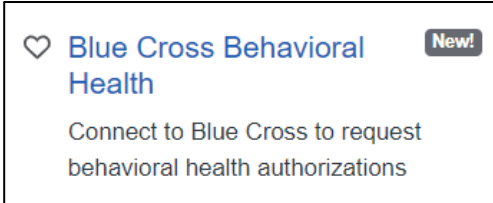
- Log in to [availity.com](https://www.availity.com)** and click *Help & Training*. Then click *Find Help*.
- Call 1-800-AVAILITY (282-4548), Monday through Friday, 8 a.m. to 8 p.m.

How do I submit requests electronically (for in-network providers)?

Michigan's [prior authorization law](#)** requires health care providers to submit prior authorization requests electronically for commercial members. Alternate submission methods are allowed in the case of temporary technical problems, such as a power or internet outage.

To submit requests electronically, you'll use the Blue Cross Behavioral Health provider portal. To access it, follow these steps:

1. Log in to our provider portal (availity.com**).
2. Click on *Payer Spaces* and then click on the BCBSM and BCN logo.
3. On the Applications tab, scroll down and click the tile named Blue Cross Behavioral Health, to open our new provider portal for all lines of business.

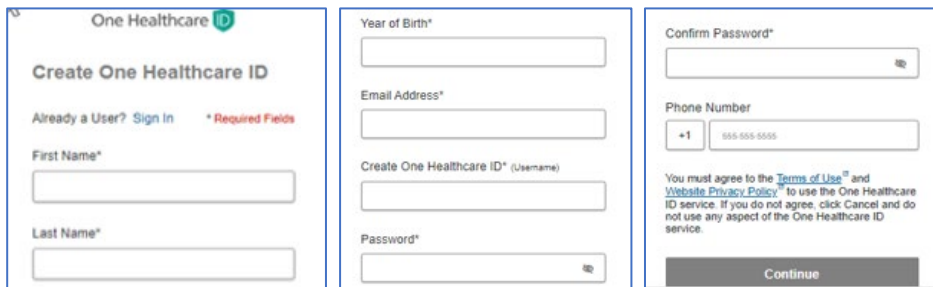


Note: The first time you access the Blue Cross Behavioral Health portal, you may be prompted to set up your One Healthcare ID account. For more information refer to the question “How do I set up a One Healthcare ID account?” on page 5 of this document.

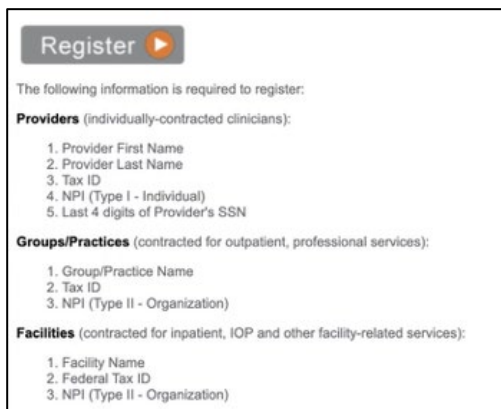
How do I set up a One Healthcare ID account?

First-time users of the Blue Cross Behavioral Health provider portal must set up a One Healthcare ID account as shown below.

1. Create a user account by completing the fields shown below and clicking *Continue*.



2. Register the provider by completing additional fields. The data required varies by provider type.



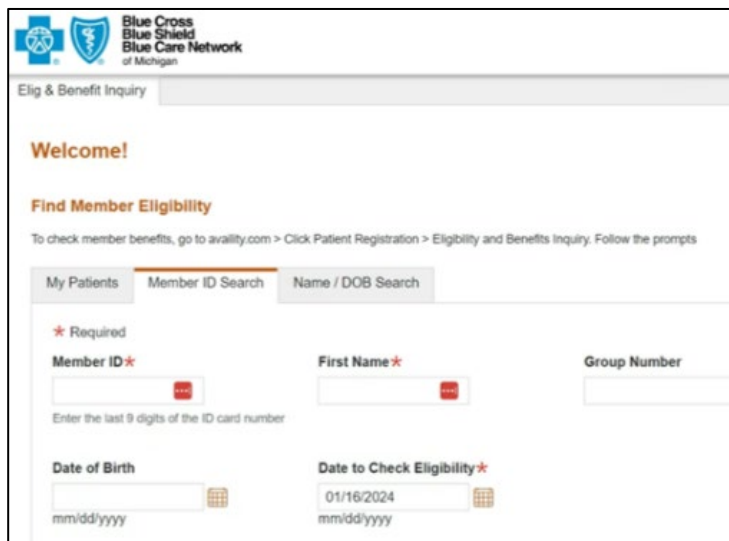
How do I search for a member in the Blue Cross Behavioral Health provider portal?

Before you can submit prior authorization requests, you must find the member in the Blue Cross Behavioral Health provider portal.

When searching for the member, complete only the fields that are required. The required fields are:

- Member ID
- First Name
- Date to Check Eligibility (the date you're completing the fields)

These fields have a red asterisk on the Find Member Eligibility screen, as shown below.



Completing only the required fields will result in a smoother user experience.

What if I'm having technical problems when using the Blue Cross Behavioral Health provider portal?

Email us at BHTechSupport@bcbsm.com if you're encountering technical problems when using the Blue Cross Behavioral Health provider portal to submit prior authorization requests. In your email, include:

- Provider's name, NPI and Tax ID
- Details about the specific technical problem you're experiencing
- A screen shot demonstrating the problem, if possible

The technical issues we want you to let us know about include but are not limited to problems with:

- Logging in

- Registering as a first-time user
- Submitting prior authorization requests

We actively review the emails we receive and we respond as quickly as we can.

Note: If you're logged in to the Blue Cross Behavioral Health provider portal, you can click on *Contact Us* at the top right corner and fill out the Technical Assistance Form. This will trigger an email to BHTechSupport@bcbsm.com.

How do I submit requests by phone?

For all members, call the appropriate number in the table below. You'll be prompted to select one of these options so your call can be routed appropriately:

- A date of service prior to Jan. 1, 2024
- A date of service after Dec. 31, 2023

Line of business	Phone numbers for submitting requests starting Jan. 1, 2024
Blue Cross commercial	<ul style="list-style-type: none"> • Traditional: 1-800-762-2382 • Michigan Blue Cross and Blue Shield Federal Employee Program[®]: 1-800-342-5891 • Michigan MESSA: 1-877-866-2395 • State of Michigan: 1-866-503-3158 • UAW Retirees Medical Benefit Trust: 1-877-228-3912 • General Motors Salaried: 1-877-240-0705 • General Motors Hourly: 1-877-264-6690
Medicare Plus Blue	1-888-803-4960
BCN commercial	1-800-482-5982
BCN Advantage	1-800-431-1059

How can out-of-network providers submit requests electronically?

Out-of-network providers can submit prior authorization requests using the forms found on these pages on the ereferrals.bcbsm.com website:

- Blue Cross [Behavioral Health](#) and [Autism](#) webpages
- BCN [Behavioral Health](#) and [Autism](#) webpages

Look under the "How to submit prior authorization requests" heading.

When completing the forms:

- Complete all the fields. On some forms, all the fields will become visible once you complete the fields at the beginning of the form.
- Click the *Save and continue* or *Submit* buttons at the end of the form. The form will be routed to Blue Cross Behavioral Health.

How do I get help with questions about a prior authorization request I've already submitted?

Call one of the phone numbers in the table above to get help with a prior authorization request you've already submitted.

Important: Call the phone number for the member's plan. For example, if the member has Medicare Plus Blue, call 1-888-803-4960.

What about services that started in 2023 and extended into 2024?

For all members, starting Jan. 1, 2024, for dates of service prior to Jan. 1, submit retroactive authorization requests and continued stay requests using one of these methods:

- Call: 313-225-0329 or the appropriate number in the "How do I submit requests by phone" section on page 7 of this document.
- Email: BHStrategyAppealsandRetrospectiveRequests@bcbsm.com

When calling or emailing, provide:

- Your name and a contact phone number for you
- The member's name and contract number
- The date of service you're inquiring about
- A brief description of what you're requesting (for example, prior authorization or continued stay review)

What medical necessity criteria are used to make determinations on prior authorization requests?

For dates of service on or after Jan. 1, 2024, Blue Cross Behavioral Health uses the following criteria to make determinations on prior authorization requests:

- Level of Care Utilization System, or LOCUS, criteria
- Child and Adolescent Level of Care Utilization System, or CALOCUS, criteria
- Early Childhood Services Intensity Instrument, or ECSII, criteria
- *The ASAM Criteria*[®], from the American Society of Addiction Medicine

- Blue Cross and BCN medical policies on:
 - Transcranial magnetic stimulation
 - Behavioral Health Supplemental Clinical Criteria – Applied Behavior Analysis

For a complete list of criteria, refer to the [Services That Need Prior Authorization](#) webpage on [bcbsm.com](#). Look under the “2024 Behavioral Health Services” heading.

Do prior authorization determination letters look different than they used to?

Prior authorization determination letters issued on or after Jan. 1, 2024, will have a different look, but they still include the admission dates or start dates and the services authorized.

Autism evaluation and treatment services

Did autism evaluation and treatment requirements change?

The requirements and processes related to the evaluation and treatment of autism spectrum disorder, or ASD, changed effective Jan. 1, 2024. The goal is to provide additional opportunities for members to obtain a comprehensive diagnostic autism evaluation prior to starting treatment.

Keep reading for more information.

How can members obtain an autism evaluation?

Starting Jan. 1, 2024, members can obtain an autism evaluation in one of these ways:

- **Members in Michigan** can obtain an evaluation through an [approved autism evaluation center](#), or AAEC, in Michigan. The center will arrange for the member to be evaluated by each discipline and will give the member the results of the evaluation.
- **Members in Michigan and in other states** can work with primary care providers or independent autism evaluation providers, or both, to obtain a comprehensive evaluation.

Note: Independent autism evaluation providers may include pediatricians, developmental pediatricians, pediatric neurologists, neurologists, child psychologists, child psychiatrists, adult psychiatrists, neuropsychologists, psychologists, and speech / language therapists.

Both AAECs and independent providers have the option to record the evaluation results on the [Autism diagnostic evaluation results form](#).

When the member has the diagnostic evaluation results, he or she gives them to an autism treatment provider, who uses them to request prior authorization from Blue Cross Behavioral Health for treatment. If the evaluation results are recorded on the [Autism diagnostic evaluation results form](#), the autism treatment provider should submit the form with the prior authorization request.

In all instances, the diagnosis of autism spectrum disorder (ASD) must be validated by a documented comprehensive assessment that demonstrates the presence of diagnostic criteria based on the current version of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, which is published by the American Psychiatric Association. The comprehensive assessment must be completed by a licensed physician or psychologist or by another licensed clinician qualified to diagnose autism by state licensure.

More information is available in the Blue Cross and BCN medical policy on autism spectrum disorder services. To access that policy:

1. Visit the [Medical Policy Router Search](#) page at bcbsm.com.
2. In the Policy / Topic Keyword field, enter Applied Behavioral Analysis, then click the Search icon.
3. In the results, click *Medical Policy - Autism Spectrum Disorder Services*.

This policy and other medical policies are updated on a regular basis.

Note: Refer to the [Jan. 9, 2024, provider alert](#) for information about authorizations for autism treatment services that were approved before Jan. 1, 2024.

What if I already submitted autism evaluation results that were completed before Jan. 1, 2024?

If you submitted results from an autism evaluation that was completed before Jan. 1, 2024, you won't be required to resubmit the results to request prior authorization for autism treatment services for that member.

What if the member is having trouble getting an autism evaluation completed?

A "bridge authorization" allows members to start applied behavior analysis, or ABA, treatment services while they're in the process of completing the components of the comprehensive evaluation.

To be considered for a bridge authorization, the following criteria must be met:

- The provider must submit enough objective measures to substantiate the diagnosis of autism and to show that ABA treatment services are indicated.
- The ABA provider and the member or the member's parent or guardian must understand that:
 - The member has to complete the comprehensive evaluation within three to six months through an AAEC approved by Blue Cross and BCN or through qualified independent providers.
 - If the AAEC or independent providers make a diagnosis other than autism, the authorization for ABA treatment services will end immediately once Blue Cross Behavioral Health receives the diagnosis.

Where can I find additional information about these changes?

From our [dedicated provider training site](#)^{**}, you can access the recorded webinar about applied behavior analysis — specifically, about the components of the comprehensive autism evaluation and how to submit a prior authorization request for autism treatment services. You can also access a PDF of the webinar presentation.

To request access to the provider training site:

1. [Click here to register](#)^{**}.
2. Complete the registration. We recommend using the same email you use to communicate with Blue Cross for provider-related needs. This will become your login ID.
3. Follow the [link to log in](#)^{*}.

If you need assistance creating your login ID or navigating the site, email ProviderTraining@bcbsm.com.

Will Blue Cross Behavioral Health deny a prior authorization request that was previously approved for autism treatment services?

Blue Cross Behavioral Health approves or denies each new request based on medical necessity criteria.

To help providers and members get through the transition to Blue Cross Behavioral Health that occurred on Jan. 1, 2024, Blue Cross Behavioral Health extended authorizations that were approved before Jan. 1, 2024, to cover at least a six-month period. The authorizations were extended through Feb. 29, April 30 or June 30, 2024.

What if I need additional ABA units for an existing authorization that was extended from 2023 into 2024?

For approved autism treatment authorizations that were extended into 2024 by Blue Cross Behavioral Health:

- We loaded a specific number of units of service based on the procedure codes that we approved.
- In some cases, there won't be enough units to last through the end date of the approved authorization.

What to do: Call the appropriate number below to request the additional units of a specific applied behavior analysis procedure code that will be needed to get the member through to the end of the extended authorization.

We'll add the units so you don't have to submit a new prior authorization request. You'll get an approval letter from us indicating that the additional units were added.

Line of business	Phone numbers for Blue Cross Behavioral Health
Blue Cross commercial	<ul style="list-style-type: none"> • Traditional: 1-800-762-2382 • Michigan Blue Cross and Blue Shield Federal Employee Program[®]: 1-800-342-5891 • Michigan MESSA: 1-877-866-2395 • State of Michigan: 1-866-503-3158 • UAW Retirees Medical Benefit Trust: 1-877-228-3912 • General Motors Salaried: 1-877-240-0705 • General Motors Hourly: 1-877-264-6690
Medicare Plus Blue	1-888-803-4960
BCN commercial	1-800-482-5982
BCN Advantage	1-800-431-1059

Important: Call the phone number for the member’s plan. For example, if the member has Medicare Plus Blue, call 1-888-803-4960.

Appeals

How do I submit an appeal?

To submit an appeal of a prior authorization or concurrent review request that wasn’t approved, follow the instructions in the determination letter.

Claims

Do I need to include the prior authorization number on the claim?

Blue Cross and BCN don’t require that you include the prior authorization number on the claim.

If your billing software requires a prior authorization number, you can enter either the actual number or a “dummy number.” This won’t affect the processing of the claim by Blue Cross or BCN.

Case management

How did case management services change?

The name of the case management program changed to Blue Cross Coordinated CareSM.

For members enrolled in case management services at the end of 2023, a new case manager was assigned on or after Jan. 1, 2024. We’re notifying members who are affected by this change.



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Blue Cross Behavioral HealthSM

Frequently asked questions for providers

For Blue Cross commercial, Medicare Plus BlueSM,
Blue Care Network commercial and BCN AdvantageSM

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Carelon Medical Benefits Management is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services. For more information, go to our ereferrals.bcbsm.com website.