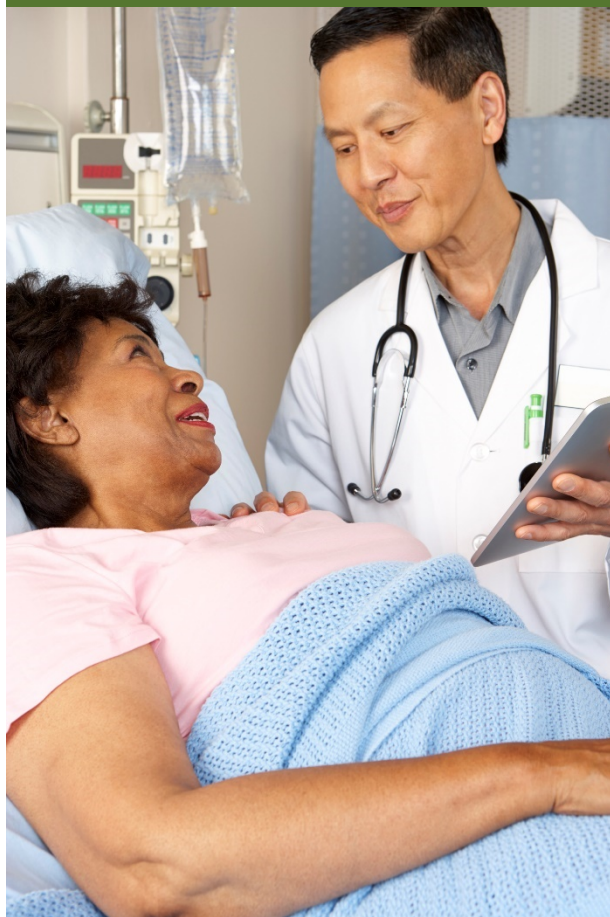


Inpatient medical admissions, acute care (hospitals)

For authorization determinations

March 2021

UTILIZATION MANAGEMENT



Blue Cross and BCN provide utilization management services.

Utilization management focuses on ensuring that patients get the right care at the right time in the right location through the authorization process.

These services are provided by the department listed below.

Utilization management

[Blue Cross and BCN acute care inpatient admissions](#)

UTILIZATION MANAGEMENT

Blue Cross and BCN acute care inpatient admissions

Makes authorization determinations for acute non-behavioral health inpatient admissions based on medical necessity using InterQual®, local Blue Cross and local BCN clinical criteria. This includes admissions to acute care hospitals.

We provide these services for the following groups and individual members:

- Blue Cross commercial — All fully insured groups, all self-funded groups* and all members with individual coverage
- Medicare Plus BlueSM — All groups and all members with individual coverage
- BCN commercial — All fully insured groups, all self-funded groups* and members with individual coverage
- BCN Advantage — All groups and all members with individual coverage

Note: For inpatient behavioral health admissions, see the [Behavioral Health: For mental health and substance use disorders](#) document.

Note: When requesting prior authorization for an inpatient admission that involves a surgical procedure, you may also need to request prior authorization for the surgical procedure itself.

Peer-to-peer reviews

To request a peer-to-peer review of a denied authorization request, see the [How to request a peer-to-peer review with a Blue Cross or BCN medical director](#) document.

Appeals

For information about appealing utilization management decisions for inpatient authorization requests:

- For Blue Cross commercial, see the “Appealing prior authorization decisions” section in the Appeals and Problem Resolution chapter of the *Blue Cross PPO Provider Manual*.
- For Medicare Plus Blue, see the “Contracted MI Provider Acute Inpatient Admissions Appeals” section of the [Medicare Plus Blue PPO Manual](#).
- For BCN commercial and BCN Advantage, see the “Appealing utilization management decisions” section of the [Utilization Management](#) chapter in the *BCN Provider Manual*.

Other resources

For Blue Cross commercial

- The Blue Cross [Authorization Requirements & Criteria](#) page on our [ereferrals.bcbsm.com](#) website
- The following chapters of the *Blue Cross PPO Provider Manual*:
 - Preapproval of Services
 - Hospital Services

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

Inpatient medical admissions, acute care (hospitals)

For authorization determinations

March 2021

UTILIZATION MANAGEMENT

(Continued from previous page)

For Medicare Plus Blue

The “Authorization of acute care admissions to hospitals” section of the [Medicare Plus Blue PPO Manual](#).

For BCN commercial

- The BCN [Authorization Requirements & Criteria](#) page on our ereferrals.bcbsm.com website
- The “Guidelines for observations and inpatient hospital admissions” section of the [Utilization Management](#) chapter of the *BCN Provider Manual*.

For BCN Advantage

- The BCN [Authorization Requirements & Criteria](#) page on our ereferrals.bcbsm.com website
- The “BCN Advantage utilization management program” section of the [BCN Advantage](#) chapter of the *BCN Provider Manual*.

ADDITIONAL INFORMATION

About this document

This document lists coverage exceptions for major groups.

It also provides links to additional resources, some of which may be in provider manuals that aren't publicly available.

- To access chapters of the *Blue Cross PPO Provider Manual*, log in as a provider at bcbsm.com, click the *Provider Manuals* link on the right and then click the *Blue Cross PPO Provider Manual* link.
- To access chapters of the *BCN Provider Manual*, log in as a provider at bcbsm.com, click the *Provider Manuals* link on the right and then click the *BCN Provider Manual* link.

Information for out-of-state providers

See the following documents for referral and authorization requirements.

- For Blue Cross commercial and Medicare Plus Blue members: [Provider Preauthorization and Precertification Requirements](#)
- For BCN commercial and BCN Advantage members: [Non-Michigan providers: Referral and authorization requirements](#)

You can view these documents and our medical policies through the [Medical Policy & Pre-Cert/Pre-Auth Router](#). To access the router, go to bcbsm.com/providers, click *Quick Links*, click *Out-of-state providers* and then click *Medical policy, precertification and preauthorization router*.

Reminder

As always, it's essential that providers check each member's eligibility and benefits prior to performing services.

Providers are responsible for identifying the need for authorization through web-DENIS, Benefit Explainer or Provider Inquiry and for contacting vendors and obtaining authorization for services, as needed.

*For self-funded plans, the employer assumes the risk for claims costs and pays a fee for administrative services provided by Blue Cross or BCN.