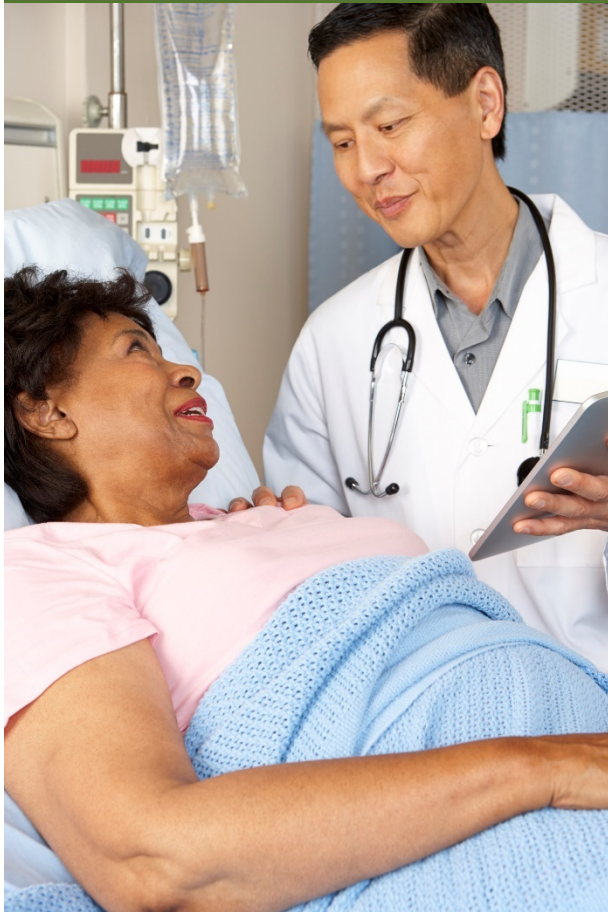


UTILIZATION MANAGEMENT



Blue Cross and BCN provide utilization management programs.

These programs vary based on member coverage and may be administered by Blue Cross or BCN staff or by contracted vendors.

Utilization management programs focus 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](#)

Keep reading to learn which members have access to or requirements under these programs. Programs may not apply to all members.

This document is subject to change. Access this document via ereferrals.bcbsm.com to ensure you're viewing the most up-to-date information.

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 AdvantageSM — 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 Commercial Provider Manual*.
- For Medicare Plus Blue, see the “Contracted MI Provider Acute Inpatient Admissions Appeals” section of the [Medicare Plus Blue PPO Provider 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

[Submitting acute inpatient authorization requests: Frequently asked questions for providers](#)

For Blue Cross commercial

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

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UTILIZATION MANAGEMENT

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For Medicare Plus Blue

“Prior authorization of acute care admissions to hospitals” section of the [Medicare Plus Blue PPO Provider Manual](#)

For BCN commercial

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

For BCN Advantage

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



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

Inpatient medical admissions, acute care (hospitals)

For authorization determinations

July 2022

ADDITIONAL INFORMATION

About this document

This document lists coverage exceptions for major groups.

It also refers to additional resources. For resources that are publicly available, we provide direct links. To access documents that aren't publicly available, including provider manual chapters:

1. Log in to our provider portal (availity.com**).
2. Click *Payer Spaces* on the menu bar.
3. Click the BCBSM and BCN logo.
4. Click the *Resources* tab.
5. Click *Secure Provider Resources (Blue Cross and BCN)*.

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 *Resources*, scroll to the "Out-of-area prior authorization resources" section and click the out-of-area router link.

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 our provider portal, Benefit Explainer or Provider Inquiry and for 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.

**Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.