Blue Cross Blue Shield Blue Care Network of Michigan

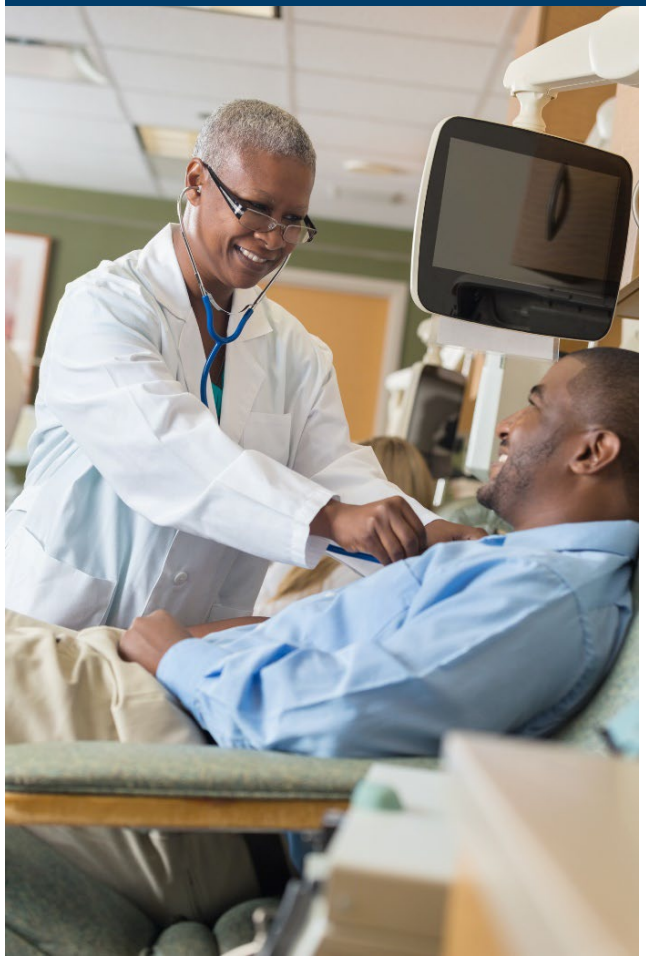
Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Cardiology

For biometric home monitoring and hypertension management and for procedures and services that require prior authorization

Revised January 2024

CARE MANAGEMENT AND UTILIZATION MANAGEMENT



Blue Cross Blue Shield of Michigan and Blue Care Network offer care management programs and support services to members. We also 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.

- **Care management** programs provide patient support by identifying patients with health risks and working with them to improve or maintain their health, and **support services** provide support to members through their health journeys.
- **Utilization management** programs focuses on ensuring that patients get the right care at the right time in the right location through the prior authorization process.

These services are provided by the departments and vendors listed below.

Care management and support services

- AMC Health
- Teladoc Health® (formerly Livongo®)

Utilization management

- BCN Utilization Management
- Carelon Medical Benefits Management (formerly AIM Specialty Health®) — cardiology
- Carelon — echocardiology

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.

See also: Care management and utilization management programs: Overview for providers

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CARE MANAGEMENT

AMC Health

Provides home biometric monitoring for blood pressure, weight, oxygen saturation, glucose and temperature using remote monitoring technology for members with one or more of the following conditions: congestive heart failure, chronic obstructive pulmonary disease or uncontrolled hypertension.

AMC Health provides these services for the following groups and individual members:

- Medicare Plus Blue℠ — Most groups and all members with individual coverage
- BCN Advantage℠ — Most groups and all members with individual coverage

Resources

amchealth.com**

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CARE MANAGEMENT

Teladoc Health® (formerly Livongo®)

The Teladoc Health Condition Management Solutions include the programs listed below. The programs provide members with 24/7 remote monitoring and coaching by experts to help them understand how managing their conditions can have a positive effect on their overall health. They also provide additional support for members with chronic conditions and comorbidities, such as obesity, hypertension, high cholesterol and behavioral health conditions.

Diabetes management
This data-driven digital health program removes hurdles to proper diabetes management, including disease education, a cellular connected glucometer and access to free testing supplies.

Diabetes management is available to members who have coverage through Blue Cross and BCN commercial fully insured groups, through individual commercial plans or through commercial self-funded groups* that purchase Teladoc Health Condition Management Solutions.

Diabetes prevention
This program helps members achieve their health goals through sustainable lifestyle changes that help to reduce the risk of developing Type 2 diabetes.

Diabetes prevention is available to members who have coverage through Blue Cross and BCN commercial fully insured groups, through individual commercial plans or through commercial self-funded groups* that purchase Teladoc Health Condition Management Solutions.

Hypertension management
This program helps members develop healthy habits and control their blood pressure to better manage and improve their health.

Hypertension management is available to members who have coverage through Blue Cross and BCN commercial fully insured groups, through individual commercial plans or through commercial self-funded groups* that purchase Teladoc Health Condition Management Solutions.

Weight management
This program helps members to develop healthy habits and reduce their body mass index to better manage and improve their health.

Weight management is available to members who have coverage through Blue Cross and BCN commercial fully insured groups or through self-funded groups* that purchase Teladoc Health Condition Management Solutions.

Resources

- Take charge of your diabetes member flyer
- TeladocHealth.com/TeladocHealth.com/BCBSMI**
- Teladoc Health Experience for Multiple Conditions video**
- Prediabetes and how to reduce your risk to prevent diabetes video**
- Jumpstart Your Diabetes Management Program video**

See also: Care management and utilization management programs: Overview for providers

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UTILIZATION MANAGEMENT

BCN Utilization Management

Makes prior authorization determinations for select cardiology services for the following groups and individual members:

- BCN commercial — All fully insured groups, all self-funded groups* and all members with individual coverage
- BCN Advantage — All groups and all members with individual coverage

Resources

- BCN referral and authorization requirements for Michigan providers PDF
- "Authorization criteria and preview questionnaires" section of the BCN Authorization Requirements & Criteria page on our **ereferrals.bcbsm.com** website
- Utilization Management chapter of the *BCN Provider Manual*

For BCN commercial only

- Our medical policies, which you can access through the Medical Policy Router Search page of the bcbsm.com website. To locate a medical policy, enter the procedure code in the *Policy/Topic Keyword* field and press ENTER. (You don't need to choose a category.)

For BCN Advantage only

- "BCN Advantage utilization management program" section of the BCN Advantage chapter in the *BCN Provider Manual*
- For Medicare Advantage members, we apply the Medicare national coverage determinations (if available) or Medicare local coverage determinations (in the absence of national coverage determinations). If there is no Medicare national or local coverage determination, we use our medical policies.

  Note: The "Government regulations" sections of our medical policies include the Medicare coverage determinations that were in effect when the policies were last reviewed. You can access the policies through the Medical Policy Router Search page of the **bcbsm.com** website. To locate a medical policy, enter the procedure code in the *Policy/Topic Keyword* field and press ENTER. (You don't need to choose a category.)

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UTILIZATION MANAGEMENT

Carelon Medical Benefits Management (formerly AIM Specialty Health®) — cardiology

Makes authorization determinations for the following groups and individual members:

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

Resources

- Procedures that require authorization by Carelon PDF
- Frequently asked questions about Carelon for cardiology, radiology (high technology) and sleep studies (in lab) PDF
- Carelon Medical benefits management: Specialty care** webpage
- Blue Cross Cardiology Services page on our **ereferrals.bcbsm.com** website

For Medicare Plus Blue

- Utilization Management section of the Medicare Plus Blue PPO Provider Manual — Look for the subsection titled “Prior authorization of high-technology radiology and cardiology services”

For BCN commercial and BCN Advantage

- BCN Cardiology Services page on our **ereferrals.bcbsm.com** website
- Utilization Management chapter of the *BCN Provider Manual*

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UTILIZATION MANAGEMENT

Carelon — echocardiology

Makes authorization determinations for the following groups and individual members:

- Blue Cross commercial
  - All fully insured groups
  - Most self-funded groups*

    Exceptions: UAW Retiree Medical Benefits Trust, Blue Cross and Blue Shield Federal Employee Program®, State of Michigan plans, and select Ascension Health groups.
  - All members with individual coverage
- Medicare Plus Blue — All groups and all members with individual coverage
- BCN commercial — All fully insured groups, all self-funded groups* and all members with individual coverage
- BCN Advantage — All groups and all members with individual coverage

Resources

- Procedures that require authorization by Carelon PDF
- Frequently asked questions about Carelon for cardiology, radiology (high technology) and sleep studies (in lab) PDF
- Carelon Medical benefits management: Specialty care** webpage

For Blue Cross commercial

- The following chapters of the *Blue Cross Commercial Provider Manual*:
  - Preapproval of Services
  - Radiology Management Program Procedure Codes
- Blue Cross Cardiology Services page on our **ereferrals.bcbsm.com** website

For Medicare Plus Blue

- Utilization Management section of the Medicare Plus Blue PPO Provider Manual — Look for the subsection titled “Prior authorization of high-technology radiology and cardiology services”
- Blue Cross Cardiology Services page on **ereferrals.bcbsm.com** website

For BCN commercial and BCN Advantage

- BCN Cardiology Services page on **ereferrals.bcbsm.com** website

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 and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. 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: BCN 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 prior authorization through our provider portal, Benefit Explainer or Provider Inquiry and for obtaining prior 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.

AMC Health and Teladoc Health are independent companies that provide select care management services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal services.

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