

Blue Cross Blue Shield of Michigan and Blue Care Network contract with eviCore healthcare® to manage authorizations for lumbar spine fusion surgeries and select radiology, interventional pain management and radiation imaging services.

Note about lumbar spine fusion surgeries and pain management services: For dates of service on or after Jan. 1, 2021, TurningPoint Healthcare Solutions LLC will manage authorizations for lumbar spine fusion surgeries and interventional pain management services. For more information, see the [Blue Cross Musculoskeletal Services page](#) or the [BCN Musculoskeletal Services page](#) of the [referrals.bcbsm.com](http://referrals.bcbsm.com) website.

## Submit authorization requests online

The most efficient way to submit authorization requests is online. To do this:

1. Do one of the following:
  - Access the eviCore portal through Provider Secured Services.
    - a. Visit [bcbsm.com/providers](http://bcbsm.com/providers).
    - b. Log in to Provider Secured Services.
    - c. Click *web-DENIS*.
    - d. Click *Subscriber Info*.
    - e. Click *Eligibility/Coverage/COB*.
    - f. Enter the member's contract number.
    - g. Do one of the following:
      - For Blue Cross' PPO and Medicare Plus Blue members, click *BCBSM, Medicare Plus Blue Medicare ADV PFFS or Medicare Adv PPO*.
      - For BCN HMO or BCN Advantage members, click *Blue Care Network*.
    - h. Click *Enter*.
    - i. In the Eligibility/Coverage page, click the *Authorization and Referrals* button in the Prior Authorization column.
    - j. Enter the NPI number.
    - k. Click *Enter*.
  - Access the eviCore portal through the eviCore website by going to [evicore.com](http://evicore.com)\* and logging in using your user ID and password.
2. In the eviCore portal, select *Request a Clinical Certification* to start the process.

3. Select the referring physician.
  - a. Select *Payor*.
  - b. Select the referring physician from the list.
  - c. Select the physician's *Location*.
  - d. Enter the contact name, verify the physician's phone number (including the extension, if applicable) and fax number, and select *Continue*.
  - e. Select the *Program for Certification*.
  - f. Select *Continue*.
4. Select the patient.
  - a. Enter the patient's member ID, name and date of birth.
  - b. Select *Eligibility Lookup*.
  - c. Click *Select* to locate the patient.
  - d. Select *Continue*.
5. Select the procedure.
  - a. Enter the expected procedure date, service and ICD-10 code (code or description).
  - b. Select *Lookup*, then select the ICD-10 code from the list.
  - c. Verify the information and select *Continue*.
6. Select the site.
  - a. Enter the site name, city or TIN and select *Lookup Site*.
  - b. Select the appropriate site from the list.
  - c. Verify the selected site and click *Continue*.

## Submit authorization requests by phone or fax

Although submitting authorization requests online is the most efficient method, you can also submit authorization requests by phone or fax.

- **By phone**
  - **For Blue Cross' PPO and Medicare Plus Blue members:** Call 1-877-917-2583 and select the appropriate prompt to start a new request.

- **For BCN HMO and BCN Advantage members:** Call 1-855-774-1317 and select the appropriate prompt to start a request.
- **By fax:** 1-800-540-2406

## Starting a new case

When submitting an authorization request, you'll need the following information:

- **Procedure** — CPT code, ICD-10 code and necessary clinical information
- **Member** — From the member's ID card: Member ID, date of birth, name, group number and carrier
- **Referring Provider and Site** — Provider's NPI, name, address and phone and fax numbers

## Clinical collection phase

During the clinical collection phase, you'll answer a set of questions based on the service you selected.

Answer each question as completely as possible. The answer to each question will prompt another question in an effort to collect complete clinical information.

## Determination provided

If medical necessity has been demonstrated, eviCore will provide an authorization/notification number, along with the authorization end date.

If the clinical information provided doesn't demonstrate medical necessary, the request will be referred to an eviCore medical director for review. You may need to provide additional clinical information before eviCore can process the request. eviCore will assign a case number for reference.

You can modify cases by calling the phone number for authorizations and supplying either the authorization/notification number or the case number.

The ordering physician or clinician\* may speak with a medical director or case manager at any point during the case management process by calling the phone number for authorizations.

\*Only the patient's physician, physician's assistant or nurse practitioner may speak to a medical director or case manager.