



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

# Summary of utilization management programs for Inpatient Acute Hospital Medical Admissions

For Blue Cross' PPO (commercial), Medicare Plus Blue<sup>SM</sup> PPO, BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members

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The table below is Blue Cross Blue Shield of Michigan's Utilization Management requirements for Inpatient Acute Hospital Medical Admissions for facilities and providers. This information applies to clinical reviews and the submission of inpatient medical necessity authorization requests through the e-referral system.

**Note:** This document is for summary purposes only. Providers are responsible for identifying the need for authorization through web-DENIS, Benefit Explainer or Provider Inquiry for the admissions.

	Blue Cross' PPO and BCN HMO (commercial) DRG Facilities	Blue Cross' PPO and BCN HMO (commercial) Non-DRG Facilities	Medicare Plus Blue PPO	BCN Advantage
Initial authorization request	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
Initial authorization request number of days	<b>7 days</b>	<b>3-5 days</b>	<b>7 days</b>	<b>7 days</b>
Attach clinical documentation for initial authorization if <b>fully approved</b>	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>
Attach clinical documentation for initial authorization if <b>pending</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
Add extension to original authorization if additional days are needed	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
Attach Clinical documentation with extension request if additional days are needed	<b>No*</b>	<b>Yes*</b>	<b>No</b>	<b>No</b>
Add discharge dates in e-referral	<b>No</b>	<b>No</b>	<b>No</b>	<b>No</b>
Attach discharge summary in e-referral if available	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

\*Required for all UAW Retiree Medical Benefit Trust members in both DRG and Non-DRG facilities.