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This document describes the referral and plan notification requirements that apply to Blue Cross Blue Shield of Michigan and Blue Care Network members. It also summarizes the types of procedures and services that require prior authorization for Blue Cross and BCN members and indicates which entity manages prior authorizations.

Note: To view prior authorization requirements for MESSA members, see the document titled [MESSA's list of services requiring mandatory prior authorization](#)* at [messa.org](#).

BCN commercial members only: Referral and plan notification requirements

Referral and plan notification requirements apply only to BCN commercial members. They don't apply to Blue Cross commercial, Medicare Plus Blue or BCN Advantage members.

	Blue Cross commercial fully insured	Blue Cross commercial self-funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage
Referral and plan notification	No	No	No	Yes – varies by region and product	No

Submit referral requests and plan notifications through the e-referral system, as outlined in the [e-referral User Guide](#).

When are referrals needed? BCN commercial's referral requirements vary based on region and the BCN product through which the member has coverage.

What is plan notification? Plan notification alerts BCN to a scheduled service and facilitates claims payment (clinical review isn't needed). BCN commercial's plan notification requirement varies based on region.

When are referrals and plan notifications required? Providers must follow the requirements that apply to the region in which the headquarters for their medical care group is located.

- In the East and Southeast regions, submit referral requests and plan notifications to BCN through the e-referral system.
- In the Mid, West and Upper Peninsula regions, referrals and plan notifications **aren't** required. Providers don't need to submit anything in the e-referral system.

Notes:

- See [BCN referral and authorization requirements for Michigan providers](#) for additional information about referrals and plan notifications.
- In all regions, prior authorization is required when the provider is out-of-network for the member's plan. See the [BCN referral and authorization requirements for Michigan providers](#) document for additional details.

Services that require prior authorization

The tables that follow are not all-inclusive lists of procedures and services that require prior authorization. For more information, visit ereferrals.bcbsm.com.

Note: The information in these tables is for summary purposes only. For Blue Cross commercial members, not all services in the categories listed require prior authorization for every employer group. The lists of groups identified as excluded from specific authorization requirements are not all-inclusive. Providers are responsible for identifying the need for prior authorization through our provider portal (availability.com*) or through Provider Inquiry. Providers are responsible for contacting Blue Cross, BCN or the designated vendor to obtain prior authorization for services.

Behavioral health services (mental health and substance use disorders)

Procedure or service	Is prior authorization required? / Who makes the determinations				
	Blue Cross commercial fully insured	Blue Cross commercial self-funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage
	Refer to the Blue Cross Behavioral Health page.	Refer to the Blue Cross Behavioral Health page.	Refer to the Blue Cross Behavioral Health page.	Refer to the BCN Behavioral Health page.	Refer to the BCN Behavioral Health page.
Routine outpatient therapy in clinic or provider office	No	No	No	No	No
Outpatient autism services (applied behavior analysis)	Yes Blue Cross Behavioral Health SM	Yes, if the group opts into the standard BlueCross autism program Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health
Outpatient ECT	No	No	No	No For dates of service on or after Jan. 1, 2023	No For dates of service on or after Jan. 1, 2023

Summary of utilization management programs for Michigan providers

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Procedure or service	Is prior authorization required? / Who makes the determinations				
	Blue Cross commercial fully insured	Blue Cross commercial self-funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage
	Refer to the Blue Cross Behavioral Health page.	Refer to the Blue Cross Behavioral Health page.	Refer to the Blue Cross Behavioral Health page.	Refer to the BCN Behavioral Health page.	Refer to the BCN Behavioral Health page.
Outpatient neurofeedback	No	No	No	No For dates of service on or after Jan. 1, 2024 Yes For dates of service before Jan. 1, 2024 Blue Cross Behavioral Health	No For dates of service on or after Jan. 1, 2024 Yes For dates of service before Jan. 1, 2024 Blue Cross Behavioral Health
Outpatient TMS	Yes Blue Cross Behavioral Health	Yes , if the group offers the TMS benefit Blue Cross Behavioral Health	No	Yes Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health
Initial inpatient, residential or partial hospital	Yes Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health	Yes ¹ Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health	Yes ¹ Blue Cross Behavioral Health
Intensive outpatient treatment	No	No	No For dates of service on or after Jan. 1, 2024 Yes For dates of service before Jan. 1, 2024 Blue Cross Behavioral Health	No For dates of service on or after Jan. 1, 2024 Yes For dates of service before Jan. 1, 2024 Blue Cross Behavioral Health	No For dates of service on or after Jan. 1, 2024 Yes For dates of service before Jan. 1, 2024 Blue Cross Behavioral Health
Subacute detox, inpatient	Yes Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health
Subacute detox, outpatient — for providers who are contracted to provide this service	No	No	No	No	No

¹Note: Medicare Plus Blue and BCN Advantage don't have a residential mental health treatment benefit.

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Non-behavioral health services

Procedure or service	Is prior authorization required? / Who makes the determination?				
	Blue Cross commercial fully insured	Blue Cross commercial self-funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage
Air ambulance	Yes Alacura Medical Transport Management, for non-emergency flights only Refer to the Blue Cross Air Ambulance Services page.	Yes Alacura Medical Transport Management, for non-emergency flights only Refer to the Blue Cross Air Ambulance Services page.	No	Yes Alacura Medical Transport Management, for non-emergency flights only Refer to the BCN Air Ambulance Services page.	No
Cardiology (See also: Echocardiology)	Yes , for dates of service on or after Sept. 1, 2023 Carelon Medical Benefits Management Refer to the Blue Cross Cardiology Services page. No , for dates of service before Sept. 1, 2023	No	Yes Carelon Refer to the Blue Cross Cardiology Services page.	Yes Carelon Refer to the BCN Cardiology Services page.	Yes Carelon Refer to the BCN Cardiology Services page.
Chiropractic services	No	No	No	Yes BCN Utilization Management Refer to the BCN Chiropractic Services page	Yes BCN Utilization Management Refer to the BCN Chiropractic Services page
Diabetes supplies Prior authorization is required only in certain circumstances; see the provider FAQ for details.	Yes Northwood, Inc. (preferred provider) Refer to the Blue Cross Diabetes Supplies page.	No	Yes For dates of service on or after Jan. 1, 2024 Northwood, Inc. (preferred provider) For dates of service before Jan. 1, 2024 J&B Medical Supply (preferred provider) Refer to the Blue Cross Diabetes Supplies page.	Yes For dates of service on or after Jan. 1, 2024 Northwood, Inc. For dates of service before Jan. 1, 2024 J&B Medical Supply Refer to the BCN Diabetes Supplies page.	Yes For dates of service on or after Jan. 1, 2024 Northwood, Inc. For dates of service before Jan. 1, 2024 J&B Medical Supply Refer to the BCN Diabetes Supplies page.

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	Blue Cross commercial fully insured	Blue Cross commercial self-funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage
Durable medical equipment and prosthetics and orthotics	Yes Northwood, Inc. (preferred provider) Refer to the Blue Cross DME/P&O page.	No	Yes Northwood, Inc. (preferred provider) Refer to the Blue Cross DME/P&O page.	Yes Northwood, Inc. Refer to the BCN DME/P&O page.	Yes Northwood, Inc. Refer to the BCN DME/P&O page.
Echocardiology (See also: Cardiology)	Yes Carelon Medical Benefits Management Refer to the Blue Cross Cardiology Services page.	Yes Carelon For all groups except UAW Retiree Medical Benefits Trust, Blue Cross and Blue Shield Federal Employee Program [®] , State of Michigan plans and select Ascension Health groups Refer to the Blue Cross Cardiology Services page.	Yes Carelon Refer to the Blue Cross Cardiology Services page.	Yes Carelon Refer to the BCN Cardiology Services page.	Yes Carelon Refer to the BCN Cardiology Services page.
Genetic and molecular testing	No	No	No	Yes Joint Venture Hospital Laboratories Refer to the BCN Laboratory Services page.	Yes Joint Venture Hospital Laboratories Refer to the BCN Laboratory Services page.
Home health care services	No	No	Yes CareCentrix [®] Refer to the Blue Cross Home-Based Services page.	No	Yes CareCentrix [®] Refer to the BCN Home-Based Services page.
Inpatient admissions, acute care (hospitals)	Yes Blue Cross Utilization Management Refer to the Blue Cross Acute Inpatient Admissions page.	Yes Blue Cross Utilization Management Refer to the Blue Cross Acute Inpatient Admissions page.	Yes Blue Cross Utilization Management Refer to the Blue Cross Acute Inpatient Admissions page.	Yes BCN Utilization Management Refer to the BCN Acute Inpatient Admissions page. See also: Guidelines for bundling admissions .	Yes BCN Utilization Management Refer to the BCN Acute Inpatient Admissions page. See also: Guidelines for bundling admissions .

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	Blue Cross commercial fully insured	Blue Cross commercial self-funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage
<p>Joint surgery – knee, hip, shoulder</p> <p>See the “Orthopedic procedure codes” section of the Musculoskeletal procedure codes that require authorization by TurningPoint document. (See also: Musculoskeletal procedures, other)</p>	<p>Yes</p> <p>TurningPoint</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the Blue Cross Musculoskeletal Services page.</p>	<p>Yes, for select groups</p> <p>TurningPoint</p> <p>For UAW Retiree Medical Benefits Trust non-Medicare members</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the Blue Cross Musculoskeletal Services page.</p>	<p>Yes</p> <p>TurningPoint</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the Blue Cross Musculoskeletal Services page.</p>	<p>Yes</p> <p>TurningPoint</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the BCN Musculoskeletal Services page.</p>	<p>Yes</p> <p>TurningPoint</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the BCN Musculoskeletal Services page.</p>
<p>Medical oncology (See also: Radiation oncology)</p>	<p>Yes</p> <p>Medical oncology and supportive care drugs require authorization through Carelon Medical Benefits Management (formerly AIM Specialty Health)</p> <p>Note: CAR-T cell therapy drugs require authorization through NovoLogix[®] (not through Carelon) when administered in an inpatient or outpatient setting.</p> <p>Refer to the Blue Cross Medical Benefit Drugs page.</p>	<p>Yes, for select groups</p> <p>Carelon</p> <p>To determine which groups have opted in and the date on which they opted in, see the Oncology value management program opt-in list for Blue Cross commercial self-funded groups.</p> <p>Note: CAR-T cell therapy drugs require authorization for all groups through NovoLogix when administered in an inpatient or outpatient setting.</p> <p>Refer to the Blue Cross Medical Benefit Drugs page.</p>	<p>Yes</p> <p>Medical oncology and supportive care drugs require authorization through Carelon</p> <p>Note: CAR-T cell therapy drugs require authorization through NovoLogix (not through Carelon) when administered in an inpatient or outpatient setting.</p> <p>Refer to the Blue Cross Medical Benefit Drugs page.</p>	<p>Yes</p> <p>Medical oncology and supportive care drugs require authorization through Carelon</p> <p>Note: CAR-T cell therapy drugs require authorization through NovoLogix (not through Carelon) when administered in an inpatient or outpatient setting.</p> <p>Refer to the BCN Medical Benefit Drugs page.</p>	<p>Yes</p> <p>Medical oncology and supportive care drugs require authorization through Carelon</p> <p>Note: CAR-T cell therapy drugs require authorization through NovoLogix (not through Carelon) when administered in an inpatient or outpatient setting.</p> <p>Refer to the BCN Medical Benefit Drugs page.</p>
<p>Musculoskeletal procedures, other</p> <p>See the “Orthopedic procedure codes” section of the Musculoskeletal procedure codes that require authorization by TurningPoint document. (See also: Joint surgery – knee, hip, shoulder)</p>	<p>Yes</p> <p>TurningPoint</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the Blue Cross Musculoskeletal Services page.</p>	<p>Yes, for select groups</p> <p>TurningPoint</p> <p>For UAW Retiree Medical Benefits Trust non-Medicare members</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the Blue Cross Musculoskeletal Services page.</p>	<p>Yes</p> <p>TurningPoint</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the Blue Cross Musculoskeletal Services page.</p>	<p>Yes</p> <p>TurningPoint</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the BCN Musculoskeletal Services page.</p>	<p>Yes</p> <p>TurningPoint</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the BCN Musculoskeletal Services page.</p>

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	Blue Cross commercial fully insured	Blue Cross commercial self-funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage
Pain management See the "Pain management procedure codes" section of the Musculoskeletal procedure codes that require authorization by TurningPoint document.	Yes TurningPoint Authorization is required for procedure codes in the document linked at left. Refer to the Blue Cross Pain Management Services page.	Yes, for select groups TurningPoint For UAW Retiree Medical Benefits Trust non-Medicare members Refer to the Blue Cross Pain Management Services page.	Yes TurningPoint Authorization is required for procedure codes in the document linked at left. Refer to the Blue Cross Pain Management Services page.	Yes TurningPoint Authorization is required for procedure codes in the document linked at left. Refer to the BCN Pain Management Services page.	Yes TurningPoint Authorization is required for procedure codes in the document linked at left. Refer to the BCN Pain Management Services page.
Physical, occupational and speech therapy with an autism diagnosis	No	No	Not applicable	No , for members under age 19 Yes , for members 19 and older, through eviCore healthcare Includes physical medicine services by chiropractors and by athletic trainers Refer to the BCN PT, OT, ST and Physical Medicine Services page.	Not applicable
Physical and occupational therapy with a non-autism diagnosis	No	No	No , for dates of service on or after April 1, 2022	Yes eviCore healthcare Includes physical medicine services by chiropractors and by athletic trainers Refer to the BCN PT, OT, ST and Physical Medicine Services page.	Yes eviCore healthcare Refer to the BCN PT, OT, ST and Physical Medicine Services page.
Post-acute care (SNF, inpatient rehab, LTAC)	Yes Blue Cross Utilization Management Refer to the Blue Cross Post-Acute Care page.	Yes Blue Cross Utilization Management Refer to the Blue Cross Post-Acute Care page.	Yes Home & Community Care (formerly known as naviHealth, Inc) Refer to the Blue Cross Post-Acute Care page.	Yes BCN Utilization Management Refer to BCN's Post-Acute Care page.	Yes Home & Community Care Refer to BCN's Post-Acute Care page.

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Private duty nursing For: <ul style="list-style-type: none"> • HCPCS codes S9123 and S9124 • Members who have the benefit 	Yes, for select groups , for dates of service on or after Oct. 1, 2022. Utilization Management department Refer to the Blue Cross Home-Based Services page.	Yes, for select groups , for dates of service on or after Oct. 1, 2022 Utilization Management department Refer to the Blue Cross Home-Based Services page.	No	Yes Utilization Management department Refer to BCN's Home-Based Services page.	No
Proton beam therapy (For information about other radiation oncology procedures, see Radiation oncology below)	Yes eviCore healthcare Refer to the Blue Cross Oncology Services page.	Yes Carelon For all groups, including UAW Retiree Medical Benefits Trust non-Medicare members. Exceptions: UAW Retiree Healthcare Trust (group 70605) and UAW International Union (group 71714), Blue Cross and Blue Shield Federal Employee Program, State of Michigan plans and select Ascension Health groups Refer to the Blue Cross Oncology Services page.	Yes eviCore healthcare Refer to the Blue Cross Oncology Services page.	Yes eviCore healthcare Refer to the BCN Oncology Services page.	Yes eviCore healthcare Refer to the BCN Oncology Services page.
Radiation oncology, other than proton beam therapy (For information about proton beam therapy, see Proton beam therapy above.)	Yes eviCore healthcare Refer to the Blue Cross Oncology Services page.	Yes Carelon Medical Benefits Management (formerly AIM Specialty Health) For UAW Retiree Medical Benefits Trust non-Medicare members only except UAW Retiree Healthcare Trust (group 70605) and UAW International Union (group 71714) Refer to the Blue Cross Oncology Services page.	Yes eviCore healthcare Refer to the Blue Cross Oncology Services page.	Yes eviCore healthcare Refer to the BCN Oncology Services page.	Yes eviCore healthcare Refer to the BCN Oncology Services page.
Radiology procedures (high-tech imaging)	Yes Carelon Medical Benefits Management (formerly AIM Specialty Health) Refer to the Blue Cross Radiology Services, High Tech page.	Yes Carelon For all groups, including Blue Cross and Blue Shield Federal Employee Program and UAW Retiree Medical Benefits Trust Excluded are State of Michigan plans and select Ascension Health groups Refer to the Blue Cross Radiology Services, High Tech page.	Yes Carelon Refer to the Blue Cross Radiology Services, High Tech page.	Yes Carelon Refer to the BCN Radiology Services, High Tech page.	Yes Carelon Refer to the BCN Radiology Services, High Tech page.

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Sleep studies – in lab	<p>Yes</p> <p>Carelon Medical Benefits Management (formerly AIM Specialty Health)</p> <p>Refer to the Blue Cross Sleep Studies page.</p>	<p>Yes</p> <p>Carelon</p> <p>For all groups except Blue Cross and Blue Shield Federal Employee Program, State of Michigan plans and select Ascension Health groups</p> <p>Refer to the Blue Cross Sleep Studies page.</p>	<p>No, for dates of service on or after Oct. 9, 2023</p> <p>Yes, for dates of service before Oct. 9, 2023</p> <p>Carelon</p> <p>Refer to the Blue Cross Sleep Studies page.</p>	<p>Yes</p> <p>For dates of service on or after Sept. 1, 2023</p> <p>Carelon</p> <p>Refer to the BCN Sleep Studies page.</p> <p>For dates of service before Sept. 1, 2023</p> <p>BCN Utilization Management</p>	<p>For dates of service on or after Oct. 9, 2023</p> <p>No, if the provider is network with the member's plan</p> <p>Yes, if the provider isn't in network with the member's plan</p> <p>BCN Utilization Management</p> <p>Refer to the BCN Sleep Studies page.</p> <p>For dates of service before Oct. 9, 2023</p> <p>Yes</p> <p>BCN Utilization Management</p>
Speech therapy with a non-autism diagnosis	No	No	No	<p>Yes</p> <p>eviCore healthcare</p> <p>Refer to the BCN PT, OT, ST and Physical Medicine Services page.</p>	<p>Yes</p> <p>eviCore healthcare</p> <p>Refer to the BCN PT, OT, ST and Physical Medicine Services page.</p>
Spine surgery – cervical and lumbar See the “Spinal procedure codes” section of the Musculoskeletal procedure codes that require authorization by TurningPoint document.	<p>Yes</p> <p>TurningPoint</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the Blue Cross Musculoskeletal Services page.</p>	<p>Yes, for select groups</p> <p>TurningPoint</p> <p>For UAW Retiree Medical Benefits Trust non-Medicare members</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the Blue Cross Musculoskeletal Services page.</p>	<p>Yes</p> <p>TurningPoint</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the Blue Cross Musculoskeletal Services page.</p>	<p>Yes</p> <p>TurningPoint</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the BCN Musculoskeletal Services page.</p>	<p>Yes</p> <p>TurningPoint</p> <p>Authorization is required for procedure codes in the document linked at left.</p> <p>Refer to the BCN Musculoskeletal Services page.</p>

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	Blue Cross commercial fully insured	Blue Cross commercial self-funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage
Transplants	<p>Yes</p> <p>Blue Cross Human Organ Transplant team</p> <p>Refer to the Blue Cross Transplants page.</p>	<p>Yes</p> <p>Blue Cross Human Organ Transplant team</p> <p>Refer to the Blue Cross Transplants page.</p>	<p>No</p>	<p>Yes</p> <p>Human Organ Transplant team</p> <p>Refer to the BCN Transplants page.</p>	<p>No</p> <p>For dates of service on or after Jan. 1, 2024</p> <p>Yes</p> <p>For dates of service before Jan. 1, 2024</p> <p>Human Organ Transplant team</p>

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