



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Services that require authorization for Michigan providers

For Medicare Plus BlueSM members

Updated Dec. 22, 2021

For more complete information about care management and utilization management requirements, refer to the [Medicare Plus Blue PPO Provider Manual](#).

Authorization requests for non-urgent medical services must be submitted prior to services being provided. **Note:** This list is not all-inclusive. In addition, authorization of a service based on the clinical information provided does not guarantee payment. When the claim for the service is submitted, it may be subject to edits including, but not limited to, edits for diagnosis, frequency and dose. The outcome of those edits may override the initial authorization.

Services	Requirements
Ambulatory event monitors, implantable	Prior authorization is required. Use the e-referral system to submit the request and complete the implantable ambulatory event monitors questionnaire .
Blepharoplasty	Prior authorization is required. Use the e-referral system to submit the request and complete one of the following questionnaires: <ul style="list-style-type: none"> Blepharoplasty and repair of brow ptosis Blepharoplasty, lower lid repair
Cardiac ablation	Prior authorization is required. Use the e-referral system to submit the request, complete the questionnaire for radiofrequency ablation (RFA), cardiac, trigger , and then complete one or more of the following questionnaires: <ul style="list-style-type: none"> Radiofrequency ablation (RFA), cardiac atrial fibrillation or atrial flutter Radiofrequency ablation (RFA), cardiac frequent monomorphic premature ventricular contracts Radiofrequency ablation (RFA), cardiac nonsustained ventricular tachycardia Radiofrequency ablation (RFA), cardiac suspected AVNRT, AVRT or focal atrial tachycardia Radiofrequency ablation (RFA), cardiac sustained ventricular tachycardia Radiofrequency ablation (RFA), cardiac treatment for preexcitation syndrome or for Wolff-Parkinson-White syndrome
Cardiology procedures (including echocardiography and cardiac implantable services) See also: <ul style="list-style-type: none"> Ambulatory event monitors, implantable Cardiac ablation Left atrial appendage closure 	Prior authorization is required by AIM Specialty Health [®] for select cardiac procedures when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the list of procedure codes managed through AIM and the Blue Cross AIM-Managed Procedures page at ereferrals.bcbsm.com . Contact AIM Specialty Health at 1-800-728-8008. Note: For cardiac implantable services, prior authorization is required for dates of service on or after Jan. 1, 2021. These services include: <ul style="list-style-type: none"> Cardiac resynchronization therapy Implantable cardioverter-defibrillator Arterial ultrasound
Cosmetic or reconstructive surgery See also: <ul style="list-style-type: none"> Blepharoplasty Rhinoplasty Septoplasty 	Prior authorization is required for certain procedure codes. Use the e-referral system to submit the request and complete the cosmetic or reconstructive surgery questionnaire .
Deep brain stimulation	Prior authorization is required. Use the e-referral system to submit the request and complete the deep brain stimulation questionnaire . The procedure codes to which this requirement applies are listed on the preview questionnaire.



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Services	Requirements
Endovascular intervention, peripheral artery	Prior authorization is required. Use the e-referral system to submit the request and complete the endovascular intervention questionnaire . The procedure codes to which this requirement applies are listed on the preview questionnaire.
Endovenous ablation for treatment of varicose veins	Prior authorization is required. Use the e-referral system to submit the request and complete the questionnaire for endovenous ablation for treatment of varicose veins .
Gastric pacing / stimulation	Prior authorization is required. Use the e-referral system to submit the request and complete the gastric pacing / stimulation questionnaire . The procedure codes to which this requirement applies are listed on the preview questionnaire.
Hammertoe correction surgery	Prior authorization is required. Use the e-referral system to submit the request and complete the hammertoe correction surgery questionnaire . The procedure codes and related diagnoses codes to which this requirement applies are listed on the preview questionnaire.
Home health care (by home health care agencies only)	Home health care requires prior authorization through CareCentrix [®] , for episodes of care that start on or after June 1, 2021. This applies to home health agencies both inside and outside of Michigan. Refer to the Home health care: Quick reference guide for information on how to submit prior authorization requests. For additional information, refer to the Blue Cross Home Health Care webpage at ereferrals.bcbsm.com . Scroll to the Medicare Plus Blue section.
Inpatient admissions for medical diagnoses to acute care facilities	<p>Prior authorization and approvals for extensions are required. Providers should notify Medicare Plus Blue of emergency admissions within one business day. Submit the request through the e-referral system.</p> <p>For certain conditions, providers should submit authorization requests for inpatient admissions on the third day of the stay, after the member has spent two days in the hospital. Exception: For members in a critical care setting, requests can be submitted prior to the third day. For additional information, refer to the document Submitting acute inpatient authorization requests: Frequently asked questions for providers; in the table of contents, click <i>What are the local rules that apply to members with certain conditions?</i> This is effective for Medicare Plus Blue members admitted on or after March 1, 2022.</p>
Inpatient admissions for mental health and substance use disorders	Prior authorization and approvals for extensions are required. Call Medicare Plus Blue Behavioral Health at 1-888-803-4960.
Inpatient admissions for post-acute care services (inpatient rehabilitation, skilled nursing facility and long-term acute care hospital)	See "Post-acute care services (long-term acute care, skilled nursing and rehabilitation facilities)."
Left atrial appendage closure	Prior authorization is required. Use the e-referral system to submit the request and complete the left atrial appendage closure questionnaire .
Medical oncology drugs	Medical oncology and supportive care drugs covered under the medical benefit require prior authorization through AIM Specialty Health. This is effective Jan. 1, 2020, for Medicare Plus Blue members. Refer to the Medicare Advantage Medical Drug Prior Authorization and Step Therapy List . Look in the "Submit authorization request through" columns to see which medications require authorization through AIM.



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Services	Requirements
Medications covered under the medical benefit (Medicare Part B)	For these requirements, refer to the Medical Benefit Drugs page in the Blue Cross section at ereferrals.bcbsm.com .
Musculoskeletal procedures, including pain management	<p>Prior authorization is required for the musculoskeletal procedures associated with the codes on the document Musculoskeletal procedure codes that require authorization by TurningPoint.</p> <p>Submit the request to TurningPoint Healthcare Solutions. Refer to the Blue Cross Musculoskeletal Services page at ereferrals.bcbsm.com for more information.</p>
Nasal sinus endoscopy (sinusotomy or ethmoidectomy)	Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the sinusotomy questionnaire or the ethmoidectomy questionnaire , as appropriate. The procedure codes to which this requirement applies are listed on the preview questionnaires.
Noncoronary vascular stents	Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the noncoronary vascular stents questionnaire . The procedure codes to which this requirement applies are listed on the preview questionnaire.
Pain management	See “Musculoskeletal procedures, including pain management.”
Partial hospitalization and intensive outpatient program for mental health and substance use disorders	Prior authorization and approvals for extensions are required. Call Medicare Plus Blue Behavioral Health at 1-888-803-4960.
Physical and occupational therapy (outpatient)	<p>Prior authorization is required by eviCore healthcare. Refer to the list of Procedures that require clinical review by eviCore healthcare and the Services reviewed by eviCore healthcare for Blue Cross and BCN.</p> <p>Additional information is available on the eviCore-Managed Procedures page in the Blue Cross section at ereferrals.bcbsm.com.</p>
Post-acute care services (long-term acute care, skilled nursing and rehabilitation facilities)	Prior authorization is required by naviHealth. Refer to the document Post-acute care services: Frequently asked questions by providers .
Radiation oncology Note: Authorization is not required for services for members who are enrolled in a Medicare-approved clinical trial.	<p>Prior authorization is required by eviCore healthcare for services performed for adult members in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the list of Procedures that require clinical review by eviCore healthcare and the guidelines for services reviewed by eviCore healthcare.</p> <p>Additional information is available on the eviCore-Managed Procedures page in the Blue Cross section at ereferrals.bcbsm.com.</p>



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Services	Requirements
<p>Radiology (advanced imaging)</p> <p>Note: Authorization is not required for services for members who are enrolled in a Medicare-approved clinical trial.</p>	<p>Prior authorization is required by AIM Specialty Health for select radiology (advanced imaging) procedures when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the list of procedure codes managed through AIM and the AIM-Managed Procedures page in the Blue Cross section of the ereferrals.bcbsm.com website. Contact AIM Specialty Health at 1-800-728-8008.</p>
Rhinoplasty	<p>Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the rhinoplasty (outpatient) questionnaire.</p>
Sacral nerve neuromodulation / stimulation	<p>Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the sacral nerve neuromodulation / stimulation questionnaire. The procedure codes to which this requirement applies are listed on the preview questionnaire.</p>
Septoplasty	<p>Prior authorization is required. Use the e-referral system to submit the request and complete the septoplasty questionnaire.</p>
Sleep studies, in-lab	<p>Prior authorization is required from AIM Specialty Health for in-lab sleep studies when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the list of procedure codes managed through AIM and the AIM-Managed Procedures page in the Blue Cross section of the ereferrals.bcbsm.com website. Contact AIM Specialty Health at 1-800-728-8008.</p>
Thyroidectomy	<p>Authorization is required for all members. Must complete the appropriate questionnaire:</p> <ul style="list-style-type: none"> • Thyroidectomy, partial • Thyroidectomy, total
Vascular embolization or occlusion of hepatic tumors (TACE/RFA)	<p>Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the vascular embolization or occlusion (TACE/RFA) questionnaire. The procedure codes to which this requirement applies are listed on the preview questionnaire.</p>

Contact information: Medicare Plus Blue

Purpose	Contact information
Behavioral Health – Request authorization	1-888-803-4960
Utilization Management – Request authorization for select procedures	1-800-392-2512
<p>Provider Inquiry – Verify eligibility and benefits and check the status of claims and for questions about inpatient acute care admissions</p> <p>Note: Provider Inquiry has an automated response system that is available 24/7.</p>	1-866-309-1719
Pharmacy Clinical Help Desk – Request authorization for Part B and Part D medications	1-800-437-3803



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Contact information: Vendors

Vendor	Service	Contact information
AIM Specialty Health	<p>Manages authorization requests for:</p> <ul style="list-style-type: none"> Select advanced imaging and cardiology services <p>Note: AIM manages authorizations for cardiac implantable services for dates of service on or after Jan. 1, 2021.</p> <ul style="list-style-type: none"> In-lab sleep studies, effective May 1, 2019 Medical oncology and supportive care drugs covered under the medical benefit, effective Jan. 1, 2020 	<p>aimspecialtyhealth.com**</p> <p>1-800-728-8008</p>
CareCentrix	<p>Manages authorizations for home health care, for episodes of care that start on or after June 1, 2021.</p>	<p>For contact information, refer to the Home health care: Quick reference guide.</p>
eviCore healthcare	<p>Manages authorization requests for:</p> <ul style="list-style-type: none"> Radiation oncology Physical therapy and occupational therapy 	<p>www.evicore.com**</p> <p>For contact information, refer to the document Services reviewed by eviCore healthcare for Blue Cross and BCN.</p>
naviHealth	<p>Manages authorization requests for post-acute care (inpatient rehabilitation facilities, long-term acute care hospitals and skilled nursing facilities).</p>	<p>navihealth.com**</p> <p>For details and contact information, refer to the document Post-acute care services: Frequently asked questions by providers.</p>
Northwood, Inc.	<p>Manages both authorizations and the supplier network for durable medical equipment and prosthetics and orthotics. Northwood makes determinations on prior authorization requests submitted by their contracted suppliers.</p>	<p>Call Northwood's customer service department at 1-800-393-6432 to identify a contracted supplier. The supplier submits the request to Northwood for review.</p>
NovoLogix	<p>Web tool for submitting authorization requests for select Part B specialty drugs covered under the medical benefit.</p>	<p>To access the NovoLogix web tool, log in to Provider Secured Services and click <i>BCBSM Pharmacy Benefit - Medication Prior Authorization</i>.</p>
TurningPoint Healthcare Solutions, LLC	<p>Manages authorizations for musculoskeletal procedures, including pain management</p>	<p>Submit prior authorization requests through the TurningPoint Provider Portal, by phone or by fax. Refer to the Blue Cross Musculoskeletal Services webpage for more information.</p>



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● Blue Dot changes to the Medicare Plus Blue Services That Require Authorization document

Service / Topic	Change Description
Inpatient medical admissions (acute care non-behavioral health)	This document is updated to show that for certain conditions, providers should submit authorization requests for inpatient admissions on the third day of the stay, after the member has spent two days in the hospital. Exception: For members in a critical care setting, requests can be submitted prior to the third day. For additional information, refer to the document Submitting acute inpatient authorization requests: Frequently asked questions for providers ; in the table of contents, click <i>What are the local rules that apply to members with certain conditions?</i> This is effective for Medicare Plus Blue members admitted on or after March 1, 2022.
Various	This document is updated to show information about services that will require prior authorization for dates of service on or after Jan. 1, 2022. These services include: <ul style="list-style-type: none"> • Ambulatory event monitors, implantable • Blepharoplasty • Cardiac ablation • Cosmetic or reconstructive surgery • Endovenous ablations for the treatment of varicose veins • Left atrial appendage closure • Septoplasty • Thyroidectomy
Home health care (by home health care agencies only)	This document is updated to show that CareCentrix manages authorizations for home health care, for episodes of care that start on or after June 1, 2021.
Cardiac implantable services	This document is updated to show that for cardiac implantable services, authorization is required for dates of service on or after Jan. 1, 2021. Providers can submit prior authorization requests to AIM beginning Dec. 14, 2020. These services include: <ul style="list-style-type: none"> • Cardiac resynchronization therapy • Implantable cardioverter-defibrillator • Arterial ultrasound
Pain management and spinal surgery	This document, including the vendor contact information table, is updated to show the following for these services: <ul style="list-style-type: none"> • For dates of service on or after Jan. 1, 2021, providers should submit prior authorization requests to TurningPoint. Requests can be submitted beginning Dec. 1, 2020. See Musculoskeletal procedure codes that require authorization by TurningPoint. • For dates of service prior to Jan. 1, 2021, submit prior authorization requests to eviCore healthcare (for lumbar spinal surgery only).

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