



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

# Services that require authorization for Michigan providers

For Medicare Plus Blue<sup>SM</sup>

Updated February 2024

Prior authorization requests for non-urgent medical services must be submitted prior to services being provided.

**Note:** This list is not all-inclusive. In addition, prior authorization of a service based on the clinical information provided doesn't 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.

To determine whether a procedure code requires prior authorization, see the document titled [Determining prior authorization requirements for members](#).

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

## Section 1: Authorization requirements

To review the criteria we use to make determinations on prior authorization requests for specific services, see the [Authorization criteria and preview questionnaires](#) document on our [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) website.

Services	Requirements
Ambulatory event monitors, implantable	Prior authorization is required. Use the e-referral system to submit the request and complete the <a href="#">Medicare implantable ambulatory event monitors questionnaire</a> .
Autism treatment (applied behavior analysis)	<p>Prior authorization is required. Treatment requires a diagnosis of autism spectrum disorder.</p> <p>For information about obtaining a comprehensive diagnostic autism evaluation, refer to the <a href="#">Obtaining an autism diagnostic evaluation and finding treatment</a> PDF.</p> <p>Blue Cross Behavioral Health<sup>SM</sup> manages prior authorizations. For information about submitting prior authorization requests, see the <a href="#">Blue Cross Behavioral Health: Frequently asked questions for providers</a> PDF.</p>
Balloon ostial dilation	Prior authorization is required. Use the e-referral system to submit the request and complete the <a href="#">Balloon ostial dilation questionnaire</a> .
Blepharoplasty and repair of brow ptosis	Prior authorization is required. Use the e-referral system to submit the request and complete the <a href="#">Blepharoplasty and repair of brow ptosis questionnaire</a> .
Cardiac ablation	<p>Prior authorization is required. Use the e-referral system to submit the request, complete the questionnaire for <a href="#">radiofrequency ablation (RFA), cardiac, trigger</a>, and then complete one or more of the following questionnaires:</p> <ul style="list-style-type: none"> <li>• <a href="#">Radiofrequency ablation (RFA), cardiac atrial fibrillation or atrial flutter</a></li> <li>• <a href="#">Radiofrequency ablation (RFA), cardiac frequent monomorphic premature ventricular contracts</a></li> <li>• <a href="#">Radiofrequency ablation (RFA), cardiac nonsustained ventricular tachycardia</a></li> <li>• <a href="#">Radiofrequency ablation (RFA), cardiac suspected AVNRT, AVRT or focal atrial tachycardia</a></li> <li>• <a href="#">Radiofrequency ablation (RFA), cardiac sustained ventricular tachycardia</a></li> <li>• <a href="#">Radiofrequency ablation (RFA), cardiac treatment for preexcitation syndrome or for Wolff-Parkinson-White syndrome</a></li> </ul>



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<p>Cardiology procedures (including echocardiography and cardiac implantable services)</p> <p>See also:</p> <ul style="list-style-type: none"> <li>• Ambulatory event monitors, implantable</li> <li>• Cardiac ablation</li> <li>• Left atrial appendage closure</li> </ul>	<p>Prior authorization is required by Carelon Medical Benefits Management for select cardiac procedures when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the <a href="#">list of procedure codes</a> managed through Carelon and the Blue Cross <a href="#">Cardiology Services page</a> at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a>. Contact Carelon at 1-800-728-8008.</p> <ul style="list-style-type: none"> <li>• Cardiac resynchronization therapy</li> <li>• Implantable cardioverter-defibrillator</li> <li>• Arterial ultrasound</li> </ul>
<p>Cosmetic or reconstructive surgery</p> <p>See also:</p> <ul style="list-style-type: none"> <li>• Blepharoplasty</li> <li>• Rhinoplasty</li> <li>• Septoplasty</li> </ul>	<p>Prior authorization is required. Use the e-referral system to submit the request.</p>
<p>Deep brain stimulation</p>	<ul style="list-style-type: none"> <li>• For dates of service on or after Jan. 1, 2024, prior authorization isn't required.</li> <li>• For dates of service before Jan. 1, 2024, prior authorization is required. Use the e-referral system to submit the request.</li> </ul>
<p>Diabetes supplies</p>	<p>When covered under the medical (DME) benefit, diabetes supplies are covered as follows:</p> <ul style="list-style-type: none"> <li>• For dates of service on or after Jan. 1, 2024, Northwood, Inc. is the preferred provider of diabetes supplies. Providers should call Northwood at 1-800-393-6432 to identify a contracted supplier. The supplier submits the prior authorization request to Northwood for review. For more information, see the <a href="#">provider FAQ</a>.</li> <li>• For dates of service before Jan. 1, 2024, J&amp;B Medical Supply is the preferred provider of diabetes supplies. Contact J&amp;B at 1-888-896-6233 or <a href="http://jandbmedical.com">jandbmedical.com</a>.**</li> </ul> <p>Diabetes supplies include items such as continuous glucose monitors, insulin pumps and supplies, and testing supplies.</p> <p>Prior authorization is required only in certain circumstances. Examples: when quantity limits are exceeded, when documentation is required, when the supplier is outside of the network or for reasons of medical necessity outside of the Blue Cross Inclusionary Criteria or Medicare Local Coverage Determination.</p>
<p>Durable medical equipment and prosthetics and orthotics (DME and P&amp;O)</p>	<p>Northwood is the preferred provider for DME/P&amp;O. Call Northwood at 1-800-393-6432 to identify a contracted supplier. The supplier submits the request to Northwood for review.</p>
<p>Endovascular intervention, peripheral artery</p>	<p>Prior authorization is required. Use the e-referral system to submit the request and complete the <a href="#">endovascular intervention questionnaire</a>. The procedure codes to which this requirement applies are listed on the preview questionnaire.</p>
<p>Endovenous ablation for treatment of varicose veins</p>	<p>Prior authorization is required.</p>



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Gastric pacing / stimulation	Prior authorization is required. Use the e-referral system to submit the request and complete the <a href="#">gastric pacing / stimulation questionnaire</a> . 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 <a href="#">hammertoe correction surgery questionnaire</a> . 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 <sup>®</sup> . This applies to home health agencies both inside and outside of Michigan. Refer to the <a href="#">Home health care: Quick reference guide</a> for information on how to submit prior authorization requests. For additional information, refer to the Blue Cross <a href="#">Home-Based Services webpage</a> at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> . Scroll to the Medicare Plus Blue section.
Inpatient admissions to acute care facilities for medical diagnoses	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.  Note: Determinations on prior authorization requests for these admissions are based on InterQual <sup>®</sup> criteria (for all admissions) and on any associated Local Rules (for admissions that occurred prior to Aug. 1, 2023).
Inpatient admissions for mental health and substance use disorders	Prior authorization and approvals for extensions are required. For details, see the <a href="#">Blue Cross Behavioral Health: Frequently asked questions for providers</a> PDF.
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).”
Intensive outpatient program for mental health and substance use disorders	<ul style="list-style-type: none"> <li>• For dates of service on or after Jan. 1, 2024, prior authorizations and approvals for extensions aren’t required.</li> <li>• For dates of service before Jan. 1, 2024, prior authorizations and approvals for extensions are required. To submit a prior authorization request, do one of the following:                             <ul style="list-style-type: none"> <li>○ Call 1-888-803-4960 and select the appropriate prompt.</li> <li>○ Email <a href="mailto:StrategyAppealsandRetrospectiveRequests@bcbsm.com">StrategyAppealsandRetrospectiveRequests@bcbsm.com</a>.</li> </ul> </li> </ul>
Left atrial appendage closure	Prior authorization is required. Use the e-referral system to submit the request and complete the <a href="#">left atrial appendage closure questionnaire</a> .
Medical oncology drugs	Medical oncology and supportive care drugs covered under the medical benefit require prior authorization through Carelon Medical Benefits Management. Refer to the <a href="#">Medicare Advantage Medical Drug Prior Authorization and Step Therapy List</a> . Look in the “Submit authorization request through” columns to see which medications require authorization through Carelon.
Medications covered under the medical benefit (Medicare Part B)	For these requirements, refer to the <a href="#">Medical Benefit Drugs page</a> in the Blue Cross section at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> .



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Services	Requirements
Musculoskeletal procedures See also: <ul style="list-style-type: none"> <li>Pain management</li> </ul>	Prior authorization is required for the musculoskeletal procedures associated with the codes on the document <a href="#">Musculoskeletal procedure codes that require authorization by TurningPoint</a> .  Submit the request to TurningPoint Healthcare Solutions. Refer to the Blue Cross <a href="#">Musculoskeletal Services page</a> at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> for more information.
Nasal sinus endoscopy (sinusotomy or ethmoidectomy)	Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the <a href="#">sinusotomy questionnaire</a> or the <a href="#">ethmoidectomy questionnaire</a> , as appropriate. The procedure codes to which this requirement applies are listed on the preview questionnaires.
Noncoronary vascular stents	<ul style="list-style-type: none"> <li>For dates of service on or after Jan. 1, 2024, prior authorization isn't required.</li> <li>For dates of service before Jan. 1, 2024, prior authorization is required. Use the e-referral system to submit the prior authorization request.</li> </ul>
Pain management See also: <ul style="list-style-type: none"> <li>Musculoskeletal procedures</li> </ul>	Prior authorization is required for the pain management procedures associated with the codes on the document <a href="#">Musculoskeletal procedure codes that require authorization by TurningPoint</a> .  Submit the request to TurningPoint Healthcare Solutions. Refer to the Blue Cross <a href="#">Pain Management Services page</a> at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> for more information.
Partial hospitalization program-for mental health and substance use disorders	Prior authorization and approvals for extensions are required. For details, see the <a href="#">Blue Cross Behavioral Health: Frequently asked questions for providers</a> PDF.
Physical and occupational therapy (outpatient)	For dates of service on or before March 31, 2022, prior authorization is required by eviCore healthcare. Refer to the list of <a href="#">Procedure codes that require authorization by eviCore healthcare</a> and to the document titled <a href="#">Services reviewed by eviCore healthcare for Blue Cross and BCN</a> .
Post-acute care services (long-term acute care, skilled nursing and inpatient rehabilitation facilities)	Prior authorization is required by Home & Community Care (formerly known as naviHealth, Inc.). Refer to the document <a href="#">Post-acute care services: Frequently asked questions by providers</a> .
Radiation oncology Note: Authorization is not required for services for members who are enrolled in a Medicare-approved clinical trial.	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 <a href="#">Procedure codes that require authorization by eviCore healthcare</a> and to the document titled <a href="#">Services reviewed by eviCore healthcare for Blue Cross and BCN</a> .  Additional information is available on the <a href="#">Oncology Services page</a> in the Blue Cross section at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> .
Radiology (advanced imaging)  Note: Authorization is not required for services for members who are enrolled in a Medicare-approved clinical trial.	Prior authorization is required by Carelon Medical Benefits Management for select radiology (advanced imaging) procedures when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the <a href="#">list of procedure codes</a> managed by Carelon and the <a href="#">Radiology Services, High Tech page</a> in the Blue Cross section of the <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> website. Contact Carelon at 1-800-728-8008.



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Rhinoplasty	Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the <a href="#">rhinoplasty (outpatient) questionnaire</a> .
Sacral nerve neuromodulation / stimulation	<p>Prior authorization is required. Use the e-referral system to submit the prior authorization request.</p> <p>Complete one of the following trigger questionnaires:</p> <ul style="list-style-type: none"> <li><a href="#">Sacral nerve or gastric stimulation trigger</a></li> <li><a href="#">Urinary or fecal incontinence trigger</a></li> </ul> <p>And then complete one of the following questionnaires:</p> <ul style="list-style-type: none"> <li><a href="#">Sacral nerve neuromodulation / stimulation for fecal incontinence</a></li> <li><a href="#">Sacral nerve neuromodulation / stimulation for urinary incontinence</a></li> </ul>
Septoplasty	Prior authorization is required. Use the e-referral system to submit the request and complete the <a href="#">septoplasty questionnaire</a> .
Sleep studies, in-lab	<p>For dates of service on or after Oct. 9, 2023: Prior authorization is not required.</p> <p>For dates of service before Oct. 9, 2023: Prior authorization is required from Carelon Medical Benefits Management (formerly known as 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 <a href="#">list of procedure codes</a> managed by Carelon and the <a href="#">Sleep Studies page</a> in the Blue Cross section of the <a href="#">ereferrals.bcbsm.com</a> website. Contact Carelon at 1-800-728-8008.</p>
Subacute detox	<ul style="list-style-type: none"> <li><b>Inpatient</b> subacute detox requires prior authorization. For details, see the <a href="#">Blue Cross Behavioral Health: Frequently asked questions for providers</a> PDF.</li> <li><b>Outpatient</b> subacute detox doesn't require prior authorization.</li> </ul>
Thyroidectomy	<p>Authorization is required for all members. Must complete the appropriate questionnaire:</p> <ul style="list-style-type: none"> <li><a href="#">Thyroidectomy, partial</a></li> <li><a href="#">Thyroidectomy, total</a></li> </ul>
Transcatheter arterial chemoembolization, or TACE, and radioembolization of liver tumors	<p>Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the <a href="#">TACE and radioembolization of liver tumors trigger questionnaire</a> and any subsequent questions that open, which may include:</p> <ul style="list-style-type: none"> <li><a href="#">Transcatheter arterial chemoembolization of hepatic tumors (TACE)</a></li> <li><a href="#">Radioembolization for tumors of the liver</a></li> </ul> <p>The procedure codes to which this requirement applies are listed on the preview questionnaires.</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



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Purpose	Contact information
Provider Inquiry – Verify eligibility and benefits and check the status of claims and for questions about inpatient acute care admissions Note: Provider Inquiry has an automated response system that is available 24/7.	1-866-309-1719
Pharmacy Clinical Help Desk – Request authorization for Part B and Part D medications	1-800-437-3803

## Contact information: Vendors

Vendor	Service	Contact information
CareCentrix	Manages authorizations for home health care, for episodes of care that start on or after June 1, 2021.	For contact information, refer to the <a href="#">Home health care: Quick reference guide</a> .
Carelon Medical Benefits Management	Manages authorization requests for: <ul style="list-style-type: none"> <li>Select advanced imaging and cardiology services</li> <li>In-lab sleep studies – for dates of service before Oct. 9, 2023</li> <li>Medical oncology and supportive care drugs covered under the medical benefit</li> </ul>	<a href="https://careloninsights.com/medical-benefits-management/specialty-care">careloninsights.com/medical-benefits-management/specialty-care</a> ** 1-800-728-8008
eviCore healthcare®	Manages authorization requests for: <ul style="list-style-type: none"> <li>Radiation oncology</li> <li>Physical therapy and occupational therapy, for dates of service on or before March 31, 2022</li> </ul>	<a href="https://www.evicore.com">www.evicore.com</a> ** For contact information, refer to the document <a href="#">Services reviewed by eviCore healthcare for Blue Cross and BCN</a> .
Home & Community Care	Manages authorization requests for post-acute care (inpatient rehabilitation facilities, long-term acute care hospitals and skilled nursing facilities).	<a href="https://navihealth.com">navihealth.com</a> ** For details and contact information, refer to the document <a href="#">Post-acute care services: Frequently asked questions by providers</a> .
Northwood, Inc.	Manages both prior authorizations and the supplier network for durable medical equipment, prosthetics and orthotics, and diabetes supplies. Northwood makes determinations on prior authorization requests submitted by their contracted suppliers.	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.
NovoLogix	Web tool for submitting authorization requests for select Part B specialty drugs covered under the medical benefit.	To access the NovoLogix web tool, log in to our provider portal ( <a href="https://availity.com">availity.com</a> **). Click <i>Payer Spaces</i> on the menu bar. Click the BCBSM and BCN logo. Scroll down and click the appropriate NovoLogix tile on the Applications tab.
TurningPoint Healthcare Solutions, LLC	Manages authorizations for musculoskeletal procedures, including pain management	Submit prior authorization requests through the TurningPoint Provider Portal, by phone or by fax. Refer to the following pages on <a href="https://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> : <ul style="list-style-type: none"> <li>Blue Cross <a href="#">Musculoskeletal Services webpage</a></li> <li>Blue Cross <a href="#">Pain Management Services</a></li> </ul>



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## Section 2: Procedure codes that require authorization

To determine which procedures codes require prior authorization for Medicare Plus Blue members, see the document titled [Procedure codes for which providers must request prior authorization](#).

To access this document, go to [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com), click *Blue Cross*, click the *Prior Authorization* link in the left navigation and then click the *Procedure codes for which providers must request prior authorization* link.

### ● Blue Dot changes to this document

Service / topic	Change description
Transcatheter arterial chemoembolization, or TACE, and radioembolization of liver tumors	<p>This document is updated to reflect that the <i>Vascular embolization or occlusion of hepatic tumors (TACE/RFA)</i> questionnaire in the e-referral system has been replaced by the following questionnaires:</p> <ul style="list-style-type: none"> <li>• <i>TACE and radioembolization of liver tumors trigger</i></li> <li>• <i>Transcatheter arterial chemoembolization of hepatic tumors (TACE)</i></li> <li>• <i>Radioembolization for tumors of the liver</i></li> </ul>
Autism services (applied behavior analysis)	This document is updated to outline the requirement for autism treatment.
Services that don't require prior authorization for dates of service on or after Jan. 1, 2024	<p>This document is updated to show that the following services don't require prior authorization for dates of service on or after Jan. 1, 2024:</p> <ul style="list-style-type: none"> <li>• Deep brain stimulation</li> <li>• Noncoronary vascular stents</li> <li>• Intensive outpatient treatment for mental health and substance use disorders</li> </ul> <p>Section 2 was updated to remove procedure codes that no longer require authorization.</p>
Subacute detox	This document is updated to outline the requirements for subacute detox.
Diabetes supplies	This document is updated to show that Northwood is the preferred provider for diabetes supplies for dates of service on or after Jan. 1, 2024. Northwood manages prior authorizations and the supplier network.
Endovenous ablation for treatment of varicose veins	This document is updated to show that a questionnaire no longer opens in the e-referral system for this service.
Sacral nerve neuromodulation / stimulation	This document is updated to open the preview questionnaires for the three new questionnaires in the e-referral system.
Sleep studies, in lab	This document is updated to show that in-lab sleep studies require authorization from Carelon only for dates of service before Oct. 9, 2023. For dates of service on or after Oct. 9, 2023, no prior authorization is required.
Balloon ostial dilation	This document is updated to open the preview questionnaire for the new <i>Ballon ostial dilation</i> questionnaire.



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Service / topic	Change description
Endovascular intervention	This document was updated to remove procedure codes that are no longer managed by Blue Cross for dates of service on or after Sept. 1, 2023.
Inpatient admissions to acute care facilities for medical diagnoses	The information about inpatient admissions to acute care facilities for medical diagnoses is updated to show that determinations on prior authorization requests for these admissions are based on InterQual criteria (for all admissions) and on any associated Local Rules (for admissions that occurred prior to Aug. 1, 2023).
Blepharoplasty	This document is updated to remove the link to the <i>Blepharoplasty, lower lid</i> questionnaire. This questionnaire was removed from the e-referral system on March 26, 2023.
Various	References to AIM Specialty Health are changed to Carelon Medical Benefits Management.
Procedure codes that require authorization	This document is updated to remove procedure codes that no longer require prior authorization.

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