



Woman's Choice Referral and Authorization Guidelines

For BCN HMOSM (commercial) and BCN AdvantageSM

For the BCN Woman's Choice program, the referral and authorization guidelines outlined below apply.

- All services are subject to a member's eligibility and benefits.
- A referral is not required for most professional services provided by BCN-affiliated women's health specialists for BCN HMO (commercial) members, subject to the [Woman's Choice specialty and procedure/diagnosis code requirements](#).
- Referral requests must be submitted electronically (preferred method) or by telephone to BCN's Utilization Management department at 1-800-392-2512.
- A requirement for authorization (when applicable) applies to all members in all regions.

These guidelines address only referral, plan notification and authorization requirements. In addition, this list is not all-inclusive. Only the most commonly requested services are included in this list.

Note: Refer to the [Care Management chapter](#) of the *BCN Provider Manual* for information on referrals to other specialists for obstetric-gynecologic services. For non-obstetric-gynecologic services, a global referral is required from the primary care physician.^(a) Refer to the [BCN Referral and Authorization Requirements](#) document for referral requirements for gender transition services.

| Services | Direct-access services No referral or authorization required | Plan notification Must be submitted prior to initiation of services | Authorization Requests must be submitted prior to initiation of services |
|--|---|--|---|
| Gynecological care in physician office | | | |
| Breast physical examination | X | | |
| Contraceptive management | X | | |
| Endometrial ablation | X | | |
| Gynecological examination and services | X | | |
| Infertility visits and treatment (when performed by a reproductive endocrinologist) | | | X |
| Laboratory services ^(b) | X | | |
| Pap smear | X | | |
| Radiology services (non-high-tech) -- for example, bone density studies, mammograms and pelvic ultrasounds | X | | |
| Surgical procedures, routine | X | | |
| Gynecological care in inpatient setting | | | |
| Hospital admissions for gynecologic conditions other than delivery | | | X |
| Gynecological care in outpatient setting | | | |
| Radiology services (non-high-tech) -- for example, bone density studies, mammograms and pelvic ultrasounds | X | | |
| Surgical procedures (gynecologic), routine | | X | |
| Treatment of suspected or confirmed malignancy | | X | |
| Voluntary sterilization | | | X |
| Obstetrical care | | | |
| Note: These services include evaluation and treatment involving obstetric diagnoses and procedures. Services that require plan notification or authorization do not require a global referral from the primary care physician when related to a pregnancy diagnosis. | | | |
| Amniocentesis | | X | |
| Elective pregnancy termination | | | X |
| Fetal non-stress test | X | | |
| Laboratory services ^(b) | X | | |
| Maternity inpatient: up to 48 hours following routine delivery / 96 hours following C-section | | X | |
| Radiology services (non-high-tech) -- for example, maternity ultrasounds | X | | |



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| Obstetrical care (continued) | | | |
| Note: These services include evaluation and treatment involving obstetric diagnoses and procedures. Services that require plan notification or authorization do not require a global referral from the primary care physician when related to a pregnancy diagnosis. | | | |
| Surgical treatment of spontaneous or missed abortion | | X | |
| Tubal ligations performed at the time of inpatient delivery | | | X |

^(a) For BCN HMO members in the Mid, West and Upper Peninsula regions, neither global referral nor plan notification is required. For those members, however, services must be coordinated with the member's primary care physician, for non-obstetric-gynecologic services. For BCN Advantage members in any region, no referral from the primary care physician is required for any service.

^(b) All laboratory services must be directed to a laboratory in the JVHL network or to the designated lab vendor.

● Blue Dot Changes to the Woman's Choice Referral and Authorization Guidelines

| Service | Change Description |
|--|--|
| ● Information on submitting authorization requests | We removed references to providers submitting authorization requests at least 14 days prior to the service. Providers should submit authorization requests and clinical information prior to the service being provided but can submit requests through the e-referral system anytime. |
| Endometrial ablation | This document is updated to show that endometrial ablation does not require referral or authorization, including the completion of a questionnaire in the e-referral system. |
| Referral requirements | The information about referrals is updated to show that no referrals are required for BCN Advantage members in any region, for any service. |