

# Frequently asked questions about Carelon

## For cardiology, radiology (high technology) and sleep studies (in lab)

For Blue Cross commercial, Medicare Plus Blue<sup>SM</sup>,  
Blue Care Network commercial and BCN Advantage<sup>SM</sup>

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Carelon Medical Benefits Management (formerly known as AIM Specialty Health<sup>®</sup>) manages prior authorizations for select services for Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members. In this document, you'll find answers to some questions you may have about Carelon.

Note: This document does not include information about Carelon's management of medical oncology prior authorizations involving drugs. For information on those services, refer to the document [Oncology management program: Frequently asked questions for providers](#).

## **What is Carelon Medical Benefits Management?**

Carelon is an independent specialty benefits management company for health care organizations that helps improve the quality of care for members while helping reduce costs for many complex tests and treatments.

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## What types of prior authorizations does Carelon manage for Blue Cross and BCN?

Refer to these documents:

- For Medicare Plus Blue, BCN commercial and BCN Advantage members: [Procedures that require prior authorization by Carelon: Cardiology, radiology \(high technology\) and sleep studies \(in lab\)](#)
- For Blue Cross commercial members:
  - [Radiology services for Michigan Blue Cross and Blue Shield Federal Employee Program members that require authorization by Carelon](#)
  - [Radiation Oncology Prior Authorization List for UAW Retiree Medical Benefits Trust non-Medicare members](#)
  - For most other Blue Cross commercial members: [Procedures that require prior authorization by Carelon: Cardiology, radiology \(high technology\) and sleep studies \(in lab\)](#)

## In which settings is prior authorization required for services managed by Carelon?

Prior authorization requirements apply to services performed in the following settings:

- Freestanding diagnostic facilities
- Outpatient hospital settings
- Ambulatory surgery centers
- Physician offices

When performed in an observation, emergency or inpatient care setting, prior authorization isn't required.

## What can I do to speed up the review process for prior authorization requests?

To get the fastest response from Carelon, do the following:

- Gather all the pertinent information about the procedure and the patient's condition before submitting the request. For example, include information on tumor testing

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results, tumor staging and previous therapy for requests that involve oncology services.

- Submit the request with a complete set of clinical information that supports the rationale for the regimen of care you're planning. This will move the clinical review process along faster.
- Provide a phone number where the provider can be reached for a peer-to-peer discussion. This will help Carelon get answers to clinical questions so they can determine the medical necessity of the proposed services.
- Submit the request through the Carelon ProviderPortal. For more information, see "How do I submit prior authorization requests to Carelon?" below.

## How do I submit prior authorization requests to Carelon?

Submit prior authorization requests to Carelon as follows:

- For commercial members, [Michigan's prior authorization law](#)\* requires health care providers to submit prior authorization requests electronically. Alternate submission methods (fax or phone) are allowed in the case of temporary technological problems, such as power or internet outages.
- For Medicare Advantage members, submit requests using any of the methods outlined in this section.

Method of submission	Details
Through our provider portal — for <b>Michigan</b> providers	<ol style="list-style-type: none"> <li>1. Log in to our provider portal (<a href="http://availity.com">availity.com</a>*)</li> <li>2. Click <i>Payer Spaces</i> in the menu bar and then click the BCBSM and BCN logo.</li> <li>3. Click the <i>Carelon ProviderPortal</i> tile in the Applications tab.</li> </ol> <p>If you're having trouble accessing the Carelon ProviderPortal using this process, contact Availity® Client Services at 1-800-AVAILITY (282-4548).</p> <p>If you need to request access to Blue Cross and BCN's provider portal, follow the instructions on the Register for web tools webpage on <a href="http://bcbsm.com/providers">bcbsm.com/providers</a>.</p>

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Method of submission	Details
Through our provider portal — for <b>non-Michigan</b> providers who <b>are</b> registered with Availity	<ol style="list-style-type: none"> <li>1. Log in to our provider portal (<a href="https://availity.com">availity.com</a>*).</li> <li>2. Enter the member's contract number from their ID card. Be sure to include the alpha prefix. Availity determines the member's plan and takes you to the Pre-Service Review for Out-of-Area and Local Members screen.</li> <li>3. Click the <i>Carelon Provider Portal</i> link.</li> </ol>
Through our provider portal — for <b>non-Michigan</b> providers who <b>aren't</b> registered with Availity	<ol style="list-style-type: none"> <li>1. Log in to your local plan's website.</li> <li>2. Select an ID card prefix for Michigan. The Pre-Service Review for Out-of-Area and Local Members screen opens.</li> <li>3. Click the <i>Outpatient Authorization</i> link.</li> </ol>
Direct log in	Go to <a href="https://providerportal.com">providerportal.com</a> *.
By phone	<ul style="list-style-type: none"> <li>• For Blue Cross commercial and Medicare Plus Blue members, call 1-800-728-8008.</li> <li>• For BCN commercial and BCN Advantage members, call 1-844-377-1278.</li> </ul> <p><b>Important!</b> To route your request to the appropriate Carelon staff, you must submit Blue Cross and BCN prior authorization requests through the phone number assigned to those plans.</p>

## Who do I contact if I'm having technical issues with the Carelon ProviderPortal?

Contact the Carelon support team at 1-800-252-2021.

## Can I check the status of a Carelon prior authorization request in the e-referral system?

Yes. You can see the status of the request in the e-referral system within a day or two after submission. However, it will appear in the Carelon ProviderPortal first.

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## Can I submit retroactive authorization requests to Carelon?

You can submit retroactive authorization requests as follows:

- For Blue Cross commercial and Medicare Plus Blue members: Within 90 days of the date of service
- For BCN commercial: Within 24 months of the date of service
- BCN Advantage members: Within 12 months of the date of service

## Where do I submit an appeal if my prior authorization request is denied?

You should follow the instructions that are included in the denial letter. In general:

- Blue Cross commercial:
  - Submit provider appeals to Carelon.
  - Submit member appeals to Blue Cross.
- Medicare Plus Blue
  - For standard appeals, mail to Medicare Plus Blue at:  
Blue Cross Blue Shield of Michigan Medicare Advantage  
Grievances and Appeals Department  
P.O. Box 2627  
Detroit, MI 48231-2627
  - For fast appeals, fax to Medicare Plus Blue at 1-877-348-2251.
- BCN commercial:
  - Submit provider appeals to Carelon.
  - Submit member appeals to BCN.
- BCN Advantage: Submit both provider and member appeals to BCN Advantage.

Note: To decrease denials, Carelon will schedule a peer-to-peer discussion before making a determination on any prior authorization in question.

## Where can I find the clinical criteria Carelon uses to make determinations on prior authorization requests?

You can find Carelon's clinical guidelines and cancer treatment pathways on the [Clinical Guidelines and Pathways](#)\* page of the Carelon website.

## Where can I get more information on the prior authorizations Carelon manages for Blue Cross and BCN?

Visit the following pages on our [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) website:

- [Blue Cross Carelon-Managed Procedures](#)
- [BCN Carelon-Managed Procedures](#)

You'll also find information in the document titled [Summary of utilization management programs for Michigan providers](#) and in our provider manuals.

To access our provider manuals:

1. Log in to our provider portal ([availity.com](http://availity.com)\*).
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Click *Secure Provider Resources (Blue Cross and BCN)*.
5. Click *Provider manuals*.

\*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal services.

Carelon Medical Benefits Management is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services. For more information, go to our [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) website.