Blue Cross Blue Shield Blue Care Network of Michigan

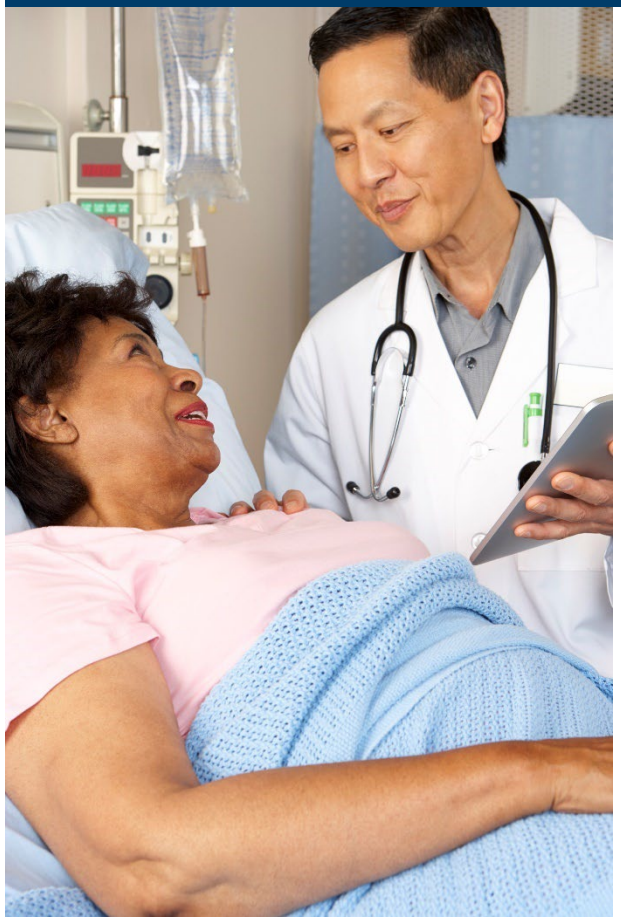
Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Acute inpatient medical and surgical admissions

For prior authorization determinations

Revised July 2024

UTILIZATION MANAGEMENT



Blue Cross Blue Shield of Michigan and Blue Care Network provide utilization management programs.

These programs vary based on member coverage and may be administered by Blue Cross or BCN staff or by independent companies.

Utilization management programs focuses on ensuring that patients get the right care at the right time in the right location through the prior authorization process.

These services are provided by the department listed below.

Utilization management

Blue Cross and BCN acute care inpatient admissions

Keep reading to learn which members have access to or requirements under these programs. Programs may not apply to all members.

This document is subject to change. Access this document via ereferrals.bcbsm.com to ensure you're viewing the most up-to-date information.

See also: Care management and utilization management programs: Overview for providers

UTILIZATION MANAGEMENT

Blue Cross and BCN acute care inpatient admissions

Makes prior authorization determinations for acute non-behavioral health inpatient admissions for medical and surgical stays. Decisions are based on medical necessity using InterQual® criteria. This includes admissions to acute care hospitals.

We provide these services for the following groups and individual members:

- Blue Cross commercial — All fully insured groups, all self-funded groups* and all members with individual coverage
- Medicare Plus Blue℠ — All groups and all members with individual coverage
- BCN commercial — All fully insured groups, all self-funded groups* and all members with individual coverage
- BCN Advantage℠ — All groups and all members with individual coverage

Note: For inpatient behavioral health admissions, see the Behavioral Health: For mental health and substance use disorders document.

Note: When requesting prior authorization for an inpatient admission that involves a surgical procedure, you may also need to request prior authorization for the surgical procedure itself.

Peer-to-peer reviews

To request a peer-to-peer review of a denied authorization request, see the How to request a peer-to-peer review with a Blue Cross or BCN medical director document.

Appeals

For information about appealing utilization management decisions for inpatient prior authorization requests:

- For Blue Cross commercial, see the “Appealing prior authorization decisions” section in the Appeals and Problem Resolution chapter of the *Blue Cross Commercial Provider Manual*.
- For Medicare Plus Blue, see the “Contracted MI provider acute medical and behavioral health inpatient admissions appeals” section of the Medicare Plus Blue PPO Provider Manual.
- For BCN commercial, see the “Appealing utilization management decisions” section of the Utilization Management chapter in the *BCN Provider Manual*.
- For BCN Advantage, see the “BCN Advantage provider appeals” section of the BCN Advantage chapter in the *BCN Provider Manual*.

Other resources

Submitting acute inpatient authorization requests: Frequently asked questions for providers

For Blue Cross commercial

- Blue Cross Acute Inpatient Medical and Surgical Admissions page on **ereferrals.bcbsm.com**

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UTILIZATION MANAGEMENT

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For Blue Cross commercial, continued

- The following chapters of the *Blue Cross Commercial Provider Manual*:
  - Preapproval of Services
  - Hospital Services

For Medicare Plus Blue

"Prior authorization of acute care admissions to hospitals" section of the Medicare Plus Blue PPO Provider Manual

For BCN commercial

- BCN Acute Inpatient Medical and Surgical Admissions page on **ereferrals.bcbsm.com**
- "Guidelines for observations and inpatient hospital admissions" section of the Utilization Management chapter of the *BCN Provider Manual*

For BCN Advantage

- BCN Acute Inpatient Medical and Surgical Admissions page on **ereferrals.bcbsm.com**
- "BCN Advantage utilization management program" section of the BCN Advantage chapter of the *BCN Provider Manual*

ADDITIONAL INFORMATION

About this document

This document lists coverage exceptions for major groups.

It also refers to additional resources. For resources that are publicly available, we provide direct links. To access documents that aren't publicly available, including provider manual chapters:

1. Log in to our provider portal (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)*.

Information for non-Michigan providers

See the following documents for prior authorization requirements.

- For Blue Cross commercial and Medicare Plus Blue members: Prior authorization requirements for Michigan and non-Michigan providers
- For BCN commercial and BCN Advantage members: Non-Michigan providers: BCN referral and authorization requirements

You can view these documents and our medical policies through the Medical Policy & Pre-Cert/Pre-Auth Router. To access the router, go to bcbsm.com/providers, click *Resources*, scroll to the "Out-of-area prior authorization resources" section and click the *out-of-area router* link.

Reminder

As always, it's essential that providers check each member's eligibility and benefits prior to performing services.

Providers are responsible for identifying the need for prior authorization through our provider portal, Benefit Explainer or Provider Inquiry and for obtaining prior authorization for services, as needed.

*For self-funded plans, the employer assumes the risk for claims costs and pays a fee for administrative services provided by Blue Cross or BCN.

**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.

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