

UTILIZATION MANAGEMENT



Blue Cross and BCN provide utilization management programs.

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

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

These programs are provided by the department listed below.

Utilization management

[Medicare Plus BlueSM and BCN Utilization Management](#)

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.

UTILIZATION MANAGEMENT

Medicare Plus BlueSM and BCN Utilization Management

Makes authorization determinations for various cosmetic procedures for the following groups and individual members:

- 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 AdvantageSM — All groups and all members with individual coverage

Medical necessity and coverage determination criteria

- For BCN commercial members, we use our medical policies to determine medical necessity for select cosmetic procedures.

Our medical policies are available through the [Medical Policy & Pre-Cert/Pre-Auth Router Home](#) page of the **bcbsm.com** website. Enter the procedure code in the *Policy/Topic Keyword* field and press ENTER. (You don't need to choose a category.)

- For Medicare Plus Blue and BCN Advantage members, we apply the Medicare national coverage determinations (if available) or Medicare local coverage determinations (in the absence of national coverage determinations). If there is no Medicare NCD/LCD, we apply our medical policies.

Note: The “Government regulations” sections of our medical policies include the Medicare coverage determinations that were in effect when the policies were last reviewed. You can access the policies through the [Medical Policy & Pre-Cert/Pre-Auth Router Home](#) page of the **bcbsm.com** website. Enter the procedure code in the *Policy/Topic Keyword* field and press ENTER. (You don't need to choose a category.)

Resources

For Medicare Plus Blue

- [Services that require authorization: Authorization requirements for Michigan providers for members with Medicare Plus Blue coverage](#) PDF
- “For Medicare Plus Blue PPO members” section of the [Blue Cross Authorization Requirements & Criteria](#) page on our [ereferrals.bcbsm.com](#) website

For BCN commercial and BCN Advantage

- [BCN referral and authorization requirements for Michigan providers](#) PDF
- “Authorization criteria and preview questionnaires” section of the [BCN Authorization Requirements & Criteria](#) page on our [ereferrals.bcbsm.com](#) website
- [Utilization Management](#) chapter of the *BCN Provider Manual*

For BCN Advantage, also see

- “BCN Advantage utilization management program” section of the [BCN Advantage](#) chapter in the *BCN Provider Manual*

ADDITIONAL INFORMATION

About this document

This document lists coverage exceptions for major groups.

It also provides links 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 out-of-state providers

See the following documents for referral and authorization requirements.

- For Blue Cross commercial and Medicare Plus Blue members: [Provider Preauthorization and Precertification Requirements](#)
- For BCN commercial and BCN Advantage members: [Non-Michigan providers: 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 authorization through our provider portal, Benefit Explainer or Provider Inquiry and for obtaining 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.