

### CARE MANAGEMENT AND UTILIZATION MANAGEMENT



Blue Cross and BCN offer care management programs to members. We also 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.

- **Care management** programs provide patient support by identifying patients with health risks and working with them to improve or maintain their health.
- **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 vendors listed below.

#### Care management

[Aspire Health](#)

#### Utilization management

[TurningPoint Healthcare Solutions LLC](#)

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](http://ereferrals.bcbsm.com) to ensure you're viewing the most up-to-date information.*



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# Pain management

## For non-hospice palliative care and for musculoskeletal-related pain management procedures

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### CARE MANAGEMENT

#### Aspire Health

Provides members with non-hospice palliative care that focuses on symptom management, patient-family communication, advanced care planning, medical crisis prevention and urgent response.

Care is delivered by community-based providers to members with life expectancies of fewer than 12 months. Medical care is provided by a multidisciplinary team that includes a palliative care physician, nurse practitioner, social worker, patient care coordinator, registered nurse and chaplain. This program is available to members in specific geographic regions.

In addition, a telehealth palliative care program is available to members in some rural areas within Michigan that lack the population density to support home-based services.

Aspire Health provides these services for the following groups and products:

- Medicare Plus Blue<sup>SM</sup> — All groups and all members with individual coverage
- BCN Advantage<sup>SM</sup> — All groups and all members with individual coverage

#### Resources

[aspirehealthcare.com](https://aspirehealthcare.com)\*\*

#### For Medicare Plus Blue

In the “Medical management and quality improvement” section of the [Medicare Plus Blue PPO Manual](#), see the subsection titled “Palliative care.”

### UTILIZATION MANAGEMENT

#### TurningPoint Healthcare Solutions LLC

Makes authorization determinations for surgical procedures related to musculoskeletal conditions. This includes orthopedic surgical procedures, pain management procedures and spinal surgical procedures.

TurningPoint provides service for the following groups and individual members:

- Blue Cross commercial
  - All fully insured groups
  - Select self-funded groups\* — Includes UAW Retiree Medical Benefits Trust non-Medicare members
  - All members with individual coverage
- Medicare Plus Blue<sup>SM</sup> — 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<sup>SM</sup> — All groups and all members with individual coverage

#### Resources

- [tpshealth.com](https://tpshealth.com)\*\*
- [Musculoskeletal procedure codes that require authorization by TurningPoint](#)

- [Musculoskeletal procedure authorizations: Frequently asked questions for providers](#)

#### For Blue Cross commercial

- See the [Blue Cross Musculoskeletal Services](#) page of the [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com) website.
- See the “Prior authorization for pain management” section of the Hospital Services chapter or the Medical-Surgical Services chapter of the *Blue Cross PPO Provider Manual*.

#### For Medicare Plus Blue

- See the [Blue Cross Musculoskeletal Services](#) page of the [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com) website.
- See the “Authorization of musculoskeletal surgical procedures, including orthopedic, pain management and spinal procedures – TurningPoint” subsection within the Utilization management section of the [Medicare Plus Blue PPO Manual](#).

#### For BCN commercial and BCN Advantage

- See the [BCN Musculoskeletal Services](#) page of the [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com) website.
- See the “Procedures reviewed by TurningPoint Healthcare Solutions for BCN” section of the [Utilization Management](#) 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, some of which may be in provider manuals that aren't publicly available.

- To access chapters of the *Blue Cross' PPO Provider Manual*, log in as a provider at [bcbsm.com](http://bcbsm.com), click the *Provider Manuals* link on the right and then click the *Blue Cross PPO Provider Manual* link.
- To access chapters of the *BCN Provider Manual*, log in as a provider at [bcbsm.com](http://bcbsm.com), click the *Provider Manuals* link on the right and then click the *BCN Provider Manual* link.

#### 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](http://bcbsm.com/providers), click *Quick Links*, click *Out-of-state providers* and then click *Medical policy, precertification and preauthorization router*.

#### 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 web-DENIS, Benefit Explainer or Provider Inquiry and for contacting vendors and 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.