

## 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 focus on ensuring that patients get the right care at the right time in the right location through the prior authorization process.

These programs are provided by the department listed below.

### **Utilization management**

[Human organ transplant department](#)

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

## UTILIZATION MANAGEMENT

### Human organ transplant department

Makes prior authorization determinations for solid organ and bone marrow transplant procedures.

Notes:

- Cornea and skin transplants don't require prior authorization.
- Before submitting a request for a kidney-only transplant, call the Human Organ Transplant team at 1-800-242-3504 to determine member eligibility.

The Human organ transplant department provides this service for the following groups and individual members:

- Blue Cross commercial — All fully insured groups, select self-funded groups\* and all members with individual coverage
- BCN commercial — All fully insured groups, all self-funded groups\* and all members with individual coverage

### Resources

#### For Blue Cross commercial

- [Blue Cross Transplant Services](#) page on [ereferrals.bcbsm.com](#)
- [Prior authorization requirements for Michigan and non-Michigan providers](#) PDF
- The following chapters in the *Blue Cross Commercial Provider Manual*:
  - Human Organ Transplants
  - Preapproval of Services

#### For BCN commercial

- [BCN Transplant Services](#) page on [ereferrals.bcbsm.com](#)
- [Michigan providers: BCN global referral, plan notification and prior authorization requirements](#)
- Evaluating the Quality of Care 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 ([availability.com](https://availability.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](#) PDF
- For BCN commercial and BCN Advantage members: [Non-Michigan providers: BCN referral and authorization requirements](#) PDF

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](https://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.

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