

## 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

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

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### Human organ transplant department

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

Note: Kidney only, cornea, and skin transplants don't require prior authorization.

The Human Organ Transplant department provides this service for the following groups and products:

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

### Resources

#### For Blue Cross commercial

The following chapters in the *Blue Cross PPO Provider Manual*:

- Human Organ Transplants
- Preapproval of Services

#### For BCN commercial and BCN Advantage

- [BCN Referral and 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, 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.