

The steps required to determine whether prior authorization, including precertification, is required for a specific member vary. Use the following table to determine which steps you need to follow to make this determination:

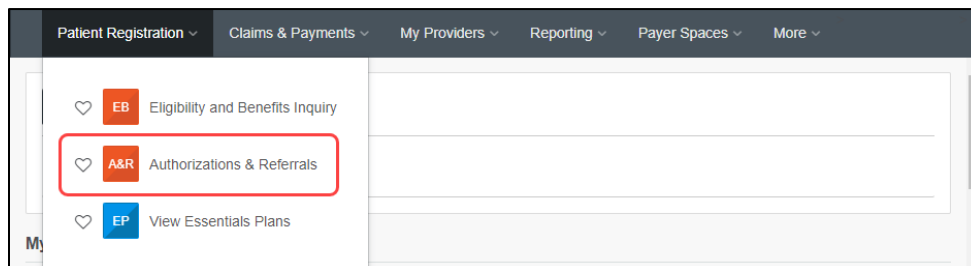
Provider's location	Situation
Michigan	<p>I need to look up requirements for a member who has:</p> <ul style="list-style-type: none"> <li><a href="#">Coverage through Blue Cross Blue Shield of Michigan or Blue Care Network</a></li> <li><a href="#">Coverage through a non-Michigan Blue plan</a></li> </ul>
Outside of Michigan	<p>I need to look up requirements for a member who has coverage through a Michigan Blue Cross or BCN plan and:</p> <ul style="list-style-type: none"> <li><a href="#">I'm registered with Availity®</a></li> <li><a href="#">I'm not registered with Availity</a></li> </ul>

Note: In Availity Essentials™, you can enter up to 10 diagnosis codes and 10 procedure codes per member per lookup.

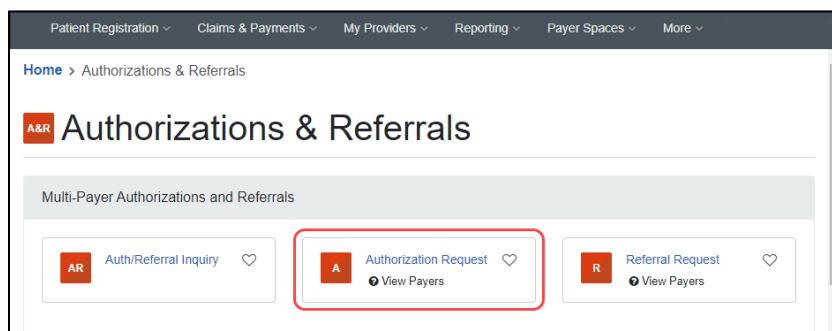
## Michigan providers: Look up requirements for a member who has coverage through Blue Cross Blue Shield of Michigan or Blue Care Network

Complete these steps:

1. Log in to our provider portal ([availability.com](https://availability.com)).
2. Click *Patient Registration* and then click *Authorizations & Referrals*.



3. Click *Authorization Request*.



## 4. Enter the requested information.

Availity Essentials will tell you whether you need to submit a prior authorization request for the member.\*\*\*

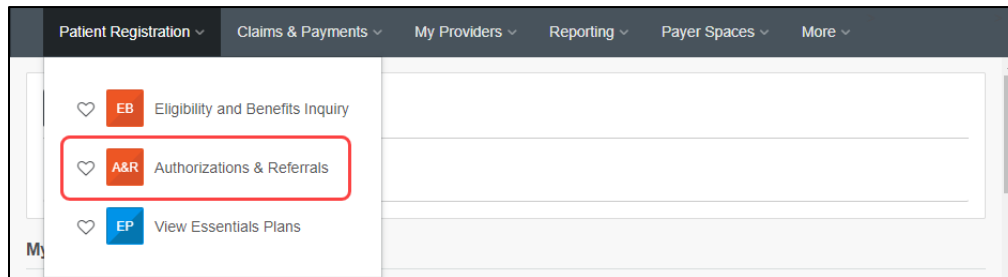
## Michigan providers: Look up requirements for a member who has coverage through a non-Michigan Blue plan

Here's how to look up requirements for a non-Michigan member.

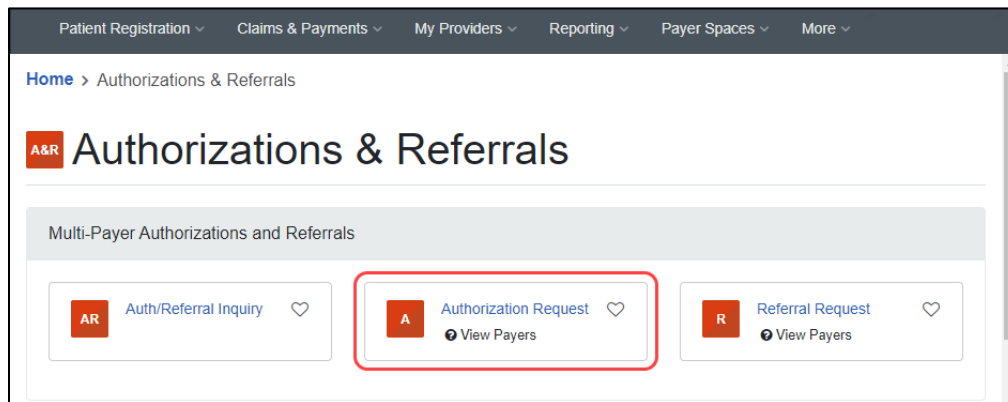
### Specific information

Specific information about prior authorization requirements may be available through Availity Essentials.

1. Log in to our provider portal ([availity.com](https://availity.com)\*).
2. Click *Patient Registration* and then click *Authorizations & Referrals*.



3. Click *Authorization Request*.



4. In the Select a Payer screen, make these selections:

Field	Selection
Organization	Select the appropriate organization.
Payer	Select <i>BCBS Michigan and Blue Care Network</i> .
Request Type	Select the appropriate type of request.

5. Click *Next*.
6. In the *Select a Patient* field, choose any patient.
7. In the *Member ID* field, enter the subscriber ID from the non-Michigan member's ID card. Be sure to include the three-character alpha prefix.
8. Complete the fields in the Requesting Provider section and click *Next*.
9. Based on what you see on the screen, complete the rest of the steps.

What you see on screen	What to do
"Important: You have been routed from BCBSM Michigan and Blue Care Network to BCBSXX to conduct pre-service review for a BCBSXX member."	<ol style="list-style-type: none"> <li>a. Click the <i>Inpatient Authorization</i> or <i>Outpatient Authorization</i> link. The Authorizations page opens to the Requesting Provider section.</li> <li>b. Scroll up to the Patient Information section at the top of the screen.</li> <li>c. Enter the non-Michigan member's member ID, relationship to the subscriber, first and last name and date of birth.</li> <li>d. Enter the appropriate information in all required fields.</li> </ol>
A Blue Cross Blue Shield Association disclaimer that states: "You are about to be redirected to a third-party site, which may require a separate log-in..."	<ol style="list-style-type: none"> <li>a. Click <i>Submit</i>.</li> <li>b. Follow the instructions in the screen that opens.</li> </ol>

### General information

For general information about services that require authorization, go to our Medical Policy & Pre-Cert/Pre-Auth Router. To access the router:

10. Go to **bcbsm.com/providers**.
11. Click *Resources*.
12. Click the [out-of-area router](#) link.
13. Click the *General pre-certification/pre-authorization information* option.
14. Enter the three-character alpha prefix from the non-Michigan member's subscriber ID in the Prefix field.
15. Click *Go*.

### Non-Michigan providers: Look up requirements through your Availity Essentials account\*\*

Complete these steps:

1. Log in to our provider portal ([availity.com](https://availity.com)).
2. Follow the steps in the Availity Essentials help topic [Submit a prior authorization for an out-of-state BCBS member](#).

Availity Essentials will tell you whether you need to submit a prior authorization request for the member.\*\*\*

Note: The link to the above help topic works only when you're already logged in to Availity Essentials.

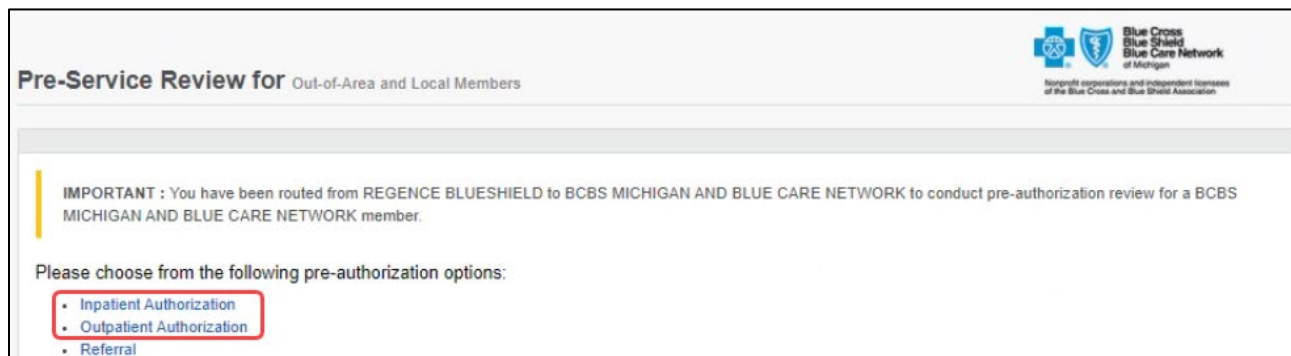
### Non-Michigan providers: Look up requirements without an Availity Essentials account\*\*

Complete these steps:

1. Log in to your local plan's website.
2. Select an ID card prefix from Michigan.

This will take you to the Pre-Service Review for Out-of-Area and Local Members screen.

3. Click either the *Inpatient Authorization* link or the *Outpatient Authorization* link, as appropriate.



4. Enter the requested information.

Availity Essentials will tell you whether you need to submit a prior authorization request for the member.\*\*\*

If the procedure code requires prior authorization through one of our contracted vendors, you may need to complete a one-time registration process with the vendor before you can access their portal.

## Determining prior authorization requirements for members

For Michigan and non-Michigan providers

Revised July 3, 2024

\*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.

\*\*Some ancillary providers who are located outside of Michigan and are contracted directly with Blue Cross Blue Shield of Michigan and BCN can contact Availity to get access to Blue Cross and BCN information as if they're a Michigan provider. Ancillary providers who have taken this step should follow the instructions in the [Michigan providers: Look up requirements for a member who has coverage through Blue Cross Blue Shield of Michigan or Blue Care Network](#) section of this document, after choosing Michigan from the drop-down list at the top of the screen. For more information about this, see the [enrollment documents helpful hints for new ancillary providers](#) document.

\*\*\*When Original Medicare is the primary payer, Availity Essentials sometimes incorrectly states that prior authorization is required when it isn't required. We're working to resolve this issue.

Availity is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.