



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

# Authorization of Part B specialty medications

## Frequently asked questions for providers

For Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> members

Revised May 2020

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Blue Cross Blue Shield of Michigan and Blue Care Network manage authorizations for Medicare Advantage members who receive select Medicare Part B specialty medications that are administered by providers.

For dates of service on or after Jan. 1, 2020, medical oncology drugs will require authorization from AIM Specialty Health<sup>®</sup> for Medicare Plus Blue<sup>SM</sup> PPO and BCN Advantage<sup>SM</sup> members. To be eligible for payment, you must submit authorization requests to AIM prior to administering the drugs. For more information, see the [Oncology management program: Frequently asked questions for providers](#) document.

Note: CAR-T cell therapy is covered under Original Medicare, not under Medicare Plus Blue or BCN Advantage.



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## Which Part B specialty medications require authorization?

The Part B drugs that require authorization are listed in the [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue PPO and BCN Advantage members](#) document. The “Submit authorization requests through” columns in the document specify whether you need to submit the authorization request through NovoLogix<sup>®</sup> web tool or through AIM.

You can also access the drug list by going to the [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) website, clicking either *Blue Cross* or *BCN* and then clicking *AIM-Managed Procedures*.

## How do I submit an authorization request?

Depending on the medication, you can quickly submit authorization requests through NovoLogix or through AIM.

### NovoLogix

You can access NovoLogix through Provider Secured Services. It offers real-time status checks and immediate approvals for certain medications.

If you have access to Provider Secured Services, you have access to NovoLogix.

If you need to request access to Provider Secured Services, complete the [Provider Secured Access Application](#) form and fax it to the number on the form.

To access NovoLogix through Provider Secured Services:

1. Visit [bcbsm.com/providers](http://bcbsm.com/providers).
2. Click *Login*.
3. Log in to Provider Secured Services.
4. Click one of the following links on the Provider Secured Services welcome page.
  - *BCN Medical Benefit – Medication Prior Authorization*
  - *Medicare Advantage PPO Medical Benefit – Medication Prior Authorization*
5. Enter or select your individual NPI and click *Go*.

If you can't log in to Provider Secured Services, call 1-877-258-3932 Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

If you have questions about authorizations, you can call the Pharmacy Help Desk at 1-800-437-3803 Monday through Friday from 9 a.m. to 4 p.m. Eastern time.



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## AIM

You can submit authorizations through the [AIM ProviderPortal](#) or by calling the AIM Contact Center at 1-844-377-1278.

For information about registering for and accessing the *AIM ProviderPortal*, see the [Frequently asked questions page on the AIM Specialty Health website\\*](#).

## How long does it take to receive a decision on an authorization request?

Decisions will be made as quickly as the member's health condition requires.

Requests will be completed as follows:

- Standard requests for authorization will be completed within 72 hours of the time at which Blue Cross or BCN (through NovoLogix) or AIM receives the request.
- Expedited or urgent authorization requests will be completed within 24 hours of the time at which Blue Cross, BCN or AIM receives the request.
- Standard appeals will be completed within 7 days after the date on which Blue Cross, BCN or AIM receives the request.
- Expedited or urgent appeals will be completed within 72 hours of the time at which Blue Cross, BCN or AIM receives the request.

## What will happen if the specialty medication is administered without an authorization?

Your claim will not be paid if you didn't obtain authorization from Blue Cross or BCN or from AIM.

Note: Original Medicare rules about benefit coverage, exclusions and limitations on the member's plan apply. Providers must obtain an authorization and verify the member's benefits to be eligible for claim payment for the date of service. Providers may be held financially liable if services are completed without an authorization. For services that require authorization, providers can't bill members for services for which they didn't request or receive authorization.

## What is the messaging on the provider's voucher if a claim for a specialty medication doesn't match an authorization?

The message on the provider voucher will state "Denied — No Authorization."



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## What information is needed to request approval for drugs that require authorization?

The following information is needed:

- Member name, date of birth and Blue Cross or BCN member ID number
- Ordering doctor's name, National Provider Identifier and fax number
- Drug being requested (J code/HCPCS code)
- All relevant clinical notes, imaging and X-ray reports, and patient history and physical findings

## Will I receive an authorization number when I request an authorization?

Yes. When you submit an authorization request, NovoLogix or AIM immediately generates an authorization number, before making a determination on your request.

## How do I check the status of an authorization request?

Providers can check the status of authorization requests by:

- Accessing the NovoLogix web tool or the AIM *ProviderPortal* through the Provider Secured Services home page
- For requests submitted through NovoLogix, calling the Pharmacy Clinical Help Desk at 1-800-437-3803
- For requests submitted to AIM, calling the AIM Contact Center at 1-844-377-1278.

## How will members be notified of approvals and denials?

For both approvals and denials, Blue Cross, BCN or AIM will send written notices to the member and the requesting provider. For expedited or urgent requests, we may also call the member and provider.

## How will I be notified of approvals and denials?

For authorization requests submitted through NovoLogix or to AIM, providers will be notified of determinations via fax.



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### How long is an authorization valid?

Authorization periods vary by medication. Most authorizations are valid for 12 months.

### Can I submit claims for payment as soon as I receive authorization approval?

No. You should wait at least three business days from the date on which you received the fax authorization approval letter. This allows time for us to load the authorization into the system and process the claim.

### How do I check a member's benefits and eligibility?

You can review member eligibility in web-DENIS. To access web-DENIS, log in to [Provider Secured Services](#) and click the *web-DENIS* link.

### How do I appeal a medical necessity determination?

Please refer to the denial notice letter you received via fax. The notice includes instructions for appealing a decision. We must receive requests for appeals within 60 calendar days from the date on the denial notice.

For information about appealing denials issued by AIM, see the [Oncology management program: Frequently asked questions for providers](#) document.