

Authorization of Part B specialty medications

Frequently asked questions for providers

For Medicare Plus BlueSM and BCN AdvantageSM members

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

Medical oncology drugs require prior authorization through OncoHealth for Medicare Plus Blue and BCN Advantage members. To be eligible for payment, you must submit authorization requests to OncoHealth prior to administering the drugs. For more information, see the [Oncology management program through OncoHealth: Frequently asked questions for providers](#) document.

Note: Gene and cellular therapies are managed by Blue Cross or BCN. Submit prior authorization requests through the NovoLogix[®] online tool.

Which Part B specialty medications require prior authorization?

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

You can also access the drug list on the following pages of the ereferrals.bcbsm.com website:

- [Blue Cross Medical Benefit Drugs](#)
- [BCN Medical Benefit Drugs](#)

How do I submit a prior authorization request?

Depending on the medication, you can quickly submit prior authorization requests through NovoLogix or the OncoHealth provider portal, both of which are accessible through Blue Cross and BCN’s provider portal, Availity Essentials™*.

To submit requests:

1. Log in to [Availity Essentials](#)*.
2. Click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo.
3. In the Application tab, click one of the following:
 - The file for the appropriate NovoLogix tool
 - The OncoHealth Provider Portal tile.

If you need assistance with Availity Essentials, call 1-800-AVAILITY (282-4548). The Availity® Client Services staff is available Monday through Friday from 8 a.m. to 8 p.m. Eastern time, except for holidays.

If you have questions about prior authorizations, you can:

- For drugs that require prior authorization through NovoLogix, call the Blue Cross and BCN Pharmacy Help Desk at 1-800-437-3803 Monday through Friday from 9 a.m. to 4 p.m. Eastern time.
- For drugs that require prior authorization through OncoHealth, call OncoHealth at 1-888-916-2616.

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

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

Prior authorization requests will be completed as follows:

- Standard requests for prior authorization will be completed within 72 hours of the time at which Blue Cross or BCN (through the NovoLogix web tool) or OncoHealth receives the request.
- Expedited or urgent prior authorization requests will be completed within 24 hours of the time at which Blue Cross, BCN or OncoHealth receives the request.

Appeals of prior authorization requests will be completed as follows:

- Standard appeals will be completed within 7 days after the date on which Blue Cross, BCN or OncoHealth receives the request.
- Expedited or urgent appeals will be completed within 72 hours of the time at which Blue Cross, BCN or OncoHealth receives the request.

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

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

Note: Original Medicare rules about benefit coverage, exclusions and limitations on the member's plan apply. Providers must obtain prior 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 prior authorization. For services that require prior authorization, providers can't bill members for services for which they didn't request or receive prior authorization.

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

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

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

The following information is needed:

- Member name, date of birth and Blue Cross or BCN subscriber ID
- Ordering doctor's name, National Provider Identifier and fax number
- Drug being requested (J code/HCPSC 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 prior authorization?

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

How do I check the status of a prior authorization request?

Providers can check the status of prior authorization requests by:

- Accessing the NovoLogix web tool or the OncoHealth Provider Portal through the Applications tab within our provider portal (availability.com*).
- For requests submitted through the NovoLogix web tool, calling the Pharmacy Clinical Help Desk at 1-800-437-3803

How will members be notified of approvals and denials?

For prior authorization requests submitted through **NovoLogix**, Blue Cross or BCN will send written notices to the member to let them know whether the request was approved or denied.

For requests submitted to **OncoHealth**, OncoHealth will send written notices to the member to let them know whether the request was approved or denied.

How will I, the provider, be notified of approvals and denials?

For prior authorization requests submitted through **NovoLogix**, providers will be notified of determinations by fax.

For prior authorization requests submitted to **OncoHealth**, providers will be notified of the determination by fax.

How long is an authorization valid?

Authorization periods vary by medication.

Can I submit claims for payment as soon as I receive prior 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 through the Eligibility and Benefits Inquiry application within our provider portal (availity.com*). You can access that application on the Patient Registration menu at the top of your Availity Essentials home screen.

How do I appeal a medical necessity determination?

You can find information about how to appeal an adverse determination in the denial letter.

*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.

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.

NovoLogix is an independent company that provides an online prescription drug prior authorization tool for Blue Cross Blue Shield of Michigan and Blue Care Network.

OncoHealth is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing cancer support services.