

# Non-Michigan providers: BCN referral and authorization requirements

For Blue Care Network commercial and BCN Advantage<sup>SM</sup> members

Revised February 2024

## GENERAL RULES:

- Non-Michigan providers who are not contracted with their local Blue Cross Blue Shield plan are considered by Blue Care Network (the HMO subsidiary of Blue Cross Blue Shield of Michigan) to be noncontracted. For those providers, all services require prior authorization except for emergency room and urgent care visits.
- Providers contracted with a Blue Cross Blue Shield plan must request prior authorization for the services listed in the table below. Requests for elective services should be submitted prior to the services being provided.

**EXCEPTION for point-of-service health plans:** Point-of-service plans such as Blue Elect Plus<sup>SM</sup> POS, Blue Elect Plus HSA<sup>SM</sup> POS and Healthy Blue Choices<sup>SM</sup> POS have special rules:

- POS plans allow covered health care services in or out of network without a referral.
- Non-Michigan providers who are contracted as Traditional providers with their local Blue Cross plan are considered in network for POS plans.
- Noncontracted and out-of-network providers can provide covered services as long as they follow the authorization requirements for the services listed in the table below (for providers outside of Michigan) or in the [BCN referral and authorization requirements for Michigan providers](#) document (for providers within Michigan).

For more details about Blue Elect Plus POS and Blue Elect Plus HSA POS, refer to BCN's [Blue Elect Plus POS webpage](#) on the [ereferrals.bcbsm.com](#) website. For more details about Healthy Blue Choices POS, refer to BCN's [Healthy Blue Choices POS webpage](#).

<b>Inpatient services</b>
<p><b>Inpatient behavioral health admissions, including for subacute detoxification:</b> Authorization is required. For most BCN members, these services are managed by Blue Cross Behavioral Health<sup>SM</sup>. Refer to:</p> <ul style="list-style-type: none"> <li>• The document <a href="#">Blue Cross Behavioral Health: Frequently asked questions for providers</a> for information about submitting authorization requests</li> <li>• The BCN <a href="#">Behavioral Health</a> and <a href="#">Autism Services</a> webpages on the <a href="#">ereferrals.bcbsm.com</a> website</li> </ul> <p><b>Exception:</b> For BCN members with coverage through Healthy Blue Choices<sup>SM</sup> POS, behavioral health services are managed by Carelon Behavioral Health. For more information, refer to BCN's <a href="#">Healthy Blue Choices POS webpage</a>.</p>
<p><b>Inpatient medical and surgical admissions (acute):</b> Providers must request authorization for acute non-behavioral health inpatient admissions once the member is admitted to inpatient status and meets InterQual<sup>®</sup> criteria and any applicable BCN local rules. For commercial members, complete the <a href="#">Acute inpatient hospital assessment form</a> and follow the instructions on the form to submit requests to BCN.</p> <p><b>Note:</b> For maternity admissions resulting in delivery (up to 48 hours following routine delivery or 96 hours following a C-section), providers must notify the plan to facilitate claims payment. Do this by submitting an authorization request; clinical review is not required.</p>
<p><b>Musculoskeletal services, including pain management:</b> TurningPoint Healthcare Solutions LLC manages authorizations for certain musculoskeletal surgical and other related procedures for all BCN members. Submit prior authorization requests to TurningPoint. See BCN's <a href="#">Musculoskeletal Services</a> page and <a href="#">Pain Management Services</a> page for additional information.</p>

## Inpatient services

### Post-acute care services (skilled nursing, long-term acute care and inpatient rehabilitation):

- **For BCN commercial members**, complete the [SNF/acute IPR assessment form](#) or the [LTACH assessment form](#), as appropriate, and follow the instructions on the form to submit prior authorization requests to BCN.
  - **For BCN Advantage members**, submit prior authorization requests to Home & Community Care (formerly known as naviHealth Inc.):
    - **Facilities outside of Michigan:** Submit prior authorization requests through Home & Community Care's Access provider portal. To access the portal, log into your home plan's website and select an ID card prefix from Michigan. This will take you to the Blue Cross Blue Shield of Michigan website. Click the *Medicare Advantage Post-Acute Care Authorization* link and enter your NPI.
    - **Facilities within Michigan (contracted):** Submit prior authorization requests for admissions to Home & Community Care through our provider portal ([availity.com](#)\*\*). Click *Payer Spaces* on the *Availity*<sup>®</sup> menu bar. Click the BCBSM and BCN logo. Click the *Applications* tab. Scroll down and click the *Home & Community Care Portal* tile.
- You can also access the portal directly at [access.navihealth.com](#)\*, but you must first register. You can also call Home & Community Care at 1-855-851-0843 or fax requests to Home & Community Care at 1-844-899-3730 for new authorization requests, 1-844-736-2980 for continued stay requests or 1-844-729-2591 for discharges. For discharges only, you can email [mid-west\\_discharge\\_info@navihealth.com](#). You can also submit through Allscripts<sup>®</sup>. Follow your current process.

## Office, outpatient and ancillary services

### Air ambulance:

- **For BCN commercial members**, non-emergency flights must be authorized by Alacura Medical Transport Management. For information about submitting prior authorization requests, refer to the document [Non-emergency air ambulance prior authorization program: Overview for Michigan and non-Michigan providers](#).
- **For BCN Advantage members**, air ambulance flights don't require prior authorization. This applies to both emergency and non-emergency flights.

Cosmetic, orthognathic and transgender surgeries — any location

For bariatric surgeries, non-Michigan providers must contact BCN Utilization Management at 1-800-392-2512 prior to performing the surgery.

Behavioral health outpatient services (for mental health and substance use disorders, including autism): For most BCN members, these services are managed by Blue Cross Behavioral Health. Refer to:

- The document [Blue Cross Behavioral Health: Frequently asked questions for providers](#) for information about submitting authorization requests for services that require authorization.
- The BCN [Behavioral Health](#) and [Autism Services](#) webpages

**Exception:** For BCN members with coverage through Healthy Blue Choices POS, behavioral health services are managed by Carelon Behavioral Health. For more information, refer to BCN's [Healthy Blue Choices POS webpage](#).

Cataract services and surgeries

### Chiropractic services –

- For physical medicine services (procedure codes \*97012, \*97014, \*97018, \*97022, \*97024, \*97026, \*97028, \*97032, \*97034, \*97035, \*97110, \*97112, \*97113, \*97116, \*97124, \*97140 and G0283): submit prior authorization requests through the eviCore<sup>®</sup> healthcare provider portal at [evicore.com](#)\*\*. You can also phone eviCore at 1-855-774-1317 or fax the requests to eviCore at 1-855-774-1319. Refer to BCN's [PT, OT, ST and Physical Medicine Services](#) page for more information.
- For other chiropractic services (office visits, X-rays and manipulations), prior authorization is required. Request prior authorization by calling BCN Utilization Management at 1-800-392-2512.

<b>Office, outpatient and ancillary services</b>
<p><b>Drugs covered under the medical benefit:</b> Refer to BCN's <a href="#">Medical Benefit Drugs</a> page for information on submitting prior authorization requests for drugs covered under the medical benefit and the associated requirements. Click on the links below to open the lists of these drugs and see the requirements for each:</p> <ul style="list-style-type: none"> <li>• <a href="#">BCN commercial drug list</a></li> <li>• <a href="#">BCN Advantage drug list</a></li> </ul>
<p><b>Drugs submitted as pharmacy claims:</b> Some drugs require prior authorization, step therapy and/or quantity limits. Click <a href="#">here</a> to see our PA, ST and QL guidelines. Call the Pharmacy Clinical Help Desk, available 24 hours, 7 days per week, at 1-800-437-3803 to obtain PA and ST requirements and forms. Walgreens Specialty Pharmacy provides specialty drugs to BCN members in Michigan. All drugs shipped into Michigan billed by other specialty pharmacies require prior authorization.</p>
Durable medical equipment purchased in or shipped to Michigan
Elective (non-emergency) surgeries — any location
Elective termination of pregnancy
Experimental or investigational procedure codes
Hearing aids, including bone-anchored hearing aids
<p><b>Home health care</b> (by home health care agencies only):</p> <ul style="list-style-type: none"> <li>• <b>For BCN commercial members:</b> Home health care requires authorization only for providers not contracted with BCN. Call those requests in to BCN Utilization Management at 1-800-392-2512. For providers contracted with BCN, no authorization is required.</li> <li>• <b>For BCN Advantage members:</b> Home health care requires authorization through CareCentrix<sup>®</sup>, for episodes of care that start on or after June 1, 2021. This applies to home health agencies both inside and outside of Michigan. Refer to the <a href="#">Home health care: Quick reference guide</a> for information on how to submit prior authorization requests. For additional information, refer to BCN's <a href="#">Home-Based Services webpage</a> at <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a>.</li> </ul>
Hospice services
<p><b>Laboratory services:</b> Contact JVHL at 1-800-445-4979, for genetic testing and for laboratory services performed by an independent clinical laboratory, if the specimen was obtained in Michigan.</p>
<p><b>Musculoskeletal services, including pain management:</b> TurningPoint Healthcare Solutions manages authorizations for certain musculoskeletal surgical and other related procedures for all BCN members. Submit prior authorization requests to TurningPoint. See BCN's <a href="#">Musculoskeletal Services</a> page and <a href="#">Pain Management Services</a> page for additional information.</p>
<p><b>Physical, occupational and speech therapy by therapists and physical medicine services by athletic trainers –</b> Submit prior authorization requests for initial visits, follow-up visits and re-evaluations through the eviCore healthcare provider portal at <a href="http://evicore.com">evicore.com</a><sup>**</sup>. You can also phone eviCore at 1-855-774-1317 or fax the requests to eviCore at 1-855-774-1319. Refer to BCN's <a href="#">PT, OT, ST and Physical Medicine Services</a> page for more information.</p>
Sterilization procedures
TMJ treatment
<p><b>Transplants, for the procedure itself</b></p> <ul style="list-style-type: none"> <li>• <b>For dates of service on or after Jan. 1, 2024:</b> <ul style="list-style-type: none"> <li>○ For BCN commercial members, authorization is required through the Human Organ Transplant Program for solid organ and bone marrow transplant procedures (except skin and cornea). This includes kidney-only transplants.</li> <li>○ For BCN Advantage members, authorization is not required for any transplants.</li> </ul> </li> <li>• <b>For dates of service before Jan. 1, 2024:</b> Authorization is required for all members through the Human Organ Transplant Program, for solid organ and bone marrow transplant procedures (except kidney, skin and cornea).</li> <li>• <b>For all dates of service:</b> Submit an outpatient prior authorization request for the transplant procedure through the e-referral system. For more information, refer to the <a href="#">Getting Started</a> webpage on <a href="http://ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> and the <a href="#">e-referral User Guide</a>.</li> </ul>

## Office, outpatient and ancillary services

Private duty nursing (procedure codes S9123 and S9124) – Prior authorization is required for BCN commercial members. Note: Not all groups have private duty nursing as a benefit. Check each member’s eligibility and benefits prior to performing services.

**In addition, all procedures with not-otherwise-classified or unlisted codes require prior authorization.**

## Other information

**BCN as secondary carrier:** BCN does not require authorization when it provides secondary medical coverage. However, the claim will be denied when the services is not a covered BCN benefit or when the member has not followed the requirements of the primary carrier.

**Members for whom Medicare is primary:** Authorization is required when Medicare days are exhausted and when infusion services are not routinely covered by Medicare and for any service Medicare identifies as not covered.

**Note:** Members with BCN Advantage<sup>SM</sup> HMO ConnectedCare, BCN Advantage<sup>SM</sup> Local HMO or any individual product do not have an out-of-network benefit for any service not deemed an emergency service or an urgent service.

**Peer-to-peer review of an authorization request denied by BCN:** Refer to these documents, which are available on the [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) website:

- [How to request a peer-to-peer review with a Blue Cross or BCN medical director](#)
- [Physician peer-to-peer-request form \(for non-behavioral health cases\)](#)

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