



Blue Care  
Network  
of Michigan

# Understanding prior authorizations for your point of service plan

Blue Elect Plus<sup>SM</sup> POS and Blue Elect Plus HSA<sup>SM</sup> POS

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## What's a prior authorization?

If you've ever been to the doctor and needed certain health care services or prescription drugs, your doctor may have told you that your health care plan needs to authorize the service. A prior authorization is special approval from us for certain services, such as hospitalization, certain radiology services and outpatient therapy — to name just a few.

## Why do some services need prior authorization?

In some cases, we require the authorization step to make sure the requested prescription drugs, medical tests, surgeries and other health care services are appropriate for your condition as well as medically necessary. Your plan may also have requirements about where to get certain services. If your health care provider doesn't get a prior authorization, you'll be responsible for paying the cost of the service. That's why it's always a good idea to check if an authorization is needed before receiving any health care services.

## What services need a prior authorization?

Here are some health care services that need prior authorization. **This isn't the full list, so remember to check with your doctor to see if prior authorization is required before you receive any health care services.**

- Musculoskeletal services, including pain management
- Sterilization procedures
- Chiropractic services
- Cosmetic procedures, such as removing scars or excess tissue from your eyes or abdomen
- Experimental procedures
- Gender reassignment surgery
- Inpatient care
- Investigational procedures
- Mental health or substance use disorders: Inpatient hospitalizations, intensive outpatient services, partial hospitalization services and treatment in a freestanding substance use disorder facility
- Physical, speech and occupational therapy
- Skilled nursing facility care
- Transplant services, including those for organ, bone marrow and stem cell transplants

## Who's responsible for submitting a prior authorization?

For in-network services, the doctor coordinates the authorization process. **When you see a doctor who's not in network, you're responsible for having the out-of-network health care provider call the number on the back of your BCN member ID card to request authorization.** We'll begin the review process once we receive the request.

## What if my prior authorization request is denied?

If the authorization request is denied, you have the right to appeal the decision. You'll receive a letter that says your request was denied and the reason, plus information that explains how you can appeal.

Once you enroll, activate your online member account at [bcbsm.com/register](https://bcbsm.com/register). You can use your account to check if your prior authorization has been approved or denied.