Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Blue Cross Behavioral Health℠

Frequently asked questions for providers

For Blue Cross commercial, Medicare Plus Blue℠, Blue Care Network commercial and BCN Advantage℠

Revised March 2025

In this document

About Blue Cross Behavioral Health

Blue Cross Behavioral Health manages behavioral health services for all Blue Cross commercial, Medicare Plus Blue, BCN commercial and BCN Advantage members with the exceptions noted below.

Members	Exceptions to Blue Cross Behavioral Health
Blue Cross commercial	Behavioral health services for some Blue Cross commercial members are managed by a different entity. Refer to the Mental Health and Substance Use Disorder Carve-Out List. To access this document: 1. Log in to our provider portal (availity.com**). 2. Click on *Payer Spaces* and then click on the BCBSM and BCN logo. 3. Click on *Member Care* and then click *Behavioral Health*. 4. Look in the "Blue Cross commercial" column.
Medicare Plus Blue	No exceptions

Members	Exceptions to Blue Cross Behavioral Health
BCN commercial	For dates of service through Dec. 31, 2024, Carelon Behavioral Health, an independent company, manages behavioral health services for Healthy Blue Choices℠ POS members.
BCN Advantage	No exceptions

Which services and procedure codes require prior authorization?

Refer to the following documents to determine which services and procedure codes require prior authorization:

- Summary of utilization management programs for Michigan providers
- Procedure codes for which providers must request prior authorization

Prior authorization and concurrent review requests

How do I submit requests?

You can submit requests:

- Electronically, through the Blue Cross Behavioral Health provider portal, which you must access through Availity® Essentials. For more information:
  - See our Getting Started page, for instructions on how to register for Availity Essentials.
  - Refer to the question “How do I register for Availity Essentials? ” on page 2 of this document.
- By phone. Refer to the question “How do I submit requests by phone” on page 5 of this document.

How do I register for Availity Essentials?

Availity Essentials is the provider portal for Blue Cross and BCN. To submit behavioral health requests, you’ll need to log in to Availity Essentials (availity.com**) and then access the Blue Cross Behavioral Health provider portal.

If you don’t already have an Availity Essentials log in, refer to the Register for web tools webpage for information about registering. The Availity Essentials administrator in your office can register your organization, if needed.

Here’s how to access the Register for web tools page:

1. Visit **bcbsm.com/providers**.
2. Click *Enrollment*.
3. Scroll and click *Register for web tools*.

For assistance with Availity Essentials administrator functions, contact Availity Essentials Client Services using one of the following methods:

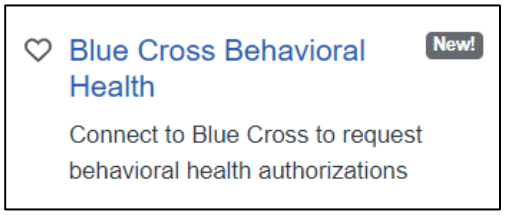
- Log in to availity.com** and click *Help & Training*. Then click *Find Help*.
- Call 1-800-AVAILITY (282-4548), Monday through Friday, 8 a.m. to 8 p.m.

How do I submit requests electronically (for in-network providers)?

Michigan's prior authorization law** requires health care providers to submit prior authorization requests electronically for commercial members. Alternate submission methods are allowed in the case of temporary technical problems, such as a power or internet outage.

To submit requests electronically, you'll use the Blue Cross Behavioral Health provider portal. To access it, follow these steps:

1. Log in to our provider portal (availity.com**).
2. Click on *Payer Spaces* and then click on the BCBSM and BCN logo.
3. On the Applications tab, scroll down and click the tile named Blue Cross Behavioral Health, to open our new provider portal for all lines of business.

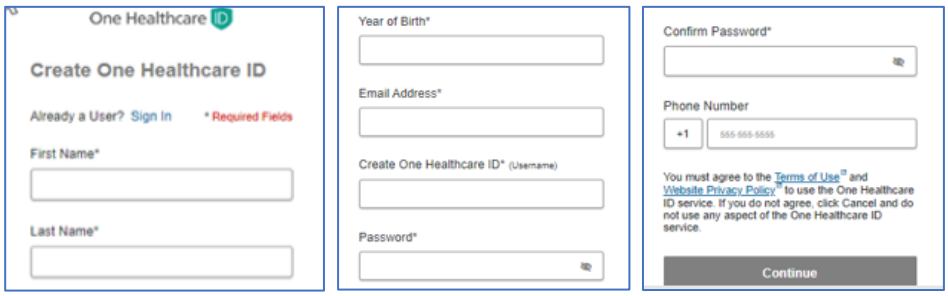


Note: The first time you access the Blue Cross Behavioral Health portal, you may be prompted to set up your One Healthcare ID account. For more information refer to the question "How do I set up a One Healthcare ID account?" on page 3 of this document.

How do I set up a One Healthcare ID account?

First-time users of the Blue Cross Behavioral Health provider portal must set up a One Healthcare ID account as shown below.

1. Create a user account by completing the fields shown below and clicking *Continue*.



2. Register the provider by completing additional fields. The data required varies by provider type.

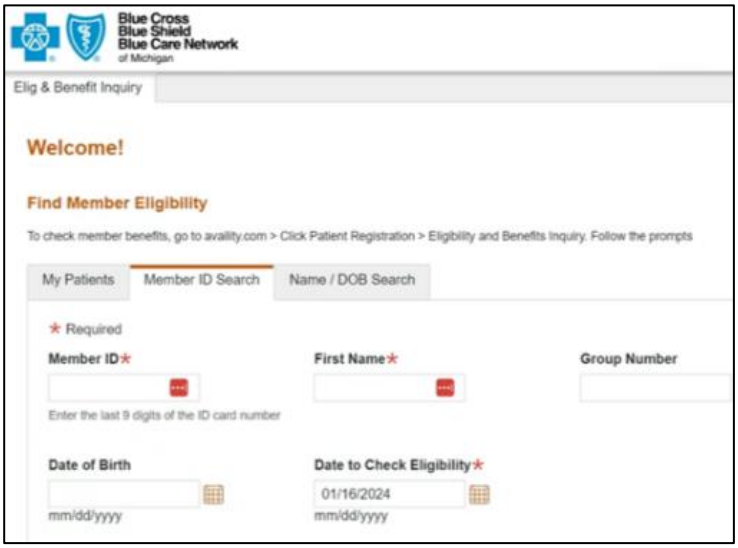
How do I search for a member in the Blue Cross Behavioral Health provider portal?

Before you can submit prior authorization requests, you must find the member in the Blue Cross Behavioral Health provider portal.

When searching for the member, complete only the fields that are required. The required fields are:

- Member ID
- First Name
- Date to Check Eligibility (the date you're completing the fields)

These fields have a red asterisk on the Find Member Eligibility screen, as shown below.



Completing only the required fields will result in a smoother user experience.

What if I'm having technical problems when using the Blue Cross Behavioral Health provider portal?

Email us at BHTechSupport@bcbsm.com if you're encountering technical problems when using the Blue Cross Behavioral Health provider portal to submit prior authorization requests. In your email, include:

- Provider's name, NPI and Tax ID
- Details about the specific technical problem you're experiencing
- A screen shot demonstrating the problem, if possible

The technical issues we want you to let us know about include but are not limited to problems with:

- Logging in
- Registering as a first-time user
- Submitting prior authorization requests

We actively review the emails we receive and we respond as quickly as we can.

Note: If you're logged in to the Blue Cross Behavioral Health provider portal, you can click on *Contact Us* at the top right corner and fill out the Technical Assistance Form. This will trigger an email to BHTechSupport@bcbsm.com.

How do I submit requests by phone?

For all members, call the pertinent number in the table below.

Line of business	Phone numbers for submitting requests starting Jan. 1, 2024

Blue Cross commercial	• Traditional: 1-800-762-2382
	• Michigan Blue Cross and Blue Shield Federal Employee Program®: 1-800-342-5891
	• Michigan MESSA: 1-877-866-2395
	• State of Michigan: 1-866-503-3158
	• UAW Retirees Medical Benefit Trust: 1-877-228-3912
	• General Motors Salaried: 1-877-240-0705
	• General Motors Hourly: 1-877-264-6690
	• FCA:
	  ○ For dates of service on or after Jan. 1, 2025: Call Blue Cross Behavioral Health at 1-800-367-6389.
	  ○ For dates of service through Dec. 31, 2024: Call Carelon Behavioral Health at 1-800-346-7651 for retroactive requests.

Medicare Plus Blue	1-888-803-4960

Line of business	Phone numbers for submitting requests starting Jan. 1, 2024

BCN commercial	• For BCN Healthy Blue Choices POS members:
	  ○ For dates of service on or after Jan. 1, 2025: Call Blue Cross Behavioral Health at 1-855-232-7632
	  ○ For dates of service through Dec. 31, 2024: Call Carelon Behavioral Health at 1-800-346-7651 for retroactive requests.
	• For all other BCN commercial members: 1-800-482-5982

BCN Advantage	1-800-431-1059

How can out-of-network providers submit requests electronically?

Out-of-network providers can submit prior authorization requests using the forms found on these pages on the **ereferrals.bcbsm.com** website:

- Blue Cross Behavioral Health and Autism webpages
- BCN Behavioral Health and Autism webpages

Look under the “How to submit prior authorization requests” heading.

When completing the forms:

- Complete all the fields. On some forms, all the fields will become visible once you complete the fields at the beginning of the form.
- Click the *Save and continue* or *Submit* buttons at the end of the form. The form will be routed to Blue Cross Behavioral Health.

How do I get help with questions about a prior authorization request I’ve already submitted?

Call one of the phone numbers in the table above to get help with a prior authorization request you’ve already submitted.

Important: Call the phone number for the member’s plan. For example, if the member has Medicare Plus Blue, call 1-888-803-4960.

What medical necessity criteria are used to make determinations on prior authorization requests?

Blue Cross Behavioral Health uses the following criteria to make determinations on prior authorization requests:

- Level of Care Utilization System, or LOCUS, criteria
- Child and Adolescent Level of Care Utilization System, or CALOCUS, criteria

- Early Childhood Services Intensity Instrument, or ECSII, criteria
- *The ASAM Criteria*®, from the American Society of Addiction Medicine
- Behavioral Health Supplemental Clinical Criteria – Applied Behavior Analysis
- Blue Cross and BCN medical policy

To access the criteria, visit these webpages on **bcbsm.com**:

- For commercial members: Services That Need Prior Authorization page
- For Medicare Advantage members: Medicare Advantage Prior Authorization page

On either page, look under the "Behavioral Health Services (effective Jan. 1, 2024)" heading.

How can members obtain a comprehensive diagnostic evaluation for autism?

For information about how members can obtain a comprehensive diagnostic evaluation for autism and what's required in an autism comprehensive diagnostic evaluation, refer to these documents:

- Obtaining a comprehensive diagnostic evaluation for autism and finding treatment
- Requirements for comprehensive diagnostic evaluations by approved autism evaluation centers and independent evaluation teams

Appeals

How do I submit an appeal?

To submit an appeal of a prior authorization or concurrent review request that wasn't approved, follow the instructions in the determination letter.

Claims

Do I need to include the prior authorization number on the claim?

Blue Cross and BCN don't require that you include the prior authorization number on the claim.

If your billing software requires a prior authorization number, you can enter either the actual number or a "dummy number." This won't affect the processing of the claim by Blue Cross or BCN.

**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.

Carelon Behavioral Health is an independent company that manages the prior authorizations for Healthy Blue Choices℠ POS members.