



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

# Frequently asked questions about Carelon

## For cardiology, radiology (high technology) and sleep studies (in lab)

For Blue Cross commercial, Medicare Plus Blue<sup>SM</sup>, Blue Care Network commercial and BCN Advantage<sup>SM</sup>

Revised October 2025

### *In this document*

What is Carelon Medical Benefits Management? ..... 1

What services does Carelon manage for Blue Cross and BCN?..... 2

In which settings is prior authorization required for services managed by Carelon? ..... 3

What can I do to speed up the review process for prior authorization requests? ..... 3

How do I submit prior authorization requests to Carelon? ..... 3

Who do I contact if I'm having technical issues with the Carelon ProviderPortal? ..... 5

Can I check the status of a Carelon prior authorization request in the e-referral system? ..... 5

Can I submit retroactive authorization requests to Carelon? ..... 5

Where do I submit an appeal if my prior authorization request is denied? ..... 5

Where can I find the clinical criteria Carelon uses to make determinations on prior authorization requests? ..... 6

Where can I get more information on the prior authorizations Carelon manages for Blue Cross and BCN? ..... 6

Carelon Medical Benefits Management manages prior authorizations for select services for Blue Cross Blue Shield of Michigan commercial, Medicare Plus Blue, Blue Care Network commercial and BCN Advantage members. In this document, you'll find answers to some questions you may have about Carelon.

Note: This document doesn't include information about Carelon's management of prior authorizations for medical oncology drugs for Blue Cross commercial UAW Retiree Medical Benefits Trust members; for information on those services, refer to the document [Oncology Value Management program through Carelon: FAQs for providers](#). (Effective Jan. 1, 2025, Carelon manages medical oncology drug prior authorizations only for URMBT non-Medicare members.)

## **What is Carelon Medical Benefits Management?**

Carelon is an independent specialty benefits management company for health care organizations that helps improve the quality of care for members while helping reduce costs for many complex tests and treatments.



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## What services does Carelon manage for Blue Cross and BCN?

Carelon manages cardiology, high-tech radiology, in-lab sleep studies, medical oncology and radiation oncology (including proton beam therapy) services for Blue Cross, BCN or both.

To determine which procedure codes require prior authorization:

- See the document [Procedure codes for which providers must request prior authorization](#).
- Use Availity Essentials™ to determine whether a procedure code requires prior authorization for a specific member. To learn how to do this, see the document [Determining prior authorization requirements for members](#).

To determine the members for whom Carelon manages these services, see the following pages on our [authorizations.bcbsm.com](https://authorizations.bcbsm.com) website.

Service	Webpages
Cardiology	<a href="#">Cardiology Services</a>
High-tech radiology	<a href="#">Radiology Services, High Tech</a>
In-lab sleep studies	<a href="#">Sleep Studies</a> — For dates of service on or after Nov. 3, 2025, Carelon manages sleep studies only for adult Blue Cross commercial members who have coverage through the following self-funded groups: Chrysler, Delphi/Aptiv, General Motors and UAW Retiree Medical Benefits Trust. For information about requirements for other commercial members, see the Sleep Studies webpage.
Medical oncology	<a href="#">Medical Benefit Drugs</a>
Radiation oncology, including proton beam therapy	<a href="#">Oncology Services</a>

Notes:

- For information about Blue Cross commercial groups that are excluded from the Carelon requirements, refer to the [Carelon exclusion list for Blue Cross Blue Shield of Michigan commercial](#).
- For Medicare Plus Blue, we recommend that Michigan and non-Michigan providers obtain prior authorization for members who live outside of Michigan for advanced imaging and cardiology services.

## In which settings is prior authorization required for services managed by Carelon?

Prior authorization requirements apply to services performed in the following settings:

- Freestanding diagnostic facilities
- Outpatient hospital settings
- Ambulatory surgery centers
- Physician offices

When performed in an observation, emergency or inpatient care setting, prior authorization isn't required.

## What can I do to speed up the review process for prior authorization requests?

To get the fastest response from Carelon, do the following:

- Gather all the pertinent information about the procedure and the patient's condition before submitting the request. For example, include information on tumor testing results, tumor staging and previous therapy for requests that involve oncology services.
- Submit the request with a complete set of clinical information that supports the rationale for the regimen of care you're planning. This will move the clinical review process along faster.
- Provide a phone number where the provider can be reached for a peer-to-peer discussion. This will help Carelon get answers to clinical questions so they can determine the medical necessity of the proposed services.
- Submit the request through the Carelon provider portal. For more information, see "How do I submit prior authorization requests to Carelon?" below.

## How do I submit prior authorization requests to Carelon?

Submit prior authorization requests to Carelon as follows:

- For commercial members, [Michigan's prior authorization law](#)\* requires health care providers to submit prior authorization requests electronically. Alternate submission methods (fax or phone) are allowed in the case of temporary technical problems, such as power or internet outages.

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- For Medicare Advantage members, submit requests using any of the methods outlined in this section.

Method of submission	Details
Through our provider portal — for <b>Michigan</b> providers	<ol style="list-style-type: none"> <li>1. Log in to our provider portal (<a href="http://availity.com">availity.com</a>*).</li> <li>2. Click <i>Payer Spaces</i> in the menu bar and then click the BCBSM and BCN logo.</li> <li>3. Click the <i>Carelon ProviderPortal</i> tile in the Applications tab.</li> </ol> <p>If you're having trouble accessing the Carelon provider portal using this process, contact Availity® Client Services at 1-800-AVAILITY (282-4548).</p> <p>If you need to request access to Blue Cross and BCN's provider portal, follow the instructions on the <a href="#">Register for Web Tools</a> webpage on <b>bcbsm.com</b>.</p>
Through our provider portal — for <b>non-Michigan</b> providers who <b>are</b> registered with Availity	<ol style="list-style-type: none"> <li>1. Log in to our provider portal (<a href="http://availity.com">availity.com</a>*).</li> <li>2. Enter the member's contract number from their ID card. Be sure to include the alpha prefix.  Availity determines the member's plan and takes you to the Pre-Service Review for Out-of-Area and Local Members screen.</li> <li>3. Click the <i>Carelon Provider Portal</i> link.</li> </ol>
Through our provider portal — for <b>non-Michigan</b> providers who <b>aren't</b> registered with Availity	<ol style="list-style-type: none"> <li>1. Log in to your local plan's website.</li> <li>2. Select an ID card prefix for Michigan.  The Pre-Service Review for Out-of-Area and Local Members screen opens.</li> <li>3. Click the <i>Outpatient Authorization</i> link.</li> </ol>
Direct log in	Go to <a href="http://providerportal.com">providerportal.com</a> *.
By phone	<ul style="list-style-type: none"> <li>• For Blue Cross commercial and Medicare Plus Blue members, call 1-800-728-8008.</li> <li>• For BCN commercial and BCN Advantage members, call 1-844-377-1278.</li> </ul> <p><b>Important!</b> To route your request to the appropriate Carelon staff, you must submit Blue Cross and BCN prior authorization requests through the phone number assigned to the appropriate plan.</p>

## Who do I contact if I'm having technical issues with the Carelon ProviderPortal?

Contact the Carelon support team at 1-800-252-2021.

## Can I check the status of a Carelon prior authorization request in the e-referral system?

Yes. You can see the status of the request in the e-referral system within a day or two after submission. However, it will appear in the Carelon provider portal first.

## Can I submit retroactive authorization requests to Carelon?

You can submit retroactive authorization requests as follows:

- **For Blue Cross commercial and Medicare Plus Blue members:** Within 90 days of the date of service
- **For BCN commercial:** Within 24 months of the date of service
- **BCN Advantage members:** Within 12 months of the date of service

## Where do I submit an appeal if my prior authorization request is denied?

You should follow the instructions that are included in the denial letter. In general:

- **Blue Cross commercial:**
  - Submit provider appeals to Carelon.
  - Submit member appeals to Blue Cross.
- **Medicare Plus Blue**
  - For standard appeals, mail to Medicare Plus Blue at:  
Blue Cross Blue Shield of Michigan Medicare Advantage  
Grievances and Appeals Department  
P.O. Box 2627  
Detroit, MI 48231-2627
  - For fast appeals, fax to Medicare Plus Blue at 1-877-348-2251.

- **BCN commercial:**
  - Submit provider appeals to Carelon.
  - Submit member appeals to BCN.
- **BCN Advantage:** Submit both provider and member appeals to BCN Advantage.

Note: To decrease denials, Carelon will schedule a peer-to-peer discussion before making a determination on any prior authorization in question.

## Where can I find the clinical criteria Carelon uses to make determinations on prior authorization requests?

You can find links to the clinical criteria Carelon uses to make determinations on the following pages on [bcbsm.com](https://bcbsm.com):

- **For commercial members:** [Services That Need Prior Authorization](#)
- **For Medicare Advantage members:** [Medicare Advantage Prior Authorization](#)

## Where can I get more information on the prior authorizations Carelon manages for Blue Cross and BCN?

Visit our [authorization.bcbsm.com](https://authorization.bcbsm.com) website.

You'll also find information in the document titled [Summary of utilization management programs for Michigan providers](#) and in our provider manuals.

To access our provider manuals:

1. Log in to our provider portal ([availability.com](https://availability.com)\*)).
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Click *Secure Provider Resources (Blue Cross and BCN)*.
5. Click *Provider manuals*.

\*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<sup>®</sup> 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.



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