

UTILIZATION MANAGEMENT



Blue Cross Blue Shield of Michigan and Blue Care Network provide utilization management programs.

Utilization management programs focus on ensuring that patients get the right care at the right time in the right location through the prior authorization process.

These programs vary based on member coverage and may be administered by Blue Cross or BCN staff or by independent companies, as specified below.

Utilization management

[Medicare Plus Blue and BCN Utilization Management](#)

Keep reading to learn which members have access to or requirements under these programs. Programs may not apply to all members.

This document is subject to change. To ensure you're viewing the most up-to-date information, access this document through the Care and utilization management programs: Overview for providers link at the bottom of each page on authorizations.bcbsm.com; look in the Frequently Accessed Documents section.

UTILIZATION MANAGEMENT

Medicare Plus Blue and BCN Utilization Management

This utilization management program applies to:



Medicare Plus Blue and BCN Utilization Management makes prior authorization determinations for various cosmetic procedures for the following groups and individual members:

- Medicare Plus BlueSM — All groups and all members with individual coverage
- BCN commercial — All fully insured groups, all self-funded groups* and all members with individual coverage
- BCN AdvantageSM — All groups and all members with individual coverage

Medical necessity and coverage determination criteria

- For BCN commercial members, we use our medical policies to determine medical necessity for select cosmetic procedures.
Our medical policies are available through the [Medical Policy Router Search](#) page on the [bcbsm.com](#) website. Enter the procedure code in the *Policy/Topic Keyword* field and press *Enter*. (You don't need to choose a category.)
- For Medicare Plus Blue and BCN Advantage members, we apply the Medicare national coverage determinations (if available) or Medicare local coverage determinations (in the absence of national coverage determinations). If there is no Medicare NCD/LCD, we apply our medical policies.

Note: The “Government regulations” sections of our medical policies include the Medicare coverage determinations that were in effect when the policies were last reviewed. You can access the policies through the [Medical Policy Router Search](#) page of the [bcbsm.com](#) website. Enter the procedure code in the *Policy/Topic Keyword* field and press Enter. (You don't need to choose a category.)

Resources

- [Procedure codes for which providers must request prior authorization](#) PDF
- [Preview questionnaires and medical necessity criteria for select services](#) PDF

For Medicare Plus Blue

[Services that require authorization for Michigan providers](#) PDF

For BCN commercial and BCN Advantage

- [Michigan providers: BCN global referral, plan notification and prior authorization requirements](#) PDF
- [Utilization Management](#) chapter of the *BCN Provider Manual*
- For BCN Advantage members, also see the “BCN Advantage utilization management program” section of the [BCN Advantage](#) chapter in the *BCN Provider Manual*

ADDITIONAL INFORMATION

About this document

This document lists coverage exceptions for major groups.

It also provides links to additional resources. For resources that are publicly available, we provide direct links. To access documents that aren't publicly available, including provider manual chapters:

1. Log in to our provider portal (availity.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)*.

Information for non-Michigan providers

See the following documents for prior authorization requirements.

- For Blue Cross commercial and Medicare Plus Blue members: [Prior authorization requirements for Michigan and non-Michigan providers](#)
- For BCN commercial and BCN Advantage members: [Non-Michigan providers: BCN prior authorization requirements](#)

You can view these documents and our medical policies through the [Medical Policy & Pre-Cert/Pre-Auth Router](#). To access the router, go to bcbsm.com/providers, click *Resources*, scroll to the "Out-of-area prior authorization resources" section and click the *out-of-area router* link.

Reminder

As always, it's essential that providers check each member's eligibility and benefits prior to performing services.

Providers are responsible for identifying the need for prior authorization through our provider portal, Benefit Explainer or Provider Inquiry and for obtaining prior authorization for services, as needed.

*For self-funded plans, the employer assumes the risk for claims costs and pays a fee for administrative services provided by Blue Cross or BCN.

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