Blue Cross Blue Shield Blue Care Network of Michigan

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

Elective procedures and services

For decision support and for prior authorization determinations

Revised July 2026

CARE MANAGEMENT AND UTILIZATION MANAGEMENT

Blue Cross Blue Shield of Michigan and Blue Care Network offer care management programs and support services to members. We also provide utilization management programs.

- **Care management** programs provide patient support by identifying patients with health risks and working with them to improve or maintain their health, and **support services** provide support to members through their health journeys.
- **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.

Care management and support services

2nd.MD

Utilization management

- Medicare Plus Blue and BCN Utilization Management
- Other utilization management programs managed by independent companies

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.*

CARE MANAGEMENT AND SUPPORT SERVICES

2nd.MD

Provides a second-opinion service on treatment plans.

Blue Cross or BCN care managers or physician consultants:

- Identify member cases to refer to 2nd.MD.
- Notify members that they're consulting with 2nd.MD about their care treatment plans.

In addition, some employer groups communicate with members about the 2nd.MD program.

2nd.MD provides expert medical opinions to eligible members and their families via video or phone consultations with medical experts.

Members have the option to text questions to 2nd.MD through 2nd.MD's secure mobile app. 2nd.MD replies to questions with written notes and recommendations from a specialist.

2nd.MD provides these services for the following groups:

- Blue Cross commercial — Select self-funded groups.* Includes UAW Retiree Medical Benefits Trust
- BCN commercial — Select self-funded groups

Resources

2nd.md**

UTILIZATION MANAGEMENT

Medicare Plus Blue and BCN Utilization Management

Makes prior authorization determinations for various elective procedures and services for the following groups and individual members:

- Medicare Plus Blue℠ — 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 Advantage℠ — 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 elective procedures and services.

  Our medical policies are available through the Medical Policy Router Search page on **bcbsm.com**. 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 on **bcbsm.com**. 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 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 utilization management program" section of the BCN Advantage chapter in the *BCN Provider Manual*

UTILIZATION MANAGEMENT

Other utilization management programs managed by independent companies

To learn about other utilization management programs for elective procedures and services, see the "Utilization management" section of the document titled Care management and utilization management programs: Overview for providers.

ADDITIONAL INFORMATION

About this document

This document lists coverage exceptions for major groups.

It also refers 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 PDF
- For BCN commercial and BCN Advantage members: Non-Michigan providers: BCN prior authorization requirements PDF

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.

**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.

2nd.MD is an independent company that provides select care management services for Blue Cross Blue Shield of Michigan and Blue Care Network.