

Radiology procedures (high-tech imaging)

For prior authorization determinations

Revised July 2025

UTILIZATION MANAGEMENT



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

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

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 are provided by the independent company listed below.

Utilization management

[Carelon Medical Benefits 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. Access this document via ereferrals.bcbsm.com to ensure you're viewing the most up-to-date information.

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Carelon Medical Benefits Management

Makes prior authorization determinations for select high-tech imaging that's performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers or physician offices.

Carelon makes these determinations for the following groups and members:

- Blue Cross commercial
 - All fully insured groups
 - Most self-funded groups,* including Blue Cross and Blue Shield Federal Employee Program® and UAW Retiree Medical Benefits Trust members with non-Medicare plans
- **Exceptions:** UAW Retiree Healthcare Trust (group 70605), UAW International Union (group 71714), State of Michigan plans and select Ascension Health groups
- All members with individual coverage
- 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

Blue Cross and BCN have engaged Covera Health to implement a radiology-focused quality improvement program. As part of this program, providers are presented with radiology facilities that Covera has designated as high quality when entering prior authorization requests. Some of these facilities also have high-value designations.

Resources

- [Procedure codes for which providers must request prior authorization](#) PDF
- [Frequently asked questions about Carelon: For cardiology, radiology \(high technology\) and sleep studies \(in lab\)](#) PDF
- [Carelon website](#)**

For Blue Cross commercial

- [Blue Cross Radiology Services, High Tech](#) page on [ereferrals.bcbsm.com](#)
- The following chapters of the *Blue Cross Commercial Provider Manual*:
 - Utilization Management
 - PPO Policies
 - Hospital Services
 - Radiology Management Program Procedures Codes — See the section titled “Carelon Medical Benefits Management”
- For information about the radiology-focused quality improvement program through Covera, see the Blue Pages Directory chapter

For Medicare Plus Blue

- [Blue Cross Radiology Services, High Tech](#) page on [ereferrals.bcbsm.com](#)
- “Prior authorization of advanced imaging and cardiology services — Carelon Medical Benefits Management” section in the [Medicare Plus Blue PPO Provider Manual](#)

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For Medicare Plus Blue, continued

- For information about the radiology-focused quality improvement program through Covera, see the “Network performance management” section of the [Medicare Plus Blue PPO Provider Manual](#)

For BCN commercial and BCN Advantage

- [BCN Radiology Services, High Tech](#) page on ereferrals.bcbsm.com
- [Utilization Management](#) chapter of the *BCN Provider Manual*
- For information about the radiology-focused quality improvement program through Covera, see the “Quality improvement program by Covera for radiology” section of the Evaluating the Quality of Care chapter in the *BCN Provider Manual*

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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](#)
- 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.

**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 is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services. For more information, go to our ereferrals.bcbsm.com website.