

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

- [Blue Cross and BCN 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 it through the Care and utilization management programs: Overview for providers, which is at the bottom of each page on the authorizations.bcbsm.com website, to ensure you're viewing the most up-to-date version.

UTILIZATION MANAGEMENT

Blue Cross and BCN Utilization Management

When performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices, Blue Cross and BCN Utilization Management makes prior authorization determinations for the following procedures:

- In-lab sleep studies
- Implantation of hypoglossal nerve stimulation devices

Blue Cross and BCN Utilization Management manages these procedures for adult members as follows:

- Blue Cross commercial
 - All fully insured groups
 - Most self-funded groups*

Exception: Carelon Medical Benefits Management manages in-lab sleep studies for adult members who have coverage through Chrysler, Delphi/Aptiv, General Motors or UAW Retiree Medical Benefits Trust. See the [Carelon Medical Benefits Management](#) section below.

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

Note: For pediatric BCN commercial members, submit plan notification through the e-referral system when the service is performed in the East or Southeast region.

Resources

- [Procedure codes for which providers must request prior authorization](#) PDF
- [In-lab sleep studies managed by Blue Cross and BCN: Frequently asked questions for providers](#) PDF
- [Sleep Studies](#) page on authorizations.bcbsm.com

Blue Cross commercial

The following chapters and sections of the *Blue Cross Commercial Provider Manual*:

- Medical-Surgical Services chapter — See the section titled “Polysomnography and other sleep testing”
- Hospital Services chapter — See the section titled “Polysomnography and other sleep testing”
- PPO Policies chapter

BCN commercial

[Michigan providers: BCN global referral, plan notification and prior authorization requirements](#) PDF

UTILIZATION MANAGEMENT

Carelon Medical Benefits Management

Makes prior authorization determinations for in-lab sleep studies that are performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Carelon does this for adult Blue Cross commercial members who have coverage through the following self-funded groups:

- Chrysler
- Delphi/Aptiv
- General Motors
- UAW Retiree Medical Benefits Trust

Exceptions: UAW Retiree Healthcare Trust (group 70605) and UAW International Union (group 71714)

Resources

- [Procedure codes for which providers must request prior authorization](#) PDF
- [Sleep studies](#) page on authorizations.bcbsm.com
- The following chapters and sections of the *Blue Cross Commercial Provider Manual*:
 - Medical-Surgical Services chapter — See the section titled “Polysomnography and other sleep testing”
 - Hospital Services chapter — See the section titled “Polysomnography and other sleep testing”
 - PPO Policies chapter

- [Carelon's Clinical guidelines and pathways](#) webpage**

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 *Quick Links*, 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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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 Medical Benefits Management 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 authorizations.bcbsm.com website.