Blue Cross Blue Shield Blue Care Network of Michigan

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

EviCore authorization

Quick reference

For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

Revised November 2024

In this document

Blue Cross Blue Shield of Michigan and Blue Care Network contract with EviCore by Evernorth® to manage prior authorizations for select services. To learn which services EviCore manages, see the document titled Services reviewed by EviCore for Blue Cross and BCN.

Submit authorization requests online

The most efficient way to submit prior authorization requests is online.

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

To do this:

1. Do one of the following:
   - Access the EviCore portal through our provider portal:
     a. Log in to availity.com.*
     b. Click *Payer Spaces* on the menu bar.
     c. Click the BCBSM and BCN logo.
     d. Click the *EviCore Provider Portal* tile on the Applications tab.
   - Access the EviCore portal through the EviCore website by going to evicore.com* and logging in using your user ID and password.

   Note: See the "Submitting prior authorization requests" section of the Services reviewed by EviCore for Blue Cross and BCN document to learn how non-Michigan providers can access the EviCore provider portal.
2. In the EviCore portal, select *Request a Clinical Certification* to start the process.
3. Select the prior authorization program for which you're submitting a prior authorization request.
   a. Select the referring provider from the list.
   b. Select *Payor.*

c. Select the provider's *Location.*

d. Enter the contact name, verify the physician's phone number (including the extension, if applicable) and fax number, and select *Continue.*

e. If you're requesting prior authorization for a radiology treatment, answer the question and verify the date of the first treatment.

f. Select *Continue*.

4. Select the patient.

   a. Enter the patient's member ID, last name and date of birth.

   b. Select *Eligibility Lookup*.

   c. Click *Select* to locate the patient.

   d. Select *Continue*.

5. Select the procedure.

   a. Click the button to enter the date on which the procedure the procedure will be or was performed and select the appropriate procedure code and diagnosis code (ICD-10 code or description).

   b. After verifying your selections, click Continue.

6. Select the site.

   a. Enter the site name, city, NPI or TIN and select *Lookup Site*. (Search on only one of these items.)

   b. Select the appropriate site from the list.

   c. Verify the selected site and click *Continue.*

Submit authorization requests by phone or fax

Although submitting prior authorization requests online is the most efficient method, you can also submit authorization requests by phone or fax.

- **By phone**
  - **For Blue Cross commercial and Medicare Plus Blue members:** Call 1-877-917-2583 and select the appropriate prompt to start a new request.
  - **For BCN commercial and BCN Advantage members:** Call 1-855-774-1317 and select the appropriate prompt to start a request.
- **By fax:** 1-800-540-2406

Starting a new case

When submitting a prior authorization request, you'll need the following information:

- **Procedure** — CPT code, ICD-10 code and necessary clinical information
- **Member** — From the member's ID card: Member ID, date of birth, name, group number and carrier
- **Referring Provider and Site** — Provider's NPI, name, address and phone and fax numbers

Clinical collection phase

When submitting requests, providers must respond to EviCore's criteria and questions online through the EviCore provider portal. Answer each question as completely as possible. The answer to each question will prompt another question in an effort to collect complete clinical information. This allows EviCore to automatically approve requests that meet the criteria.

Requests that are not approved when initially submitted are reviewed by EviCore staff. If additional information is needed, EviCore staff will contact the provider and will also notify the provider of the determination.

Determination provided

If medical necessity has been demonstrated, EviCore will provide an authorization/notification number, along with the authorization end date.

If the clinical information provided doesn't demonstrate medical necessary, the request will be referred to an EviCore medical director for review. You may need to provide additional clinical information before EviCore can process the request. EviCore will assign a case number for reference.

You can modify cases by calling the phone number for authorizations and supplying either the authorization/notification number or the case number.

The ordering physician or clinician may speak with a medical director or case manager at any point during the case management process by calling the phone number for authorizations.

Note: Only the patient's physician, physician's assistant or nurse practitioner may speak to a medical director or case manager.

*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.

EviCore by Evernorth is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services.