

# Human Organ Transplant program prior authorization process

## Guidelines for solid organ and bone marrow transplants

For Blue Cross commercial and BCN commercial

June 2026

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The Blue Cross Blue Shield of Michigan and Blue Care Network Human Organ Transplant program, or HOTP, makes prior authorization determinations for solid organ and bone marrow transplant procedures for Blue Cross and BCN commercial members.

Note: Cornea transplants, kidney transplants for members who have coverage through self-funded groups and skin transplants don't require prior authorization.

Through HOTP, members are eligible for:

- Travel and lodging reimbursement related to transplant surgery
- Copay assistance for antirejection drugs and for transplant-related services that occur during the first year following the transplant
- If needed, a care management referral for support
- Access to HOTP team members to help navigate transplant benefit requirements

## **Submitting the prior authorization request for the transplant**

When a solid organ or bone marrow transplant is needed, hospital transplant financial coordinators must complete the following tasks:

- [Task 1: For kidney-only transplants, determine member eligibility](#)
- [Task 2: Submit the outpatient prior authorization request](#)

### Task 1: For kidney-only transplants, determine member eligibility

Kidney-only transplants require prior authorization only for commercial members who have coverage through fully insured groups or individual coverage. To determine whether the member requires prior authorization for a kidney-only transplant, call Provider Inquiry as follows:

- Michigan hospitals and facilities: Call 1-800-249-5103.
- Non-Michigan hospitals and facilities: Call 1-800-676-2583.

### Task 2: Submit the outpatient prior authorization request

To submit the outpatient prior authorization request for the transplant:

1. Log in to our provider portal ([availity.com](https://availity.com)).
2. Click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo.
3. Click the *e-referral* tile in the Applications tab.
4. From the *Referrals/Authorizations* menu, choose *Submit Outpatient Authorization*.
5. In the Submit Outpatient Authorization screen, complete all required fields (those with red asterisks). Here are details on how to complete a few of the fields:

Field	How to complete
<i>Service From</i>	Enter today's date.
<i>Service To</i>	Enter the date one year from today's date (or six months from today's date for a UAW Retiree Medical Benefits Trust member).
<i>Type of care</i>	Choose <i>Elective</i> .
<i>Place of service</i>	Choose <i>Other Unlisted Facility</i> .
<i>Procedure Code</i>	Enter the appropriate procedure code(s).
<i>Servicing Facility Name, ID</i>	Enter a Blue Distinction® Center for Transplants.

6. In the Outpatient Authorization Details screen:
  - a. In the Actions section, click the *Questionnaire Assessment* link. The questionnaire automatically opens in the e-referral system for you to fill out.
  - b. Complete the questionnaire. **If you don't complete the questionnaire, it may delay the processing of your request.**

- c. Click the *Attach File* button to attach pertinent clinical documentation that supports the need for the transplant and your responses to the questionnaire. See the table below for required information.

Transplant	Information to include
Solid organ	<ul style="list-style-type: none"> <li>• Recent letter of intent</li> <li>• Recent history and physical progress note that includes a statement clearing the patient for transplant from the attending physician</li> <li>• Diagnostic testing to confirm disease for specific organ type</li> <li>• Imaging/lab work to confirm organ (heart, lung, liver, kidney and lung) function</li> <li>• Appropriate cancer screening for the patient's age and gender</li> <li>• Psychosocial clearance</li> <li>• Recent virology results</li> <li>• Recent drug, alcohol and nicotine screening as applicable</li> </ul>
Bone marrow	<ul style="list-style-type: none"> <li>• Recent letter of intent</li> <li>• Recent history and physical progress note that includes a statement clearing the patient for transplant from the attending physician</li> <li>• A copy of the standard of care (preparative regime)</li> <li>• Name/number of the clinical trial if the request is for a bone marrow transplant within a clinical trial (not all contracts have clinical trial benefits)</li> <li>• Diagnostic testing to confirm disease and/or staging</li> <li>• Additional imaging/lab work to confirm organ (heart, lung, liver, kidney and lung) function</li> <li>• Recent virology results</li> </ul>

Requirements may vary based on the member's age and gender.

### 7. Submit the request.

If the requested facility isn't a Blue Distinction Center for Transplants or the member doesn't meet medical policy criteria, the request will require clinical review by both a nurse and a medical director. If additional information is needed to support the request, we'll send a notification through the Case Communication field to let you know; you'll have 24 hours to provide the additional information.

Tip: To request an escalation or a status update on a pending request, call us at 1-800-242-3504.

For standard requests, we'll notify you of our decision within seven days. For urgent requests, we'll notify you within 72 hours. We'll attach a copy of the determination letter in the *Case Communication* field and we'll notify the facility by phone.

If the authorization is approved, it will be valid for one year (or six months for UAW Retiree Medical Benefits Trust members).

**Important:** If a request has been closed (denied or voided), see the "Requesting a reconsideration review" section on Page 5. Don't submit additional clinical information or send messages through the e-referral system because we won't receive notification of those messages or of any changes to the request. Instead, contact the Human Organ Transplant team using one of the following methods:

- Fax to 1-866-752-5769.
- Email us at [HOTP@bcbsm.com](mailto:HOTP@bcbsm.com).
- Call us at 1-800-242-3504.

Tip: The [e-referral User Guide](#) includes information about entering the prior authorization request for the transplant procedure. The pertinent information is in "Section IV: Referrals and Authorizations," in the subsection titled "5. Submit an Outpatient Authorization."

## Submitting the prior authorization request for the inpatient stay

**At the time of the inpatient admission**, submit the prior authorization request for the inpatient stay. This will help to ensure that claims are processed appropriately.

To do this:

1. In the e-referral system, log in to our provider portal ([availity.com](https://www.availity.com)\*) and access the e-referral system.
2. From the *Referrals/Authorizations* menu, choose *Submit Outpatient Authorization*.
3. In the Submit Outpatient Authorization screen, complete all required fields (those with red asterisks). Be sure to include:
  - The outpatient authorization number for the transplant procedure codes in the *Case Communication* field. This will enable us to issue an approval quickly as it makes the connection between the inpatient request and the already-approved outpatient authorization.
  - Clinical information.

**Exception:** For kidney-only transplants, you can submit the inpatient admission as a preservice elective surgical admission.

#### 4. Submit the request.

Tip: The [e-referral User Guide](#) includes information about entering the prior authorization request for the transplant procedure. The pertinent information is in “Section IV: Referrals and Authorizations,” in the subsection titled “4. Submit an Inpatient Authorization.”

### Requesting an extension/reauthorization

If the transplant doesn’t become available before the end date on the outpatient authorization, the hospital transplant financial coordinator must submit an extension/reauthorization request.

To apply for an extension/reauthorization:

#### 1. In the e-referral system, search for the already approved authorization.

To learn how to search for an authorization, see the [e-referral User Guide](#). The pertinent information is in “Section IV: Referrals and Authorizations,” in the subsection titled “1. Searching for a Referral or Authorization.”

#### 2. Click the *Edit* button near the upper-right corner of the screen.

#### 3. In the *Service Extension* box at the bottom of the screen:

d. In the *From Date* field, enter the same date that appears in the *Service To* field.

e. In the *To Date* field, enter a date one year in the future (or six months for URMBT members).

#### 4. Click the *Create New* button.

#### 5. Complete the reauthorization questionnaire. **If you don’t complete the questionnaire, it may delay the processing of your request.**

#### 6. Attach clinical information as outlined in [Task 2: Submit the outpatient prior authorization request](#) earlier in this document.

#### 7. Click *Submit*.

### Requesting a reconsideration review

If a request has been closed (denied or voided), don’t submit additional clinical information or send messages to Blue Cross or BCN within the request in the e-referral system because we don’t receive notification of those messages or of changes to the request. Instead, contact us to request a reconsideration review.

A reconsideration review is a conversation between a Blue Cross or BCN medical director and the treating physician/physician advisor about the members' transplant case. The conversation determines whether the denial will be maintained or overturned.

To request a standard or an expedited review, contact us using one of the following methods:

- Call 1-800-242-3504
- Fax to 1-866-752-5769 from 8 a.m. to 5 p.m. (except for weekends and holidays)
- Email [HOTP@bcbsm.com](mailto:HOTP@bcbsm.com).

Be sure to provide the following information:

- The patient's name, date of birth, contract number, case number and the transplant request
- Three different dates and times for the review meeting
- The requesting physician's name, credentials and phone number

The review will be scheduled on a business day, Monday through Friday, between 9 a.m. and noon or 1 and 4 p.m. (except for holidays).

Here's what will happen after the reconsider review meeting:

1. The medical director will make a determination within seven days of the initial non-approval decision and prior to the submission of an appeal.

Note: If the provider submits an appeal during the reconsideration review process, the appeal will take precedence.

2. We'll communicate the determination through the e-referral system and by phone. A new determination letter will be sent only if the decision was overturned.
3. If the initial non-approval decision stands, the provider can submit an appeal.

## Additional information

For additional information see:

- The [Transplant Services](#) page on [authorizations.bcbsm.com](https://authorizations.bcbsm.com)
- The following chapters of our provider manuals:
  - Human Organ Transplant Benefit chapter of the *Blue Cross Commercial Provider Manual*
  - Claims chapter of the *BCN Provider Manual*



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- If you're having technical issues such as a power or internet outage that prevent you from entering prior authorization requests in the e-referral system or you can't find the member in the e-referral system, you can fax your request to us at 1-866-752-5769.

\*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.

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