

## Services that require authorization for Michigan providers

For Medicare Plus Blue<sup>SM</sup> Updated May 2025

of the Blue Cross and Blue Shield Association

Prior authorization requests for non-urgent medical services must be submitted prior to services being provided.

**Note:** This list is not all-inclusive. In addition, prior authorization of a service doesn't guarantee payment. When the claim for the service is submitted, it may be subject to edits including but not limited to edits for diagnosis, frequency and dose. The outcome of those edits may override the initial authorization.

To determine whether a procedure code requires prior authorization, see the document titled <u>Determining prior</u> authorization requirements for members.

For more complete information about care management and utilization management requirements, refer to the <u>Medicare</u> Plus Blue PPO Provider Manual.

#### **Section 1: Authorization requirements**

To review the criteria we use to make determinations on prior authorization requests for specific services, see the <u>Medicare Advantage Prior Authorization</u> page on **bcbsm.com**.

Services	Requirements
Ambulatory event monitors, implantable	Prior authorization is required. Submit requests through the e-referral system.
Autism treatment (applied behavior analysis)	Prior authorization is required. Treatment requires a diagnosis of autism spectrum disorder.
	For information about obtaining a comprehensive diagnostic autism evaluation, refer to the Obtaining a comprehensive autism diagnostic evaluation and finding treatment PDF.
	Blue Cross Behavioral Health <sup>SM</sup> manages prior authorizations. For information about submitting prior authorization requests, see the <u>Blue Cross Behavioral Health:</u> <u>Frequently asked questions for providers</u> PDF.
Balloon ostial dilation	Prior authorization is required. Use the e-referral system to submit the request. See the document titled <a href="Preview questionnaires and medical necessity criteria">Preview questionnaires and medical necessity criteria</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Blepharoplasty and repair of	Prior authorization is required. Use the e-referral system to submit the request.
brow ptosis	Select cases will auto-approve when prior authorization requests include an appropriate diagnosis code. The <i>Blepharoplasty and repair of brow ptosis</i> questionnaire will open only when prior authorization requests don't include an appropriate diagnosis code.
Cardiology procedures (including echocardiography and cardiac implantable services)	Prior authorization is required through Carelon Medical Benefits Management for select cardiac procedures when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. For additional information, refer to the Blue Cross Cardiology Services page at
See also:	ereferrals.bcbsm.com. Contact Carelon at 1-800-728-8008.
Ambulatory event monitors, implantable	
Left atrial appendage closure	
Radiofrequency ablation, cardiac	



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Services	Requirements
Continuous glucose monitor products	For dates of service on or after Oct. 1, 2024, Medicare Plus Blue members must obtain their CGM products through a participating network pharmacy. Prior authorization could be required in certain circumstances.
	<b>Exception:</b> UAW Retiree Medical Benefits Trust members with Medicare Plus Blue plans should continue to obtain their CGM products through a DME supplier.
	For additional information, refer to the document titled <u>Continuous glucose monitor</u> <u>products: FAQs for prescribing providers.</u>
	<b>Important:</b> For requirements for dates of service before Oct. 1, 2024, refer to the information about diabetes supplies later in this document.
Cosmetic or reconstructive surgery See also: Blepharoplasty Rhinoplasty Septoplasty	Prior authorization is required. Use the e-referral system to submit the request.
Deep brain stimulation	<ul> <li>For dates of service on or after Jan. 1, 2024, prior authorization isn't required.</li> <li>For dates of service before Jan. 1, 2024, prior authorization is required. Submit requests through the e-referral system.</li> </ul>
Diabetes supplies	<ul> <li>When covered under the medical (DME) benefit, diabetes supplies are covered as follows:</li> <li>For dates of service on or after Jan. 1, 2024, Northwood, Inc. is the preferred provider of diabetes supplies. Providers should call Northwood at 1-800-393-6432 to identify a contracted supplier. The supplier submits the prior authorization request to Northwood for review. For more information, see the provider FAQ.</li> <li>Important: For requirements for continuous glucose monitor products for dates of services on or after Oct. 1, 2024, refer to the information about continuous glucose monitor products earlier in this document.</li> <li>For dates of service before Jan. 1, 2024, J&amp;B Medical Supply is the preferred provider of diabetes supplies. Contact J&amp;B at 1-888-896-6233 or jandbmedical.com.**</li> <li>Diabetes supplies include items such as insulin pumps and supplies, and diabetes testing supplies.</li> <li>Prior authorization is required only in certain circumstances. Examples: when quantity limits are exceeded, when documentation is required, when the supplier is outside of the network or for reasons of medical necessity outside of the Blue Cross Inclusionary Criteria or Medicare Local Coverage Determination.</li> </ul>
Durable medical equipment and prosthetics and orthotics (DME and P&O)	Northwood is the preferred provider for DME/P&O. Call Northwood at 1-800-393-6432 to identify a contracted supplier. The supplier submits the request to Northwood for review. For more information, see the <u>provider FAQ</u> .
Endovascular intervention, peripheral artery	Prior authorization is required. Submit requests through the e-referral system. See the document titled <u>Preview questionnaires and medical necessity criteria</u> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.



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Updated May 2025

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Ethmoidectomy, endoscopic	Prior authorization is required. Submit requests through the e-referral system. See the document titled <a href="Preview questionnaires">Preview questionnaires and medical necessity criteria</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Gastric pacing / stimulation	Prior authorization is required. Submit requests through the e-referral system. See the document titled <u>Preview questionnaires and medical necessity criteria</u> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Hammertoe correction surgery	Prior authorization is required. Submit requests through the e-referral system. See the document titled <u>Preview questionnaires and medical necessity criteria</u> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Home health care (by home health care agencies only)	Prior authorization isn't required.
Inpatient admissions to acute care facilities for medical diagnoses	Prior authorization and approvals for extensions are required. Providers should notify Medicare Plus Blue of emergency admissions within one business day. Submit requests through the e-referral system.
	Note: Determinations on prior authorization requests for these admissions are based on InterQual® criteria (for all admissions) and on any associated Local Rules (for admissions that occurred prior to Aug. 1, 2023).
Inpatient admissions for mental health and substance use disorders	Prior authorization and approvals for extensions are required. For details, see the <u>Blue Cross Behavioral Health: Frequently asked questions for providers</u> PDF.
Inpatient admissions for post- acute care services (inpatient rehabilitation, skilled nursing facility and long-term acute care hospital)	See "Post-acute care services (long-term acute care, skilled nursing and rehabilitation facilities)."
Intensive outpatient program for mental health and	For dates of service on or after Jan. 1, 2024, prior authorizations and approvals for extensions aren't required.
substance use disorders	<ul> <li>For dates of service before Jan. 1, 2024, prior authorizations and approvals for extensions are required. To submit a prior authorization request, do one of the following:         <ul> <li>Call 1-888-803-4960 and select the appropriate prompt.</li> <li>Email <a href="mailto:StrategyAppealsandRetrospectiveRequests@bcbsm.com">StrategyAppealsandRetrospectiveRequests@bcbsm.com</a>.</li> </ul> </li> </ul>
Left atrial appendage closure	<ul> <li>For dates of service before Feb. 2, 2025, prior authorization is required. Submit requests through the e-referral system.</li> <li>For dates of service on or after Feb. 2, 2025, prior authorization isn't required.</li> </ul>
Medications covered under the medical benefit (Medicare Part B)	For these requirements, refer to the Blue Cross Medical Benefit Drugs page at ereferrals.bcbsm.com.
Medications covered under the pharmacy benefit (Medicare Part D)	For these requirements, refer to the <u>Blue Cross Pharmacy Benefit Drugs</u> page at <b>ereferrals.bcbsm.com</b> .



# Services that require authorization for Michigan providers

For Medicare Plus Blue<sup>SM</sup> Updated May 2025

Services	Requirements	
Musculoskeletal procedures See also:  Pain management	Prior authorization is required through TurningPoint. See the <u>Blue Cross Musculoskeletal Services</u> page on <b>ereferrals.bcbsm.com</b> .	
Noncoronary vascular stents	<ul> <li>For dates of service on or after Jan. 1, 2024, prior authorization isn't required.</li> <li>For dates of service before Jan. 1, 2024, prior authorization is required. Submit requests through the e-referral system.</li> </ul>	
Oncology and supportive care drugs — medical benefit and pharmacy benefit	<ul> <li>Prior authorization is required through OncoHealth.</li> <li>Starting Jan. 1, 2025, OncoHealth manages prior authorizations for oncology medical benefit drugs. (Before Jan. 1, 2025, Carelon Medical Benefits managed these prior authorizations.)</li> <li>Starting April 1, 2025, OncoHealth manages prior authorizations for oncology pharmacy benefit drugs. (Before April 1, 2025, Blue Cross and BCN Pharmacy departments managed these prior authorizations.)</li> <li>For additional information, see the Blue Cross Medical Benefit Drugs page at ereferrals.bcbsm.com.</li> </ul>	
Pain management See also:  • Musculoskeletal procedures	Prior authorization isn't required for dates of services on or after May 1, 2025.  For dates of service before May 1, 2025, prior authorization is required through TurningPoint.  See the Blue Cross Pain Management Services page on ereferrals.bcbsm.com.	
Partial hospitalization program for mental health and substance use disorders	Prior authorization and approvals for extensions are required. For details, see the <u>Blue Cross Behavioral Health: Frequently asked questions for providers</u> PDF.	
Post-acute care services (long-term acute care, skilled nursing and inpatient rehabilitation facilities)	For dates of service on or after Oct. 1, 2024, prior authorization is required through Blue Cross. Submit requests through the e-referral system.  Note: For retroactive authorization requests with dates of service on or before Sept. 30, submit requests to BCN through the e-referral system. Be sure to enter the Centers for Medicare & Medicaid Services-determined PDPM code in the Case Communication field. We'll accept retroactive requests through Sept. 30, 2025. If you have questions, send them to <a href="UMMedicarePACCA@bcbsm.com">UMMedicarePACCA@bcbsm.com</a> .  Refer to the document <a href="Post-acute care requirements: Information for providers">Post-acute care requirements: Information for providers</a> .	
Radiation oncology  Note: Prior authorization isn't required for services for members who are enrolled in a Medicare-approved clinical trial.	Prior authorization is required through EviCore by Evernorth® for services performed for adult members in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the Blue Cross Oncology Services page at ereferrals.bcbsm.com.	
Radiofrequency ablation, cardiac	Prior authorization is required. Submit requests through the e-referral system. See the document titled <u>Preview questionnaires and medical necessity criteria</u> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.	



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For Medicare Plus Blue<sup>SM</sup>
Updated May 2025

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Radiology (advanced imaging)  Note: Authorization is not required for services for members who are enrolled in a Medicare-approved clinical trial.	Prior authorization is required through Carelon Medical Benefits Management for select radiology (advanced imaging) procedures when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the <a href="Radiology Services">Radiology Services</a> , High Tech page in the Blue Cross section of the <a href="ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> website. Contact Carelon at 1-800-728-8008.
Rhinoplasty	Prior authorization is required. Submit requests through the e-referral system. See the document titled <u>Preview questionnaires and medical necessity criteria</u> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Sacral nerve neuromodulation / stimulation	Prior authorization is required. Submit requests through the e-referral system.
Septoplasty	Prior authorization is required. Submit requests through the e-referral system. See the document titled <u>Preview questionnaires and medical necessity criteria</u> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Sinusotomy, frontal, endoscopic	Prior authorization is required. Submit requests through the e-referral system. See the document titled <u>Preview questionnaires and medical necessity criteria</u> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Sleep studies, in-lab	For dates of service on or after Oct. 9, 2023: Prior authorization isn't required.  For dates of service before Oct. 9, 2023: Prior authorization is required through Carelon Medical Benefits Management for in-lab sleep studies when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the <a href="Sleep Studies page">Sleep Studies page</a> in the Blue Cross section of the <a href="ereferrals.bcbsm.com">ereferrals.bcbsm.com</a> website. Contact Carelon at 1-800-728-8008.
Subacute detox	<ul> <li>Inpatient subacute detox requires prior authorization. For details, see the <u>Blue Cross Behavioral Health: Frequently asked questions for providers PDF.</u></li> <li>Outpatient subacute detox doesn't require prior authorization.</li> </ul>
Transcatheter arterial chemoembolization (TACE) and radioembolization of liver tumors	Prior authorization is required. Submit requests through the e-referral system.
Thyroidectomy, partial and total	Prior authorization is required. Submit requests through the e-referral system. See the document titled <a href="Preview questionnaires and medical necessity criteria">Preview questionnaires and medical necessity criteria</a> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Varicose vein treatment	Prior authorization is required. Submit requests through the e-referral system.

#### How to submit prior authorization requests

To submit requests:

1. Log in to our provider portal (availity.com\*\*).



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- 2. Click Payer Spaces in the menu bar and then click the BCBSM and BCN logo.
- 3. Click the link for the appropriate tile in the Applications tab.

To learn how to submit requests using other methods (for example, by fax or phone), see the pertinent page in the <u>Blue Cross section of the ereferrals.bcbsm.com website</u>.

#### Section 2: Procedure codes that require authorization

To determine which procedures codes require prior authorization for Medicare Plus Blue members, see the document titled <u>Procedure codes for which providers must request prior authorization</u>.

To access this document, go to **ereferrals.bcbsm.com**, click *Blue Cross*, click the *Prior Authorization* link in the left navigation and then click the *Procedure codes for which providers must request prior authorization* link.

### Blue Dot changes to this document

Service / topic	Change description
Pain management	We updated this document to show that pain management procedures don't require prior authorization for Medicare Advantage members for dates of service on or after May 1, 2025.
Part D drugs	Added a Medications covered under the pharmacy benefit (Medicare Part D) row.
Oncology pharmacy benefit drugs	Updated information about oncology and supportive care drugs to state that OncoHealth manages prior authorizations for oncology pharmacy for dates of service on or after April 1, 2025.
Blepharoplasty and repair of brow ptosis	We updated this document to show that select cases will auto-approve when prior authorization requests include an appropriate diagnosis code.
Various	We updated this document to show that the document previously titled <i>Authorization criteria</i> and preview questionnaires is now titled <u>Preview questionnaires and medical necessity criteria</u> .
Sacral nerve neuromodulation / stimulation	We updated this document to show that this service no longer requires the completion of questionnaires in the e-referral system starting Feb. 23, 2025.
Continuous glucose monitor products	This document was updated to include a link to the document titled <u>Continuous glucose monitor</u> products Frequently asked questions for prescribing providers.
Left atrial appendage closure	This document was updated to show that the service doesn't require prior authorization for dates of service on or after Feb. 2, 2025.
Medical oncology drugs	We updated this document to show that providers must obtain prior authorization for medical oncology drugs through OncoHealth starting Jan. 1, 2025.
Transcatheter arterial chemoembolization (TACE) and radioembolization of liver tumors	We updated this document to show that this service no longer requires the completion of questionnaires in the e-referral system starting Nov. 24, 2024.
Clinical criteria	We added a link to the Medicare Advantage Prior Authorization page on bcbsm.com.



## Services that require authorization for Michigan providers

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Updated May 2025

Service / topic	Change description
Home health care	We updated this document to show that these services won't require prior authorization for Medicare Advantage members for dates of service on or after Oct. 1, 2024.
Post-acute care	We updated this document to show that providers must submit prior authorization requests to Blue Cross or BCN through the e-referral system for Medicare Advantage members starting Oct. 1, 2024.
General	We replaced the "Contact information: Medicare Plus Blue" and "Contact information: Vendors" sections with a new "How to submit prior authorization requests" section.
Continuous glucose monitor products	For dates of service on or after Oct. 1, 2024, Medicare Plus Blue members must obtain their CGM products through a participating network pharmacy. Prior authorization could be required in certain circumstances.
	Exception: UAW Retiree Medical Benefits Trust members with Medicare Plus Blue plans are excluded from this change. These members should continue to obtain their CGM products through a DME supplier.
Various	This document is clarified to show:
	That providers should refer to the document <u>Preview questionnaires and medical necessity criteria</u> for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system
	Updated information about which services require prior authorization
Transcatheter arterial chemoembolization, or TACE, and radioembolization of liver tumors	This document is updated to reflect that the <i>Vascular embolization or occlusion of hepatic tumors (TACE/RFA)</i> questionnaire in the e-referral system has been replaced by the following questionnaires:
	TACE and radioembolization of liver tumors trigger
	Transcatheter arterial chemoembolization of hepatic tumors (TACE)
	Radioembolization for tumors of the liver
Autism services (applied behavior analysis)	This document is updated to outline the requirements for autism treatment.

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