


This document provides information about plan notification and prior authorization requirements for BCN’s Routine Women’s Health Benefit (formerly known as Woman’s Choice). The most recent changes to this document are marked with a Blue Dot  and each change is explained in the [Blue Dot changes](#) section at the end of this document.

The Routine Women’s Health Benefit is a program that allows BCN commercial members to directly access BCN-contracted providers who perform women’s health services without a global referral from their primary care provider. For additional information, refer to the [Routine Women’s Health Benefit specialty and procedure/diagnosis code requirements](#).

The plan notification and prior authorization requirements for obstetric-gynecologic services are listed below. This list is not all-inclusive. Only the most commonly requested services are included in this list.

- All services are subject to a member’s eligibility and benefits.
- Submit plan notification and prior authorization requests through the e-referral system. For additional information about plan notification and prior authorization, see the [Michigan providers: BCN global referral, plan notification and prior authorization requirements](#) document.

Note: For requirements related to non-obstetric-gynecologic services, refer to the [Michigan providers: BCN global referral, plan notification and prior authorization requirements](#) document.

Services	Plan notification	Prior authorization
Amniocentesis	✓	
Breast physical examination	No requirements	
Contraceptive management	No requirements	
Elective pregnancy termination		Benefit check
Endometrial ablation	No requirements	
Fetal non-stress test	No requirements	
Gynecological examination and services	No requirements	
Hospital admissions for gynecologic conditions other than delivery		Clinical review
Infertility visits and treatment (when performed by a reproductive endocrinologist)		Benefit check and clinical review

Services	Plan notification	Prior authorization
Laboratory services*	No requirements	
Maternity inpatient: up to 48 hours following routine delivery / 96 hours following C-section	✓	
Pap smear	No requirements	
Radiology services (non-high-tech) — for example, bone density studies, mammograms, maternity ultrasounds, and pelvic ultrasounds	No requirements	
Surgical procedures, routine, in office	No requirements	
Surgical procedures, routine, in outpatient facilities	✓	
Surgical treatment of spontaneous or missed abortion	✓	
Treatment of suspected or confirmed malignancy	✓	
Tubal ligations performed at the time of inpatient delivery		Benefit check
Voluntary sterilization		Benefit check

*All laboratory services must be directed to a laboratory in the JVHL network or to the designated lab vendor.

Blue Dot changes

Service or topic	Change description
Prior authorization requirements	For services that require prior authorization, we updated the Prior authorizations column to indicate whether the service requires a benefit check, clinical review or both.
General	We updated the look of this document and reorganized the information.
Global referral and plan notification requirements	This document is updated to clarify that for BCN commercial members who have a point-of-service plan, there are no global referral or plan notification requirements for any service.
Program name	This document is updated to show that the Woman's Choice program is now known as Routine Women's Health Benefit.

Joint Venture Hospital Laboratories is an independent company that provides a statewide network and third-party administration for outpatient laboratory services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Plus Blue, BCN commercial and BCN Advantage plans. They also manage prior authorizations for genetic testing for members with BCN commercial or BCN Advantage coverage.