

## **Summary of utilization management programs** for Michigan providers

For Blue Cross commercial, Medicare Plus Blue<sup>SM</sup>, Blue Care Network commercial and BCN Advantage<sup>SM</sup>

Revised August 2025

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This document describes the referral and plan notification requirements that apply to Blue Cross Blue Shield of Michigan and Blue Care Network members. It also summarizes the types of procedures and services that require prior authorization for Blue Cross and BCN members and indicates which entity manages prior authorizations.

Note: To view prior authorization requirements for MESSA members, see the document titled MESSA's list of services requiring mandatory prior authorization\* at messa.org.

## BCN commercial members only: Referral and plan notification requirements

Referral and plan notification requirements apply only to BCN commercial members. They don't apply to Blue Cross commercial, Medicare Plus Blue or BCN Advantage members.

	Blue Cross commercial fully insured	Blue Cross commercial self- funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage
Referral and plan notification	No	No	No	Yes – varies by region and product	No

Submit referral requests and plan notifications through the e-referral system, as outlined in the e-referral User Guide.

**When are referrals needed?** BCN commercial's referral requirements vary based on region and the BCN product through which the member has coverage.

What is plan notification? Plan notification alerts BCN to a scheduled service and facilitates claims payment (clinical review isn't needed). BCN commercial's plan notification requirement varies based on region.

When are referrals and plan notifications required? Providers must follow the requirements that apply to the region in which the headquarters for their medical care group is located.

- In the East and Southeast regions, submit referral requests and plan notifications to BCN through the e-referral system.
- In the Mid, West and Upper Peninsula regions, referrals and plan notifications **aren't** required. Providers don't need to submit anything in the e-referral system.



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#### Notes:

- See <u>Michigan providers: BCN global referral, plan notification and prior authorization requirements</u> for additional information about referrals and plan notifications.
- In all regions, prior authorization is required when the provider is out-of-network for the member's plan. See the <u>Michigan providers: BCN global referral, plan notification and prior authorization</u> requirements document for additional details.

### Services that require prior authorization

The tables that follow are not all-inclusive lists of procedures and services that require prior authorization. For more information, visit ereferrals.bcbsm.com.

**Note:** The information in these tables is for summary purposes only. For Blue Cross commercial members, not all services in the categories listed require prior authorization for every employer group. The lists of groups identified as excluded from specific authorization requirements are not all-inclusive. Providers are responsible for identifying the need for prior authorization through our provider portal (<u>availity.com</u>\*) or through Provider Inquiry. Providers are responsible for contacting Blue Cross, BCN or the designated vendor to obtain prior authorization for services.

#### Behavioral health services (mental health and substance use disorders)

	Is prior authorization required? / Who makes the determinations					
	Blue Cross commercial fully insured	Blue Cross commercial self- funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage	
Procedure or service	Refer to the Blue Cross <u>Behavioral</u> <u>Health</u> page.	Refer to the Blue Cross <u>Behavioral</u> <u>Health</u> page.	Refer to the Blue Cross <u>Behavioral</u> <u>Health</u> page.	Refer to the BCN Behavioral Health page.	Refer to the BCN <u>Behavioral Health</u> page.	
Routine outpatient therapy in clinic or provider office	No	No	No	No	No	
Outpatient autism services (applied behavior analysis)	<b>Yes</b> Blue Cross Behavioral Health <sup>SM</sup>	Yes, if the group opts into the standard BlueCross autism program Blue Cross Behavioral Health	<b>Yes</b> Blue Cross Behavioral Health	<b>Yes</b> Blue Cross Behavioral Health	<b>Yes</b> Blue Cross Behavioral Health	
Outpatient ECT	No	No	No	No For dates of service on or after Jan. 1, 2023	No For dates of service on or after Jan. 1, 2023	



this service

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	ls prior	authorization red	quired? / Who ma	akes the determ	inations
	Blue Cross commercial fully insured	Blue Cross commercial self- funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage
Procedure or service	Refer to the Blue Cross <u>Behavioral</u> <u>Health</u> page.	Refer to the Blue Cross <u>Behavioral</u> <u>Health</u> page.	Refer to the Blue Cross <u>Behavioral</u> <u>Health</u> page.	Refer to the BCN Behavioral Health page.	Refer to the BCN Behavioral Health page.
Outpatient neurofeedback	No	No	No	No For dates of service on or after Jan. 1, 2024	No For dates of service on or after Jan. 1, 2024

	insured	funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage
Procedure or service	Refer to the Blue Cross <u>Behavioral</u> <u>Health</u> page.	Refer to the Blue Cross <u>Behavioral</u> <u>Health</u> page.	Refer to the Blue Cross <u>Behavioral</u> <u>Health</u> page.	Refer to the BCN Behavioral Health page.	Refer to the BCN Behavioral Health page.
Outpatient neurofeedback	No	No	No	No For dates of service on or after Jan. 1, 2024  Yes For dates of service before Jan. 1, 2024  Blue Cross	No For dates of service on or after Jan. 1, 2024  Yes For dates of service before Jan. 1, 2024 Blue Cross
Outpatient TMS	Yes Blue Cross Behavioral Health	Yes, if the group offers the TMS benefit Blue Cross Behavioral Health	No	Yes Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health
Initial inpatient, residential or partial hospital	Yes Blue Cross Behavioral Health	<b>Yes</b> Blue Cross Behavioral Health	<b>Yes</b> <sup>1</sup> Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health	<b>Yes</b> <sup>1</sup> Blue Cross  Behavioral Health
Intensive outpatient treatment	No	No	No For dates of service on or after Jan. 1, 2024  Yes For dates of service before Jan. 1, 2024 Blue Cross Behavioral Health	No For dates of service on or after Jan. 1, 2024  Yes For dates of service before Jan. 1, 2024 Blue Cross Behavioral Health	No For dates of service on or after Jan. 1, 2024  Yes For dates of service before Jan. 1, 2024 Blue Cross Behavioral Health
Subacute detox, inpatient	Yes Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health	Yes Blue Cross Behavioral Health	<b>Yes</b> Blue Cross Behavioral Health
Subacute detox, outpatient — for providers who are contracted to provide	No	No	No	No	No

<sup>1</sup>Note: Medicare Plus Blue and BCN Advantage don't have a residential mental health treatment benefit.



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#### Non-behavioral health services

	Is prior authorization required? / Who makes the determination?					
Procedure or service	Blue Cross commercial fully insured	Blue Cross commercial self- funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage	
Air ambulance	Yes Alacura Medical Transport Management, for non-emergency flights only  Refer to the Blue Cro Services		No	Yes Alacura Medical Transport Management, for non-emergency flights only  Refer to the BCN Air Ambulance Services page.	No	
Cardiology (See also: Echocardiology)	Yes For dates of service on or after Sept. 1, 2023 Carelon Medical Benefits Management Refer to the Blue Cross Cardiology Services page.  No For dates of service before Sept. 1, 2023	No	Yes Carelon Refer to the Blue Cross <u>Cardiology</u> <u>Services</u> page.	Yes Carelon Refer to the BCN Cardiology Services page.	Yes Carelon Refer to the BCN Cardiology Services page.	
Chiropractic services	No	No	No	Yes BCN Utilization Management  Refer to the BCN C pa		
Continuous	Yes	No	Yes	Yes	Yes	
Prior authorization could be required in certain circumstances. Northwood, Inc. or the network pharmacy will coordinate prior authorization requests as needed.  See also: Continuous glucose monitor products: FAQs for prescribing providers	Northwood (preferred provider)  Members who have pharmacy benefits through Blue Cross can also obtain CGM products through a participating network pharmacy.	The dispensing DME supplier may require the member to fulfill coverage criteria. (Northwood doesn't manage prior authorizations for Blue Cross commercial self- funded groups.)  Members who have pharmacy benefits through Blue Cross can also obtain CGM products through a participating network pharmacy. Prior authorization	For dates of service on or after Oct. 1, 2024 Submit prescription to network pharmacy  Exception: UAW Retiree Medical Benefits Trust members must obtain CGMs through a DME supplier.  For dates of service before Oct. 1, 2024 Northwood, Inc.	Northwood, Inc.  Members who have pharmacy benefits through BCN can also obtain CGM products through a participating network pharmacy.	For dates of service on or after Oct. 1, 2024 Submit prescription to network pharmacy  Exception: UAW Retiree Medical Benefits Trust members must obtain CGMs through Northwood.  For dates of service before Oct. 1, 2024 Northwood, Inc.	
		may be required.	(preferred provider)			



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	Is prior authorization required? / Who makes the determination?						
Procedure or service	Blue Cross commercial fully insured	Blue Cross commercial self- funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage		
Diabetes supplies	Yes	No	Yes	Yes	Yes		
Prior authorization is required only in certain circumstances; see the provider FAQ for details.  See also: Continuous glucose monitors and supplies	Northwood, Inc. (preferred provider) Refer to the Blue Cross <u>Diabetes</u> <u>Supplies</u> page.		For dates of service on or after Jan. 1, 2024  Northwood, Inc. (preferred provider)  For dates of service before Jan. 1, 2024  J&B Medical Supply (preferred provider)  Refer to the Blue Cross Diabetes	For dates of service on or after Jan. 1, 2024  Northwood, Inc. (exclusive provider)  For dates of service before Jan. 1, 2024  J&B Medical Supply	For dates of service on or after Jan. 1, 2024 Northwood, Inc. (exclusive provider) For dates of service before Jan. 1, 2024 J&B Medical Supply		
			<u>Supplies</u> page.		<u>betes Supplies</u> page.		
Durable medical equipment and prosthetics and orthotics See also: Continuous glucose monitors and supplies	Yes Northwood, Inc. (preferred provider) Refer to the Blue Cross DME/P&O page.	No	Yes Northwood, Inc. (preferred provider) Refer to the Blue Cross DME/P&O page.	Yes Northwood, Inc. Refer to the BCN DME/P&O page.	Yes Northwood, Inc. Refer to the BCN DME/P&O page.		
Drugs covered under the medical benefit	Yes	Yes, for participating groups⁺	Yes	Yes	Yes		
(See also: Oncology and supportive care drugs — medical benefit and pharmacy	Blue Cross or BCN Pharmacy department Submit requests through the Medical and Pharmacy Drug PA Portal, which you can access by clicking the Medical and Pharmacy Benefit Drug Prior Auth tile in in our provider portal (availity.com*).						
benefit)	Refer to the <u>Blue Cross Medical Benefit Drugs</u> page.  Refer to the <u>BCN Medical Benefit D</u> page.						
	†Participating groups are those that participate in the standard commercial Medical Drug Prior Authorization Program. To determine group participation, see the <a href="Specialty Pharmacy Prior Authorization Master Opt-in/out Group List">Specialty Pharmacy Prior Authorization Master Opt-in/out Group List</a> .						
Drugs covered	Yes	Yes	Yes	Yes	Yes		
under the pharmacy benefit (See also: Oncology and supportive care	Blue Cross or BCN Pharmacy department  Submit requests through the Medical and Pharmacy Drug PA Portal, which you can access by clicking the Medical and Pharmacy Benefit Drug Prior Auth tile in in our provider portal (availity.com*).						
drugs — medical benefit and pharmacy	Refer to the Blu	e Cross Pharmacy Benefi	Refer to the BCN Pharmacy Benefit Drugs page.				
benefit)	<sup>†</sup> Alternately, providers ca authorization, or ePA, to		ion requests through Cove	erMyMeds or other elec	tronic prior		
Echocardiology (See also: Cardiology)	Yes Carelon Medical Benefits Management	Yes Carelon For all groups except UAW Retiree Medical Benefits Trust, Blue Cross and Blue Shield Federal Employee Program®, State of Michigan plans and select Ascension Health groups	Yes Carelon	Yes Carelon	Yes Carelon		
	Refer to the B	lue Cross <u>Cardiology Ser</u>	<u>vices</u> page.		Cardiology Services ge.		



- knee, hip, shoulder)

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Refer to the BCN Musculoskeletal Services

page.

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	Is prior authorization required? / Who makes the determination?					
Procedure or service	Blue Cross commercial fully insured	Blue Cross commercial self- funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage	
Genetic and molecular testing	No	No	No	Yes Joint Venture Hospital Laboratories	Yes Joint Venture Hospital Laboratories  aboratory Services	
				pa		
Home health care services	No	No	No	No	No	
Inpatient admissions, acute care (hospitals)	Yes Blue Cross Utilization Management Refer to the Blue Cross Acute Inpatient Medical and Surgical Admissions page.	Yes Blue Cross Utilization Management Refer to the Blue Cross Acute Inpatient Medical and Surgical Admissions page.	Yes Blue Cross Utilization Management Refer to the Blue Cross Acute Inpatient Medical and Surgical Admissions page.	Yes BCN Utilization Management Refer to the BCN Acute Inpatient Medical and Surgical Admissions page. See also: Guidel admis	Yes BCN Utilization Management Refer to the BCN Acute Inpatient Medical and Surgical Admissions page.  ines for bundling	
Joint surgery – knee, hip, shoulder (See also: Musculoskeletal procedures, other)	Yes TurningPoint  Refer to the Blue	Yes, for select groups TurningPoint For UAW Retiree Medical Benefits Trust non- Medicare members  Cross Musculoskeletal S	Yes TurningPoint  Services page.	Yes TurningPoint  Refer to the BCN Muse par	Yes TurningPoint	
Musculoskeletal procedures, other (See also: Joint surgery	<b>Yes</b> TurningPoint	Yes, for select groups <sup>†</sup> TurningPoint	<b>Yes</b> TurningPoint	Yes TurningPoint	Yes TurningPoint	

Refer to the Blue Cross Musculoskeletal Services page.

<sup>†</sup>For UAW Retiree Medical Benefits Trust non-Medicare members



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	ls prior	Is prior authorization required? / Who makes the determination?					
Procedure or service	Blue Cross commercial fully insured	Blue Cross commercial self- funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage		
Oncology and supportive care drugs — medical benefit and pharmacy benefit, managed through the Oncology Value Management program (See also: Radiation oncology)	Yes OncoHealth  Exception: MESSA doesn't participate in this program.	Yes, for participating groups  Carelon for UAW Retiree Medical Benefits Trust PPO non-Medicare members  OncoHealth for other self-funded groups that participate in this program†	Yes OncoHealth	Yes OncoHealth for all fully insured groups and for self-funded groups that participate in this program.†	Yes OncoHealth		
	Refer to the BI	ue Cross <u>Medical Benefit</u>	<u>Drugs</u> page.	Refer to the BCN Mpa	edical Benefit Drugs ge.		
	<ul> <li>Before Jan. 1, 2025, Carelon managed prior authorizations for oncology medical benefit drugs for all groups that had requirements under the program and for all individual members.</li> <li>Before April 1, 2025, Blue Cross and BCN managed prior authorizations for oncology pharmacy benefit drugs for all members.</li> <li>When administered in inpatient or outpatient settings, submit prior authorization requests for gene and cellular therapy drugs through the Medical and Pharmacy Drug PA Portal, which is accessed by clicking the Medical and Pharmacy Benefit Drug Prior Auth tile in our provider portal (availity.com*).</li> <li>*To determine which groups participate, see the commercial self-funded group participation list.</li> </ul>						
Pain management	Yes	Yes, for select	No, for dates of service on or after	Yes	No, for dates of service on or after		
	TurningPoint	groups TurningPoint For UAW Retiree Medical Benefits Trust non- Medicare members	May 1, 2025  Yes  TurningPoint	TurningPoint	May 1, 2025  Yes  TurningPoint		
	Refer to the Blue	Cross Pain Management	Services page.		Pain Management s page.		
Physical, occupational and speech therapy with an autism diagnosis†	No  †Includes physical medic	No  ine services by athletic tr	Not applicable	No, for members under age 19 for all dates of service  No, for members 19 and older for dates of service on or after Jan. 1, 2024  Yes, for members 19 and older for dates of service before Jan. 1, 2024, through eviCore healthcare  Refer to the BCN Autism page.	Not applicable		



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Procedure or service	Blue Cross commercial fully insured	Blue Cross commercial self- funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage		
Physical and occupational therapy with a non-autism diagnosis	No	No	No	Yes eviCore healthcare Includes physical medicine services by chiropractors and by athletic trainers  Refer to the BCN PT,	Yes eviCore healthcare		
				Medicine Se			
Post-acute care (SNF, inpatient rehab, LTAC)	<b>Yes</b> Blue Cross Utilization Management	<b>Yes</b> Blue Cross Utilization Management	<b>Yes</b> Blue Cross Utilization Management	Yes BCN Utilization Management	<b>Yes</b> Blue Cross Utilization Management		
	Refer to the	Blue Cross Post-Acute C	are page.	Refer to the BCN Po	est-Acute Care page.		
Private duty nursing For:  HCPCS codes S9123 and S9124  Members who have the benefit  Proton beam therapy (For information about other radiation oncology procedures, see Radiation oncology below)	Yes, for select groups Utilization Management department  Refer to the Blue Cross pag  Yes eviCore healthcare		Yes eviCore healthcare	Yes Utilization Management department  Refer to the BCN Private Duty Nursing page.  Yes eviCore healthcare	Yes eviCore healthcare		
		Blue Cross Oncology Serv		Refer to the BCN Oncology Services pa			
Radiation oncology, other than proton beam therapy (For information about proton beam therapy, see Proton beam therapy above.)	Yes eviCore healthcare	Yes Carelon Medical Benefits Management (formerly AIM Specialty Health) For UAW Retiree Medical Benefits Trust non-Medicare members only except UAW Retiree Healthcare Trust (group 70605) and UAW International Union (group 71714)	Yes eviCore healthcare	Yes eviCore healthcare	Yes eviCore healthcare		



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Procedure or service	Blue Cross commercial fully insured	Blue Cross commercial self- funded groups	Medicare Plus Blue	BCN commercial	BCN Advantage		
Radiology procedures (high- tech imaging)	Yes Carelon Medical Benefits Management (formerly AIM Specialty Health)	Yes Carelon For all groups, including Blue Cross and Blue Shield Federal Employee Program and UAW Retiree Medical Benefits Trust Excluded are State of Michigan plans and select Ascension Health groups	<b>Yes</b> Carelon	<b>Yes</b> Carelon	<b>Yes</b> Carelon		
	Refer to the Blue C	cross <u>Radiology Services</u> ,	High Tech page.	Refer to the BCN Rac Tech	liology Services, High page.		
Sleep studies – in lab	Yes Carelon Medical Benefits Management (formerly AIM Specialty Health)	Yes Carelon For all groups except Blue Cross and Blue Shield Federal Employee Program, State of Michigan plans and select Ascension Health groups	No, for dates of service on or after Oct. 9, 2023 Yes, for dates of service before Oct. 9, 2023 Carelon	Yes For dates of service on or after Sept. 1, 2023 Carelon For dates of service before Sept. 1, 2023 BCN Utilization Management	No, For dates of service on or after Oct. 9, 2023  Yes, for dates of service before Oct. 9, 2023  BCN Utilization Management		
	Refer to th	e Blue Cross Sleep Studi	es page.	Refer to the BCN Sleep Studies page.			
Speech therapy with a non-autism diagnosis	No	No	No	Yes eviCore healthcare  Refer to the BCN PT, OT, ST and Physical Medicine Services page.	Yes eviCore healthcare Refer to the BCN PT, OT, ST and Physical Medicine Services page.		
Spine surgery -	Yes	Yes, for select	Yes	Yes	Yes		
cervical and lumbar	TurningPoint  Refer to the Blue  Cross <u>Musculoskeletal</u> <u>Services</u> page.	groups TurningPoint For UAW Retiree Medical Benefits Trust non- Medicare members  Refer to the Blue Cross Musculoskeletal Services page.	TurningPoint  Refer to the Blue  Cross  Musculoskeletal  Services page.	TurningPoint Refer to the BCN Musculoskeletal Services page.	TurningPoint  Refer to the BCN <u>Musculoskeletal</u> <u>Services</u> page.		
Transplants	Yes Blue Cross Human Organ Transplant team  Refer to the Blue Cross Transplant Services page.	Yes Blue Cross Human Organ Transplant team  Refer to the Blue Cross Transplant Services page.	No	Yes Human Organ Transplant team  Refer to the BCN Transplant Services page.	No For dates of service on or after Jan. 1, 2024  Yes For dates of service before Jan. 1, 2024  Human Organ Transplant team		



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