Blue Care Network of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Michigan providers: BCN global referral, plan notification and prior authorization requirements

For BCN commercial and BCN Advantage℠

Effective January 2007 | Updated September 25, 2026

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This document provides information about BCN's global referral, plan notification and prior authorization requirements for Michigan providers. The most recent changes to this document are marked with a Blue Dot and each change is explained in the Blue Dot changes in this document section at the end of this document.

Requirements for services provided by non-Michigan providers may vary from those outlined in this document. For more information, see the document titled Non-Michigan providers: BCN prior authorization requirements in the BCN section of **authorizations.bcbsm.com**.

Check each member's eligibility and benefits prior to providing services. To learn how, complete the *Effective searches in Benefits & Eligibility mini module* on our provider training site. Access the mini module by logging in to our provider portal (availity.com**), clicking *Payer Spaces* on the menu bar, clicking the BCBSM and BCN logo, and then clicking the *Provider Training Site* tile on the Applications tab; on the provider training site, search on the name of the mini module.

Additional resources

- For the list of procedure codes that require prior authorization, see the Procedure codes for which providers must request prior authorization document on **authorizations.bcbsm.com**.
- For additional information about services, see the pertinent page on authorizations.bcbsm.com.
- For general information about global referral, plan notification and prior authorization requirements, refer to the Utilization Management chapter, the Behavioral Health chapter and the BCN Advantage chapter of the *BCN Provider Manual*.

Requirements at a glance

The following table provides a summary of global referral, plan notification and prior authorization requirements by service. The name of the service is linked when additional information is available; click the link to view the additional information. The list of services within the table isn't all inclusive.

For more information, see How to submit global referral requests, plan notifications and prior authorization requests.

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Service	Requirements					
	Global referral		Plan notification		Prior authorization	
	BCN commercial: East, Southeast regions	**BCN commercial:** Mid, West, UP regions and POS plans[1] / **BCN Advantage**	**BCN commercial:** East, Southeast regions	**BCN commercial:** Mid, West, UP regions and POS plans[1] / **BCN Advantage**	**BCN commercial:** East, Mid, Southeast, West, UP regions and POS plans[1]	**BCN Advantage**
Acupuncture					Benefit check and clinical review[3]	Benefit check and clinical review[3]
Ambulance, air — emergency flights	No global referral, plan notification or prior authorization requirements					
Ambulance, air — non-emergency flights					Clinical review	Clinical review
Ambulance, ground — emergency transport	No global referral, plan notification or prior authorization requirements					
Ambulance, ground — non-emergency transport	No global referral, plan notification or prior authorization requirements					
Ambulatory event monitors, implantable	Plan notification is required for dates of service on or after Sept. 28, 2025. Click the link at the left for additional information.					
Anesthesia	No global referral, plan notification or prior authorization requirements					
Applied behavior analysis for the treatment of autism					Clinical review	Clinical review
Arthroscopy, knee					Clinical review	Clinical review
Balloon ostial dilation					Clinical review[2]	Clinical review[2]
Bariatric surgery			✓[4]			
Biofeedback for urinary incontinence and chronic constipation			✓			
Blepharoplasty					Clinical review[2]	Clinical review[2]
Bone anchored hearing aid					Benefit check and clinical review	Benefit check and clinical review
Bone density studies	No global referral, plan notification or prior authorization requirements					
Breast elastography using magnetic resonance or ultrasound					Clinical review[2]	Clinical review[2]

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Breast implant management					Clinical review[2]	Clinical review[2]
Breast reconstruction					Clinical review[2]	Clinical review[2]
Breast reduction					Clinical review[2]	Clinical review[2]
Cardiac ablation					Clinical review[2]	Clinical review[2]
Cardiac rehabilitation					Benefit check	Benefit check
Cardiology procedures					Clinical review[3]	Clinical review[3]
Cervical spine surgery					Clinical review	Clinical review
Chemical peels					Clinical review	Clinical review
Chemotherapy					Clinical review[3]	Clinical review[3]
Chiropractic services (spinal manipulations)	✓				Benefit check	Benefit check
Cognitive rehabilitation					Benefit check	Benefit check
Colonoscopy — virtual					Clinical review	Clinical review
Continuous glucose monitor products					Clinical review[3]	Clinical review[3]
Coronary computed tomography — angiography (CCTA)					Clinical review	Clinical review
Cosmetic or reconstructive surgery					Clinical review[2]	Clinical review[2]
Dental general anesthesia or dental services					Clinical review[2]	Clinical review[2]
Developmental delay treatment					Clinical review	Clinical review
Diabetes supplies					Clinical review[3]	Clinical review[3]
Diagnostic and therapeutic tests			✓[4]			

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Drugs covered under the medical benefit					Clinical review[3]	Clinical review[3]
Drugs covered under the pharmacy benefit					Clinical review[3]	Clinical review[3]
Durable medical equipment and prosthetics and orthotics (DME and P&O)					Clinical review	Clinical review
Echocardiograms					Clinical review	Clinical review
Electrocardiograms (EKGs)	No global referral, plan notification or prior authorization requirements					
Emergency room services	No global referral, plan notification or prior authorization requirements					
Endoscopic bypass					Clinical review[2]	Clinical review[2]
Endoscopy, upper gastrointestinal, for gastroesophageal reflux disease	Plan notification is required for dates of service on or after Feb. 23, 2025. Click the link at the left for additional information.					
Endovascular intervention, peripheral artery					Clinical review	Clinical review[2]
Enteral nutrition (must be provided by home infusion therapy provider)					Clinical review[2]	Clinical review[2]
Epidural or intrathecal catheter (trial or permanent placement)					Clinical review	Clinical review
Excess skin removal					Clinical review	Clinical review
Experimental and investigational					Clinical review[2]	Clinical review[2]
Fetal non-stress tests	No global referral, plan notification or prior authorization requirements					
Gastric pacing / stimulation					Clinical review[2]	Clinical review[2]
Gender affirmation services					Benefit check and clinical review[3]	Benefit check and clinical review[3]

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Hammertoe correction surgery					Clinical review[2]	Clinical review[2]
Hearing aid services (with hearing aid rider)	No global referral, plan notification or prior authorization requirements					
Holter monitor	No global referral, plan notification or prior authorization requirements					
Home healthcare (by home healthcare agencies only)						Clinical review
Home infusion	No global referral, plan notification or prior authorization requirements					
Hospice services, 5th level					Benefit check and clinical review[3]	Benefit check and clinical review[3]
Hyperbaric oxygen therapy					✓	✓
Immunizations	No global referral, plan notification or prior authorization requirements					
Infertility procedures					Benefit check and clinical review	Benefit check and clinical review
Inpatient admissions (acute medical / surgical)					✓	✓
Inpatient hospital program (mental health / substance use disorders)					Clinical review	Clinical review
Intensive outpatient program (mental health / substance use disorders)	No global referral, plan notification or prior authorization requirements					
Joint replacement (initial or revision), total – hip or knee					Clinical review	Clinical review
Joint replacement (initial), total — shoulder					Clinical review	Clinical review
Laboratory services, general	No global referral, plan notification or prior authorization requirements					
Laboratory services, genetic and molecular testing					Clinical review	Clinical review

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Left atrial appendage closure	Plan notification is required for dates of service on or after Feb. 2, 2025. Click the link at the left for additional information.					
Lumbar spine surgery					Clinical review	Clinical review
Male gynecomastia, surgical treatment					Benefit check and clinical review	Benefit check and clinical review
Maternity: Up to 48 hours following routine delivery / 96 hours following C-section					Clinical review	Clinical review
Medical formula for inborn errors of metabolism					Clinical review	
Medical oncology and supportive care drugs					Clinical review[3]	Clinical review[3]
Medications covered under the medical benefit					Clinical review[3]	Clinical review[3]
MRI of breast					Clinical review	Clinical review
Musculoskeletal procedures, other					Clinical review[3]	Clinical review[3]
Nasal sinus endoscopy (sinusotomy, ethmoidectomy)	Plan notification is required for dates of service on or after Sept. 28, 2025. Click the link at the left for additional information.					
Neurofeedback for behavioral health (outpatient)					Clinical review	Clinical review
Neuropsychological / psychological testing for bariatric surgery			✓			
Noncoronary vascular stents						Clinical review
Not otherwise classified					Clinical review[2]	Clinical review[2]
Observation stays	No global referral, plan notification or prior authorization requirements					

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Oncology and supportive care drugs — medical benefit and pharamcy benefit drugs					Clinical review[3]	Clinical review[3]
Oral surgery					Clinical review[2]	Clinical review
Orthognathic surgery					Clinical review[2]	Clinical review[2]
Otoplasty					Clinical review	Clinical review
Pacemaker adjustments	No global referral, plan notification or prior authorization requirements					
Pain management involving epidural steroid joint injections, facet joint injections, neuroablation and sacroiliac joint injections					Clinical review	Prior authorization requirements **don't** apply for dates of service on or after May 1, 2025.
Panniculectomy (formerly known as abdominoplasty)					Clinical review[2]	Clinical review[2]
Partial hospital program (mental health / substance use disorders)					Clinical review	Clinical review
Pediatric Choice services	No global referral, plan notification or prior authorization requirements					
Pediatric feeding program, elective, inpatient and outpatient					Clinical review	
Physical, occupational and speech therapy (including physical medicine services by chiropractors and by athletic trainers)	Prior authorization requirements apply when services **aren't** related to autism. Click the link at the left for additional information.					
Post-acute care (long-term acute care, inpatient rehabilitation and skilled nursing care)					Clinical review	Clinical review
Pregnancy termination					Benefit check	Benefit check

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Private duty nursing					Benefit check and clinical review	Benefit check and clinical review
Prostatic urethral lift procedures					Clinical review[2]	Clinical review[2]
Proton beam therapy					Clinical review[3]	Clinical review
Pulmonary rehabilitation					Benefit check	Benefit check
Radiation oncology procedures					Clinical review[3]	Clinical review
Radiation therapy					Clinical review[3]	Clinical review[3]
Radiofrequency ablation, peripheral nerves	Plan notification is required for dates of service on or after Sept. 28, 2025. Click the link at the left for additional information.					
Radiology procedures					Clinical review[3]	Clinical review[3]
Responsive stimulation for the treatment of refractory partial epilepsy	Plan notification is required for dates of service on or after Feb. 2, 2025. Click the link at the left for additional information.					
Residential program (mental health / substance use disorders)					Clinical review	
Rhinoplasty					Clinical review[2]	Clinical review[2]
Routine Women's Health Benefit (formerly known as Woman's Choice)			Click the link in the Service column for details.		Click the link in the Service column for details.	
Sacral nerve neuromodulation / stimulation for fecal incontinence or for urinary incontinence					Clinical review[2]	Clinical review
Septoplasty					Clinical review[2]	Clinical review[2]
Sleep studies — home			✓			
Sleep studies — in lab — adult					Clinical review	

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Sleep studies — in lab — pediatric			✓			
Specialist office visits and treatment	✓					
Sterilization procedures (with appropriate benefit)	No global referral, plan notification or prior authorization requirements					
Subacute detoxification, inpatient					Clinical review	Clinical review
Subacute detoxification, outpatient	No global referral, plan notification or prior authorization requirements					
Surgical procedures, routine			✓[4]			
Swallow studies — outpatient			✓[3]			
Swallow therapy — outpatient			✓[3]			
Temporomandibular joint surgery					Clinical review[2]	Clinical review
Thyroidectomy	Plan notification is required for dates of service on or after Sept. 28, 2025. Click the link at the left for additional information.					
Transcatheter arterial chemoembolization (TACE) and radioembolization of liver tumors					Clinical review	Clinical review
Transcranial magnetic stimulation for psychiatric or neurological disorders					Clinical review	Clinical review
Transplants					Clinical review	
Unclassified procedures					Clinical review	Clinical review
Urgent care	No global referral, plan notification or prior authorization requirements					

Service	Requirements					
	Global referral		Plan notification		Prior authorization	
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Varicose veins, treatment (includes endovenous ablation)					Clinical review	Clinical review
Visual training, orthoptic and pleoptic	Plan notification is required for dates of service on or after Sept. 27, 2026. Click the link at the left for additional information.					

[1]POS plans are point-of-service products that allow the flexibility to receive covered health services in or out of network without a global referral.

[2]Submit prior authorization requests to BCN through the e-referral system. Attach all pertinent clinical documentation. See the document titled Preview questionnaires and medical necessity criteria for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.

[3]The requirement applies only for certain services, dates of service, diagnoses, circumstances, settings or plans. Click the link in the Service column for details.

[4]Plan notifications must be submitted by the primary care provider or the specialist with the global referral on file. As a general rule, submit plan notification for BCN commercial members for outpatient diagnostic tests and surgical procedures when they're performed in outpatient hospital facilities or ambulatory surgery facilities in the East and Southeast regions.

Overview of global referrals, plan notifications and prior authorizations

Global referrals

BCN Advantage and BCN commercial point of service, or POS, products don't require global referrals. For members with BCN commercial POS products, the e-referral system and the 278 electronic standard transaction are programmed to remind providers that global referrals are not accepted.

For members with other BCN commercial plans, global referrals are requested by primary care providers so the member can see a specialist. Primary care providers should submit global referral requests to BCN through the e-referral system. For more information, see the e-referral User Guide.

Healthcare providers must follow the global referral requirements that apply to the region in which their medical care group is headquartered. See the interactive Provider Consultant Regions map.

- **When the primary care provider is part of a medical care group headquartered in the Mid, West or Upper Peninsula region:** Global referrals aren't required. The primary care provider must still manage the member's care and communication among providers is still recommended. The primary care provider can communicate with the specialist by phone or fax or through instructions on a prescription. Both the primary care provider and the specialist should include written documentation about the communication in the member's medical record.

- **When the primary care provider is part of a medical care group headquartered in the East or Southeast region:**
  - The primary care provider must submit a global referral to BCN for the member to see a contracted provider to get specialty care. A global referral allows the specialist to perform necessary services to diagnose and treat a member in the office. It also facilitates the processing of claims. Note that providers must submit plan notifications or requests for prior authorization as outlined elsewhere in this document.
  - Specialists may not submit global referrals to other specialists. If the specialist determines that services are needed outside of those specified by a global referral, including further diagnosis or treatment in an alternate treatment setting (either outpatient or inpatient), the specialist is responsible for submitting all required plan notifications or prior authorization requests.

    Exception: OB-GYNs may recommend BCN members see contracted specialists for obstetric-gynecologic services. However, they don't need to submit global referrals through the e-referral system.

Notes:

- Members must choose their primary care provider from the provider network designated for their plan.
- See the MSU Health Plans page at **authorizations.bcbsm.com** for information on the global referral requirements for those plans.

Plan notifications

Plan notifications must be submitted by the primary care provider or the specialist with the global referral on file. As a general rule, submit plan notification for BCN commercial members for outpatient diagnostic tests and surgical procedures when they're performed in outpatient hospital facilities or ambulatory surgery facilities in the East and Southeast regions.

Plan notifications alert BCN to scheduled services and facilitate claims payment. Clinical review isn't required.

Healthcare providers must follow the plan notification requirements that apply to the region in which the headquarters for their medical care group is located. Plan notification requirements apply only to BCN commercial and only when the headquarters of the providers' medical care group is in the East or Southeast region. (See the interactive Provider Consultant Regions map.) Plan notifications must be submitted before services are provided. Submit plan notifications to BCN through the e-referral system by clicking *Submit Referral*. For more information, see the e-referral User Guide.

Noncontracted providers and providers who aren't part of the provider network designated for the member's plan must obtain prior authorization in place of plan notification. See the Prior authorizations section below.

Exception: Products such as Blue Elect Plus℠ POS, Blue Elect Plus HSA℠ POS, Blue Elect Plus HRA℠ POS and Healthy Blue Choices℠ POS allow out-of-network coverage. This means noncontracted and out-of-network providers can provide covered services as long as they do the following:

- For providers in Michigan, follow the prior authorization requirements for the services listed in the "Requirements at a glance" section of this document.
- For providers outside of Michigan, follow the requirements in the document Non-Michigan providers: BCN prior authorization requirements.

Note: The Blue Elect Plus HRA POS plan is available starting Jan. 1, 2025. For more information about the Blue Elect Plus POS plans, see the BCN Blue Elect Plus POS webpage. For more details about Healthy Blue Choices POS, see the BCN Healthy Blue Choices POS webpage.

Prior authorizations

Blue Care Network requires prior authorization for certain procedures to ensure that members get the right care at the right time and in the right location.

As part of the prior authorization process, BCN or the independent company that manages the service does one or both of the following:

- Complete a clinical review to determine medical necessity
- May perform a benefit check to do one or more of the following:
  - Confirm that the service is covered under the member's plan
  - For services that have benefit limits, such as acupuncture and cardiac rehabilitation, ensure that the request won't exceed the benefit limit

Healthcare providers must submit prior authorization requests before providing services. The More information about plan notification and prior authorization requirements for each service section on page 13 specifies where to submit requests for each service that requires prior authorization.

Prior authorization doesn't guarantee payment. When the claim for the service is submitted, it may be subject to edits including — but not limited to — diagnosis, frequency and dose. The outcome of those edits may override the initial authorization.

General rules:

- Healthcare providers who are contracted with BCN must follow the prior authorization requirements outlined in this document.
- When services are performed in an inpatient place of service, providers typically need to submit a prior authorization request to BCN through the e-referral system for the inpatient stay. However, in some instances, the place of service is reviewed as part of the prior authorization request for the procedure. In those cases, providers don't need to submit a separate prior authorization request for the inpatient stay; instead, the ordering provider or provider office that secured the prior authorization should provide the authorization number to the facility or providers when they schedule the procedure. The facility should work under that authorization, which is available in the e-referral system. If a length of stay extension is needed, the facility should request the extension using the approved authorization.

  Example: When TurningPoint reviews prior authorization requests for musculoskeletal and pain management procedures, they review the setting as part of the prior authorization determination for each procedure. A separate prior authorization isn't needed for the inpatient stay.
- For both BCN commercial and BCN Advantage members, noncontracted providers and providers who aren't part of the provider network designated for the member's plan must obtain prior authorization through the e-referral system. This applies to both BCN commercial and BCN Advantage members. (If you don't have access to the e-referral system, call BCN Utilization Management at 1-800-392-2512.)

Exception: Products such as Blue Elect Plus℠ POS, Blue Elect Plus HSA℠ POS, Blue Elect Plus HRA℠ POS and Healthy Blue Choices℠ POS allow out-of-network coverage. This means noncontracted and out-of-network providers can provide covered services as long as they do the following:

- For providers in Michigan, follow the prior authorization requirements for the services listed in the "Requirements at a glance" section of this document.
- For providers outside of Michigan, follow the requirements in the document Non-Michigan providers: BCN prior authorization requirements.

Note: The Blue Elect Plus HRA POS plan is available starting Jan. 1, 2025. For more information about the Blue Elect Plus POS plans, see the BCN Blue Elect Plus POS webpage. For more details about Healthy Blue Choices POS, see the BCN Healthy Blue Choices POS webpage.

Notes:

- **BCN 65 members:** The BCN Utilization Management department must be notified before a member's Medicare days are exhausted. Infusion isn't routinely covered by Medicare. All care should be coordinated by the primary care provider.
- **BCN as secondary carrier:** Prior authorization isn't required when BCN is the secondary payer. However, the claim will be denied when the service isn't a BCN-covered benefit and the member hasn't followed the requirements of the primary carrier.

How to submit global referral requests, plan notifications and prior authorization requests

To submit requests:

1. Log in to our provider portal (availity.com**).
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 on authorizations.bcbsm.com.

More information about plan notification and prior authorization requirements

This section contains additional information about requirements for many of the services listed in the "Requirements at a glance" section of this document.

For information about submitting requests, see the How to submit global referral requests, plan notifications and prior authorization requests section on page 13.

Acupuncture

Prior authorization is required for all BCN commercial members. Prior authorization is also required for BCN Advantage members when benefit limits are exceeded.

Submit requests to BCN through the e-referral system. Refer to the document Procedure codes for which providers must request prior authorization.

Notes:

- Not all groups have an acupuncture benefit. Check each member's eligibility and benefits before requesting prior authorization.
- The services of acupuncturists aren't reimbursable for BCN Advantage members.

Ambulance, air — non-emergency flights

For BCN commercial members, submit prior authorization requests to Alacura Medical Transport Management. See the document Procedure codes for which providers must request prior authorization and the Air Ambulance Services page on **authorizations.bcbsm.com** for more information. You can also call Alacura at 1-844-608-3674.

Ambulatory event monitors, implantable

Prior authorization requirements vary by date of service:

- For dates of service on or after Sept. 28, 2025, plan notification is required. See the Plan notification section for more information.
- For dates of service before Sept. 28, 2025, prior authorization is required. Submit requests to BCN through the e-referral system.

Applied behavior analysis for the treatment of autism

Treatment requires a diagnosis of autism spectrum disorder. For information about obtaining a comprehensive diagnostic evaluation, see the document Obtaining a comprehensive autism diagnostic evaluation and finding treatment.

Prior authorization is required for all members. Submit requests to Blue Cross Behavioral Health.

See the document Procedure codes for which providers must request prior authorization and the Autism Services page on **authorizations.bcbsm.com** for more information.

Arthroscopy, knee

Submit prior authorization requests to TurningPoint Healthcare Solutions LLC through the TurningPoint Provider Portal. See the document Procedure codes for which providers must request prior authorization and the Musculoskeletal Services page on **authorizations.bcbsm.com** for more information.

See also: Musculoskeletal procedures, other

Bariatric surgery

Clinical review isn't required. However, some groups require the bariatric surgery to be performed in a specific facility.

Blepharoplasty

Submit prior authorization requests to BCN through the e-referral system.

Select cases will auto-approve when prior authorization requests include an appropriate diagnosis code. The *Blepharoplasty and repair of brow ptosis* questionnaire will open only when prior authorization requests don't include an appropriate diagnosis code.

Cardiology procedures

Select procedures require prior authorization through BCN Utilization Management or through Carelon. See the document Procedure codes for which providers must request prior authorization and the Cardiology Services page on **authorizations.bcbsm.com**.

See also:

- The following rows in the Requirements at a glance table above: Ambulatory event monitors, implantable; Cardiac ablation; and Left atrial appendage closure
- The Coronary computed tomography — angiography (CCTA) section later in this document.

Cervical spine surgery

Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document Procedure codes for which providers must request prior authorization and the Musculoskeletal Services page on **authorizations.bcbsm.com** for more information.

See also: Musculoskeletal procedures, other

Chiropractic services (spinal manipulations)

Requirements vary depending on the member's plan.

- **For BCN commercial members:** The chiropractor must submit a prior authorization request to BCN through the e-referral system. Include procedure codes *98940, *98941, *98942 and *98943 for manipulations and any applicable radiology codes.

  Important: If a primary care provider in the East or Southeast region doesn't submit a global referral, the chiropractor can't submit the prior authorization request. The primary care provider can submit a global referral and then submit the prior authorization request on behalf of the chiropractor, but the request must include all applicable procedure codes.

  Note: For dates of service on or after Jan. 1, 2026, chiropractic services are a covered benefit for members with U-M Premier Care plans.

- **For BCN Advantage members:** Global referrals aren't required for chiropractors, but office visits require prior authorization.

  The primary care provider or the chiropractor can submit the prior authorization request to BCN through the e-referral system. Include the following in the request:

  - Procedure codes *98940, *98941 and 98942 for manipulations
  - One office visit, if applicable
  - All applicable radiology codes

See the document Procedure codes for which providers must request prior authorization and the Chiropractic Services page on **authorizations.bcbsm.com** for more information.

Cognitive rehabilitation
Submit prior authorization requests for all members as follows:

- When related to occupational therapy, submit to EviCore by Evernorth through the EviCore provider portal. See the document Procedure codes for which providers must request prior authorization and the PT, OT, ST and Physical Medicine Services page on **authorizations.bcbsm.com** for more information.
- When related to speech therapy, submit to BCN through the e-referral system.

Colonoscopy — virtual
Submit prior authorization requests to BCN through the e-referral system. Refer to the document Procedure codes for which providers must request prior authorization.

Continuous glucose monitor products
Requirements vary and prior authorization could be required in certain circumstances.

- **For BCN commercial members who have both medical and pharmacy benefits through BCN:**
  - Submit requests to Northwood, Inc. to obtain CGM products through a DME supplier under the medical benefit.
  - Send a prescription to a participating network pharmacy to obtain CGM products under the pharmacy benefit.
- **For BCN commercial members who have only medical benefits through BCN:** Submit requests to Northwood, Inc. to obtain CGM products through a DME supplier under the medical benefit.
- **For BCN Advantage members:** Submit a prescription to a network pharmacy.

  Exception: UAW Retiree Medical Benefits Trust members must obtain CGMs through a DME supplier.

For more information, see the document titled Continuous glucose monitor products: FAQs for prescribing providers.

Coronary computed tomography — angiography (CCTA)
Submit prior authorization requests to Carelon Medical Benefits Management through the Carelon provider portal. See the document Procedure codes for which providers must request prior authorization and the Cardiology Services page on **authorizations.bcbsm.com** for more information.

Cosmetic or reconstructive surgery
Select cosmetic and reconstructive surgery procedures require prior authorization. Refer to the document Procedure codes for which providers must request prior authorization.

See also: The Abdominoplasty, Blepharoplasty, Otoplasty, Rhinoplasty and Septoplasty rows in the Requirements at a glance table above.

Developmental delay treatment
Submit prior authorization requests to BCN through the e-referral system. Refer to the document Procedure codes for which providers must request prior authorization.

Diabetes supplies

For diabetes supplies covered under the medical (durable medical equipment, or DME) benefit, call Northwood, Inc. at 1-800-393-6432 to identify a contracted supplier. This applies to items such as blood glucose monitors and testing supplies, insulin pumps and supplies, and diabetic shoes and inserts.

Prior authorization is required only in certain circumstances; for example: when quantity limits are exceeded, when documentation is required, when the supplier is outside of the Northwood network or for reasons of medical necessity outside of the Blue Cross Inclusionary Criteria or Medicare Local Coverage Determination.

BCN commercial members with a BCN pharmacy benefit must obtain insulin under their pharmacy benefit, through participating pharmacies. They may also obtain diabetes monitoring products and supplies through participating pharmacies. When obtained under the pharmacy benefit, prior authorization isn't required.

See the document Procedure codes for which providers must request prior authorization and the Diabetes Supplies page on **authorizations.bcbsm.com** for more information.

Important: Information about continuous glucose monitor products — Requirements and options for obtaining CGM products vary depending on the member's plan and coverage. For details, see the Continuous glucose monitor products section earlier in this document and the document titled Continuous glucose monitor products: FAQs for providers.

Drugs covered under the medical benefit

See the Medical Benefit Drugs page on **authorizations.bcbsm.com** for more information.

See also: Oncology and supportive care drugs — medical benefit and pharmacy benefit

Drugs covered under the pharmacy benefit

See the Pharmacy Benefit Drugs page on **authorizations.bcbsm.com** for more information.

See also: Oncology and supportive care drugs —medical benefit and pharmacy benefit

Durable medical equipment and prosthetics and orthotics (DME and P&O)

Call Northwood at 1-800-393-6432 to identify a contracted supplier. The supplier submits the prior authorization request to Northwood for review.

See the document Procedure codes for which providers must request prior authorization and the Durable Medical Equipment, Prosthetics and Orthotics page on **authorizations.bcbsm.com** for more information.

See also: Continuous glucose monitor products

Endovascular intervention, peripheral artery

Submit prior authorization requests as follows:

- **For BCN commercial members:** Submit to Carelon Medical Benefits Management. See the document Procedure codes for which providers must request prior authorization and the Cardiology Services page on **authorizations.bcbsm.com** for more information.
- **For BCN Advantage members:** Submit to BCN through the e-referral system. Refer to the document Procedure codes for which providers must request prior authorization.

Enteral nutrition
Submit prior authorization requests to BCN through the e-referral system.

Epidural or intrathecal catheter (trial or permanent placement)
Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document Procedure codes for which providers must request prior authorization and the Musculoskeletal Services page on **authorizations.bcbsm.com** for more information.

See also: Musculoskeletal procedures, other

Home healthcare (by home health agencies only)
For BCN Advantage members:

- **For episodes of care that start on or after March 1, 2026, and for episodes that start before March 1 and continue through or beyond March 1:** Submit prior authorization requests to tango. See the Home Health Care Resources page on **authorizations.bcbsm.com** for information about requirements for referring providers (acute care, post-acute care and community-based providers) and home health providers.

  Refer to the document Procedure codes for which providers must request prior authorization.

- **For episodes of care that start and end before March 1, 2026:** Prior authorization isn't required.

Gender affirmation services
Submit prior authorization requests to BCN through the e-referral system. Refer to the document Procedure codes for which providers must request prior authorization.

Note: Gender affirmation services, including facial feminization and facial and neck hair removal, aren't a benefit for all members. Check each member's eligibility and benefits before requesting prior authorization.

Hospice services, 5th level
5th-level hospice services require prior authorization.

Note: Not all groups have 5th level hospice services as a benefit. Check each member's eligibility and benefits prior to performing services.

Infertility procedures
Submit prior authorization requests to BCN through the e-referral system. Refer to the document Procedure codes for which providers must request prior authorization.

Inpatient admissions (acute medical / surgical)
Providers should notify BCN of inpatient acute medical / surgical (non-behavioral health) admissions once the member is admitted to inpatient status and meets InterQual® criteria. Refer to the document Procedure codes for which providers must request prior authorization.

Note: For inpatient behavioral health admissions, see the Behavioral Health page on **authorizations.bcbsm.com**.

See also: Post-acute care

Inpatient hospital program (mental health / substance use disorders)
Prior authorization is required for all members. Submit requests to Blue Cross Behavioral Health.

See the document Procedure codes for which providers must request prior authorization and the Behavioral Health page on **authorizations.bcbsm.com** for more information.

Joint replacement (initial or revision), total — hip or knee
Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document Procedure codes for which providers must request prior authorization and the Musculoskeletal Services page on **authorizations.bcbsm.com** for more information.

See also: Musculoskeletal procedures, other

Joint replacement (initial), total — shoulder
Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document Procedure codes for which providers must request prior authorization and the Musculoskeletal Services page on **authorizations.bcbsm.com** for more information.

See also: Musculoskeletal procedures, other

Laboratory services, genetic and molecular testing
Submit prior authorization requests to JVHL. Refer to the document Procedure codes for which providers must request prior authorization.

Exception: Although prior authorization isn't required for the Cologuard® colorectal cancer screening test, medical necessity criteria must be met for the test to be eligible for reimbursement. See the medical policy *Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening* for information on medical necessity criteria, which states that this test is considered a screening technique for colorectal cancer for asymptomatic individuals at average risk who are:

- For BCN commercial members, 45 years of age
- For BCN Advantage members, 50 years of age or older

Note: JVHL doesn't coordinate this testing so providers don't need to contact JVHL about Cologuard cancer screening tests.

Left atrial appendage closure
Prior authorization requirements vary by date of service:

- For dates of service on or after Feb. 2, 2025, plan notification is required. See the Plan notification section for more information.
- For dates of service before Feb. 2, 2025, submit prior authorization requests to BCN through the e-referral system.

Lumbar spine surgery
Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document Procedure codes for which providers must request prior authorization and the Musculoskeletal Services page on **authorizations.bcbsm.com** for more information.

See also: Musculoskeletal procedures, other

Maternity: Up to 48 hours following routine delivery / 96 hours following C-section
Prior authorization is required for all members to facilitate claims payment. Clinical review isn't required. Submit requests to BCN through the e-referral system.

MRI of breast
Submit prior authorization requests for adult members to Carelon Medical Benefits Management through the Carelon provider portal. See the document Procedure codes for which providers must request prior authorization and the Radiology Services, High Tech page on **authorizations.bcbsm.com** for more information.

Musculoskeletal procedures, other
For other musculoskeletal procedure codes in the Procedure codes for which providers must request prior authorization document, submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the Musculoskeletal Services page on **authorizations.bcbsm.com** for more information.

See also: Arthroscopy, knee; Cervical spine surgery; Epidural or intrathecal catheter; Joint replacement (initial or revision), total – hip or knee; Joint replacement (initial), total – shoulder; Lumbar spine surgery; Pain management; and Radiofrequency ablation, peripheral nerves

Nasal sinus endoscopy (sinusotomy, ethmoidectomy)
Prior authorization requirements vary by date of service:

- For dates of service on or after Sept. 28, 2025, submit plan notification to BCN through the e-referral system. See the Plan notification section for more information.
- For dates of service before Sept. 28, 2025, prior authorization is required. Submit requests to BCN through the e-referral system.

Neurofeedback for behavioral health (outpatient)
Submit prior authorization requests to BCN through the e-referral system. Prior authorization is required because this service is experimental and investigational.

Noncoronary vascular stents
For BCN Advantage members, submit prior authorization requests to BCN through the e-referral system. For dates of service on or after Sept. 27, 2026, requests for more than two units per procedure code will be blocked. Decrease the number of units to two or fewer to submit the request.

Observation stays
Surgical procedures performed during an observation stay may require an outpatient global referral, plan notification or prior authorization. Refer to the document Procedure codes for which providers must request prior authorization.

Oncology and supportive care drugs — medical benefit and pharmacy benefit
These drugs are managed under the Oncology Value Management program. Submit prior authorization requests to OncoHealth through the OncoHealth OneUM™ portal.

Note: Not all self-funded groups have requirements through this program. To determine which groups participate, see the commercial self-funded group opt-out list.

Covered under	Details
Medical benefit	Starting Jan. 1, 2025, OncoHealth manages prior authorizations for medical oncology and supportive care drugs covered under the medical benefit. Starting Sept. 1, 2026, OncoHealth manages prior authorizations for therapeutic radiopharmaceuticals. To determine which drugs require prior authorization, see: • For BCN commercial members, the Oncology Value Management program prior authorization list for Blue Cross and BCN commercial members. • For BCN Advantage members, the Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members. Look in the "Submit authorization request through" columns to see which drugs require prior authorization through Carelon. See the Medical Benefit Drugs page on **authorizations.bcbsm.com** for additional information.
Pharmacy benefit	Starting April 1, 2025, OncoHealth manages prior authorizations for pharmacy oncology and supportive care drugs. To determine which drugs require prior authorization: • For BCN commercial members, see the drugs lists on the For Providers: Drug Lists page on **bcbsm.com**. • For BCN Advantage members: See the drug lists on the Drug Lists for Medicare Members page on **bcbsm.com**. See the Pharmacy Benefit Drugs page on **authorizations.bcbsm.com** for additional information.

Pain management involving epidural steroid joint injections, facet joint injections, neuroablation and sacroiliac joint injections

Requirements vary by product and by date of service:

- For BCN commercial members, prior authorization is required for all dates of service.
- For BCN Advantage members:
  - For dates of service on or after May 1, 2025, prior authorization isn't required.
  - For dates of service before May 1, 2025, prior authorization is required.

Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document Procedure codes for which providers must request prior authorization and the Musculoskeletal Services page on **authorizations.bcbsm.com** for more information.

See also: Musculoskeletal procedures, other

Partial hospital program (mental health / substance use disorders)

Prior authorization is required for all members. Submit requests to Blue Cross Behavioral Health.

See the document Procedure codes for which providers must request prior authorization and the Behavioral Health page on **authorizations.bcbsm.com** for more information.

Pediatric Choice services
See the document titled Requirements for BCN Pediatric Choice Program.

Pediatric feeding program, elective, inpatient and outpatient
For BCN commercial members, submit prior authorization requests to BCN through the e-referral system for both inpatient and outpatient programs. In addition:

- Use procedure code S0317 when submitting requests for both inpatient and outpatient programs.
- For inpatient requests, don't add the length-of-stay procedure code. Use only code S0317 when submitting prior authorization requests. For inpatient prior authorization requests that BCN approves, the length-of-stay procedure code will be added to the case. Bill a regular inpatient admission for reimbursement purposes. Don't bill elective inpatient pediatric feeding programs with the S0317 code.

Physical, occupational and speech therapy (including physical medicine services by chiropractors and by athletic trainers)
Requirements vary depending on whether the therapy is related to autism.

- **If the therapy isn't related to autism:** Submit prior authorization requests to EviCore through the EviCore provider portal. Benefit limits apply.
- **If the therapy is related to autism:** Prior authorization isn't required. The provider is responsible for verifying whether each member has autism benefits.

See the document Procedure codes for which providers must request prior authorization and the PT, OT, ST and Physical Medicine Services page on **authorizations.bcbsm.com** for more information.

Post-acute care (long-term acute care, inpatient rehabilitation and skilled nursing care)
See below to determine where to submit the prior authorization request.

- **For BCN commercial members:** Submit prior authorization requests to BCN through the e-referral system.
- **For BCN Advantage members:**
  - **For stays that start on or after Jan. 5, 2026:** Submit requests to WellSky®.
  - **For stays that start before Jan. 5, 2026:** Submit requests to BCN through the e-referral system.

    Note: Refer to the Post-acute care services for Medicare Advantage members: Frequently asked questions for providers document for information about:

    - Submitting retroactive authorization requests for stays that started on or before Jan. 4, 2026
    - Submitting continued stay requests for stays that started on or before Jan. 4, 2026

See the Post-Acute Care page on **authorizations.bcbsm.com** for more information.

Private duty nursing
For BCN commercial members, submit prior authorization requests for procedure codes S9123 and S9124 to BCN through the e-referral system. See the Private Duty Nursing page on **authorizations.bcbsm.com** for more information.

Note: Not all groups have private duty nursing as a benefit. Check each member's eligibility and benefits prior to performing services.

Radiation oncology procedures, including proton beam therapy

Select radiation oncology procedures, including proton beam therapy, require prior authorization through the Oncology Value Management program, administered by OncoHealth, for adult members for most BCN commercial members and all BCN Advantage members.

Submit requests to OncoHealth through the OncoHealth provider portal. See the document Procedure codes for which providers must request prior authorization and the Oncology Services page on **authorizations.bcbsm.com** for more information.

Radiation therapy

For radiation therapy procedures other than those identified elsewhere in this document, global referrals aren't required.

Note: See the document Procedure codes for which providers must request prior authorization for a list of high-tech radiology codes that require prior authorization.

See also: Proton beam therapy, Radiation oncology procedures

Radiofrequency ablation, peripheral nerves

Prior authorization requirements vary by date of service:

- For dates of service on or after Sept. 28, 2025, plan notification is required. See the Plan notification section for more information.
- For dates of service before Sept. 28, 2025, prior authorization is required. Submit prior authorization requests to TurningPoint Healthcare Solutions through the TurningPoint provider portal. See the document Procedure codes for which providers must request prior authorization and the Musculoskeletal Services page on **authorizations.bcbsm.com** for more information.

See also: Musculoskeletal procedures, other

Radiology procedures

For radiology procedures other than those identified elsewhere in this document, neither global referral nor plan notification nor prior authorization is required.

Select radiology procedures require authorization by Carelon Medical Benefits Management for members of all ages. See the document Procedure codes for which providers must request prior authorization and the Radiology Services, High Tech page on **authorizations.bcbsm.com** for more information.

See also: MRI of breast

Residential program (mental health / substance use disorders)

Prior authorization is required for BCN commercial members. Submit requests to Blue Cross Behavioral Health.

See the document Procedure codes for which providers must request prior authorization and the Behavioral Health page on **authorizations.bcbsm.com** for more information.

Note: BCN Advantage doesn't have a residential mental health treatment benefit.

Routine Women's Health Benefit (formerly known as Woman's Choice)
See the documents:

- Routine Women's Health Benefit plan notification and prior authorization guidelines — This document lists the most commonly requested obstetric-gynecologic services. For services that require prior authorization, it indicates whether the prior authorization includes a benefit check, clinical review or both.
- Routine Women's Health Benefit provider specialty and procedure/diagnosis code requirements

Sleep studies — in lab
Requirements for in-lab sleep studies and the implantation of hypoglossal nerve stimulation devices vary based on the member's age and the date of service:

- **For dates of service on or after Nov. 3, 2025:**
  - For **adult** BCN commercial members (ages 18 and older), submit prior authorization requests to BCN through the e-referral system.
  - For **pediatric** BCN commercial members (ages 17 and younger), submit plan notification to BCN through the e-referral system when the service will be performed in the East or Southeast region.
- **For dates of service before Nov. 3, 2025:** For adult and pediatric BCN commercial members, submit prior authorization requests to Carelon.

See the Sleep Studies page on **authorizations.bcbsm.com** and the document Procedure codes for which providers must request prior authorization.

Subacute detoxification, inpatient
Prior authorization is required for all members. Submit requests to Blue Cross Behavioral Health.

See the document Procedure codes for which providers must request prior authorization and the Behavioral Health page on **authorizations.bcbsm.com** for more information.

Swallow studies and swallow therapy — outpatient
If the member **has** an autism diagnosis, neither plan notification nor prior authorization is required.

If the member **doesn't have** an autism diagnosis, do the following for swallow studies (procedure codes *92611 through *92617) and swallow therapy (procedure code *92526):

- When performed in conjunction with speech therapy, submit prior authorization requests to EviCore for the speech therapy procedure codes. See the PT, OT, ST and Physical Medicine Services page on **authorizations.bcbsm.com** for more information.
- In all other situations, submit plan notification to BCN through the e-referral system.

Thyroidectomy
Prior authorization requirements vary by date of service:

- For dates of service on or after Sept. 28, 2025, plan notification is required. See the Plan notification section for more information.

- For dates of service before Sept. 28, 2025, prior authorization is required. Submit requests to BCN through the e-referral system.

Transcranial magnetic stimulation for psychiatric or neurological disorders

Prior authorization is required for all members. Submit requests to Blue Cross Behavioral Health.

See the document Procedure codes for which providers must request prior authorization and the Behavioral Health page on **authorizations.bcbsm.com** for more information.

Transplants

Prior authorization is required through the Human Organ Transplant Program for:

- Solid organ and bone marrow transplant procedures (except skin and cornea) for all BCN commercial members
- Kidney-only transplants for BCN commercial members who have coverage through fully insured groups or individual coverage. Before submitting a request for a kidney-only transplant, call Provider Inquiry as follows to determine whether the member requires prior authorization:
  - Michigan hospitals and facilities: Call 1-800-249-5103.
  - Non-Michigan hospitals and facilities: Call 1-800-676-2583.

Submit prior authorization requests as follows:

- For the inpatient admission, see Inpatient admissions (acute medical / surgical).
- For the transplant procedure, submit outpatient prior authorization requests to BCN through the e-referral system. For more information, see the e-referral User Guide.

Refer to the document Procedure codes for which providers must request prior authorization.

Notes:

- BCN commercial members should be directed to a Blue Distinction® Center+ for Transplants if one is available for the type of transplant the member needs. If one is not available, a Blue Distinction Center for Transplants facility may be used.
- BCN Advantage members must have their transplants performed in a Centers for Medicare & Medicaid Services-approved facility that is contracted with BCN. When a Blue Distinction Center for Transplants is available, BCN Advantage members should be referred there.

Unclassified procedures

These procedures are also called “not otherwise classified (NOC),” “unlisted” and “unspecified.”

Visual training, orthoptic and pleoptic

Requirements vary by date of service:

- For dates of service on or after Sept. 27, 2026, plan notification is required to manage benefit limits.
  - Requests will be approved for up to 32 visits with contracted providers.

- Once the 32-visit limit is reached, requests will pend for review.

See the Plan notification section for more information.

- For dates of service before Sept. 27, 2025, prior authorization is required. Submit requests to BCN through the e-referral system.

Blue Dot changes in this document

Service / topic	Change description	Change date
Visual training, orthoptic and pleoptic	We updated this document to show that this service requires plan notification to manage benefit limits for dates of service on or after Sept. 27, 2026.	Sept. 25, 2026
Orthognathic surgery	We updated this document to show that a questionnaire will once again open in the e-referral system for BCN Advantage members for dates of service on or after Sept. 27, 2026.	Sept. 25, 2026
Noncoronary vascular stents	We updated this document to show that requests for more than two units per procedure code will be blocked for dates of service on or after Sept. 27, 2026. Decrease the number of units to two or fewer to submit the request.	Sept. 25, 2026
Experimental and investigational	We updated this document to show that questionnaires will open in the e-referral system for E/I procedures for dates of service on or after Sept. 27. 2026.	Sept. 25, 2026
Oncology and supportive care drugs — medical benefit and pharmacy benefit	We updated this document to show that OncoHealth manages prior authorizations for therapeutic radiopharmaceuticals through the Oncology Value Management program for dates of service on or after Sept. 1, 2026.	Sept. 1, 2026
Radiation oncology procedures, including proton beam therapy	We updated this document to show that OncoHealth manages prior authorizations for radiation oncology procedures, including proton beam therapy, through the Oncology Value Management program for dates of service on or after Sept. 1, 2026.	Sept. 1, 2026
Home healthcare (by home health agencies only)	We updated this document to show that prior authorization is required through tango for episodes of care that start on or after March 1, 2026, and for episodes that start before March 1 and continue through or beyond March 1.	February 2026
Experimental and investigational services	We updated this document to show that a questionnaire will no longer open in the e-referral system for these services starting Feb. 1, 2026.	February 2026
Transplants	We clarified information about transplants.	February 2026
Post-acute care	We updated this document to show that post-acute care stays that start or on after Jan. 5, 2026, require prior authorization through WellSky.	January 2026

Service / topic	Change description	Change date
Chiropractic services	We updated this document to show that chiropractic services are a covered benefit for members with U-M Premier Care plans starting Jan. 1, 2026.	January 2026
Chiropractic services	We clarified the prior authorization requirements for chiropractic services for BCN Advantage members.	November 2025
In-lab sleep studies	We updated this document to show that Blue Cross and BCN Utilization Management manage prior authorization for in-lab sleep studies for most commercial members for dates of service on or after Nov. 3, 2025.	October 2025

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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.

Carelon Medical Benefits Management is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services. For more information, go to our **authorizations.bcbsm.com** website.

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. For more information, go to our **authorizations.bcbsm.com** website.

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.

Northwood Inc. is an independent company that manages both prior authorizations and a supplier network for durable medical equipment, prosthetics and orthotics, and medical supplies (including diabetes supplies) for Blue Cross Blue Shield of Michigan and Blue Care Network members.

OncoHealth is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing cancer support services.

Tango and WellSky are independent companies that review member healthcare services for appropriateness and medical necessity on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.

TurningPoint Healthcare Solutions LLC is an independent company that manages prior authorizations for musculoskeletal surgical and related procedures for Blue Cross Blue Shield of Michigan and Blue Care Network.