Blue Cross Blue Shield Blue Care Network of Michigan

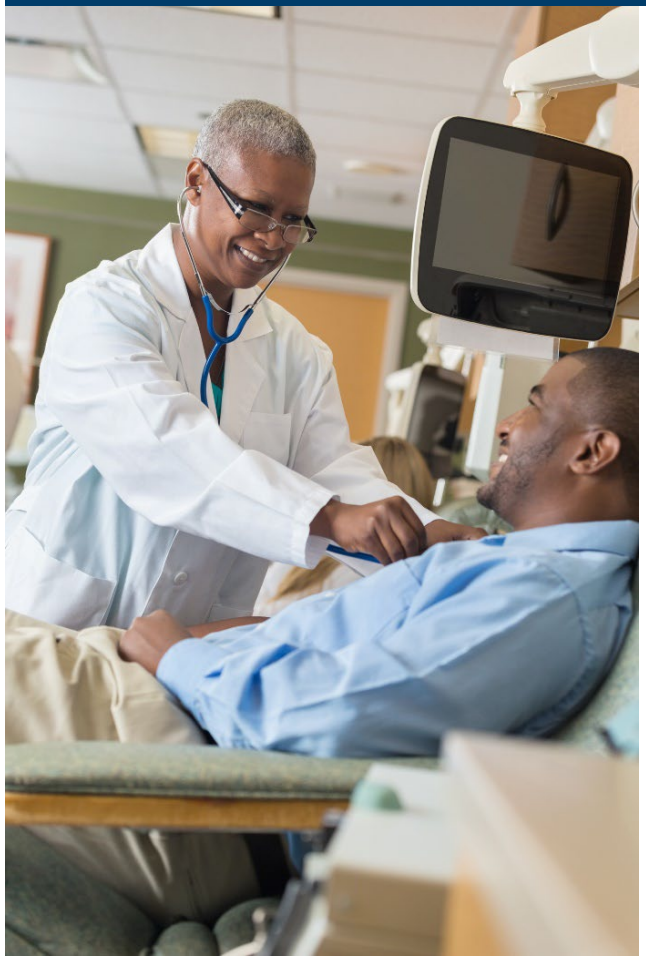
Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Cardiology

For biometric home monitoring and hypertension management and for procedures and services that require prior authorization

Revised July 2026

CARE MANAGEMENT AND UTILIZATION MANAGEMENT



Blue Cross Blue Shield of Michigan and Blue Care Network offer care management programs and support services to members. We also provide utilization management programs.

- **Care management** programs provide patient support by identifying patients with health risks and working with them to improve or maintain their health, and **support services** provide support to members through their health journeys.
- **Utilization management** programs focus on ensuring that patients get the right care at the right time in the right location through the prior authorization process.

These programs vary based on member coverage and may be administered by Blue Cross or BCN staff or by independent companies, as specified below.

Care management and support services

- AMC Health
- Teladoc Health

Utilization management

- BCN Utilization Management
- Carelon Medical Benefits Management — cardiology
- Carelon — echocardiology

Keep reading to learn which members have access to or requirements under these programs. Programs may not apply to all members.

This document is subject to change. To ensure you're viewing the most up-to-date information, access this document through the Care and utilization management programs: Overview for providers *link at the bottom of each page on authorizations.bcbsm.com; look in the Frequently Accessed Documents section.*

See also: Care management and utilization management programs: Overview for providers

CARE MANAGEMENT AND SUPPORT SERVICES

AMC Health

Provides home biometric monitoring for Medicare Advantage members with one or more of the following conditions: congestive heart failure, chronic obstructive pulmonary disease or uncontrolled hypertension.

The goals of this program are to promote optimal health status and quality of life and reduce the number of avoidable admissions, readmissions and emergency department visits related to the conditions AMC Health monitors.

Key features of this program include:

- Home biometric monitoring for blood pressure, weight and oxygen saturation using remote monitoring technology
- Nurse review of symptom information 365 days a year and comparison of this information to preset parameters for each member
- Timely notification to the member's health care provider (by fax) when the member's symptoms exceed the preset parameters

The member's biometric information is communicated to AMC Health through a remote monitoring device. AMC Health does the following:

- If they **don't receive** any alerts about changes in the member's symptoms, they set up a regular schedule of educational sessions with the member.
- When they **receive** an alert, they call the member to have a one-on-one discussion to assess what's going on. AMC Health also lets the member's primary care provider know about any concerning changes that are being transmitted.

Through its monitoring activities, AMC Health also gathers data from individual members' responses to questions that are tailored to each member's specific plan of care.

AMC Health identifies members who are eligible for in-home biometric monitoring through a predictive model database that uses claims and demographic data. Once a member is identified as eligible, AMC Health contacts the member directly. In addition, AMC Health notifies the member's primary care provider when the member agrees to enroll in the program.

AMC Health provides these services for the following groups and individual members:

- Medicare Plus Blue℠ — Most groups and all members with individual coverage
- BCN Advantage℠ — Most groups and all members with individual coverage

Resources

amchealth.com**

Cardiology

For biometric home monitoring and hypertension management and for procedures and services that require prior authorization

Revised July 2026

CARE MANAGEMENT AND SUPPORT SERVICES

Teladoc Health

The Teladoc Health® Condition Management Solutions include the programs listed on this page. The programs provide members with 24/7 remote monitoring and coaching by experts to help them understand how managing their conditions can have a positive effect on their overall health. They also provide additional support for members with chronic conditions and comorbidities, such as obesity, hypertension, high cholesterol and behavioral health conditions.

Diabetes Management program

This data-driven digital health program removes hurdles to proper diabetes management, including disease education, a cellular connected glucometer and access to free testing supplies. It's available to commercial members who have coverage through:

- Fully insured groups
- Individual plans
- Self-funded groups* that purchase the Diabetes Management program

Diabetes Prevention program

This program helps members achieve their health goals through sustainable lifestyle changes that help to reduce the risk of developing Type 2 diabetes. It's available to commercial members who have coverage through:

- Fully insured groups
- Individual plans
- Self-funded groups* that purchase Diabetes Prevention program

Hypertension Management program

This program helps members develop healthy habits and control their blood pressure to better manage and improve their health. It's available to members who have coverage through:

- Fully insured groups
- Individual plans
- Self-funded groups* that purchase the Hypertension Management program

Weight Management program

This program helps members develop healthy habits and reduce their body mass index to better manage and improve their health. It's available to members who have coverage through:

- Fully insured groups
- Self-funded groups* that purchase the Weight Management program

Resources

- TeladocHealth.com/TeladocHealth.com/BCBSMI**
- Teladoc Health Experience for Multiple Conditions video**
- Prediabetes and how to reduce your risk to prevent diabetes video**
- Jumpstart Your Diabetes Management Program video**

See also: Care management and utilization management programs: Overview for providers

Cardiology

For biometric home monitoring and hypertension management and for procedures and services that require prior authorization

Revised July 2026

UTILIZATION MANAGEMENT

BCN Utilization Management

Makes prior authorization determinations for select cardiology services for the following groups and individual members:

- BCN commercial — All fully insured groups, all self-funded groups* and all members with individual coverage
- BCN Advantage — All groups and all members with individual coverage

Resources

- Procedure codes for which providers must request prior authorization PDF
- Michigan providers: BCN global referral, plan notification and prior authorization requirements PDF
- Preview questionnaires and medical necessity criteria PDF for select services
- Utilization Management chapter of the *BCN Provider Manual*

For BCN commercial only

- Our medical policies, which you can access through the Medical Policy Router Search page of the bcbsm.com website. To locate a medical policy, enter the procedure code in the *Policy/Topic Keyword* field and press ENTER. (You don't need to choose a category.)

For BCN Advantage only

- "BCN Advantage utilization management program" section of the BCN Advantage chapter in the *BCN Provider Manual*
- For Medicare Advantage members, we apply the Medicare national coverage determinations (if available) or Medicare local coverage determinations (in the absence of national coverage determinations). If there is no Medicare national or local coverage determination, we use our medical policies.

  Note: The "Government regulations" sections of our medical policies include the Medicare coverage determinations that were in effect when the policies were last reviewed. You can access the policies through the Medical Policy Router Search page of the **bcbsm.com** website. To locate a medical policy, enter the procedure code in the *Policy/Topic Keyword* field and press ENTER. (You don't need to choose a category.)

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Cardiology

For biometric home monitoring and hypertension management and for procedures and services that require prior authorization

Revised July 2026

UTILIZATION MANAGEMENT

Carelon Medical Benefits Management — cardiology

Makes prior authorization determinations for the following groups and individual members:

- Blue Cross commercial
  - All fully insured groups
  - All members with individual coverage
- Medicare Plus Blue — All groups and all members with individual coverage
- BCN commercial — All fully insured groups, all self-funded groups* and all members with individual coverage
- BCN Advantage — All groups and all members with individual coverage

Resources

- Procedure codes for which providers must request prior authorization PDF
- Frequently asked questions about Carelon for cardiology, radiology (high technology) and sleep studies (in lab) PDF
- Carelon's Medical Benefits Management** webpage
- Cardiology Services page on **authorizations.bcbsm.com**

For Medicare Plus Blue

- Utilization Management section of the Medicare Plus Blue PPO Provider Manual — Look for the subsection titled "Prior authorization of advanced imaging and cardiology services — Carelon Medical Benefits Management"

For BCN commercial and BCN Advantage

Utilization Management chapter of the *BCN Provider Manual*

See also: Care management and utilization management programs: Overview for providers

Cardiology

For biometric home monitoring and hypertension management and for procedures and services that require prior authorization

Revised July 2026

UTILIZATION MANAGEMENT

Carelon — echocardiology

Makes prior authorization determinations for the following groups and individual members:

- Blue Cross commercial
  - All fully insured groups
  - Most self-funded groups*

    Exceptions: UAW Retiree Medical Benefits Trust, Blue Cross and Blue Shield Federal Employee Program®, State of Michigan plans, and select Ascension Health groups.
  - All members with individual coverage
- Medicare Plus Blue — All groups and all members with individual coverage
- BCN commercial — All fully insured groups, all self-funded groups* and all members with individual coverage
- BCN Advantage — All groups and all members with individual coverage

Resources

- Procedure codes for which providers must request prior authorization PDF
- Frequently asked questions about Carelon for cardiology, radiology (high technology) and sleep studies (in lab) PDF
- Cardiology Services page on **authorizations.bcbsm.com**
- Carelon's Medical Benefits Management** webpage

For Blue Cross commercial

The following chapters of the Blue Cross Commercial Provider Manual:

- Utilization Management
- Radiology Management Program Procedure Codes

For Medicare Plus Blue

Utilization Management section of the Medicare Plus Blue PPO Provider Manual — Look for the subsection titled "Prior authorization of advanced imaging and cardiology services"

-

ADDITIONAL INFORMATION

About this document

This document lists coverage exceptions for major groups.

It also refers to additional resources. For resources that are publicly available, we provide direct links. To access documents that aren't publicly available, including provider manual chapters:

1. Log in to our provider portal (availity.com**).
2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.
3. Click the *Resources* tab.
4. Click *Secure Provider Resources (Blue Cross and BCN)*.

Information for non-Michigan providers

See the following documents for prior authorization requirements.

- For Blue Cross commercial and Medicare Plus Blue members: Prior authorization requirements for Michigan and non-Michigan providers
- For BCN commercial and BCN Advantage members: Non-Michigan providers: BCN prior authorization requirements

You can view these documents and our medical policies through the Medical Policy & Pre-Cert/Pre-Auth Router. To access the router, go to bcbsm.com/providers, click *Resources*, scroll to the "Out-of-area prior authorization resources" section and click the *out-of-area router* link.

Reminder

As always, it's essential that providers check each member's eligibility and benefits prior to performing services.

Providers are responsible for identifying the need for prior authorization through our provider portal, Benefit Explainer or Provider Inquiry and for obtaining prior authorization for services, as needed.

*For self-funded plans, the employer assumes the risk for claims costs and pays a fee for administrative services provided by Blue Cross or BCN.

**Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

AMC Health is an independent company that provides remote patient monitoring to eligible Blue Cross Blue Shield of Michigan and Blue Care Network Medicare Advantage members.

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.

Teladoc Health is an independent company that provides select care management services for Blue Cross Blue Shield of Michigan and Blue Care Network.