

Oncology Value Management program through Carelon

Frequently asked questions for providers

For Blue Cross commercial

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In this document

General information	2
Who administers the Oncology Value Management program?	2
How does the program benefit my practice and my patients?	2
Is this program applicable to all members?	3
What drugs are included in the Oncology Value Management program?	3
How to submit a request	3
How do I participate in the program through Carelon?	3
What can I do to speed up the review process for prior authorization requests?	4
How do I submit prior authorization requests to Carelon?	4
Will I be required to provide medical records or other clinical documents?	5
What happens if I provided a service, but I didn't request prior authorization through Carelon?	6
How long will it take Carelon to respond to my prior authorization request?	6
How does Carelon communicate prior authorization determinations?	6
Will all Carelon prior authorization cases show in the Blue Cross e-referral system?	6
How can providers appeal adverse determinations?	6
About Carelon Cancer Treatment Pathways	7
What are Carelon Cancer Treatment Pathways?	7
Where can I find a copy of the Carelon Cancer Treatment Pathways?	7
What should I consider when selecting a Pathway?	7
What if a Pathway regimen isn't available for my patient?	7
Do Pathways apply to pediatric patients?	7
What happens if I don't select a treatment regimen designated as an Carelon Cancer Treatment Pathway?	8
How often are the Carelon Cancer Treatment Pathways updated?	8
Are supportive care drugs included in the Pathways?	8
About pharmacy benefit programs	8
What should I do if the drugs I'm ordering require prior authorization through the health plan or a pharmacy benefit manager?	8
About enhanced reimbursement	8
What is enhanced reimbursement?	8
Am I eligible for enhanced reimbursement?	9

How often can S-codes be billed?	9
Claims	9
Who processes claims?	9

General information

The Oncology Value Management program is a utilization management program that requires providers to request prior authorization for therapeutic and supportive chemotherapy and immunotherapy. This program promotes optimal cancer care by enabling providers to compare planned cancer treatment regimens against evidence-based cancer care, and it ensures that prescribed regimens are aligned with Blue Cross Blue Shield of Michigan medical policy.

Who administers the Oncology Value Management program?

Carelton Medical Benefits Management administers the program for Blue Cross commercial UAW Retiree Medical Benefits Trust, or URMBT, members.

Notes:

- Carelon manages oncology and supportive care drugs when they're prescribed for oncology diagnoses. When prescribing medical oncology drugs for non-oncology diagnoses, fax all clinical documentation to the Pharmacy Clinical Help Desk at 1-877-325-5979.
- For most other Blue Cross commercial members, all Medicare Plus BlueSM members, most BCN commercial members and all BCN AdvantageSM members, the Oncology Value Management program is managed by OncoHealth, effective Jan. 1, 2025. See the [OncoHealth provider FAQ](#) for details.

How does the program benefit my practice and my patients?

The program will benefit your practice and your patients in the following ways:

- **Enhanced reimbursement:** When your practice prescribes a cancer treatment regimen for a Blue Cross commercial URMBT member and submits it to Carelon for review, the regimen is compared against evidence-based Carelon Cancer Treatment Pathways. By choosing cancer treatment pathways when clinically appropriate, your practice may be eligible for enhanced reimbursement.¹ If your regimen isn't aligned with a Pathway, information on available Pathway regimens may be presented for your review.
- **Synchronization with plan medical policy:** Prescribed regimens are reviewed in real time against Blue Cross medical policy.



¹For services to Blue Cross commercial URMBS members, providers in Alabama, Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Michigan, Missouri, Nevada, New Hampshire, New York, North Carolina, Ohio, Virginia or Wisconsin may be eligible to receive enhanced reimbursement.

Is this program applicable to all members?

The Oncology Value Management program through Carelon applies only to Blue Cross commercial URMBS members.



Exceptions: UAW Retiree Health Care Trust (group number 70605) and UAW International Union (group number 71714) don't participate in this program.

What drugs are included in the Oncology Value Management program?

The program applies to medical oncology and supportive care drugs. These drugs are covered under the medical benefit because they require administration by a health care professional.

Oncology drugs covered under the pharmacy benefit (for example, oral cancer drugs) may still require prior authorization from the member's pharmacy benefit manager.

To determine which drugs require prior authorization through Carelon for Blue Cross commercial URMBS members, see the [Oncology Value Management program prior authorization list for UAW Retiree Medical Benefits Trust PPO non-Medicare members](#).

How to submit a request

How do I participate in the program through Carelon?

The most efficient way to participate in the program is to use the Carelon provider portal. It's available 24/7 with the exception of Sundays for maintenance from 1:30 to 7 p.m. Eastern time. Through the portal, you can:

- Initiate new order requests



- Update existing order requests
- Identify Carelon Cancer Treatment Pathways
- Retrieve order summaries

If you need help using the Carelon provider portal or need assistance with troubleshooting, call Carelon at 1-800-252-2021. You can also initiate or update requests by calling Carelon at 1-800-728-8008. Carelon is available Monday through Friday from 8 a.m. to 5 p.m. Eastern time.

What can I do to speed up the review process for prior authorization requests?

To get the fastest response from Carelon, do the following:

- Gather all the pertinent information about the procedure and the patient's condition before submitting the request. For example, include information on tumor testing results, tumor staging and previous therapy for requests that involve oncology services.
- Submit the request with a complete set of clinical information that supports the rationale for the regimen of care you're planning. This will move the clinical review process along faster.
- Provide a phone number where the provider can be reached for a peer-to-peer discussion. This will help Carelon get answers to clinical questions so they can determine the medical necessity of the proposed services.
- Submit the request through the Carelon provider portal. For more information, see the "How do I submit prior authorization requests to Carelon?" section below.

Note: If you need to request access to the Blue Cross provider portal, see the [Register for web tools](#) webpage on bcbsm.com/providers.

How do I submit prior authorization requests to Carelon?

Submit prior authorization requests to Carelon as follows.

Important! For commercial members, [Michigan's prior authorization law](#)* requires health care providers to submit prior authorization requests electronically. Alternate submission methods (phone or fax) are allowed in the case of temporary technical problems, such as power or internet outages.

Method of submission	Details
Through our provider portal — for Michigan providers	1. Log in to our provider portal (availability.com). 2. Click <i>Payer Spaces</i> in the menu bar and then click the BCBSM and BCN logo. 3. Click the <i>Carelon ProviderPortal</i> tile in the Applications tab. If you're having trouble accessing the Carelon provider portal using this process, contact Availability® Client Services at 1-800-AVAILITY (282-4548).
Through our provider portal — for non-Michigan providers who are registered with Availability	1. Log in to our provider portal (availability.com). 2. Enter the member's contract number from their ID card. Be sure to include the alpha prefix. Availability determines the member's plan and takes you to the Pre-Service Review for Out-of-Area and Local Members screen. 3. Click the <i>Carelon Provider Portal</i> link.
Through our provider portal — for non-Michigan providers who aren't registered with Availability	1. Log in to your local plan's website. 2. Select an ID card prefix for Michigan. The Pre-Service Review for Out-of-Area and Local Members screen opens. 3. Click the <i>Outpatient Authorization</i> link.
Direct log in	Go to providerportal.com .
By phone	Call 1-800-728-8008.

If Carelon is unable to accept requests through the portal or by phone due to technical problems, submit the request using one of the following methods:

- Fax to 1-877-325-5979

- Mail the request to:

Blue Cross Blue Shield of Michigan, Pharmacy Services
Mail Code 512B
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

Will I be required to provide medical records or other clinical documents?

Medical records are required only if requested by a Carelon clinician.



What happens if I provided a service, but I didn't request prior authorization through Carelon?

If you don't get authorization from Carelon for the oncology treatment or supportive drugs you prescribe, your related claims will be denied. We encourage you to obtain authorization prior to the start of services.

For retroactive authorizations:

- You have up to two business days after the start of the services to submit retroactive authorizations.
- After two days, Blue Cross will process requests for up to two calendar years.

You can fax retroactive authorization requests to the Blue Cross Pharmacy Help Desk at 1-866-915-9187.

How long will it take Carelon to respond to my prior authorization request?

Requests that meet criteria receive a response instantly either on the Carelon provider portal or by phone with the Carelon contact center.

When a request can't be approved immediately, it will be transferred to an oncology nurse for further review. No adverse determination is made until the ordering provider has an opportunity to discuss the request with a Carelon physician.

Carelon will review cases and provide responses within three business days for standard requests or within 72 hours (calendar) for urgent requests.

How does Carelon communicate prior authorization determinations?

Carelon will include an order ID for authorized drugs on an order summary in the Carelon provider portal, regardless of submission method. Order summaries may also include an order ID for each drug within a requested regimen that isn't subject to prior authorization.

Will all Carelon prior authorization cases show in the Blue Cross e-referral system?

Yes.

How can providers appeal adverse determinations?

You can find information about how to appeal an adverse determination in the denial letter.

About Carelon Cancer Treatment Pathways

What are Carelon Cancer Treatment Pathways?

Carelon Cancer Treatment Pathways are developed by Carelon oncologists and pharmacists in consultation with a panel of academic and community-based oncologists. Together they apply a rigorous process to evaluate regimens supported by national guidelines, such as National Comprehensive Cancer Network guidelines and oncology professional society practice guidelines and peer-reviewed, published data. Factors considered include:

- Clinical benefit (efficacy)
- Side effects (toxicity) — especially those that lead to hospitalizations or impact quality of life
- When efficacy and toxicity are equal, cost

Because standards of oncologic care evolve rapidly, Carelon Pathways are updated through a systematic review of medical evidence at least quarterly, and more often when new data emerges or national guidelines change.

Where can I find a copy of the Carelon Cancer Treatment Pathways?

The Pathways are available from the Carelon [Current Cancer Treatment Pathways and Guidelines](#) webpage.*

What should I consider when selecting a Pathway?

Selecting a Pathway depends upon a number of factors, including the type of cancer, the stage of disease and the biomarkers or specific genetic profile of the patient's cancer. Within each cancer type, separate Pathways are usually available for early stage through advanced cancer, subtypes of cancer (for example, HER2 positive) and different lines of therapy.

What if a Pathway regimen isn't available for my patient?

Carelon Cancer Treatment Pathways include multiple regimens for different clinical situations. However, if a Pathway regimen isn't available for a particular type of cancer or line of therapy, you must still enter the prescribed regimen in the Carelon provider portal to ensure alignment with Blue Cross medical policy.

Do Pathways apply to pediatric patients?

Carelon Cancer Treatment Pathways exist for cancers observed most often — but not exclusively — in adults; these pathways can be considered for any relevant patient regardless of age. If a Pathway regimen isn't available for a particular type of cancer or line of therapy for



a pediatric or adult patient, you must still enter the prescribed regimen into the Carelon provider portal to ensure alignment with Blue Cross medical policy.

What happens if I don't select a treatment regimen designated as an Carelon Cancer Treatment Pathway?

The requested treatment regimen will be reviewed for alignment with Blue Cross medical policy. A regimen that isn't a Pathway regimen may still be authorized, but enhanced reimbursement won't be available.

How often are the Carelon Cancer Treatment Pathways updated?

Carelon Cancer Treatment Pathways are reviewed at least quarterly or more frequently, as needed.

Are supportive care drugs included in the Pathways?

Supportive care drugs, such as those that manage side effects of chemotherapy, aren't included in the Carelon Cancer Treatment Pathways. However, you should include the entire cancer treatment drug regimen, including supportive care drugs, in the order request. This is because certain supportive care drugs may be on the list of drugs that require review against applicable Blue Cross medical policies or clinical guidelines.

About pharmacy benefit programs

What should I do if the drugs I'm ordering require prior authorization through the health plan or a pharmacy benefit manager?

Some drugs used to treat cancer may require prior authorization through the health plan or a pharmacy benefit manager. Include all drugs when submitting an order request to the program to determine if the regimen is on a Pathway and to see which drugs, if any, need prior authorization. The Carelon provider portal will direct you to the appropriate management channel, as needed.

About enhanced reimbursement

What is enhanced reimbursement?

Carelon Cancer Treatment Pathways support high-quality, high-value cancer treatment. By choosing designated Carelon Cancer Treatment Pathway regimens when clinically



appropriate, the ordering provider may be eligible for enhanced reimbursement.¹ Refer to Blue Cross provider fee schedules.

¹For services to Blue Cross commercial URMBS members, providers in Alabama, Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Michigan, Missouri, Nevada, New Hampshire, New York, North Carolina, Ohio, Virginia or Wisconsin may be eligible to receive enhanced reimbursement.

Am I eligible for enhanced reimbursement?

Only the ordering provider can bill S-codes to the health plan and receive the enhanced reimbursement. S-codes should be submitted through professional claims. S-codes submitted on a facility claim aren't eligible. If S-codes aren't billed to the health plan, you won't receive the enhanced reimbursement. To see your reimbursement level, refer to your Blue Cross fee schedule.

The Carelon provider portal will display S-codes on the order summary page for ordering providers with instructions for billing S-codes to Blue Cross. If processing an order request by phone, S-code information will be provided verbally. We don't send letters about S-code eligibility; therefore, we recommend that you save the summary page.

How often can S-codes be billed?

S0353 can be reimbursed only once per patient at the onset of treatment, unless the treatment is changed and a new Pathway is ordered.

Thirty days after onset of treatment, S0354 can be reimbursed for each subsequent treatment, up to the maximum number of months as specified in the order summary.¹ S0354 can't be reimbursed within 30 days of being reimbursed for S0353. S0354 will be reimbursed no more than every 30 days. Any treatment extended beyond the maximum number of months on the order summary requires a new request. S0354 reimbursement is applicable only if the patient continues to be treated with the Pathway for which the S0354 was awarded.

Any changes in treatment require that you submit a new order request to Carelon through the provider portal or by phone. We recommend that the practice save the approved order summary in the patient medical record. Order summaries are on the Carelon provider portal.

¹S0354 is approved for up to five months, as specified when the code is issued. This reflects the expected duration of treatment.

Claims

Who processes claims?

Blue Cross process claims for medical oncology and supportive care drugs.

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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 authorizations for select services. For more information, go to our authorizations.bcbsm.com website.

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