

Authorization of Part B specialty medications

Frequently asked questions for providers

For Medicare Plus BlueSM and BCN AdvantageSM members

Revised March 2026

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Select Medicare Part B medical benefit drugs that are administered by providers require prior authorization to be eligible for payment.

- For most drugs, Blue Cross Blue Shield of Michigan and Blue Care Network manage prior authorization requests. This includes requests for gene and cellular therapies. Submit requests through the Medical and Pharmacy Drug PA Portal, which you can access by clicking the *Medical and Pharmacy Benefit Drug Prior Auth* tile in our provider portal (availity.com*).
- For medical oncology drugs, OncoHealth manages prior authorization requests under the Oncology Value Management program. Submit requests to OncoHealth.

Which Part B specialty medications require prior authorization?

The Part B drugs that require prior authorization are listed in the [Medical Drug and Step Therapy Prior Authorization List for Medicare Plus Blue and BCN Advantage members](#) document. The "Submit authorization requests through" columns in the document specify whether you need to submit the prior authorization request through the Medical and Pharmacy Drug PA Portal or to OncoHealth.

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You can also access the drug list on the following pages of the authorizations.bcbsm.com website:

- [Medical Benefit Drugs: How to determine requirements for most medical benefit drugs](#)
- [Medical Benefit Drugs: How to determine requirements for oncology medical benefit drugs](#)

How do I submit a prior authorization request?

Depending on the medication, you can quickly submit prior authorization requests through the Medical and Pharmacy Drug PA Portal or the OncoHealth provider portal, both of which are accessible through Blue Cross and BCN's provider portal, Availity EssentialsTM.

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. In the Application tab, click one of the following:
 - The *Medical and Pharmacy Benefit Drug Prior Auth* tile
 - The *OncoHealth Provider Portal* tile

If you need assistance with Availity Essentials, call 1-800-AVAILITY (282-4548). The Availity[®] Client Services staff members are available Monday through Friday from 8 a.m. to 8 p.m. Eastern time, except for holidays.

If you have questions about prior authorizations, you can do the following:

- For drugs that require prior authorization from Blue Cross or BCN, call the Blue Cross and BCN Pharmacy Clinical Help Desk at 1-800-437-3803 from 9 a.m. to 4 p.m. Monday through Friday.
- For drugs that require prior authorization through OncoHealth, call OncoHealth at 1-888-916-2616.

How long does it take to receive a decision on a prior authorization request?

Decisions will be made as quickly as the member's health condition requires.

Prior authorization requests will be completed as follows:

- Standard requests for prior authorization will be completed within 72 hours of the time at which Blue Cross, BCN or OncoHealth receives the request.

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- Expedited or urgent prior authorization requests will be completed within 24 hours of the time at which Blue Cross, BCN or OncoHealth receives the request.

Appeals of prior authorization requests will be completed as follows:

- Standard appeals will be completed within seven days after the date on which Blue Cross, BCN or OncoHealth receives the request.
- Expedited or urgent appeals will be completed within 72 hours of the time at which Blue Cross, BCN or OncoHealth receives the request.

What will happen if the specialty medication is administered without prior authorization?

Your claim will not be paid if you didn't obtain prior authorization from Blue Cross, BCN or OncoHealth, as appropriate.

Note: Original Medicare rules about benefit coverage, exclusions and limitations on the member's plan apply. Providers must obtain prior authorization and verify the member's benefits to be eligible for claim payment for the date of service. Providers may be held financially liable if services are completed without prior authorization. For services that require prior authorization, providers can't bill members for services for which they didn't request or receive prior authorization.

What is the messaging on the provider's voucher if a claim for a specialty medication doesn't match a prior authorization?

The message on the provider voucher will state "Denied — No Authorization."

What information is needed to request approval for drugs that require prior authorization?

The following information is needed:

- Member name, date of birth and Blue Cross or BCN subscriber ID
- Ordering provider's name, National Provider Identifier and fax number
- Drug being requested (HCPCS code)
- All relevant clinical notes, imaging and X-ray reports, and patient history and physical findings

Will I receive an authorization number when I request prior authorization?

Yes. When you request prior authorization, Blue Cross, BCN or OncoHealth immediately generates an authorization number, before making a determination on your request.

How do I check the status of a prior authorization request?

Providers can check the status of prior authorization requests by:

- Accessing the Medical and Pharmacy Drug PA Portal or the OncoHealth Provider Portal through the Applications tab within our provider portal (avallity.com).
- For requests submitted through the Medical and Pharmacy Drug PA Portal, calling the Pharmacy Clinical Help Desk at 1-800-437-3803

How will members be notified of approvals and denials?

For prior authorization requests submitted through the **Medical and Pharmacy Drug PA Portal**, Blue Cross or BCN will send written notices to the member to let them know whether the request was approved or denied.

For requests submitted to **OncoHealth**, OncoHealth will send written notices to the member to let them know whether the request was approved or denied.

How will I, the provider, be notified of approvals and denials?

For prior authorization requests submitted through the **Medical and Pharmacy Drug PA Portal**, providers will be notified of determinations by fax.

For prior authorization requests submitted to **OncoHealth**, providers will be notified of the determination by fax.

How long is an authorization valid?

Authorization periods vary by medication.

Can I submit claims for payment as soon as I receive prior authorization approval?

No. You should wait at least three business days from the date on which you received the faxed authorization approval letter. This allows time for us to load the authorization into the system and process the claim.

How do I check a member's benefits and eligibility?

You can review member eligibility through the Eligibility and Benefits Inquiry application within our provider portal (availability.com*). You can access that application through the Patient Registration menu at the top of your Availity Essentials home screen.

How do I appeal a medical necessity determination?

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

*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.

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.

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