Blue Care Network of Michigan

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

Routine Women's Health Benefit provider specialty and procedure/diagnosis code requirements

For BCN commercial

Effective Jan. 1, 2012 | Revised July 2026

In this document

Under Blue Care Network's Routine Women's Health Benefit (formerly known as Woman's Choice), procedures can be billed as professional services by certain specialists without a global referral from the member's primary care provider. This is subject to the requirements outlined in this document and in the Routine Women's Health Benefit plan notification and prior authorization guidelines.

This document outlines billing and specialty requirements that apply to all BCN commercial products. The specialty of the billing provider is what qualifies the claim for consideration under Routine Women's Health Benefit. Keep reading for details.

Exceptions: The following services aren't included in the Routine Women's Health Benefit —

- Surgeries performed outside of the office
- Any service performed in an emergency room or urgent care setting
- Laboratory services provided in any setting

Women's health specialists

For the specialists identified below, all professional services are seen as part of the Routine Women's Health Benefit and can be billed without a global referral from the member's primary care provider. No specific diagnosis code is required.

- Certified nurse midwife
- Female pelvic reconstructive surgery specialist
- Gynecologic oncologist
- Maternal and fetal medicine specialist
- Neonatal perinatal medicine specialist (M.D. only)
- Nurse practitioner, OB/GYN
- Nurse practitioner, women's health
- Obstetrician/gynecologist
- Reproductive endocrinologist

Note: Circumcisions (procedure codes *54150 and *54160) performed in any setting **are** included.

Other specialists and provider types

For other specialists (non-women's health specialists) and provider types, some services don't require a specific diagnosis code while others do require a specific diagnosis code. See below for details.

Services that don't require a specific diagnosis code

For the specialists and provider types identified below, the procedures listed in the table can be billed as professional services without a global referral from the member's primary care provider when done in any setting (unless otherwise noted). No specific diagnosis code is required.

Note: The women's health specialists listed on Page 1 can also perform any procedure listed in this table without a global referral from the primary care provider and without a specific diagnosis code.

Procedure code	Location	Specialists/provider types who can bill without a global referral			
		Diagnostic / general / nuclear / pediatric radiologists and other-designated specialists and provider types[1]	General surgeons	Pharmacists[2]	Other designated specialists[3]
*11976	Office				✓
*11981	Office				✓
*19081-*19086	Office	✓	✓		✓
*54150, *54160	Any				✓
*57170	Office				✓
*57420-*57421	Office				✓
*57452, *57454-*57456, *57461, *57465	Office				✓
*57511	Office				✓
*58300-*58301	Office				✓
*59025	Any				✓
*59400, *59409-*59410	Any				✓

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		Diagnostic / general / nuclear / pediatric radiologists and other-designated specialists and provider types[1]	General surgeons	Pharmacists[2]	Other designated specialists[3]
*59425-*59426, *59430	Any				✓
*59510, *59514-*59515	Any				✓
*59612, *59614	Any				✓
*59820, *59840-*59841	Any				✓
*76641-*76642	Any	✓			✓
*76801-*76802, *76805	Any	✓			✓
*76810-*76821, *76825-*76828	Any	✓			✓
*76830-*76831, *76856-*76857	Any	✓			✓
*76945-*76946	Any	✓			✓
*77063	Any	✓			✓
*77065-*77067	Any	✓			✓
*99460-*99465	Any				✓
A4266	Any				✓
A9293	Any				✓
G0101	Any				✓
J1050, J1950	Any			✓	✓
J2790	Any			✓	✓
J7296-J7298	Any			✓	✓
J7300-J7304, J7307	Any			✓	✓

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Procedure code	Location	Specialists/provider types who can bill without a global referral			
		Diagnostic / general / nuclear / pediatric radiologists and other-designated specialists and provider types[1]	General surgeons	Pharmacists[2]	Other designated specialists[3]
Q0091	Any				✓
S0190-S0191	Any			✓	✓
S0199	Any				✓
S0610, S0612-S0613	Any				✓

[1] "Other designated specialists and provider types" here include providers in the following specialties: body imaging, critical care / medical obstetrics-gynecology, clinical genetics, nuclear imaging and therapy, public health / general preventive medicine and public health / welfare agency. The provider type included is freestanding radiology clinics (effective Jan. 1, 2017).

[2] These are pharmacists at specialty pharmacies that bill under the medical benefit.

[3] "Other designated specialists" here include acute care nurse practitioners, acute care/adult nurse practitioners, adolescent medicine practitioners, certified nurse practitioners, family nurse practitioners, family practitioners, general practitioners, geriatric nurse practitioners, hospitalists, internists, internist/pediatricians, neonatal nurse practitioners, neonatologists (D.O. only), pediatric nurse practitioners, pediatricians, physician assistants and preventive medicine practitioners.

Services that require a specific diagnosis code

For the specialists identified below, the procedures shown in the table can be billed as professional services without a global referral from the member's primary care provider but with a diagnosis code:

- Acute care nurse practitioner
- Acute care/adult nurse practitioner
- Adolescent medicine practitioner
- Certified nurse practitioner
- Family nurse practitioner
- Family practitioner
- General practitioner
- Internist
- Internist/pediatrician
- Neonatal nurse practitioner
- Neonatologist (D.O. only)
- Pediatric nurse practitioner
- Pediatrician
- Physician assistant

- Geriatric nurse practitioner
- Hospitalist
- Preventive medicine practitioner

Note: The women's health specialists listed on Page 1 can also perform any procedure listed in this table without a global referral from the primary care provider and without a specific diagnosis code.

Use the appropriate ICD diagnosis code for each procedure code, as shown below:

When billing these procedure codes…	One of these diagnosis codes is required…		
• *98000 through *98015	• R87612 • R87613 • R87620 • R87622 • Z01411 • Z01419 • Z0142 • Z113 • Z1231 • Z1239	• Z124 • Z1272 • Z30011 • Z3002 • Z3009 • Z3040 • Z3041 • Z30431 • Z308 • Z309	• Z3161 • Z3200 • Z3201 • Z3202 • Z331 • Z3400-Z3403 • Z3480-Z3483 • Z3490-Z3493 • Z392
• *99201 through *99205 • *99211 through *99215 • *99383 through *99387 • *99393 through *99397	• R87612 • R87613 • R87620 • R87622 • Z01411 • Z01419 • Z0142 • Z113 • Z1231 • Z1239 • Z124 • Z1272	• Z2913 • Z30011 • Z30015-Z30017 • Z3002 • Z3009 • Z3040 • Z3041 • Z30431 • Z3044-Z3046 • Z308 • Z309	• Z3161 • Z317 • Z3200 • Z3201 • Z3202 • Z331 • Z333 • Z3400-Z3403 • Z3480-Z3483 • Z3490-Z3493 • Z392

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When billing these procedure codes…	One of these diagnosis codes is required…		
• *96372	• Z01411 • Z01419 • Z0142 • Z113 • Z1231 • Z1239 • Z124 • Z1272 • Z2913	• Z30013 • Z3002 • Z3009 • Z3040 • Z3042 • Z308 • Z309 • Z3161 • Z317	• Z3200 • Z3201 • Z3202 • Z331 • Z333 • Z3400-Z3403 • Z3480-Z3483 • Z3490-Z3493 • Z392
• *99221 through *99223 • *99231 through *99239	• Z3800 • Z3801 • Z382 • Z3830	• Z3831 • Z385 • Z3862	• Z3864 • Z3866 • Z3869
• *99401 through *99404[1]	• Z391		

[1] These procedures can be performed by any specialist if they are billed with the appropriate diagnosis code.