Blue Cross Blue Shield Blue Care Network of Michigan

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

# Summary of utilization management programs for Michigan providers

**For Blue Cross commercial, Medicare Plus Blue℠, Blue Care Network commercial and BCN Advantage℠**

Revised September 2026

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This document describes the referral and plan notification requirements that apply to Blue Cross Blue Shield of Michigan and Blue Care Network members. It also summarizes the types of procedures and services that require prior authorization for Blue Cross and BCN members and indicates which entity manages prior authorizations.

Note: To view prior authorization requirements for MESSA members, see the document titled MESSA's list of services requiring mandatory prior authorization* at **messa.org**.

## BCN commercial members only: Referral and plan notification requirements

Referral and plan notification requirements apply only to BCN commercial members. They don't apply to Blue Cross commercial, Medicare Plus Blue or BCN Advantage members.

| | Blue Cross commercial fully insured | Blue Cross commercial self-funded groups | Medicare Plus Blue | BCN commercial | BCN Advantage |
|---|---|---|---|---|---|
| **Referral and plan notification** | No | No | No | Yes – varies by region and product | No |

Submit referral requests and plan notifications through the e-referral system, as outlined in the e-referral User Guide.

**When are referrals needed?** BCN commercial's referral requirements vary based on region and the BCN product through which the member has coverage.

**What is plan notification?** Plan notification alerts BCN to a scheduled service and facilitates claims payment (clinical review isn't needed). BCN commercial's plan notification requirement varies based on region.

**When are referrals and plan notifications required?** Providers must follow the requirements that apply to the region in which the headquarters for their medical care group is located.

- In the East and Southeast regions, submit referral requests and plan notifications to BCN through the e-referral system.
- In the Mid, West and Upper Peninsula regions, referrals and plan notifications **aren't** required. Providers don't need to submit anything in the e-referral system.

Notes:

- See Michigan providers: BCN global referral, plan notification and prior authorization requirements for additional information about referrals and plan notifications.
- In all regions, prior authorization is required when the provider is out-of-network for the member's plan. See the Michigan providers: BCN global referral, plan notification and prior authorization requirements document for additional details.

## Services that require prior authorization

The tables that follow are not all-inclusive lists of procedures and services that require prior authorization. For more information, visit authorizations.bcbsm.com.

**Note:** The information in these tables is for summary purposes only. For Blue Cross commercial members, not all services in the categories listed require prior authorization for every employer group. The lists of groups identified as excluded from specific authorization requirements are not all-inclusive. Providers are responsible for identifying the need for prior authorization through our provider portal (availity.com*) or through Provider Inquiry. Providers are responsible for contacting Blue Cross, BCN or the designated vendor to obtain prior authorization for services.

### Behavioral health services (mental health and substance use disorders)

For additional information, refer to the Behavioral Health and the Autism Services pages on **authorizations.bcbsm.com**.

| Procedure or service | Is prior authorization required? / Who makes the determinations | | | | |
|---|---|---|---|---|---|
| | **Blue Cross commercial fully insured** | **Blue Cross commercial self-funded groups** | **Medicare Plus Blue** | **BCN commercial** | **BCN Advantage** |
| **Routine outpatient therapy in clinic or provider office** | **No** | **No** | **No** | **No** | **No** |
| **Outpatient autism services (applied behavior analysis)** | **Yes** Blue Cross Behavioral Health℠ | **Yes,** if the group opts into the standard BlueCross autism program Blue Cross Behavioral Health | **Yes** Blue Cross Behavioral Health | **Yes** Blue Cross Behavioral Health | **Yes** Blue Cross Behavioral Health |
| **Outpatient ECT** | **No** | **No** | **No** | **No** | **No** |
| **Outpatient neurofeedback** | **No** | **No** | **No** | **Yes** Blue Cross Behavioral Health | **Yes** Blue Cross Behavioral Health |
| **Outpatient TMS** | **Yes** Blue Cross Behavioral Health | **Yes,** if the group offers the TMS benefit Blue Cross Behavioral Health | **No** | **Yes** Blue Cross Behavioral Health | **Yes** Blue Cross Behavioral Health |

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|---|---|---|---|---|---|
| | **Blue Cross commercial fully insured** | **Blue Cross commercial self-funded groups** | **Medicare Plus Blue** | **BCN commercial** | **BCN Advantage** |
| **Initial inpatient, residential or partial hospital** | **Yes** Blue Cross Behavioral Health | **Yes** Blue Cross Behavioral Health | **Yes**[1] Blue Cross Behavioral Health | **Yes** Blue Cross Behavioral Health | **Yes**[1] Blue Cross Behavioral Health |
| **Intensive outpatient treatment** | **No** | **No** | **No** | **No** | **No** |
| **Subacute detox, inpatient** | **Yes** Blue Cross Behavioral Health | **Yes** Blue Cross Behavioral Health | **Yes** Blue Cross Behavioral Health | **Yes** Blue Cross Behavioral Health | **Yes** Blue Cross Behavioral Health |
| **Subacute detox, outpatient — for providers who are contracted to provide this service** | **No** | **No** | **No** | **No** | **No** |

[1]Note: Medicare Plus Blue and BCN Advantage don't have a residential mental health treatment benefit.

## Non-behavioral health services

| Procedure or service | Is prior authorization required? / Who makes the determination? | | | | |
|---|---|---|---|---|---|
| | **Blue Cross commercial fully insured** | **Blue Cross commercial self-funded groups** | **Medicare Plus Blue** | **BCN commercial** | **BCN Advantage** |
| **Air ambulance** Refer to the Air Ambulance Services page. | **Yes** Alacura Medical Transport Management, for non-emergency flights only | **Yes** Alacura Medical Transport Management, for non-emergency flights only | **No** | **Yes** Alacura Medical Transport Management, for non-emergency flights only | **No** |
| **Cardiology** (See also: Echocardiology row) Refer to the Cardiology Services page. | **Yes** Carelon Medical Benefits Management | **No** | **Yes** Carelon | **Yes** Carelon | **Yes** Carelon |
| **Chiropractic services** Refer to the Chiropractic Services page. | **No** | **No** | **No** | **Yes** BCN Utilization Management | **Yes** BCN Utilization Management |

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|---|---|---|---|---|---|
| | **Blue Cross commercial fully insured** | **Blue Cross commercial self-funded groups** | **Medicare Plus Blue** | **BCN commercial** | **BCN Advantage** |
| **Continuous glucose monitor products**<br>Prior authorization could be required in certain circumstances. Northwood, Inc. or the network pharmacy will coordinate prior authorization requests as needed.<br>Refer to:<br>• Continuous glucose monitor products: FAQs for prescribing providers<br>• Diabetes Supplies page | **Yes**<br>Northwood (preferred provider)<br>Members who have pharmacy benefits through Blue Cross can also obtain CGM products through a participating network pharmacy. | **No**<br>The dispensing DME supplier may require the member to fulfill coverage criteria. (Northwood doesn't manage prior authorizations for Blue Cross commercial self-funded groups.)<br>Members who have pharmacy benefits through Blue Cross can also obtain CGM products through a participating network pharmacy. Prior authorization may be required. | **Yes**<br>**For dates of service on or after Oct. 1, 2024**<br>Submit prescription to network pharmacy<br>**Exception:** UAW Retiree Medical Benefits Trust members must obtain CGMs through a DME supplier.<br>**For dates of service before Oct. 1, 2024**<br>Northwood, Inc. (preferred provider) | **Yes**<br>Northwood, Inc.<br>Members who have pharmacy benefits through BCN can also obtain CGM products through a participating network pharmacy. | **Yes**<br>**For dates of service on or after Oct. 1, 2024**<br>Submit prescription to network pharmacy<br>**Exception:** UAW Retiree Medical Benefits Trust members must obtain CGMs through Northwood.<br>**For dates of service before Oct. 1, 2024**<br>Northwood, Inc. |
| **Diabetes supplies**<br>Prior authorization is required only in certain circumstances; see the provider FAQ for details.<br>Refer to:<br>• Continuous glucose monitor products: FAQs for prescribing providers<br>• Diabetes Supplies page | **Yes**<br>Northwood, Inc. (preferred provider) | **No** | **Yes**<br>Northwood, Inc. (preferred provider) | **Yes**<br>Northwood, Inc. (exclusive provider) | **Yes**<br>Northwood, Inc. (exclusive provider) |
| **Durable medical equipment and prosthetics and orthotics**<br>Refer to:<br>• Continuous glucose monitor products: FAQs for prescribing providers<br>• DME/P&O page | **Yes**<br>Northwood, Inc. (preferred provider) | **No** | **Yes**<br>Northwood, Inc. (preferred provider) | **Yes**<br>Northwood, Inc. | **Yes**<br>Northwood, Inc. |
| **Drugs covered under the medical benefit**<br>Refer to the Medical Benefit Drugs page.<br>(See also: Oncology and supportive care drugs — medical benefit and pharmacy benefit row) | **Yes**<br>Blue Cross Pharmacy department | **Yes, for participating groups†**<br>Blue Cross Pharmacy department | **Yes**<br>Blue Cross Pharmacy department | **Yes**<br>BCN Pharmacy department | **Yes**<br>BCN Pharmacy department |
| | 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 in our provider portal (availity.com*). | | | | |
| | †Participating groups are those that participate in the standard commercial Medical Drug Prior Authorization Program. To determine group participation, see the Specialty Pharmacy Prior Authorization Master Opt-in/out Group List. | | | | |

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|---|---|---|---|---|---|
| | **Blue Cross commercial fully insured** | **Blue Cross commercial self-funded groups** | **Medicare Plus Blue** | **BCN commercial** | **BCN Advantage** |
| **Drugs covered under the pharmacy benefit**<br>Refer to the Pharmacy Benefit Drugs page.<br>(See also: Oncology and supportive care drugs — medical benefit and pharmacy benefit row) | **Yes**<br>Blue Cross Pharmacy department | **Yes**<br>Blue Cross Pharmacy department | **Yes**<br>Blue Cross Pharmacy department | **Yes**<br>BCN Pharmacy department | **Yes**<br>BCN Pharmacy department |
| | 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 in our provider portal (availity.com*).† | | | | |
| | †Alternately, providers can submit prior authorization requests through CoverMyMeds or other electronic prior authorization, or ePA, tools. | | | | |
| **Echocardiology**<br>Refer to the Cardiology Services page.<br>(See also: Cardiology row) | **Yes**<br>Carelon Medical Benefits Management | **Yes**<br>Carelon<br>For all groups except UAW Retiree Medical Benefits Trust, Blue Cross and Blue Shield Federal Employee Program®, State of Michigan plans and select Ascension Health groups | **Yes**<br>Carelon | **Yes**<br>Carelon | **Yes**<br>Carelon |
| **Genetic and molecular testing**<br>Refer to the Laboratory Services page. | **No** | **No** | **No** | **Yes**<br>Joint Venture Hospital Laboratories | Yes<br>Joint Venture Hospital Laboratories |
| **Home healthcare services**<br>Refer to the Home Health Care page | **No** | **No** | **Yes**<br>For episodes of care that start or after March 1, 2026, and for episodes that start before March 1 and continue through or beyond March 1: tango<br><br>**No**<br>For episodes of care that start before March 1, 2026 | **No** | **Yes**<br>For episodes of care that start or after March 1, 2026, and for episodes that start before March 1 and continue through or beyond March 1: tango<br><br>**No**<br>For episodes of care that start before March 1, 2026 |
| **Inpatient admissions, acute care (hospitals)**<br>Refer to the Acute Inpatient Medical and Surgical Admissions page. | **Yes**<br>Blue Cross Utilization Management | **Yes**<br>Blue Cross Utilization Management | **Yes**<br>Blue Cross Utilization Management | **Yes**<br>BCN Utilization Management | **Yes**<br>BCN Utilization Management |
| | | | | See also: Guidelines for bundling admissions | |

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| | **Blue Cross commercial fully insured** | **Blue Cross commercial self-funded groups** | **Medicare Plus Blue** | **BCN commercial** | **BCN Advantage** |
| **Joint surgery – knee, hip, shoulder**<br>Refer to the Musculoskeletal Services page.<br>(See also: Musculoskeletal procedures, other row) | **Yes**<br>TurningPoint | **Yes, for select groups**<br>**TurningPoint**<br>For UAW Retiree Medical Benefits Trust non-Medicare members only<br>**Blue Cross**<br>For dates of service on or after Jan. 1, 2026, Blue Cross and Blue Shield Federal Employee Program members only | **Yes**<br>TurningPoint | **Yes**<br>TurningPoint | **Yes**<br>TurningPoint |
| **Musculoskeletal procedures, other**<br>Refer to the Musculoskeletal Services page.<br>(See also: Joint surgery – knee, hip, shoulder row) | **Yes**<br>TurningPoint | **Yes, for select groups**<br>**TurningPoint**<br>For UAW Retiree Medical Benefits Trust non-Medicare members only<br>**Blue Cross**<br>For dates of service on or after Jan. 1, 2026, Blue Cross and Blue Shield Federal Employee Program members only | **Yes**<br>TurningPoint | **Yes**<br>TurningPoint | **Yes**<br>TurningPoint |

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| | **Blue Cross commercial fully insured** | **Blue Cross commercial self-funded groups** | **Medicare Plus Blue** | **BCN commercial** | **BCN Advantage** |
| **Oncology and supportive care drugs — medical benefit and pharmacy benefit**, managed through the Oncology Value Management program<br>Refer to the Medical Benefit Drugs page.<br>(See also: Radiation oncology row) | **Yes**<br>OncoHealth<br>**Exception:** MESSA doesn't participate in this program. | **Yes, for participating groups**<br>**Carelon** for UAW Retiree Medical Benefits Trust PPO non-Medicare members<br>**OncoHealth** for other self-funded groups that participate in this program† | **Yes**<br>OncoHealth | **Yes**<br>OncoHealth for all fully insured groups and for self-funded groups that participate in this program.† | **Yes**<br>OncoHealth |
| | • Before Jan. 1, 2025, Carelon managed prior authorizations for oncology medical benefit drugs for all groups that had requirements under the program and for all individual members.<br>• Before April 1, 2025, Blue Cross and BCN managed prior authorizations for oncology pharmacy benefit drugs for all members.<br>• When administered in inpatient or outpatient settings, submit prior authorization requests for gene and cellular therapy drugs through the Medical and Pharmacy Drug PA Portal, which is accessed by clicking the *Medical and Pharmacy Benefit Drug Prior Auth* tile in our provider portal (availity.com*). | | | | |
| | †To determine which groups participate, see the opt-out list for self-funded groups. | | | | |
| **Pain management**<br>Refer to the Pain Management Services page. | **Yes**<br>TurningPoint | **Yes, for select groups**<br>TurningPoint<br>For UAW Retiree Medical Benefits Trust non-Medicare members | **No,** for dates of service on or after May 1, 2025<br>**Yes**<br>TurningPoint | **Yes**<br>TurningPoint | **No,** for dates of service on or after May 1, 2025<br>**Yes**<br>TurningPoint |
| **Physical, occupational and speech therapy with an autism diagnosis†**<br>Refer to the Autism Services page. | **No** | **No** | **Not applicable** | **No** | **Not applicable** |
| | †Includes physical medicine services by athletic trainers and by chiropractors | | | | |
| **Physical and occupational therapy with a non-autism diagnosis**<br>Refer to the PT, OT, ST and Physical Medicine Services page. | **No** | **No** | **No** | **Yes**<br>EviCore by Evernorth<br>Includes physical medicine services by chiropractors and by athletic trainers | **Yes**<br>EviCore |
| **Post-acute care (SNF, inpatient rehab, LTACH)**<br>Refer to the Post-Acute Care page. | **Yes**<br>Blue Cross Utilization Management | **Yes**<br>Blue Cross Utilization Management | **Yes**<br>For stays that start on or after Jan. 5, 2026: WellSky®<br>For stays that start before Jan. 5, 2026: Blue Cross Utilization Management | **Yes**<br>BCN Utilization Management | **Yes**<br>For stays that start on or after Jan. 5, 2026: WellSky<br>For stays that start before Jan. 5, 2026: BCN Utilization Management |

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| | **Blue Cross commercial fully insured** | **Blue Cross commercial self-funded groups** | **Medicare Plus Blue** | **BCN commercial** | **BCN Advantage** |
| **Private duty nursing**<br>For:<br>• HCPCS codes S9123 and S9124<br>• Members who have the benefit<br>Refer to the Private Duty Nursing page. | **Yes, for select groups**<br>Utilization Management department | **Yes, for select groups**<br>Utilization Management department | **No** | **Yes**<br>Utilization Management department | **No** |
| **Radiation oncology, including proton beam therapy**<br>Refer to the Oncology Services page. | **Yes**<br>**OncoHealth**<br>For dates of service on or after Sept. 1, 2026<br>**Exception:** MESSA | **Yes, for participating groups†**<br>**OncoHealth**<br>For dates of service on or after Sept. 1, 2026<br><br>**Carelon**<br>For UAW Retiree Medical Benefits Trust non-Medicare members only | **Yes**<br>**OncoHealth**<br>For dates of service on or after Sept. 1, 2026 | **Yes**<br>**OncoHealth**<br>For dates of service on or after Sept. 1, 2026 | **Yes**<br>**OncoHealth**<br>For dates of service on or after Sept. 1, 2026 |
| | For dates of service before Sept. 1, 2026:<br>• EviCore by Evernorth managed prior authorizations for radiation oncology for Blue Cross commercial fully insured groups (except MESSA) and individual members, all Medicare Plus Blue members, all BCN commercial members and all BCN Advantage members.<br>• Carelon managed prior authorizations for proton beam therapy for all Blue Cross commercial self-funded groups that had requirements under the program.<br>• EviCore managed prior authorizations for proton beam therapy for Blue Cross commercial fully insured groups (except MESSA) and individual members, all Medicare Plus Blue members, all BCN commercial members and all BCN Advantage members. | | | | |
| | †To determine which groups participate in the Oncology Value Management program, administered by OncoHealth, see the opt-out list for self-funded groups. | | | | |
| **Radiology procedures (high-tech imaging)**<br>Refer to the Radiology Services, High Tech page. | **Yes**<br>Carelon Medical Benefits Management | **Yes**<br>Carelon<br>For all groups, including Blue Cross and Blue Shield Federal Employee Program and UAW Retiree Medical Benefits Trust<br><br>Excluded are State of Michigan plans and select Ascension Health groups | **Yes**<br>Carelon | **Yes**<br>Carelon | **Yes**<br>Carelon |

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| | **Blue Cross commercial fully insured** | **Blue Cross commercial self-funded groups** | **Medicare Plus Blue** | **BCN commercial** | **BCN Advantage** |
| **Sleep studies, in lab — includes the implantation of hypoglossal nerve stimulation devices**<br>Refer to the Sleep Studies page. | **Yes**<br>**Blue Cross Utilization Management**<br>For adult members (includes MESSA) for dates of service on or after Nov. 3, 2025.<br>**Carelon Medical Benefits Management**<br>For adult and pediatric members for dates of service before Nov. 3, 2025 | **Yes**<br>**Blue Cross Utilization Management**<br>For most adult members for dates of service on or after Nov. 3, 2025.<br>**Carelon**<br>For adult members who have coverage through Chrysler, Delphi/Aptiv, General Motors and URMBT for all dates of service<br>For most other adult and pediatric members for dates of service before Nov. 3, 2025<br>Exceptions: Blue Cross and Blue Shield Federal Employee Program, State of Michigan plans and select Ascension Health groups don't require prior authorization for sleep studies. | **No** | **Yes**<br>**BCN Utilization Management**<br>For adult members for dates of service on or after Nov. 3, 2025.<br>Submit plan notification for pediatric BCN commercial members when the service is performed in the East or Southeast region for dates of service on or after Nov. 3, 2025.<br>**Carelon**<br>For all adult and pediatric members for dates of service before Nov. 3, 2025. | **No** |
| **Speech therapy with a non-autism diagnosis**<br>Refer to the PT, OT, ST and Physical Medicine Services page. | **No** | **No** | **No** | **Yes**<br>EviCore by Evernorth | **Yes**<br>EviCore |
| **Spine surgery – cervical and lumbar**<br>Refer to the Musculoskeletal Services page. | **Yes**<br>TurningPoint | **Yes, for select groups**<br>**TurningPoint**<br>For UAW Retiree Medical Benefits Trust non-Medicare members<br>**Blue Cross**<br>For dates of service on or after Jan. 1, 2026, or Blue Cross and Blue Shield Federal Employee Program members only | **Yes**<br>TurningPoint | **Yes**<br>TurningPoint | **Yes**<br>TurningPoint |
| **Transplants**<br>Refer to the Transplant Services page. | **Yes**<br>Blue Cross<br>Human Organ Transplant team\ | **Yes**<br>Blue Cross<br>Human Organ Transplant team | **No** | **Yes**<br>Human Organ Transplant team | **No** |

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Alacura Medical Transport Management is an independent company that manages the prior authorization of non-emergency flights for Blue Cross Blue Shield of Michigan and Blue Care Network members who have commercial plans.

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.