



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

Services that require authorization for Michigan providers

For Medicare Plus BlueSM members

Updated October 2022

Authorization requests for non-urgent medical services must be submitted prior to services being provided.

Note: This list is not all-inclusive. In addition, authorization of a service based on the clinical information provided doesn't guarantee payment. When the claim for the service is submitted, it may be subject to edits including, but not limited to, edits for diagnosis, frequency and dose. The outcome of those edits may override the initial authorization.

To determine whether a procedure code requires prior authorization, see the document titled [Determining whether procedure codes require prior authorization for a member](#).

For more complete information about care management and utilization management requirements, refer to the [Medicare Plus Blue PPO Provider Manual](#).

Section 1: Authorization requirements

Services	Requirements
Ambulatory event monitors, implantable	Prior authorization is required. Use the e-referral system to submit the request and complete the Medicare implantable ambulatory event monitors questionnaire .
Blepharoplasty	Prior authorization is required. Use the e-referral system to submit the request and complete one of the following questionnaires: <ul style="list-style-type: none"> Blepharoplasty and repair of brow ptosis Blepharoplasty, lower lid repair
Cardiac ablation	Prior authorization is required. Use the e-referral system to submit the request, complete the questionnaire for radiofrequency ablation (RFA), cardiac, trigger , and then complete one or more of the following questionnaires: <ul style="list-style-type: none"> Radiofrequency ablation (RFA), cardiac atrial fibrillation or atrial flutter Radiofrequency ablation (RFA), cardiac frequent monomorphic premature ventricular contracts Radiofrequency ablation (RFA), cardiac nonsustained ventricular tachycardia Radiofrequency ablation (RFA), cardiac suspected AVNRT, AVRT or focal atrial tachycardia Radiofrequency ablation (RFA), cardiac sustained ventricular tachycardia Radiofrequency ablation (RFA), cardiac treatment for preexcitation syndrome or for Wolff-Parkinson-White syndrome
Cardiology procedures (including echocardiography and cardiac implantable services) See also: <ul style="list-style-type: none"> Ambulatory event monitors, implantable Cardiac ablation Left atrial appendage closure 	Prior authorization is required by AIM Specialty Health [®] for select cardiac procedures when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the list of procedure codes managed through AIM and the Blue Cross AIM-Managed Procedures page at ereferrals.bcbsm.com . Contact AIM Specialty Health at 1-800-728-8008. <ul style="list-style-type: none"> Cardiac resynchronization therapy Implantable cardioverter-defibrillator Arterial ultrasound



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

Services that require authorization for Michigan providers

For Medicare Plus BlueSM members

Updated October 2022

Services	Requirements
<p>Cosmetic or reconstructive surgery</p> <p>See also:</p> <ul style="list-style-type: none"> • Blepharoplasty • Rhinoplasty • Septoplasty 	<p>Prior authorization is required for certain procedure codes. Use the e-referral system to submit the request and complete the cosmetic or reconstructive surgery questionnaire.</p>
<p>Deep brain stimulation</p>	<p>Prior authorization is required. Use the e-referral system to submit the request and complete the deep brain stimulation questionnaire. The procedure codes to which this requirement applies are listed on the preview questionnaire.</p>
<p>Diabetes supplies</p>	<p>When covered under the medical (DME) benefit, J&B Medical Supply is the preferred provider of diabetes supplies for Medicare Plus Blue members. This includes items such as continuous glucose monitors, insulin pumps and supplies, and testing supplies. Contact J&B at 1-888-896-6233 or jandbmedical.com.**</p> <p>Exception: Diabetic shoes and inserts are handled by Northwood, Inc. See "Durable medical equipment and prosthetics and orthotics."</p> <p>Authorization is not required except in certain circumstances. Examples: when quantity limits are exceeded, when documentation is required, when the supplier is outside of the J&B network or for reasons of medical necessity outside of the Blue Cross Inclusionary Criteria or Medicare Local Coverage Determination. In those instances, J&B will request authorization from Medicare Plus Blue.</p>
<p>Durable medical equipment and prosthetics and orthotics (DME and P&O)</p>	<p>Authorization is required for all members. Call Northwood at 1-800-393-6432 to identify a contracted supplier. The supplier submits the request to Northwood for review.</p> <p>Note: As a general rule, outpatient diabetic supplies are not provided through the Northwood network. Exception: Northwood provides diabetic shoes and inserts.</p>
<p>Endovascular intervention, peripheral artery</p>	<p>Prior authorization is required. Use the e-referral system to submit the request and complete the endovascular intervention questionnaire. The procedure codes to which this requirement applies are listed on the preview questionnaire.</p>
<p>Endovenous ablation for treatment of varicose veins</p>	<p>Prior authorization is required. Use the e-referral system to submit the request and complete the questionnaire for endovenous ablation for treatment of varicose veins.</p>
<p>Gastric pacing / stimulation</p>	<p>Prior authorization is required. Use the e-referral system to submit the request and complete the gastric pacing / stimulation questionnaire. The procedure codes to which this requirement applies are listed on the preview questionnaire.</p>
<p>Hammertoe correction surgery</p>	<p>Prior authorization is required. Use the e-referral system to submit the request and complete the hammertoe correction surgery questionnaire. The procedure codes and related diagnoses codes to which this requirement applies are listed on the preview questionnaire.</p>
<p>Home health care (by home health care agencies only)</p>	<p>Home health care requires prior authorization through CareCentrix®, for episodes of care that start on or after June 1, 2021. This applies to home health agencies both inside and outside of Michigan. Refer to the Home health care: Quick reference guide for information on how to submit prior authorization requests. For additional information, refer to the Blue Cross Home Health Care webpage at ereferrals.bcbsm.com. Scroll to the Medicare Plus Blue section.</p>



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

Services that require authorization for Michigan providers

For Medicare Plus BlueSM members

Updated October 2022

Services	Requirements
Inpatient admissions for medical diagnoses to acute care facilities	<p>Prior authorization and approvals for extensions are required. Providers should notify Medicare Plus Blue of emergency admissions within one business day. Submit the request through the e-referral system.</p> <p>For certain conditions, providers should submit authorization requests for inpatient admissions on the third day of the stay, after the member has spent two days in the hospital. Exception: For members in a critical care setting, requests can be submitted prior to the third day. For additional information, refer to the document Submitting acute inpatient authorization requests: Frequently asked questions for providers; in the table of contents, click <i>What are the local rules that apply to members with certain conditions?</i> This is effective for Medicare Plus Blue members admitted on or after March 1, 2022.</p>
Inpatient admissions for mental health and substance use disorders	<p>Prior authorization and approvals for extensions are required. Call Medicare Plus Blue Behavioral Health at 1-888-803-4960.</p>
Inpatient admissions for post-acute care services (inpatient rehabilitation, skilled nursing facility and long-term acute care hospital)	<p>See “Post-acute care services (long-term acute care, skilled nursing and rehabilitation facilities).”</p>
Left atrial appendage closure	<p>Prior authorization is required. Use the e-referral system to submit the request and complete the left atrial appendage closure questionnaire.</p>
Medical oncology drugs	<p>Medical oncology and supportive care drugs covered under the medical benefit require prior authorization through AIM Specialty Health. Refer to the Medicare Advantage Medical Drug Prior Authorization and Step Therapy List. Look in the "Submit authorization request through" columns to see which medications require authorization through AIM.</p>
Medications covered under the medical benefit (Medicare Part B)	<p>For these requirements, refer to the Medical Benefit Drugs page in the Blue Cross section at ereferrals.bcbsm.com.</p>
Musculoskeletal procedures, including pain management	<p>Prior authorization is required for the musculoskeletal procedures associated with the codes on the document Musculoskeletal procedure codes that require authorization by TurningPoint.</p> <p>Submit the request to TurningPoint Healthcare Solutions. Refer to the Blue Cross Musculoskeletal Services page at ereferrals.bcbsm.com for more information.</p>
Nasal sinus endoscopy (sinusotomy or ethmoidectomy)	<p>Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the sinusotomy questionnaire or the ethmoidectomy questionnaire, as appropriate. The procedure codes to which this requirement applies are listed on the preview questionnaires.</p>
Noncoronary vascular stents	<p>Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the noncoronary vascular stents questionnaire. The procedure codes to which this requirement applies are listed on the preview questionnaire.</p>
Pain management	<p>See “Musculoskeletal procedures, including pain management.”</p>



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

Services that require authorization for Michigan providers

For Medicare Plus BlueSM members

Updated October 2022

Services	Requirements
Partial hospitalization and intensive outpatient program for mental health and substance use disorders	Prior authorization and approvals for extensions are required. Call Medicare Plus Blue Behavioral Health at 1-888-803-4960.
Physical and occupational therapy (outpatient)	For dates of service on or before March 31, 2022, prior authorization is required by eviCore healthcare. Refer to the list of Procedure codes that require authorization by eviCore healthcare and to the document titled Services reviewed by eviCore healthcare for Blue Cross and BCN . You can submit retroactive authorization requests to eviCore healthcare® through July 29, 2022, for dates of service prior to April 1, 2022. Additional information is available on the eviCore-Managed Procedures page in the Blue Cross section at ereferrals.bcbsm.com .
Post-acute care services (long-term acute care, skilled nursing and rehabilitation facilities)	Prior authorization is required by naviHealth. Refer to the document Post-acute care services: Frequently asked questions by providers .
Radiation oncology Note: Authorization is not required for services for members who are enrolled in a Medicare-approved clinical trial.	Prior authorization is required by eviCore healthcare for services performed for adult members in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the list of Procedure codes that require authorization by eviCore healthcare and to the document titled Services reviewed by eviCore healthcare for Blue Cross and BCN . Additional information is available on the eviCore-Managed Procedures page in the Blue Cross section at ereferrals.bcbsm.com .
Radiology (advanced imaging) Note: Authorization is not required for services for members who are enrolled in a Medicare-approved clinical trial.	Prior authorization is required by AIM Specialty Health for select radiology (advanced imaging) procedures when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the list of procedure codes managed through AIM and the AIM-Managed Procedures page in the Blue Cross section of the ereferrals.bcbsm.com website. Contact AIM Specialty Health at 1-800-728-8008.
Rhinoplasty	Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the rhinoplasty (outpatient) questionnaire .
Sacral nerve neuromodulation / stimulation	Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the sacral nerve neuromodulation / stimulation questionnaire . The procedure codes to which this requirement applies are listed on the preview questionnaire.
Septoplasty	Prior authorization is required. Use the e-referral system to submit the request and complete the septoplasty questionnaire .
Sleep studies, in-lab	Prior authorization is required from AIM Specialty Health for in-lab sleep studies when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the list of procedure codes managed through AIM and the AIM-Managed Procedures page in the Blue Cross section of the ereferrals.bcbsm.com website. Contact AIM Specialty Health at 1-800-728-8008.



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

Services that require authorization for Michigan providers

For Medicare Plus BlueSM members

Updated October 2022

Services	Requirements
Thyroidectomy	Authorization is required for all members. Must complete the appropriate questionnaire: <ul style="list-style-type: none"> • Thyroidectomy, partial • Thyroidectomy, total
Vascular embolization or occlusion of hepatic tumors (TACE/RFA)	Prior authorization is required. Use the e-referral system to submit the prior authorization request and complete the vascular embolization or occlusion (TACE/RFA) questionnaire . The procedure codes to which this requirement applies are listed on the preview questionnaire.

Contact information: Medicare Plus Blue

Purpose	Contact information
Behavioral Health – Request authorization	1-888-803-4960
Utilization Management – Request authorization for select procedures	1-800-392-2512
Provider Inquiry – Verify eligibility and benefits and check the status of claims and for questions about inpatient acute care admissions Note: Provider Inquiry has an automated response system that is available 24/7.	1-866-309-1719
Pharmacy Clinical Help Desk – Request authorization for Part B and Part D medications	1-800-437-3803

Contact information: Vendors

Vendor	Service	Contact information
AIM Specialty Health	Manages authorization requests for: <ul style="list-style-type: none"> • Select advanced imaging and cardiology services • In-lab sleep studies • Medical oncology and supportive care drugs covered under the medical benefit 	aimspecialtyhealth.com ** 1-800-728-8008
CareCentrix	Manages authorizations for home health care, for episodes of care that start on or after June 1, 2021.	For contact information, refer to the Home health care: Quick reference guide .
eviCore healthcare®	Manages authorization requests for: <ul style="list-style-type: none"> • Radiation oncology • Physical therapy and occupational therapy, for dates of service on or before March 31, 2022 	www.evicore.com ** For contact information, refer to the document Services reviewed by eviCore healthcare for Blue Cross and BCN .
J&B Medical Supply	Manages the supplier network and reviews all requests for diabetes supplies. Exception: Diabetic shoes and inserts are handled by Northwood, Inc. J&B also makes authorization determinations, as needed.	1-800-445-4979 or jandbmedical.com **



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

Services that require authorization for Michigan providers

For Medicare Plus BlueSM members

Updated October 2022

Vendor	Service	Contact information
naviHealth	Manages authorization requests for post-acute care (inpatient rehabilitation facilities, long-term acute care hospitals and skilled nursing facilities).	navihealth.com ** For details and contact information, refer to the document Post-acute care services: Frequently asked questions by providers .
Northwood, Inc.	Manages both authorizations and the supplier network for durable medical equipment and prosthetics and orthotics. Northwood makes determinations on prior authorization requests submitted by their contracted suppliers.	Call Northwood's customer service department at 1-800-393-6432 to identify a contracted supplier. The supplier submits the request to Northwood for review.
NovoLogix	Web tool for submitting authorization requests for select Part B specialty drugs covered under the medical benefit.	To access the NovoLogix web tool, log in to our provider portal (availity.com **). Click <i>Payer Spaces</i> on the menu bar. Click the BCBSM and BCN logo. Scroll down and click the appropriate NovoLogix tile on the Applications tab.
TurningPoint Healthcare Solutions, LLC	Manages authorizations for musculoskeletal procedures, including pain management	Submit prior authorization requests through the TurningPoint Provider Portal, by phone or by fax. Refer to the Blue Cross Musculoskeletal Services webpage for more information.

Section 2: Procedure codes that require authorization

The list below reflects **only** the select procedures that require authorization through the e-referral system. For services managed by vendors, see the "Contact information: Vendors" section earlier in this document.

Note: This list is not all-inclusive.

*0238T								
*15820	*15821	*15822	*15823					
*20912	*21210							
*28285 ⁽¹⁾	*28286 ⁽¹⁾							
*30460	*30462	*30465	*30520					
*31253	*31254	*31255	*31257	*31259	*31276	*31295	*31296	*31297
*31298								
*33285	*33340							
*34101	*34111	*34151	*34201	*34203				
*36473	*36474	*36482	*36483					
*37184	*37220	*37221	*37222	*37224	*37225	*37226	*37227	*37228
*37229	*37230	*37231	*37236	*37238	*37242 ⁽¹⁾	*37243 ⁽¹⁾		
*43647	*43648	*43881	*43882					



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

Services that require authorization for Michigan providers

For Medicare Plus BlueSM members

Updated October 2022

*60210	*60212	*60220	*60225	*60240	*60252	*60254	*60260	*60270
*60271								
*61580	*61581	*61863	*61864	*61867	*61868	*61880	*61885	*61886
*61888								
*64561	*64581	*64590	*64595					
*67900	*67901	*67902	*67903	*67904	*67906	*67908	*67909	*67911
*75894 ⁽¹⁾								
*93653	*93654	*93656						
*95980	*95981	*95982						

⁽¹⁾ For certain diagnosis codes, you must complete a questionnaire in the e-referral system.

● Blue Dot changes to this document

Service / Topic	Change Description
● Procedure codes that require authorization	This document is updated to remove procedure codes that no longer require prior authorization.
Diabetes supplies	This document is updated to show that J&B Medical Supply manages the supplier network and reviews all requests for diabetes supplies. Exception: Diabetic shoes and inserts are handled by Northwood, Inc. J&B also makes authorization determinations, as needed.
Durable medical equipment and prosthetics and orthotics.	This document is updated to show that Northwood manages both authorizations and the supplier network for durable medical equipment and prosthetics and orthotics.
Ambulatory event monitors, implantable	This document is updated to open the preview questionnaire for the new <i>Medicare implantable ambulatory event monitors</i> questionnaire.
Contact information: Vendors	This document is updated to show how to access the NovoLogix web tool through our provider portal (availability.com **).
Procedure codes that require authorization	This document is updated to show the procedure codes that require authorization through the e-referral system.
Physical and occupational therapy (outpatient)	For dates of service on or after April 1, 2022, Medicare Plus Blue will no longer require prior authorization for outpatient physical and occupational therapy services. You can submit retroactive authorization requests to eviCore healthcare through July 29, 2022, for dates of service prior to April 1, 2022.
Inpatient medical admissions (acute)	This document is updated to show that for certain conditions, providers should submit authorization requests for inpatient admissions on the third day of the stay, after the member has spent two days in the hospital. Exception: For members in a critical care setting, requests



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

Services that require authorization for Michigan providers

For Medicare Plus BlueSM members

Updated October 2022

Service / Topic	Change Description
care non-behavioral health)	can be submitted prior to the third day. For additional information, refer to the document Submitting acute inpatient authorization requests: Frequently asked questions for providers ; in the table of contents, click <i>What are the local rules that apply to members with certain conditions?</i> This is effective for Medicare Plus Blue members admitted on or after March 1, 2022.
Various	<p>This document is updated to show information about services that will require prior authorization for dates of service on or after Jan. 1, 2022. These services include:</p> <ul style="list-style-type: none"> • Ambulatory event monitors, implantable • Blepharoplasty • Cardiac ablation • Cosmetic or reconstructive surgery • Endovenous ablations for the treatment of varicose veins • Left atrial appendage closure • Septoplasty • Thyroidectomy

*CPT Copyright 2021 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

**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.

AIM Specialty Health is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage authorizations for select services.

Availity is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal services.

CareCentrix is an independent company that manages the authorization of home health care services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.

eviCore healthcare® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage authorizations for select services.

J&B Medical is an independent company that manages both authorization approvals and a statewide network for outpatient diabetes supplies (except shoes and inserts) for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Plus Blue, BCN commercial and BCN Advantage plans.

naviHealth Inc. is an independent company that manages authorizations for post-acute care services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.

Northwood Inc. is an independent company that manages both authorizations and a supplier network for durable medical equipment, prosthetics and orthotics, and medical supplies (including diabetes supplies) for various Blue Cross Blue Shield of Michigan and Blue Care Network members.

TurningPoint Healthcare Solutions LLC is an independent company that manages authorizations for musculoskeletal surgical and related procedures for Blue Cross Blue Shield of Michigan and Blue Care Network.