

Utilization Management Program

Quick Reference Guide

Authorization Required

Lumbar Spine Fusion Prior Authorization Program for Blue Cross Blue Shield of Michigan Medicare Plus BlueSM PPO and Commercial PPO

Initiate Authorizations

Web Portal

Request authorization via web-DENIS through <http://www.bcbsm.com/providers/help/faqs/web-denis-faq.html> - it is available 24/7 365 days per year.

Authorization Requirements

Authorization is required for Medicare Plus Blue PPO and PPO members who reside in Michigan. We recommend that the physician office submitting the request have the following information available:

- Member name, date of birth, plan name and plan ID number.
- Ordering Physicians name, National Provider Identifier (NPI), Tax Identification Number (TIN), Fax number
- Place of service
- Rendering facility's name, NPI, TIN, street address, fax number
- Service being requested (CPT codes and diagnosis codes)
- All relevant clinical notes; imaging/X-ray reports, patient history, physical findings

All authorizations will be faxed to the ordering physician and requested facility upon approval and can also be viewed on the web portal using the *authorization lookup* tool.

eviCore healthcare will approve the specific facility performing interventional pain services and the CPT code or codes for interventional pain services. **If there are changes to a facility or procedure once the authorization is given, contact eviCore healthcare.**

It is the responsibility of the performing facility to confirm that the referring physician completed the prior authorization process for interventional pain services. You can obtain confirmation by going to web-DENIS through www.bcbsm.com or calling **1-877-917-2583**.

Important! Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by the health plan and the member must be eligible at the time studies are rendered. **Claims submitted for unauthorized procedures are subject to denial, and the member must be held harmless.** Please verify the member's eligibility with the health plan.



Urgent Requests

When service is required due to a medically urgent condition that is jeopardizing the member's life or health and is deemed life-threatening, the referring physician's office must **call eviCore healthcare at 1-877-917-2583** for authorization. In most cases where requisite information is provided in the initial call, a decision is rendered and communicated within 1 business day. Please indicate that the notification is for **medically urgent care**.

Authorization Denials

eviCore healthcare notifies the referring physician and requested facility in writing of a denial and provides a rationale for the determination within one business day of decision. This communication also provides appeal option.. eviCore healthcare offers the ordering physician a consultation with an eviCore healthcare Medical Director on a peer-to-peer basis. In certain instances, additional information provided during the peer-to-peer consultation is sufficient to satisfy medical necessity criteria.

Need Clinical Support?

In the event that there is not enough information to grant a medical necessity approval, eviCore will reach out to providers prior to denying a request for any pertinent information. If the provider is unable to respond within one business day, we will issue a denial. To initiate a clinical discussion, call eviCore healthcare at **1-877-917-2583** and request a peer to peer discussion. **This is not where claim denials reconsideration should be discussed. For claim denials, you must follow the appeal process.**

*for more information about Procedures Managed by eviCore for Blue Cross <http://ereferrals.bcbsm.com/bcbsm/bcbsm-managed-procedures.shtml>