



Blue Cross Complete authorization requirements

Contact Blue Cross Complete to request authorization:

Hours: 8:30 a.m. to 5 p.m., Monday through Friday

Telephone: 1-888-312-5713, press 1 to request authorization / Fax: 1-888-989-0019

NONCONTRACTED LABORATORIES must obtain authorization for all services rendered

This document serves as a guide to services that require authorization. All other services do not require authorization.

Please note - authorization does not guarantee payment.

Inpatient services	
Electroconvulsive therapy treatment	Authorization is required for all providers.
Hospice services	Authorization is required for all providers.
Inpatient admissions	Authorization is required for all providers. This includes long-term acute care, inpatient rehabilitation and skilled nursing care. Providers should notify Blue Cross Complete of all emergency admissions within 1 business day.
Maternity	Plan notification is required for all providers. Notification must be made up to 48 hours following routine delivery / 96 hours following C-section.
Non-routine nursery care (NICU, special care nursery)	Authorization is required for all providers (This is a clarification of an existing requirement).
Office / outpatient / ancillary services	
Advanced imaging: Nuclear cardiology, computed tomography angiography (CTA), computed tomography (CT), Magnetic resonance angiography (MRA), magnetic resonance imaging (MRI), myocardial perfusion imaging (MPI), positron emission tomography (PET)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Bone anchored hearing aid	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Botox® §	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Bariatric surgery	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Biofeedback for urinary incompetence and chronic constipation	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Cardiac rehabilitation	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Chiropractic services	For 21 years and over and >18 visits per year, authorization is required for all providers. For < 21 years of age, authorization is required for all providers. Note: Coverage includes one set of X-rays of the spine per year. Chiropractor must be affiliated with Blue Cross Complete.
Cognitive therapy	Authorization is required for all providers.
Contact lenses (See also: Vision services and supplies: low vision and Vision services and supplies, routine)	Authorization is required for all providers. Routine vision services include routine eye exams, eyeglasses, and other vision services and supplies.
Cosmetic surgery and reconstructive procedures	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
DME / P&O / medical supplies	Refer to the table of preferred vendors elsewhere in this document.

Blue Cross Complete plan notification and authorization requirements

Office / outpatient / ancillary services

Elective termination of pregnancy	Authorization is required for all providers. Special requirements: The following procedures require a special consent that must be submitted with the request for authorization: hysterectomy, sterilization procedures and elective termination of pregnancy.
Endoscopy procedures on the trachea and bronchi	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Genetic testing	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Please click this link to view a list of genetic testing codes that require authorization.
Glucose Monitor	Prior Authorization is not required for infants and toddlers < 5 years of age if standards of coverage and documentation requirements are met. Prior authorization is required for all other ages and conditions.
 Hip joint replacement	Authorization request must be submitted at least 14 days prior to service being rendered.
Hip surgery (total, partial, revisions)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Home health care (physical, occupational and speech therapy)	Authorization is required for all providers after the 6th visit. These visits include any combination of skilled nursing, physical therapy, and occupational therapy.
Home TPN and enteral feedings	Authorization is required for all providers.
Hospice services (home)	Authorization is required for all providers.
Hyperbaric oxygen therapy	Authorization is required for all providers.
Hysterectomies	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Injections and pain management (Sacroiliac injections, trigger point injections, spinal cord neurostimulators, radiofrequency ablation, nerve blocks)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Investigational (experimental)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
 Knee joint replacement	Authorization request must be submitted at least 14 days prior to service being rendered.
Knee Surgery (total and partial)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Neuropsychological / psychological testing	Authorization is required for all providers.
Observation	Authorization is required for all providers on observations > 72 hours.
Occupational therapy	Authorization is required for all providers after 12 th visit/48 units.
Physical therapy	Authorization is required for all providers after 12 th visit/48 units.
Pulmonary rehabilitation	Authorization is required for all providers.
Removal of fallopian tubes/ ovaries	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Skilled nursing	After 6 visits per episode of treatment.
Speech therapy	Authorization is required for all providers after 12 th visit/48 units.

Blue Cross Complete plan notification and authorization requirements

Spine and neck fusions	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
TMJ treatment	Authorization is required for all providers.
Transplants	Authorization is required for all providers. This includes for solid organ and bone marrow evaluations and harvesting (except kidney/skin/cornea). Note: Direct members to Blue Distinction Centers for Transplants. Authorization request must be submitted at least 14 days prior to service being rendered.
Tubal ligations	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered.
Unclassified procedures (also called "not otherwise classified (NOC)," "unlisted" and "unspecified")	Authorization is required for all providers.
Fusion	
Anterior cervical fusion, one level	Authorization request must be submitted at least 14 days prior to service being rendered.
Lumbar fusion, one level	Authorization request must be submitted at least 14 days prior to service being rendered.
Injections	
Epidural steroid injection	Authorization is required for all providers.
Epidural steroid injection, transforminal	Authorization is required for all providers.
Facet joint injection	Authorization is required for all providers.
Sacroiliac joint injection	Authorization is required for all providers.
Surgical and diagnostic procedures	
Abscess Drainage, Superficial	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered.
Arthroscopy/Arthroplasty	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered.
Carpal Tunnel Release	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Cataract-related Interventions	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Colonoscopy	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Cystourethroscopy	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Debridement	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Excision Superficial Soft Tumor	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Hernia Repair	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Hysteroscopy	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Laryngoscopy	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Lithotripsy	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Septoplasty, Submucous Resection	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered

Surgical and diagnostic procedures (continued)

Sinus Interventions	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Tonsillectomy and/or Adenoidectomy	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Trigger Finger Release	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Tympanostomy	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered
Upper Endoscopy	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered

§ For medications covered under the medical benefit that require authorization, providers are encouraged to submit authorization requests using the *Blue Cross Complete Medication Prior Authorization Request* form, which is available at [MiBlueCrossComplete.com/providers](https://www.mibluccrosscomplete.com/providers). The completed form must be faxed to PerformRx at 1-855-811-9326.

PREFERRED VENDORS

Type of service (outpatient)	Preferred vendors
Laboratory	- JVHL: 1-800-445-4979
Nondiabetic DME, P&O and medical supplies	- Northwood, Inc.: Call Northwood's customer service department at 1-800-393-6432 to identify a contracted supplier.
Diabetes and incontinence supplies	- J&B Medical Supply: 1-888-896-6233

Blue Dot Changes to Blue Cross Complete Plan Notification and Authorization Requirements

Service	Change description
● Anterior cervical fusion, one level	Authorization is required if service is performed in a hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Effective June 1, 2020
● Lumbar fusion, one level	Authorization is required if service is performed in a hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Effective June 1, 2020
● Hip joint replacement	Authorization is required if service is performed in a non-hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Effective June 1, 2020
● Knee joint replacement	Authorization is required if service is performed in a non-hospital setting. Authorization request must be submitted at least 14 days prior to service being rendered. Effective June 1, 2020
● Surgical and diagnostic procedures	Authorization is required if service is performed at a non Ambulatory Surgery Center facility. Authorization request must be submitted at least 14 days prior to service being rendered. Effective June 1, 2020
Advanced imaging: Nuclear cardiology, computed tomography angiography (CTA), computed tomography (CT), Magnetic resonance angiography (MRA), magnetic resonance imaging (MRI), myocardial perfusion imaging (MPI), positron emission tomography (PET)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Effective TBD.
Bariatric Surgery	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Effective April 1, 2020.
Cosmetic and reconstructive procedures	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Effective March 1, 2020.
Electroconvulsive therapy treatment	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Effective March 1, 2020.
Elective termination of pregnancy	Authorization is required for all providers. Special requirements: The following procedures require a special consent that must be submitted with the request for authorization: hysterectomy, sterilization procedures and elective termination of pregnancy. Effective March 1, 2020

Blue Dot Changes to Blue Cross Complete Plan Notification and Authorization Requirements

Service	Change description
Endoscopy procedures on the trachea and bronchi	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Effective March 1, 2020.
Genetic testing	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Please click this link to view a list of genetic testing codes that require authorization. Effective March 1, 2020.
Hip surgery (total, partial, revisions)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Effective March 1, 2020.
Hysterectomies	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Effective March 1, 2020.
Injections and pain management (Epidural spinal injections, sacroiliac injections, facet joint injections, trigger point injections, spinal)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Effective March 1, 2020.
Knee surgery (total and partial)	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Effective March 1, 2020.
Removal of fallopian tubes/ ovaries	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Effective March 1, 2020.
Spine and neck fusions	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Effective March 1, 2020.
Tubal ligations	Authorization is required for all providers. Authorization request must be submitted at least 14 days prior to service being rendered. Effective March 1, 2020.