Blue Cross Blue Shield Blue Care Network of Michigan
Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Provider alert
Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠
Category: Authorizations/referrals
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Update: Time frames for determinations on authorization requests for acute inpatient medical admissions

We're updating an earlier communication to show that for postservice standard organization determinations, the time frame for making a determination is 30 calendar days from the time we receive the request.

The time frame within which Blue Cross and BCN must make a determination on a request to authorize an acute inpatient medical admission depends on the type of request.

We've updated the document Submitting acute inpatient authorization requests: Frequently asked question for providers to include information on the time frames for determinations. You can access that document on these webpages:

- Blue Cross Authorization Requirements & Criteria
- BCN Authorization Requirements & Criteria

For easy reference, we also included the details in the table below. This information applies only to acute inpatient medical admissions, not to behavioral health inpatient admissions.

Request for…	Time frame for determination	Line of business				Standard set by …
		Blue Cross commercial	Medicare Plus Blue	BCN commercial	BCN Advantage	
Preservice expedited organization determination	Within 72 hours of receipt of request	✓	✓	✓	✓	CMS NCQA
Concurrent expedited organization determination	Within 72 hours of receipt of request	✓		✓	✓	NCQA
Preservice standard organization determination	Within 14 calendar days of receipt of request	✓	✓	✓	✓	CMS NCQA
Concurrent standard organization determination	Within 14 calendar days of receipt of request		✓			CMS
Postservice standard organization determination	Within 30 calendar days of receipt of request	✓	✓	✓	✓	CMS NCQA

Here's more information about the types of requests:

- Standard: Request to reimburse for services.
- Expedited: Request when standard time frame could seriously jeopardize the life or health of a member or the member's ability to regain maximum function. Requires that a physician attest to the need for an expedited request.
- Preservice: Request is received prior to receipt of care.
- Concurrent: Request is received while member is receiving care.
- Postservice: Request is received after member has been discharged.

Reminders:

- We do not use the CMS two-midnight rule; we require authorization for all hospital admissions, both Medicare Advantage and commercial.
- Our authorization program is oriented toward providers, not members. We do not deny care, services or treatment. Our program determines the appropriate level of care for reimbursement (observation versus inpatient).