

CareCentrix[®] home health care: Improved processes for prior authorization requests for Medicare Plus Blue

We're improving the prior authorization process for home health care services for Medicare Plus Blue members who receive services in Michigan.

Keep reading to learn more.

Clinical questionnaire will be available for Medicare Plus Blue

Starting Nov. 14, 2022, a clinical questionnaire will open in the CareCentrix HomeBridge[®] portal when submitting prior authorization requests for Medicare Plus Blue members who receive services in Michigan. Completing the clinical questionnaire will help to expedite the review process, and enables CareCentrix to make authorization determinations more quickly.

You can find reference materials about the clinical questionnaire in the HomeBridge portal. In addition, CareCentrix will offer recorded training about the questionnaire beginning the week of Oct. 17, 2022. Individual training will be available upon request.

Note: The clinical questionnaire already opens for BCN Advantage members.

HIPPS code will be optional when submitting prior authorization requests for Medicare Plus Blue

Currently, CareCentrix requires providers to enter the health insurance prospective payment system, or HIPPS, code when submitting prior authorization requests for Medicare Plus Blue members who receive services in Michigan. In addition, Blue Cross Blue Shield of Michigan currently requires that the HIPPS code on the prior authorization match the HIPPS code on the claim for home health services.

Starting Nov. 14, 2022, CareCentrix and Blue Cross will make the following changes based on feedback from and collaboration with home health agencies:

- Although you'll still be able to enter the HIPPS code when submitting prior authorization requests, CareCentrix will no longer require that you enter one.

You'll continue to see the question "Do you have the current HIPPS code for this requested period?" on the questionnaire, but you'll be able to select "No" as your response.

- Blue Cross will no longer require that the HIPPS code on the claim match the HIPPS code on the prior authorization.

We expect providers to bill according to CMS billing guidelines. For more information about billing guidelines and audit protocols, see the "Utilization management" and "Medical records" sections of the [Medicare Plus Blue PPO Provider Manual](#).

Additional information about home health care

For more information about the CareCentrix home health care program, see the following pages on our ereferrals.bcbsm.com website:

- [Blue Cross Home Health Care](#)
- [BCN Home Health Care](#)

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.