Determining prior authorization requirements for patients with non-Michigan Blue plans
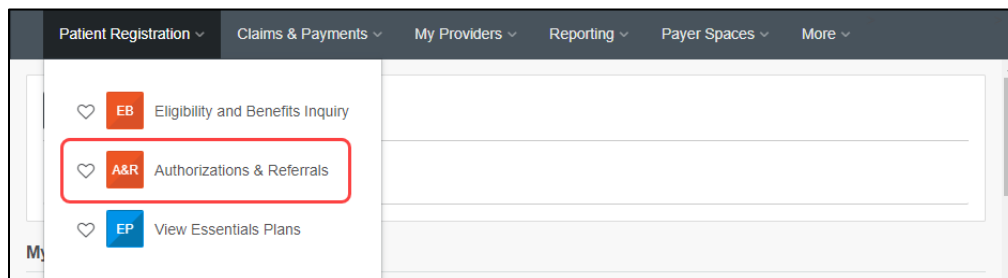
Michigan providers can find information about prior authorization requirements for patients with non-Michigan Blue plans as follows:

- Specific information may be available through Availity®. See the *Specific information* section below for details.

- General information is available through our Medical Policy & Pre-Cert/Pre-Auth Router. See the *General information* section later in this document for details.
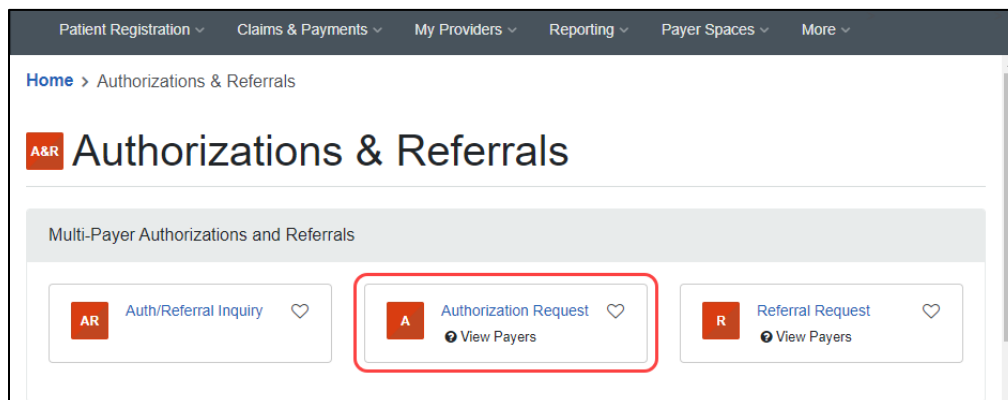
Specific information

Specific information about prior authorization requirements may be available through Availity.

1. Log in to our provider portal (availity.com*).

2. Click *Patient Registration* and then click *Authorizations & Referrals*.

3. Click *Authorization Request*.

4. In the Select a Payer screen, make these selections:

Field	Selection
Organization	Select the appropriate organization.
Payer	Select *BCBS Michigan and Blue Care Network*.
Request Type	Select the appropriate type of request.

5. Click *Next*.

6. In the *Select a Patient* field, choose any patient.

7. In the *Member ID* field, enter the subscriber ID from the non-Michigan member's ID card. Be sure to include the three-character alpha prefix.

8. Complete the fields in the Requesting Provider section and click *Next*.

9. Based on what you see on the screen, complete the rest of the steps.

What you see on screen	What to do
"Important: You have been routed from BCBSM Michigan and Blue Care Network to BCBSXX to conduct pre-service review for a BCBSXX member."	1. Click the *Inpatient Authorization* or *Outpatient Authorization* link. The Authorizations page opens to the Requesting Provider section. 2. Scroll up to the Patient Information section at the top of the screen. 3. Enter the non-Michigan member's member ID, relationship to the subscriber, first and last name and date of birth. 4. Enter the appropriate information in all required fields.
A Blue Cross Blue Shield Association disclaimer that states: "You are about to be redirected to a third-party site, which may require a separate log-in…"	a. Click *Submit*. b. Follow the instructions in the screen that opens.

General information

For general information about services that require authorization, go to our Medical Policy & Pre-Cert/Pre-Auth Router. To access the router:

1. Go to **bcbsm.com/providers**.

2. Click *Resources*.

3. Click the *out-of-area router* link.

4. Click the *General pre-certification/pre-authorization information* option.

5. Enter the three-character alpha prefix from the non-Michigan member's subscriber ID in the Prefix field.

6. Click *Go*.

Additional information

You can also find this information in the Determining prior authorization requirements for a member document. That document also explains how:

- Michigan providers can look up requirements for patients who have coverage through Blue Cross of Blue Shield of Michigan or Blue Care Network plans

- Non-Michigan providers can look up requirements for patients who have coverage through Blue Cross of Blue Shield of Michigan or Blue Care Network plans

You can access this document by clicking the *Determine prior authorization requirements for members* tile on the left side of any page of our **ereferrals.bcbsm.com** website.

*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.

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