

Blue Cross Complete of Michigan authorization requirements

The following services require your doctor to contact Blue Cross Complete for permission to treat your condition.

| Inpatient services | |
|--|---|
| Hospice services | Services require authorization. |
| Inpatient admissions | Services require authorization. This includes long-term acute care, inpatient rehabilitation and skilled nursing care. Blue Cross Complete needs to be notified of all emergency admissions within 1 business day. |
| Maternity | Plan notification is required. Authorization isn't required. Notification must be made up to 48 hours following routine delivery / 96 hours following C-section. |
| Non-routine nursery care (NICU, special care nursery) | Services require authorization (This is a clarification of an existing requirement). |
| Hospice services | Services require authorization. |
| Office / outpatient / ancillar | y services |
| Bone anchored hearing aid | Services require authorization. Requests must be submitted at least 14 days prior to service being rendered. |
| Botox ^{®*} | Services require authorization. Requests must be submitted at least 14 days prior to service being rendered. |
| submit authorization requests using available at mibluecrosscomplete. | nedical benefit that require authorization, members should advise providers to the <i>Blue Cross Complete Medication Prior Authorization Request</i> form, which is com on the <i>Pharmacy Benefits</i> page, under <i>Prior authorization</i> . The complete form 55-811-9326 or mailed to PerformRX at the address on the form. |
| Obesity surgery | Services require authorization. Requests must be submitted at least 14 days prior to service being rendered. |
| Biofeedback for urinary incontinence and chronic constipation | Services require authorization. Requests must be submitted at least 14 days prior to service being rendered. |
| Cardiac rehabilitation | Services require authorization. Requests must be submitted at least 14 days prior to service being rendered. |
| Chiropractic services | For age 21 and older for more than 18 visits per year, services require authorization. For age 21 and younger, services require authorization. Note: Coverage includes one set of X-rays of the spine per year. Chiropractor must be affiliated with Blue Cross Complete. |
| Cognitive therapy | Services require authorization. |
| Contact lenses (See also: Vision services and supplies: low vision and Vision services and supplies, routine) | Services require authorization. Routine vision services include eye exams, eyeglasses, and other vision services and supplies. |
| Cosmetic surgery | Services require authorization. Requests must be submitted at least 14 days prior to service being rendered. |
| Durable medical equipment / prosthetics & orthotics / medical supplies | Services require authorization. |
| Elective termination of pregnancy (Abortion) | Services require authorization. Special requirements: the following procedures require a special consent that must be submitted with the claim to allow to claim processing: hysterectomy, sterilization procedures and elective termination of pregnancy. |

| Office / outpatient / ancilla | ry services (continued) |
|---|--|
| Experimental and investigational | Services require authorization. Requests must be submitted at least 14 days prior to service being rendered. |
| Home TPN and enteral feedings | Services require authorization. |
| Hospice services (home) | Services require authorization. |
| Hyperbaric oxygen therapy | Services require authorization. |
| Neuropsychological / psychological testing for bariatric surgery | Services require authorization. |
| Occupational therapy | Private / professional services require authorization for all visits or units following the evaluation. Outpatient facility – services require authorization after 12th visit or 48 units. |
| Physical therapy | Services require authorization after 12 th visit or 48 units. |
| Pulmonary rehabilitation | Services require authorization. |
| Speech therapy | Private / professional services require authorization for all visits or units following the evaluation. Outpatient facility – services require authorization after 12 th visit or 48 units. |
| TMJ treatment | Services require authorization. |
| Transplants | Services require authorization. This includes for solid organ and bone marrow evaluations and harvesting (except kidney / skin / cornea). Requests must be submitted at least 14 days prior to service being rendered. |
| Unclassified procedures (also called "not otherwise classified (NOC)," "unlisted" and "unspecified") | Services require authorization. |
| Vision services and supplies | Services require authorization. Routine vision services include eye exams, eyeglasses, contacts and other vision services and supplies. |
| Injections | |
| Epidural steroid injection | Services require authorization. |
| Epidural steroid injection, transforminal | Services require authorization. |
| Facet joint injection | Services require authorization. |
| Sacroiliac joint injection | Services require authorization. |
| Dental* | |
| Crowns | *These services may require authorization. For more information, call Dental Customer Service at 1-844-320-8465, from 9 a.m. to 5 p.m., Monday through Friday. TTY users should call 711. |
| Gum disease-related cleanings | |
| Root canals | |
| Tooth extractions (removal) | |
| Tooth repair – if attached to a bridge or partial | |

Effective Date: October 2018



Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.

Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross Complete of Michigan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Blue Cross Complete of Michigan 24 hours a day, 7 days a week, at **1-800-228-8554.** TTY users can call **1-888-987-5832.**

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

- Blue Cross Complete of Michigan Member Grievances P.O. Box 41789, North Charleston, SC 29423 1-800-228-8554 (TDD/TTY 1-888-987-5832)
- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal, available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at: hhs.gov/ocr/office/file/index.html.

Nondiscrimination Notice and Language Services

Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call **1-800-228-8554** (TTY: **1-888-987-5832**).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-228-8554** (TTY: **1-888-987-5832**).

Arabic:

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم TTY: 1-888-987-5(832) 1-800-228-8554).

Chinese Mandarin: 注意:如果您说中文普通话/国语, 我们可为您提供免费语言援助服务。请致电: 1-800-228-8554 (TTY: 1-888-987-5832)。

Chinese Cantonese: 注意:如果您使用粵語,您可以免費獲得語言援助服務。請致電 1-800-228-8554 (TTY: 1-888-987-5832)。

Syriac:

مەتەتى بى بىرىمەن يە بىرى بى مەھرىمىدە يەلغىكى تىدەنەتىكى بىر بىلەت دۇملىيەن يىلىغىرى دىنىدىمە دىلەتكى ھىكىتىمىيە. مەن بىك چىكىتىم TTY 1-888-987-5832 (1-800-228-8554)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-228-8554** (TTY: **1-888-987-5832**).

Albanian: VINI RE: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-228-8554** (TTY: **1-888-987-5832**).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-228-8554** (TTY: **1-888-987-5832**) 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুল: যদি আগনি বাংলায় কথা বলেন, তাহলে নিংথরচায় ভাষা সহায়তা পেতে পারেন। **1-800-228-8554** (TTY: **1-888-987-5832**) নম্বরে ফোন করুন।

Polish: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-228-8554**

(TTY: **1-888-987-5832**).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-228-8554** (TTY: **1-888-987-5832**).

Italian: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-228-8554** (TTY: **1-888-987-5832**).

Japanese: 注意事項:日本語を話される場合、 無料の通訳サービスをご利用いただけます。 1-800-228-8554 (TTY: 1-888-987-5832)まで、 お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-228-8554** (ТТҮ: **1-888-987-5832**).

Serbo-Croatian: PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-228-8554 (TTY: 1-888-987-5832).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-228-8554** (TTY: **1-888-987-5832**).