



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

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 / ancillary 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.
*For medicines covered under the medical benefit that require authorization, members should advise providers to submit authorization requests using the <i>Blue Cross Complete Medication Prior Authorization Request</i> form, which is available at mibluecrosscomplete.com on the <i>Pharmacy Benefits</i> page, under <i>Prior authorization</i> . The complete form must be faxed to PerformRX at 1-855-811-9326 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 / ancillary 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 12 th 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

