Anthem BlueCross BlueShield  
Blue Cross Blue Shield of Michigan’s Medicare Plus Blue™ Group PPO Gains Members in Missouri for 2014

Members of the UAW Retiree Medical Benefits Trust living in Missouri may choose medical and surgical coverage through Blue Cross Blue Shield of Michigan’s Medicare Advantage PPO plan, Medicare Plus Blue Group PPO. This is important to you as a contracting member of Anthem Blue Cross and Blue Shield as Medicare Advantage PPO network sharing applies.

PROVIDER REIMBURSEMENT
If you treat a Medicare Plus Blue PPO member, these members will be extended the same contractual access to care and will be reimbursed in accordance with your negotiated rate in your Anthem BlueCross BlueShield contract. These members will receive in-network benefits in accordance with their Medicare Plus Blue contract.

ID CARDS

Members of the UAW Retiree Medical Benefits Trust who reside in Missouri who choose Medicare Plus Blue Group PPO for 2014 will have new ID cards reflecting alpha prefix XYL for Blue Cross Blue Shield of Michigan’s Medicare Advantage PPO plan, Medicare Plus Blue Group PPO. UAW Trust Medicare Advantage PPO members will have medical and surgical benefits as well as coverage for hearing, routine vision exams provided by VSP, and the SilverSneakers® Fitness Program.

ELIGIBILITY
You can identify a member’s coverage plan by viewing their new ID card. To verify benefits and eligibility, call BlueCard® Eligibility at 1-800-676-BLUE (2583) and provide the member’s alpha prefix located on the ID card. A copy of a sample ID card is included. Information obtained regarding member eligibility is not a guarantee or a promise of payment. Payment determination only occurs after the claim is processed according to the member’s benefits.
While member servicing will be centralized in Michigan, you should still use your normal claim submission method with your local plan. Your local plan will then use the BlueCard® Program to forward the claims to BCBSM.

**PRECERTIFICATION**  
Precertification is required by Blue Cross Blue Shield of Michigan for its Medicare Advantage PPO members for certain services in their plan’s home state. Providers should contact Blue Cross Blue Shield of Michigan to obtain precertification or recertification for:

- Acute inpatient precertification
- Skilled nursing facility admissions
- Long-term acute care hospitals
- Inpatient acute rehabilitation
- Inpatient behavioral health/substance abuse admissions
- Partial hospitalization behavioral health admissions
- Intensive outpatient behavioral health services

To request a precertification:  
Refer to the member’s ID card for authorization information.

**Skilled nursing facility, long term acute care, inpatient acute rehabilitation, and acute inpatient hospital admissions**

Facilities are required to complete the appropriate facility request form (either the Acute Inpatient, Skilled Nursing Facility and Acute Rehabilitation Facility Assessment form or the Long-Term Acute Care Facility form) and submit the request via fax to 1-866-464-8223. Facilities can also email their requests to MedicarePlusBlueFacilityFax@bcbsm.com.

Expedited/urgent care requests must be attested by the physician indicating this is an urgent admission for a condition jeopardizing the member’s life or health and is deemed life-threatening. Assessment forms are available online via BCBSM’s provider website at http://www.bcbsm.com/provider/ma. Please submit expedited/urgent requests to 1–866–225–4905 or email urgentinpatientprecertrequests@bcbsm.com for processing within 72 hours or as urgent as the patient’s condition requires.

**Behavioral health admissions and intensive outpatient behavioral health services**

For in-patient, partial hospitalization and intensive outpatient behavioral health services, providers should contact Michigan Medicare Plus Blue PPO Behavioral Health at 1-888-803-4960.

**RADIOLOGY MANAGEMENT PROGRAM PREAUTHORIZATION**  
The National Radiology Utilization Management program requires preauthorization for outpatient advanced diagnostic services to ensure that the procedures are appropriate and medically necessary.
The preauthorization requirement includes the following outpatient advanced diagnostic imaging services:

- Computed tomography
- Magnetic resonance imaging
- Nuclear cardiology
- Positron emission tomography
- Stress echocardiography
- Resting transesophageal echocardiography
- Transthoracic echocardiography

Imaging studies performed along with emergency room services, inpatient hospitalization, outpatient surgery (hospitals and freestanding surgery centers), urgent care centers, and 23-hour observations are excluded from this requirement.

To request a prior approval:
Refer to the member’s ID card for authorization information.

Required information for imaging requests
The checklist below is a guideline to help ensure you have all the necessary information when you submit a request for an imaging exam:

- Member’s identification number, name, date of birth and health plan
- Ordering physician information (name, location)
- Imaging provider information (name, location)
- Imaging exam(s) being requested (body part, right, left or bilateral)
- Patient diagnosis (suspected or confirmed)
- Clinical symptoms and indications (intensity, duration)

For most situations, this information is sufficient. For complex cases, more information may be necessary, including results of past treatment history, such as previous tests, duration of previous therapy and relevant clinical medical history.