

Changes to prior authorization for select services managed by Blue Cross and BCN starting March 23

On March 23, Blue Cross Blue Shield of Michigan and Blue Care Network are changing prior authorization requirements for some services.

We'll also update the document [Preview questionnaires and medical necessity criteria](#) (previously titled *Authorization criteria and preview questionnaires*) on the ereferrals.bcbsm.com website to reflect any questionnaire changes.

Prior authorization requirement and questionnaires changes

We're changing prior authorization and questionnaire changes to select services as follows.

Service	Affected lines of business	What's changing
Abdominoplasty	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	<p>Procedure code *15847 no longer requires prior authorization.</p> <p>The <i>Abdominoplasty</i> questionnaire will continue to open for procedure code *15830.</p>
Blepharoplasty	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	<p>Select cases will auto-approve when prior authorization requests include an appropriate diagnosis code.</p> <p>The <i>Blepharoplasty and repair of brow ptosis</i> questionnaire will open only when prior authorization requests don't include an appropriate diagnosis code.</p> <p>This change affects procedure codes *15822, *15823, *67900, *67901, *67902, *67903, *67904, *67906 and *67908.</p>
Gastric pacing/stimulation	<ul style="list-style-type: none"> Medicare Plus Blue BCN commercial BCN Advantage 	<p>Procedure codes *43882 and *64595 will no longer require prior authorization.</p> <p>The <i>Gastric stimulation</i> questionnaire in the e-referral system:</p> <ul style="list-style-type: none"> Will no longer open for procedure code *64590. However, this code will continue to require prior authorization. Will continue to open for procedure codes *43647, *43648, *43881, *95980, *95981, *95982.

Service	Affected lines of business	What's changing
Temporomandibular joint surgery	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	<p>The <i>Temporomandibular joint surgery</i> questionnaire will no longer open for BCN Advantage members. However, procedure codes *20605, *20606, *21010, *21050, *21060, *21070, *21240, *21242, *21243, *21490 and *29804 will continue to require prior authorization.</p> <p>Note: Most Medicare Advantage plans no longer cover temporomandibular joint disorders or dysfunction services and treatments. Affected procedure codes include: *20605, *20606, *21010, *21050, *21060, *21070, *21240, *21242, *21243, *21490 and *29804.</p>
Various	<ul style="list-style-type: none"> BCN commercial BCN Advantage 	<p>For BCN commercial:</p> <ul style="list-style-type: none"> Procedure codes *92517 and *92519 no longer require prior authorization. We won't accept prior authorization for the following procedure codes because the subscriber contracts will no longer cover the services: G0019, G0022, G0023, G0024, G0316, G0317 and G0318. <p>For BCN commercial and BCN Advantage:</p> <ul style="list-style-type: none"> Procedure code G0463 no longer requires prior authorization.

Preview questionnaires and medical necessity criteria

For some of the above services, health care providers are prompted to complete questionnaires in the e-referral system. Refer to the [Preview questionnaires and medical necessity criteria](#) for:

- Links to preview questionnaires that show the questions you'll need to answer in the e-referral system so you can prepare your answers ahead of time
- Information about how to access medical necessity criteria and the criteria source for each service

As a reminder, we use the pertinent medical necessity criteria and your answers to the questionnaires in the e-referral system when making utilization management determinations on your prior authorization requests.



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Provider alert

Medicare Plus BlueSM, BCN commercial and BCN AdvantageSM

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