

We're changing the prior authorization process through e-referral for noncovered services for Medicare Advantage members

We're changing the prior authorization process for noncovered services for Medicare Plus Blue and BCN Advantage members.

Starting summer 2026, the e-referral system will no longer accept prior authorization requests for noncovered services. However, you'll still be able to submit voluntary organization determinations, also known as advance coverage determinations, to Blue Cross Blue Shield of Michigan or Blue Care Network.

This change will apply to services that are designated as noncovered by Centers for Medicare & Medicaid Services, Blue Cross or BCN medical policies.

What will change in e-referral

If you attempt to submit a prior authorization request for a noncovered procedure code after this change takes effect, you'll receive the following message in the e-referral system:

CMS, Blue Cross Blue Shield of Michigan or Blue Care Network medical policy has designated this service as noncovered. If you would like to submit a voluntary organization determination (or advance coverage determination), see the appropriate provider manual for details. Please remove "PxCode" and resubmit if other services are being requested.

Before submitting an organization determination or advance coverage determination

Before submitting an organization determination or advance coverage determination, check the pertinent medical policies in the order listed below to determine whether the service is covered or noncovered.

	Medical policies	What to do
1	CMS — National Coverage Determinations and Local Coverage Determinations	See the Medicare Coverage Database . Enter the procedure code in the <i>Start your search</i> field.
2	Blue Cross and BCN medical policies for Medicare Advantage	See the Medical Policy Router Search page on bcbsm.com . To locate the pertinent policy, enter the procedure code in the <i>Policy/Topic Keyword</i> field and press <i>Enter</i> . Check to see whether the procedure code for the service is listed as a covered benefit for the member's plan. Refer to the document titled Procedure codes for which providers must request prior authorization . If the service is identified as noncovered in the medical policy, it is very likely to be denied by an organization determination.



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Provider alert

Medicare Plus BlueSM and BCN AdvantageSM

Category: Authorizations/referrals

Date posted: April 28, 2026

You can find additional information in our provider manuals:

- [Medicare Plus Blue PPO Provider Manual](#): In the *Billing members* section, look for the subsection titled *Getting an advance coverage determination*.
- *BCN Provider Manual*: Before this change takes effect, we'll add information about requesting organization determinations or advance coverage determinations. In the [BCN Advantage](#) chapter, look in the section titled *Exclusions and limitations*.

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