

Changes to prior authorization requirements for select services managed by Blue Cross and BCN starting May 10 and May 24

On May 10 and May 24, 2026, Blue Cross Blue Shield of Michigan and Blue Care Network are changing prior authorization requirements for some services for Medicare Plus BlueSM, BCN commercial and BCN AdvantageSM members.

Changes to prior authorization requirements and questionnaires

We changed prior authorization requirements and questionnaires for select services as follows.

Service	Affected lines of business	What's changing	Effective date
Noncovered services	<ul style="list-style-type: none"> Medicare Plus Blue BCN Advantage 	The e-referral system will stop accepting prior authorization requests for noncovered services for Medicare Plus Blue and BCN Advantage members. See the April 28 provider alert for more information.	May 24, 2026
Oral surgery	BCN commercial	The first question in the <i>Oral surgery</i> questionnaire was reworded.	May 10, 2026

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](#) on the authorizations.bcbsm.com website 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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