

Changes to prior authorization requirements for select services managed by Blue Cross and BCN starting Sept. 27

Starting Sept. 27, 2026, Blue Cross Blue Shield of Michigan and Blue Care Network are changing prior authorization requirements and adding, updating or removing questionnaires for select services as shown below.

We're making these changes to ensure we have the information needed to process prior authorization requests as quickly as possible and minimize the need for us to reach out to your office staff.

Service	Affected lines of business	What will change
Experimental and investigational procedures	BCN commercial	The <i>Experimental and Investigational Services</i> questionnaire will once again open for all E/I procedure codes. Thoroughly completing the questionnaire may lead to faster decisions.
Noncoronary vascular stents	- Medicare Plus Blue - BCN Advantage	Requests for more than two units per procedure code will be blocked. You'll need to decrease the number of units to two or fewer to submit the request.
Orthognathic surgery	- BCN commercial - BCN Advantage	The <i>Orthognathic Surgery</i> questionnaire will once again open for BCN Advantage members. For both BCN commercial and BCN Advantage members, this questionnaire will begin opening for procedure code *0561T, in addition to other applicable procedure codes. For a complete list of codes, see the Orthognathic Surgery preview questionnaire.
Visual training, orthoptic and pleoptic	- BCN commercial - BCN Advantage	We're retiring the <i>Orthoptic and Pleoptic Visual Training</i> questionnaire because procedure codes *92065 and *92066 will no longer require prior authorization. Instead, the codes will require plan notification to manage benefit limits. - Requests will be approved for up to 32 visits with contracted providers. - Once the 32-visit limit is reached, requests will pend for review.

Preview questionnaires and medical necessity criteria

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