Changes from the previous publication are marked with a Blue Dot and explained at the end of this document.

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Services that require authorization for Michigan providers

For Medicare Plus Blue℠

Updated Sep. 25, 2026

Prior authorization requests for non-urgent medical services must be submitted prior to services being provided.

Note: This list is not all-inclusive. In addition, prior authorization of a service doesn't guarantee payment. When the claim for the service is submitted, it may be subject to edits including but not limited to edits for diagnosis, frequency and dose. The outcome of those edits may override the initial authorization.

To determine whether a procedure code requires prior authorization, see the document titled Determining prior authorization requirements for members.

For more complete information about care management and utilization management requirements, refer to the Medicare Plus Blue PPO Provider Manual.

Section 1: Authorization requirements

To review the criteria we use to make determinations on prior authorization requests for specific services, see the Medicare Advantage Prior Authorization page on **bcbsm.com**.

Services	Requirements
Ambulatory event monitors, implantable	Prior authorization is required. Submit requests through the e-referral system.
Autism treatment (applied behavior analysis)	Prior authorization is required. Treatment requires a diagnosis of autism spectrum disorder. For information about obtaining a comprehensive diagnostic autism evaluation, refer to the Obtaining a comprehensive autism diagnostic evaluation and finding treatment PDF. Blue Cross Behavioral Health℠ manages prior authorizations. For information about submitting prior authorization requests, see the Blue Cross Behavioral Health: Frequently asked questions for providers PDF.
Balloon ostial dilation	Prior authorization is required. Use the e-referral system to submit the request. See the document titled Preview questionnaires and medical necessity criteria for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Blepharoplasty and repair of brow ptosis	Prior authorization is required. Use the e-referral system to submit the request. Select cases will auto-approve when prior authorization requests include an appropriate diagnosis code. The *Blepharoplasty and repair of brow ptosis* questionnaire will open only when prior authorization requests don't include an appropriate diagnosis code.
Cardiology procedures (including echocardiography and cardiac implantable services) See also: • Ambulatory event monitors, implantable • Left atrial appendage closure • Radiofrequency ablation, cardiac	Prior authorization is required through Carelon Medical Benefits Management for select cardiac procedures when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. For additional information, refer to the Cardiology Services page on **authorizations.bcbsm.com**. Contact Carelon at 1-800-728-8008.

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Services that require authorization for Michigan providers

For Medicare Plus Blue℠

Updated Sep. 25, 2026

Services	Requirements
Continuous glucose monitor products	For dates of service on or after Oct. 1, 2024, Medicare Plus Blue members must obtain their CGM products through a participating network pharmacy. Prior authorization could be required in certain circumstances. **Exception:** UAW Retiree Medical Benefits Trust members with Medicare Plus Blue plans should continue to obtain their CGM products through a DME supplier. For additional information, refer to the document titled Continuous glucose monitor products: FAQs for prescribing providers. **Important:** For requirements for dates of service before Oct. 1, 2024, refer to the information about diabetes supplies later in this document.
Cosmetic or reconstructive surgery See also: • Blepharoplasty • Rhinoplasty • Septoplasty	Prior authorization is required. Use the e-referral system to submit the request.
Deep brain stimulation	• For dates of service on or after Jan. 1, 2024, prior authorization isn't required. • For dates of service before Jan. 1, 2024, prior authorization is required. Submit requests through the e-referral system.
Diabetes supplies	When covered under the medical (DME) benefit Northwood, Inc. is the preferred provider of diabetes supplies. Providers should call Northwood at 1-800-393-6432 to identify a contracted supplier. The supplier submits the prior authorization request to Northwood for review. For more information, see the provider FAQ. **Important:** For requirements for continuous glucose monitor products for dates of services on or after Oct. 1, 2024, refer to the information about continuous glucose monitor products earlier in this document. Diabetes supplies include items such as insulin pumps and supplies, and diabetes testing supplies. Prior authorization is required only in certain circumstances. Examples: when quantity limits are exceeded, when documentation is required, when the supplier is outside of the network or for reasons of medical necessity outside of the Blue Cross Inclusionary Criteria or Medicare Local Coverage Determination.
Durable medical equipment and prosthetics and orthotics (DME and P&O)	Northwood is the preferred provider for DME/P&O. Call Northwood at 1-800-393-6432 to identify a contracted supplier. The supplier submits the request to Northwood for review. For more information, see the provider FAQ.
Gastric pacing / stimulation	Prior authorization is required. Submit requests through the e-referral system. See the document titled Preview questionnaires and medical necessity criteria for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Hammertoe correction surgery	Prior authorization is required. Submit requests through the e-referral system. See the document titled Preview questionnaires and medical necessity criteria for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Services that require authorization for Michigan providers

For Medicare Plus Blue℠

Updated Sep. 25, 2026

Services	Requirements
Home health care (by home health care agencies only)	Requirements vary: • **For episodes of care that start on or after March 1, 2026, and for episodes that start before March 1 and continue through or beyond March 1:** Submit prior authorization requests to tango. See the Home Health Care Resources page on **authorizations.bcbsm.com** for information about requirements for referring providers (acute care, post-acute care and community-based providers) and home health providers. Refer to the document Procedure codes for which providers must request prior authorization. • **For episodes of care that start and end before March 1, 2026:** Prior authorization isn't required.
Inpatient admissions to acute care facilities for medical diagnoses	Prior authorization and approvals for extensions are required. Providers should notify Medicare Plus Blue of emergency admissions within one business day. Submit requests through the e-referral system. Note: Determinations on prior authorization requests for these admissions are based on InterQual® criteria (for all admissions) and on any associated Local Rules (for admissions that occurred prior to Aug. 1, 2023).
Inpatient admissions for mental health and substance use disorders	Prior authorization and approvals for extensions are required. For details, see the Blue Cross Behavioral Health: Frequently asked questions for providers PDF.
Inpatient admissions for post-acute care services (inpatient rehabilitation, skilled nursing facility and long-term acute care hospital)	See "Post-acute care services (long-term acute care, skilled nursing and rehabilitation facilities)."

Intensive outpatient program for mental health and substance use disorders	• For dates of service on or after Jan. 1, 2024, prior authorizations and approvals for extensions aren't required.
	• For dates of service before Jan. 1, 2024, prior authorizations and approvals for extensions are required. To submit a prior authorization request, do one of the following:
	  ○ Call 1-888-803-4960 and select the appropriate prompt.
	  ○ Email StrategyAppealsandRetrospectiveRequests@bcbsm.com.

Left atrial appendage closure	• For dates of service before Feb. 2, 2025, prior authorization is required. Submit requests through the e-referral system. • For dates of service on or after Feb. 2, 2025, prior authorization isn't required.
Medications covered under the medical benefit (Medicare Part B)	For these requirements, refer to the Medical Benefit Drugs page at **authorizations.bcbsm.com**.
Medications covered under the pharmacy benefit (Medicare Part D)	For these requirements, refer to the Pharmacy Benefit Drugs page at **authorizations.bcbsm.com**.

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Services that require authorization for Michigan providers

For Medicare Plus Blue℠

Updated Sep. 25, 2026

Services	Requirements
Musculoskeletal procedures See also: • Pain management	Prior authorization is required through TurningPoint. See the Musculoskeletal Services page at **authorizations.bcbsm.com**.
Noncoronary vascular stents	Prior authorization is required through the e-referral system. For dates of service on or after Sept. 27, 2026, requests for more than two units per procedure code will be blocked. Decrease the number of units to two or fewer to submit the request.
Oncology and supportive care drugs — medical benefit and pharmacy benefit	Prior authorization is required through OncoHealth as part of the Oncology Value Management program. • Starting Jan. 1, 2025, OncoHealth manages prior authorizations for oncology medical benefit drugs. (Before Jan. 1, 2025, Carelon Medical Benefits managed these prior authorizations.) • Starting April 1, 2025, OncoHealth manages prior authorizations for oncology pharmacy benefit drugs. (Before April 1, 2025, Blue Cross and BCN Pharmacy departments managed these prior authorizations.) • Starting Sept. 1, 2026, OncoHealth manages prior authorizations for therapeutic radiopharmaceuticals. (Before Sept. 1, 2026, EviCore managed these prior authorizations.) For additional information, see the Medical Benefit Drugs page at **authorizations.bcbsm.com**.
Pain management See also: • Musculoskeletal procedures	Prior authorization isn't required for dates of services on or after May 1, 2025. For dates of service before May 1, 2025, prior authorization is required through TurningPoint. See the Pain Management Services page at **authorizations.bcbsm.com**.
Partial hospitalization program for mental health and substance use disorders	Prior authorization and approvals for extensions are required. For details, see the Blue Cross Behavioral Health: Frequently asked questions for providers PDF.

Post-acute care services (long-term acute care, skilled nursing and inpatient rehabilitation facilities)	• **For stays that start on or after Jan. 5, 2026:** Prior authorization is required through WellSky®. For more information, see the document titled Post-acute care services for Medicare Advantage members: Frequently asked questions for providers.
	• **For stays that start on or before Jan. 4, 2026:** Prior authorization requests are managed by Blue Cross. For more information, refer to the Post-acute care requirements: Information for providers document.
	Note: Refer to the Post-acute care services for Medicare Advantage members: Frequently asked questions for providers document for information about:
	  • Submitting retroactive authorization requests for stays that started on or before Jan. 4, 2026
	  • Submitting continued stay requests for stays that started on or before Jan. 4, 2026

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Services that require authorization for Michigan providers

For Medicare Plus Blue℠

Updated Sep. 25, 2026

Services	Requirements
Radiation oncology Note: Prior authorization isn't required for services for members who are enrolled in a Medicare-approved clinical trial.	Prior authorization is required through OncoHealth as part of the Oncology Value Management program. • **For dates of service on or after Sept. 1, 2026:** Submit requests to OncoHealth through the OncoHealth provider portal. See the document Procedure codes for which providers must request prior authorization and the Oncology Services page on **authorizations.bcbsm.com** for more information. **For dates of service before Sept. 1, 2026:** OncoHealth will accept retroactive authorization requests for radiation oncology services for up to one year prior to Sept. 1, 2026. Before Sept. 1, 2026, these requests were managed by EviCore.
Radiology (advanced imaging) Note: Authorization is not required for services for members who are enrolled in a Medicare-approved clinical trial.	Prior authorization is required through Carelon Medical Benefits Management for select radiology (advanced imaging) procedures when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the Radiology Services, High Tech page on **authorizations.bcbsm.com** website. Contact Carelon at 1-800-728-8008.
Rhinoplasty	Prior authorization is required. Submit requests through the e-referral system. See the document titled Preview questionnaires and medical necessity criteria for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Sacral nerve neuromodulation / stimulation	Prior authorization is required. Submit requests through the e-referral system.
Septoplasty	Prior authorization is required. Submit requests through the e-referral system. See the document titled Preview questionnaires and medical necessity criteria for a link to one or more preview questionnaires that show the questions you must answer in the e-referral system.
Sleep studies, in-lab	For dates of service on or after Oct. 9, 2023: Prior authorization isn't required. For dates of service before Oct. 9, 2023: Prior authorization is required through Carelon Medical Benefits Management for in-lab sleep studies when performed in freestanding diagnostic facilities, outpatient hospital settings, ambulatory surgery centers and physician offices. Refer to the Sleep Studies page on **authorizations.bcbsm.com**. Contact Carelon at 1-800-728-8008.
Subacute detox	• **Inpatient** subacute detox requires prior authorization. For details, see the Blue Cross Behavioral Health: Frequently asked questions for providers PDF. • **Outpatient** subacute detox doesn't require prior authorization.
Transcatheter arterial chemoembolization (TACE) and radioembolization of liver tumors	Prior authorization is required. Submit requests through the e-referral system.
Varicose vein treatment	Prior authorization is required. Submit requests through the e-referral system.

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Services that require authorization for Michigan providers

For Medicare Plus Blue℠

Updated Sep. 25, 2026

How to submit prior authorization requests

To submit requests:

1. Log in to our provider portal (availity.com**).
2. Click *Payer Spaces* in the menu bar and then click the BCBSM and BCN logo.
3. Click the link for the appropriate tile in the Applications tab.

To learn how to submit requests using other methods (for example, by fax or phone), see the pertinent page on **authorizations.bcbsm.com**.

Section 2: Procedure codes that require authorization

To determine which procedures codes require prior authorization for Medicare Plus Blue members, see the document titled Procedure codes for which providers must request prior authorization.

To access this document, go to **authorizations.bcbsm.com**, click the *Referrals & Prior Authorizations* link, click *Blue Cross Prior Authorization* and then click the *Procedure codes for which providers must request prior authorization* link.

Blue Dot changes to this document

Service / topic	Change description	Date
Noncoronary vascular stents	We updated this document to show that requests for more than two units per procedure code will be blocked for dates of service on or after Sept. 27, 2026. Decrease the number of units to two or fewer to submit the request.	Sept. 25, 2026
Oncology and supportive care drugs — medical benefit and pharmacy benefit	We updated this document to show that OncoHealth manages prior authorizations for therapeutic radiopharmaceuticals through the Oncology Value Management program for dates of service on or after Sept. 1, 2026.	Sept. 1, 2026
Radiation oncology	We updated this document to show that OncoHealth manages prior authorizations for radiation oncology procedures through the Oncology Value Management program for dates of service on or after Sept. 1, 2026.	Sept. 1, 2026
Home health care (by home health agencies only)	We updated this document to show that prior authorization is required through tango for episodes of care that start on or after March 1, 2026, and that for episodes that start before March 1 and continue through or beyond March 1.	March 2026
Post-acute care services	We updated this document to show that prior authorizations for post-acute care stays that start on or after Jan. 5, 2026, will be managed by WellSky.	Jan. 2026
Pain management	We updated this document to show that pain management procedures don't require prior authorization for Medicare Advantage members for dates of service on or after May 1, 2025.	May 2025
Part D drugs	Added a *Medications covered under the pharmacy benefit (Medicare Part D)* row.	April 2025

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Services that require authorization for Michigan providers

For Medicare Plus Blue℠

Updated Sep. 25, 2026

Service / topic	Change description	Date
Oncology pharmacy benefit drugs	Updated information about oncology and supportive care drugs to state that OncoHealth manages prior authorizations for oncology pharmacy for dates of service on or after April 1, 2025.	April 2025
Blepharoplasty and repair of brow ptosis	We updated this document to show that select cases will auto-approve when prior authorization requests include an appropriate diagnosis code.	April 2025
Various	We updated this document to show that the document previously titled *Authorization criteria and preview questionnaires* is now titled Preview questionnaires and medical necessity criteria.	Feb. 2025
Sacral nerve neuromodulation / stimulation	We updated this document to show that this service no longer requires the completion of questionnaires in the e-referral system starting Feb. 23, 2025.	Feb. 2025
Continuous glucose monitor products	This document was updated to include a link to the document titled Continuous glucose monitor products: Frequently asked questions for prescribing providers.	Feb. 2025

***CPT Copyright 2025 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.**

**Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

Carelon Medical Benefits Management is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services. For more information, go to our authorizations.bcbsm.com website.

EviCore by Evernorth is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to manage prior authorizations for select services. For more information, go to our authorizations.bcbsm.com website.

Joint Venture Hospital Laboratories is an independent company that provides a statewide network and third-party administration for outpatient laboratory services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Plus Blue, BCN commercial and BCN Advantage plans. They also manage prior authorizations for genetic testing for members with BCN commercial or BCN Advantage coverage.

Northwood Inc. is an independent company that manages both prior authorizations and a supplier network for durable medical equipment, prosthetics and orthotics, and medical supplies (including diabetes supplies) for Blue Cross Blue Shield of Michigan and Blue Care Network members.

OncoHealth is an independent company supporting Blue Cross Blue Shield of Michigan and Blue Care Network by providing cancer support services.

Tango and WellSky are independent companies that review member health care services for appropriateness and medical necessity on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.

TurningPoint Healthcare Solutions LLC is an independent company that manages prior authorizations for musculoskeletal surgical and related procedures for Blue Cross Blue Shield of Michigan and Blue Care Network.