Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Preview questionnaires and medical necessity criteria

For Medicare Plus Blue℠, BCN commercial and BCN Advantage℠

Revised July 2026

For commercial members, Blue Cross Blue Shield of Michigan and Blue Care Network use the pertinent medical necessity criteria to make determinations on prior authorization requests for the services listed below.

For Medicare Advantage (Medicare Plus Blue and BCN Advantage) members, we make medical necessity decisions based on national coverage determinations, local coverage determinations, and other applicable coverage criteria in Medicare statutes and regulations to determine if an item or service is reasonable, necessary and coverable under Medicare. If such criteria are not fully established and as permitted by Medicare statutes and regulations, we may create internal coverage criteria. Blue Cross licenses InterQual® to assist in creating internal coverage criteria. If InterQual criteria are unavailable, we'll use our own medical policies, which have been developed in accordance with Medicare statutes and regulations and approved by the Blue Cross Utilization Management Committee.

To view medical necessity criteria:

- **InterQual criteria for various services:** Sign up or log in to One Healthcare ID view InterQual procedure criteria.
- **National Coverage Determinations and Local Coverage Determinations:** See the Medicare Coverage Database* for the most current NCDs and LCDs.
- **Medical policies:** Open our Medical Policy Router Search page on **bcbsm.com**. Enter a procedure code in the *Policy/Topic Keyword* field to search for the pertinent policy.

Preview questionnaires show the questions you'll need to answer within the questionnaire that opens in the e-referral system so you can prepare your answers ahead of time. For some services, more than one preview questionnaire is listed in the following table because either:

- A different questionnaire opens in the e-referral system based on the line of business.
- A trigger questionnaire opens in the e-referral system, after which an additional questionnaire opens.

Instead of completing a questionnaire, some services listed below require you to complete a series of InterQual Connect guideline questions in the e-referral system. For more information, refer to the document Submitting prior authorization requests with InterQual® Connect guidelines: Best practices for providers.

In the following table, the Criteria source column specifies the criteria we use to make determinations on prior authorization requests for specific services.

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Balloon ostial dilation	✓	✓	✓	Preview questionnaire	Balloon Dilation for Treatment of Chronic Sinusitis medical policy
Breast elastography		✓	✓	Preview questionnaire	Breast Elastography – Ultrasound or Magnetic Resonance
Breast implant management		✓		Preview questionnaire	Reconstructive Breast Surgery/Management of Breast Implants medical policy
Breast reconstruction		✓		Preview questionnaire	Reconstructive Breast Surgery/Management of Breast Implants medical policy
Breast reduction		✓		Preview questionnaire	Breast Reduction for Breast-Related Symptoms medical policy
			✓	Preview questionnaire	Local Coverage Determination for Cosmetic and Reconstructive Surgery (L39051)
Cosmetic or reconstructive surgery		✓		Preview questionnaire	Cosmetic and reconstructive surgery medical policy
Dental general anesthesia or dental services, trigger		✓		Preview questionnaire	Not applicable

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Dental general anesthesia		✓		Preview questionnaire	Dental General Anesthesia medical policy
Dental services		✓		Preview questionnaire	• Immediate Repair of Trauma to Natural Teeth medical policy • Dental General Anesthesia medical policy • Oral Surgery medical policy
Endoscopic bypass		✓	✓	Preview questionnaire	Gastric Bypass Surgery for Gastroparesis
Enteral nutrition		✓		Preview questionnaire	Enteral Nutrition medical policy
Enteral nutrition – specialized formula			✓	Preview questionnaire	Enteral Nutrition CGS Administrators (L38955)
Enteral nutrition – standardized formula			✓	Preview questionnaire	Enteral Nutrition CGS Administrators (L38955)
Gastric pacing / stimulation	✓	✓	✓	Preview questionnaire	Gastric Electrical Stimulation medical policy
Hammertoe correction surgery	✓	✓	✓	Preview questionnaire	InterQual Procedures Adult Criteria, Arthrodesis or Arthroplasty, Interphalangeal Joint, Second-Fifth Toes

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Non-Coronary Vascular Stents (previously known as Endovascular intervention, peripheral artery)	✓		✓	None — complete the InterQual Connect guideline questions in the e-referral system.	Local Coverage Determination for Non-Coronary Vascular Stents (L35998)
Not otherwise classified codes		✓	✓	Preview questionnaire	Applicable Medicare guidelines or medical policies
Oral surgery		✓		Preview questionnaire	Oral Surgery medical policy
Orthognathic surgery		✓		Preview questionnaire	Orthognathic Surgery medical policy
Panniculectomy (previously known as abdominoplasty)		✓		Preview questionnaire	Panniculectomy medical policy
			✓	Preview questionnaire	Local Coverage Determination for Cosmetic and Reconstructive Surgery (L39051)
Prostatic urethral lift		✓	✓	Preview questionnaire	Prostatic Urethral Lift Procedure for the Treatment of BPH medical policy

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Rhinoplasty		✓		Preview questionnaire	Cosmetic and Reconstructive Surgery medical policy
	✓		✓	Preview questionnaire	Local Coverage Determination for Cosmetic and Reconstructive Surgery (L39051)
Sacral nerve neuromodulation / stimulation for fecal incontinence		✓		Preview questionnaire	Sacral Nerve Neuromodulation/Stimulation medical policy
Sacral nerve neuromodulation / stimulation for urinary incontinence		✓		Preview questionnaire	• Sacral Nerve Neuromodulation/Stimulation medical policy • National Coverage Determination for Sacral Nerve Stimulation for Urinary Incontinence (230.18)
	✓		✓	Preview questionnaire	
Septoplasty	✓	✓	✓	Preview questionnaire	• InterQual Procedures Adult Criteria, Septoplasty • Local Coverage Determination for Cosmetic and Reconstructive Surgery (L39051)
Temporomandibular joint surgery		✓		Preview questionnaire	Temporomandibular Joint Disorder medical policy

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Varicose vein treatment		✓		None — complete the InterQual Connect guideline questions in the e-referral system.	Treatment of Varicose Veins/Venous Insufficiency medical policy
	✓		✓		Local Coverage Determination for Treatment of Varicose Veins of the Lower Extremities (L34536)
Visual training, orthoptic and pleoptic		✓	✓	Preview questionnaire	• Orthoptic Training/Vision Therapy for the Treatment of Vision or Learning Disabilities medical policy • Member certificate or benefit document