

Procedure codes for which providers must request prior authorization: Footnotes

For Blue Cross commercial, Medicare Plus BlueSM,
BCN commercial and BCN AdvantageSM

August 2026

This document provides additional information on certain procedure codes that require prior authorization, as noted in the [Procedure codes for which providers must request prior authorization](#) document.

Footnotes	
1	For the following diagnosis codes, you must complete a questionnaire in the e-referral system: L57.0, L85.9, D04.0, D04.1, D04.2, D04.3, D04.4, D04.5, D04.6, D04.7, D04.8, D22.0, D22.1, D22.2, D22.3, D22.4, D22.5, D22.6, D22.7, D22.8 and D22.9
2	For certain diagnosis codes, you must complete a questionnaire in the e-referral system.
3	Elective pediatric feeding programs — both inpatient and outpatient — require authorization for BCN commercial members for dates of service on or after Sept. 1, 2020. Submit the request through the e-referral system. Use S0317 when submitting authorization requests for both inpatient and outpatient programs. For inpatient requests, do not add the length-of-stay procedure code. Use only the S0317 code when submitting inpatient authorization requests. For inpatient authorization requests that BCN approves, the length-of-stay procedure code will be added to the case. Bill a regular inpatient admission for reimbursement purposes. Do not bill elective inpatient pediatric feeding programs with the S0317 code.
4	This procedure code doesn't require prior authorization for the following diagnosis codes: C31.0, C34.2, C78.7, D00.1, K22.70, K22.719, L57.0. You must request prior authorization for all other diagnosis codes.
5	Prior authorization is required for any diagnosis other than obstructive sleep apnea.
6	Prior authorization is required for infertility services and procedures to reverse sterilization.
7	Only covered for certain groups, up to 20 visits
8	Prior authorization is required only for a diagnosis of temporomandibular joint disorder.
9	For the following diagnosis codes, authorization is required in the e-referral system: C22.0, C22.7, C22.8, C22.9, C7B.02, C78.7, Z85.038, Z85.030
10	List of commonly requested services that are not covered.
11	Submit prior authorization requests to BCN when the procedure is related to speech therapy. Submit prior authorization requests to eviCore when the procedure is related to occupational therapy.
12	This procedure code requires prior authorization only for the following diagnosis codes: F64.0, F64.8, F64.9 and Z87.890. You don't need to request prior authorization for other diagnosis codes.
13	Prior authorization is required for BCN Advantage members. Not a covered benefit for BCN commercial members

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14	For some FCA employees, these services are managed by CARROT. Connect to the authorization portal at www.get-carrot.com or contact them via phone at 1-888-817-9040. For all other members, please enter the authorization in e-referral. If you're unsure where to submit prior authorization requests, please refer to the document titled: https://authorizations.bcbsm.com/docs/determining-whether-pa-is-required.pdf
15	Authorization is only required if non-emergent.
16	For BCN commercial members: (a) some groups require that the surgery be performed in a specific facility and (b) prior authorization is required for members who have Blue Elect Plus plans and for members who have group coverage through Michigan State University or University of Michigan.
17	Procedure may be performed by physical therapists.
18	Procedure may be performed by occupational therapists.
19	Procedure may be performed by speech therapists.
20	Procedure may be performed by physical therapist, occupational therapist or speech therapist.
21	Physical medicine procedures may be performed by chiropractors.
22	Requires prior authorization for chronic rhinitis (J31.0) only
23	For most Medicare Plus Blue and BCN Advantage members, requests are managed by the pharmacy benefit manager; the product is payable only when dispensed by a network pharmacy. However, requests for Medicare Plus Blue and BCN Advantage members who have coverage through the UAW Retiree Medical Benefits Trust are managed by Northwood Inc.
24	For BCN Advantage members, authorization is required in the e-referral system for the following diagnosis codes: M26.6, M26.60, M26.601, M26.602, M26.603. For BCN Commercial, prior authorization is required regardless of diagnosis code.
26	Providers must submit prior authorization requests after the service has been completed to validate the clinical appropriateness of the service.
27	Providers may submit the prior authorization request after the service has been completed, to validate the clinical appropriateness of the duplex ultrasound procedures provided after physiologic testing.
28	Blue Cross and BCN allow certain procedure codes to be substituted for this procedure code. For more information, see the document https://authorizations.bcbsm.com/docs/msk-procedure-code-substitution-list.pdf
29	Authorization for Federal Employees is required through e-referral or fax the required medical documentation to FEP at 1-866-294-5012.

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30	Medical oncology drugs for Blue Cross commercial UAW Retiree Medical Benefits Trust members require prior authorization through Carelon Medical Benefits Management.
31	This procedure code is for a not otherwise classified drug code. Not all drugs that use this code require prior authorization. To determine if the drug you are administering requires prior auth, follow the instructions here .
32	This procedure code requires prior authorization only for the following diagnosis codes K21.0, K21.00, K21.01 and K21.9. You don't need to request prior authorization for other diagnosis codes.