

For commercial members, Blue Cross Blue Shield of Michigan and Blue Care Network use either our authorization criteria or our medical policies 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[®], a Change Healthcare product, 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 authorization criteria or medical policies:

- **Authorization criteria:** In the following table, click the *Authorization criteria* link to the right of the service. If there isn't a link to an authorization criteria document, we use the pertinent medical policy to make authorization determinations.
- **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.

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		
Abdominoplasty		✓		Preview questionnaire	Abdominoplasty medical policy
			✓		Local Coverage Determination for Cosmetic and Reconstructive Surgery (L39051)
Ambulatory event monitors, implantable		✓		Preview questionnaire	Ambulatory Event Monitors and Mobile Cardiac Outpatient Telemetry medical policy
	✓		✓	Preview questionnaire	National Coverage Determination for Electrocardiographic Services (20.15)
Balloon ostial dilation	✓	✓	✓	Preview questionnaire	Balloon Dilation for Treatment of Chronic Sinusitis medical policy
Blepharoplasty and repair of brow ptosis		✓		Preview questionnaire	Blepharoplasty and Repair of Brow Ptosis medical policy
	✓		✓		Local Coverage Determination for Blepharoplasty, Blepharoptosis and Brow Lift (L34528)
Bone-anchored hearing aid		✓	✓	Preview questionnaire	Implantable Bone-Conduction and Bone-Anchored Hearing Devices medical policy
Breast elastography, trigger		✓	✓	Preview questionnaire	Not applicable

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Breast implant management		✓		Preview questionnaire	Reconstructive Breast Surgery/Management of Breast Implants medical policy
			✓	Preview questionnaire	Local Coverage Determination for Cosmetic and Reconstructive Surgery (L39051)
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)
Chemical peels, dermal		✓		Preview questionnaire	Chemical Peels medical policy
			✓		National Coverage Determination for Treatment of Actinic Keratosis (250.4)
Chemical peels, epidermal		✓		Preview questionnaire	Chemical Peels medical policy
			✓		National Coverage Determination for Treatment of Actinic Keratosis (250.4)

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Cosmetic or reconstructive surgery		✓		Preview questionnaire	Cosmetic and reconstructive surgery medical policy
	✓		✓		Local Coverage Determination for Cosmetic and Reconstructive Surgery (L39051)
Dental general anesthesia or dental services, trigger		✓	✓	Preview questionnaire	Not applicable
Dental general anesthesia		✓	✓	Preview questionnaire	Dental General Anesthesia medical policy
Dental services		✓	✓	Preview questionnaire	<ul style="list-style-type: none"> • Immediate Repair of Trauma to Natural Teeth medical policy • Dental General Anesthesia medical policy • Oral Surgery medical policy
Endoscopy, upper gastrointestinal, for gastroesophageal reflux disease		✓	✓	<ul style="list-style-type: none"> • Authorization criteria • Preview questionnaire 	Change Healthcare's InterQual Procedures Criteria, Upper Gastrointestinal (GI) Endoscopy for gastroesophageal reflux disease (GERD)

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Endovascular intervention, peripheral artery	✓		✓	<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	<ul style="list-style-type: none"> Change Healthcare's InterQual Procedures Adult Criteria, Endovascular Intervention, Peripheral Artery Local Coverage Determination for Non-Coronary Vascular Stents (L35998)
Enteral nutrition		✓	✓	Preview questionnaire	Enteral Nutrition medical policy
Ethmoidectomy, endoscopic	✓	✓	✓	<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	Change Healthcare's InterQual Procedures Adult Criteria, Ethmoidectomy, Endoscopic
Excess skin removal		✓		Preview questionnaire	Cosmetic and Reconstructive Surgery medical policy
			✓		Local Coverage Determination for Cosmetic and Reconstructive Surgery (L39051)
Experimental and investigational services		✓	✓	Preview questionnaire	Applicable Medicare guidelines or medical policies
Facial and neck hair removal (for University of Michigan employees only)		✓		Preview questionnaire	<ul style="list-style-type: none"> U of M and GradCare certificates University of Michigan Gender Affirming Services medical policy partner document

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Facial feminization surgery and chondrolaryngoplasty (for University of Michigan employees only)		✓		Preview questionnaire	<ul style="list-style-type: none"> U of M and GradCare certificates University of Michigan Gender Affirming Services medical policy partner document
Gastric pacing / stimulation	✓	✓	✓	Preview questionnaire	Gastric Electrical Stimulation medical policy
Hammertoe correction surgery	✓	✓	✓	<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	Change Healthcare's InterQual Procedures Adult Criteria, Arthrodesis or Arthroplasty, Interphalangeal Joint, Second-Fifth Toes
Hyperbaric oxygen therapy		✓		Preview questionnaire	Hyperbaric Oxygen Therapy, Systemic and Topical medical policy
			✓	Preview questionnaire	National Coverage Determination for Hyperbaric Oxygen Therapy (20.29)

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Left atrial appendage closure		✓		Preview questionnaire	Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation medical policy
	✓		✓	Preview questionnaire	National Coverage Determination for Percutaneous Left Atrial Appendage Closure (LAAC) (20.34)
Medical formula for inborn errors of metabolism		✓		Preview questionnaire	Medical Formula for Inborn Errors of Metabolism medical policy
Not otherwise classified codes		✓	✓	Preview questionnaire	Applicable Medicare guidelines or medical policies
Oral surgery		✓	✓	Preview questionnaire	Oral Surgery medical policy
Orthognathic surgery		✓			Orthognathic Surgery medical policy
			✓	Preview questionnaire	Local Coverage Determination for Cosmetic and Reconstructive Surgery (L39051)
Otoplasty		✓	✓	Preview questionnaire	Cosmetic and Reconstructive Surgery medical policy
Pediatric feeding program		✓		Preview questionnaire	Pediatric Feeding Program medical policy

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Pregnancy termination		✓		Preview questionnaire – medically necessary	Pregnancy Terminations – Medical and Surgical medical policy
		✓		Preview questionnaire – elective	Member certificate or benefit document
		✓		Preview questionnaire – elective for members with Healthy Blue Choices POS SM plans	Member certificate or benefit document
			✓	Preview questionnaire – medically necessary or elective	National Coverage Determination for Abortion (140.1)
Prostatic urethral lift		✓	✓	Preview questionnaire	Prostatic Urethral Lift Procedure for the Treatment of BPH medical policy
Radioembolization for tumors of the liver	✓	✓	✓	Preview questionnaire	<ul style="list-style-type: none"> Radioembolization for Primary and Metastatic Tumors of the Liver medical policy Change HealthCare's InterQual Procedures Criteria, Ablative or Transarterial Therapy
Radiofrequency ablation (RFA), cardiac, trigger	✓	✓	✓	Preview questionnaire	Not applicable

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Radiofrequency ablation (RFA), cardiac atrial fibrillation or atrial flutter	✓	✓	✓	<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	Change Healthcare's InterQual Procedures Adult Criteria, Radiofrequency Ablation (RFA) or Cryothermal Ablation, Cardiac
Radiofrequency ablation (RFA), cardiac frequent monomorphic premature ventricular contractions	✓	✓	✓	<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	Change Healthcare's InterQual Procedures Adult Criteria, Radiofrequency Ablation (RFA) or Cryothermal Ablation, Cardiac
Radiofrequency ablation (RFA), cardiac nonsustained ventricular tachycardia	✓	✓	✓	<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	Change Healthcare's InterQual Procedures Adult Criteria, Radiofrequency Ablation (RFA) or Cryothermal Ablation, Cardiac
Radiofrequency ablation (RFA), cardiac suspected AVNRT, AVRT or focal atrial tachycardia	✓	✓	✓	<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	Change Healthcare's InterQual Procedures Adult Criteria, Radiofrequency Ablation (RFA) or Cryothermal Ablation, Cardiac
Radiofrequency ablation (RFA), cardiac sustained (more than 30 seconds) ventricular tachycardia	✓	✓	✓	<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	Change Healthcare's InterQual Procedures Adult Criteria, Radiofrequency Ablation (RFA) or Cryothermal Ablation, Cardiac

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Radiofrequency ablation (RFA), cardiac treatment for preexcitation syndrome or WPW syndrome	✓	✓	✓	<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	Change Healthcare's InterQual Procedures Adult Criteria, Radiofrequency Ablation (RFA) or Cryothermal Ablation, Cardiac
Responsive neurostimulator/deep brain stimulation, trigger		✓	✓	Preview questionnaire	Not applicable
Responsive neurostimulation for the treatment of refractory focal epilepsy		✓	✓	Preview questionnaire	Responsive Neurostimulation for the Treatment of Refractory Partial Epilepsy medical policy
Rhinoplasty		✓		Preview questionnaire	Cosmetic and Reconstructive Surgery medical policy
	✓		✓		Local Coverage Determination for Cosmetic and Reconstructive Surgery (L39051)
Sacral nerve or gastric stimulation, trigger	✓	✓	✓	Preview questionnaire	Not applicable
Sacral nerve urinary or fecal incontinence, trigger	✓	✓	✓	Preview questionnaire	Not applicable

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Sacral nerve neuromodulation / stimulation for fecal incontinence		✓		Preview questionnaire	Sacral Nerve Neuromodulation/Stimulation medical policy
	✓		✓		National Coverage Determination for Sacral Nerve Stimulation for Urinary Incontinence (230.18)
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)
Septoplasty		✓		<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	Change Healthcare's InterQual Procedures Adult Criteria, Septoplasty
	✓		✓		Local Coverage Determination for Cosmetic and Reconstructive Surgery (L39051)
Sinusotomy, frontal, endoscopic	✓	✓	✓	<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	Change Healthcare's InterQual Procedures Adult Criteria, Sinusotomy, Frontal, Endoscopic

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Surgical treatment for male gynecomastia		✓		Preview questionnaire	Surgical Treatment for Male Gynecomastia medical policy
			✓	Preview questionnaire	Local Coverage Determination for Surgical Treatment for Male Gynecomastia (L39051)
TACE and radioembolization of liver tumors, trigger	✓	✓	✓	Preview questionnaire	Not applicable
Temporomandibular joint surgery		✓	✓	Preview questionnaire	Temporomandibular Joint Disorder medical policy
Thyroidectomy, partial	✓	✓	✓	<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	Change Healthcare's InterQual Thyroidectomy, Partial
Thyroidectomy, total	✓	✓	✓	<ul style="list-style-type: none"> Authorization criteria Preview questionnaire 	Change Healthcare's InterQual Thyroidectomy, Total
Transcatheter arterial chemoembolization of hepatic tumors (TACE)	✓	✓	✓	Preview questionnaire	<ul style="list-style-type: none"> Transcatheter Arterial Chemoembolization of Hepatic Tumors (TACE) medical policy Change HealthCare's InterQual Procedures Criteria, Ablative or Transarterial Therapy

Service	Requires prior authorization for			Related documents	Criteria source
	Medicare Plus Blue	BCN commercial	BCN Advantage		
Varicose vein treatment		✓		None — answer a series of 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	<ul style="list-style-type: none"> • Orthoptic Training/Vision Therapy for the Treatment of Vision or Learning Disabilities medical policy • Member certificate or benefit document
Out-of-network providers — For prior authorization requests for procedures to be completed by providers who aren't contracted with BCN		✓	✓	Preview questionnaire	Not applicable