



Suite 1300
4000 Town Center
Southfield, MI 48075

mibluecrosscomplete.com

Provider Alert

To: All Blue Cross Complete providers
Date: Oct. 21, 2025
Subject: Prior Authorization requirement updates: Unlisted/Miscellaneous Codes and PA Review Reduction

The following changes to Prior Authorization requirements will take effect Feb. 1, 2026:

Title	Codes	Change	Effective Date
Prior Auth Updates	48999, 80299, 64561, 64575, 64580, 64581	Prior Authorization Required	2/01/2026

- 64561: Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
- 64575: Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- 64580: Incision for implantation of neurostimulator electrode array; neuromuscular
- 64581: Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
- 48999: Unlisted procedure, pancreas
- 80299: Quantitation of drug, not elsewhere specified

Updates to the prior authorization and medical necessity review for these services is part of Blue Cross Complete’s continued dedication to supporting providers in our shared commitment to high quality health care for our participants.

As a reminder, when you do need to verify whether a service requires prior authorization, use the [Prior Authorization Lookup Tool](#) at mibluecrosscomplete.com. Please remember, the results of this tool are not a guarantee of coverage or authorization.

If you have questions, please contact your Blue Cross Complete provider account executive or Provider Inquiry at **1-888-312-5713**.

