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Provider Alert

To: All Blue Cross Complete providers
Date: Oct. 9, 2025
Subject: Prior Authorization requirement: Facets update

The following changes to Prior Authorization requirements will take effect Nov. 1, 2025:

Title	Codes	Change	Eff. Date
Update Facets to authorization required	See list below	Facets update to align with Appian PARC	11/01/2025

Procedure Code	Procedure Code Description
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral
C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler
C8930	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise
G0379	Direct admission of patient for hospital observation care
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each
	See list below (continued)



T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each
01999	Unlisted anesthesia procedure(s)
55559	Unlisted laparoscopy procedure, spermatic cord
58579	Unlisted hysteroscopy procedure, uterus
85999	Unlisted hematology and coagulation procedure
86999	Unlisted transfusion medicine procedure
88099	Unlisted necropsy (autopsy) procedure
88749	Unlisted in vivo (eg, transcutaneous) laboratory service
90399	Unlisted immune globulin
90749	Unlisted vaccine/toxoid
90899	Unlisted psychiatric service or procedure
92499	Unlisted ophthalmological service or procedure
A9699	Radiopharmaceutical, therapeutic, not otherwise classified
V2799	Vision item or service, miscellaneous
V5299	Hearing service, miscellaneous

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](https://mibluecrosscomplete.com) 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**.