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mibluccrosscomplete.com

MCG message

To: All Blue Cross Complete providers

Date: Feb. 28, 2025

Subject: Clarification: Transcranial Magnetic Stimulation coverage

Blue Cross Complete is the responsible payer for the following service/procedure codes:

Title	Codes	Prior Authorization	Effective Date
Transcranial Magnetic Stimulation	90867 90868 90869	Yes, Prior Authorization required	May 1, 2025

The Blue Cross Complete [Prior Authorization Lookup Tool](#) at mibluccrosscomplete.com has been updated.

As a reminder, when you do need to verify whether a service requires prior authorization, use the [Prior Authorization Lookup Tool](#) at mibluccrosscomplete.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**.

**Our website is mibluccrosscomplete.com. While website addresses for other organizations are provided for reference, Blue Cross Complete doesn't control these sites and isn't responsible for their content.*

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