



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Inpatient authorization requests: Tips for using the e-referral system

For members with Blue Cross PPO (commercial) coverage

Acute inpatient admissions

We're changing our process for reviewing the medical necessity of acute inpatient admissions. Our new prior authorization program begins for admissions that start on July 9, 2018, or after.



Behavioral health admissions

Behavioral health authorization requests and clinical reviews will continue according to the current established process with the assigned behavioral health management vendor. However, admission authorization requests processed through New Directions will now be subject to full clinical review from the first day of admission and subject to nonapproval.

What does this mean to you?

When a Blue Cross PPO (commercial) member is admitted to your facility, you should submit an authorization request on the e-referral system that includes pertinent demographic and admission details associated with the member.

Upon admission

If...	Then ...
The request is approved	<ul style="list-style-type: none"> • If you're reimbursed on the basis of diagnosis-related groups this approval confirms the admission was appropriate for inpatient setting. • Additional days are required for submission if the stay is extended. No additional clinical documentation is required. This is for Blue Cross to determine any case management needs the member may have.
If your case is pending	<ul style="list-style-type: none"> • Blue Cross needs to determine if the inpatient setting is appropriate. Days can't be considered for approval until you submit clinical information. <ul style="list-style-type: none"> ○ We have a standard form you can use or you can provide the information necessary for consideration by attaching it to the e-referral case. ○ Acute Inpatient Fax Assessment Form ○ Blue Cross may need more information and will call or send a note in the Case Communication section of the e-referral system. • The following icons will display on the dashboard of the homepage at the case level: <ul style="list-style-type: none"> ○  – This icon indicates there is a message from Blue Cross to you on this case. ○  – This icon indicates that there is an attachment/documentation associated with this case.

Admission dates don't need to be adjusted because Blue Cross is adding a tolerance for the admission date allowing plus or minus two days from the date on the case. You don't need to submit for any admission date changes unless the date is greater than a two-day difference from your approved case.

Common questions or issues

If...	Then ...
You're submitting an admission date change or an NPI change	Submit an email request to: e-referralinquiries@bcbsm.com
The member is not in the system because: <ul style="list-style-type: none"> • A sick newborn baby is not on contract • A Federal Employee Program member is not found • There are eligibility issues 	Fax to the Michigan Facility Fax: 1-800-482-1713
You can't find a case in e-referral	Here are a couple options:



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	<ul style="list-style-type: none"> If you can't find the case under the main NPI, and if the provider listed in the e-referral system has many associated practitioners, try changing the provider in focus to a different NPI for your facility. If you're trying to view a retroactive authorization and are searching by the subscriber's ID number, go to the Search field and change the eligibility date to the date of service. The system is set to default to the member's current eligibility when searching. See the e-referral User Guide or additional instructions on searching for referrals and authorizations.
The authorization is good but the claim can't pay	<p>Contact Provider Inquiry at:</p> <ul style="list-style-type: none"> 1-800-344-8525 (professional providers) 1-800-249-5103 (facility providers) <p>They're available 8 a.m. to 5 p.m. (closed noon to 1 p.m.), Monday through Friday (except holidays).</p>
You believe you received a sanction incorrectly	<p>Contact Provider Inquiry at:</p> <ul style="list-style-type: none"> 1-800-344-8525 (professional providers) 1-800-249-5103 (facility providers) <p>They're available 8 a.m. to 5 p.m. (closed noon to 1 p.m.), Monday through Friday (except holidays).</p>
The case didn't download into the claims system but an authorization number was assigned	<p>Submit an email request to e-referralinquiries@bcbsm.com</p>
The case pends in e-referral	<p>Attach the required clinical information to the case in the e-referral system. Instructions for attaching a document from the member's medical record are outlined in the article How to attach clinical information to your authorization request in the e-referral system, in the November-December 2016 <i>BCN Provider News</i>, on page 44. These instructions are also in the e-referral User Guide, in the subsection titled "Create New (communication)."</p>
The case has been pending greater than 48 hours	<p>Contact Utilization Management department via critical line at 313-448-3619.</p>
The case pends for potential duplicates	<p>Review the duplicate authorization. Submit a new request only if the authorization already on file is for a separate admission. Do not submit a new request if you make an error.</p>
You make an error on an existing case	<p>If the case does not have a decision, you can edit the existing authorization in e-referral. If the case has been decided, you will be unable to edit and must submit your changes. Fax to the Michigan Facility Fax: 1-800-482-1713</p>
You're having trouble logging in or general system issues	<p>Contact the Web Support Help Desk at 1-877-258-3932 from 8 a.m. to 8 p.m. Monday through Friday (except holidays).</p>
You have a behavioral health related admission that requires an acute hospitalization admission	<p>A medical diagnosis code must be submitted as the primary diagnosis to receive a medical inpatient admission authorization.</p>

See also the document titled [Frequently Asked Questions](#) about the e-referral system.



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For additional details, go to the updated [e-Learning module](#) and [e-referral User Guide](#).

Calling for a peer-to-peer review

If you have an inquiry regarding a peer-to-peer request, please call **1-866-346-7299**. You'll hear a message indicating what prompts to follow. In order to request a peer to peer review, you'll need to leave a message with your contact information and a representative from Blue Cross will contact you within 24 business hours to schedule the review.

Requesting an appeal

All facility appeals must be requested in writing via fax or mail and submitted to Blue Cross Medical Records and Appeals:

Blue Cross Blue Shield of Michigan
Medical Records and Appeals
P.O. Box 321095
Mail Code 1518
Detroit, MI 48232-1095
Fax number: 1-877-261-4555

If you are submitting an appeal on behalf of a Blue Cross member for a non-behavioral health admission, you may submit the appeal to:

Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Mail Code CS3A
Detroit, MI 48226-2998
Fax: 1-877-348-2210

To submit the appeal, please complete the [Member Appeal Form](#) and include the [Designation of Authorized Representative for Appeal](#) form. Include clinical information and any medical records that will assist us in making a decision on the member appeal.

If you are submitting an appeal regarding or on behalf of a Blue Cross member for a behavioral health admission, you may submit the appeal to appeals@ndbh.com.