

Tips for the new e-referral system as of March 19, 2015

Please check this list for helpful tips when using the e-referral system.

1. Accessing the new e-referral system

- If for any reason you're having an issue accessing e-referral, fax your request on company letterhead to 1-800-495-0812 asking for the ID to be reconnected. Include the user ID, your name and email address, and have it signed by the authorized individual in the office. For additional help, please call the Web Support Help Desk at 1-877-258-3932.
- If you do not have a user ID and password, sign up now. See instructions on the [Sign Up or Change a User page](#).

2. Adding providers to the drop-down menu

If you do not see a provider that should be in your Provider Set list, please fill out the Request for Group ID Changes form found on ereferrals.bcbsm.com at the bottom of the Sign Up or Change a User page.

3. Check a patient's eligibility to prevent pending requests

If a patient is listed more than once in the system, please click the View link under the Eligibility column in e-referral. You will either see the patient's eligibility information:

Plan Information as of 4/29/2014			
Plan Type	Plan Name	Eligible From	Eligible To
Medical	BCN 5	01/01/2012	12/31/9999
RX	Pharmacy BCN	05/02/2012	12/31/9999
Vision Product	Vision	01/01/2012	12/31/9999

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or ineligibility:

Plan Information as of 6/16/2014	
Currently, no active eligibility information can be found.	
Member Clinical Profile	
*From 3/19/2014	*To 06/16/2014
<input type="button" value="VIEW"/>	

Make sure you select the active eligible patient listing. If a patient does not have an active eligibility status, the providers and/or facilities will display as out of network for any referral or authorization submission. You can also check eligibility *and* benefits in web-DENIS. Please see page 6 in the [e-referral User Guide](#) for instructions.



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Tips for the new e-referral system, cont.

4. Editing your submission vs. creating a new one

- If you enter a case and then find you made an error, use the "Edit" button to reopen the case (see page 38 of the [e-referral User Guide](#)). For example, if you need to add a request for re-evaluation on an active physical, occupational or speech therapy authorization, use the "Edit" button and add on a re-evaluation Procedure Code. Click "Submit." Do not combine a PT/OT/ST request. You must submit each one individually.
- **If the case has expired/passed its one-year time span**, you cannot edit the information. You must create a new case. You can choose the start date as one day after the last case expired.

5. Make sure you have the correct Referring Provider (primary care physician) before submitting your request to prevent your case from pending

If the physician entered in the Referring Provider name/ID is not the patient's primary care physician your submission may pend. Use the Search link to locate the correct primary care physician if the incorrect one is pre-populated in the fields. You do not have to change the physician in the In Focus navigation on the left.

6. A provider may be listed multiple times – make sure to choose the correct one

If your provider search results include several listings with the same name, look for the proper NPI and/or location associated with your authorization. The first listing is not always the correct one.

Network	Name	NPI	Address	Group Affiliation	Type	Specialty	Action
Out	COVENANT BREAST IMAGING CENTER SAGINAW LLC	1376599837	5570 STATE ST, STE 3, SAGINAW, MI 48603		GROUPS/CLINICS	Multiple Specialty Group	Bookmark
In	COVENANT COMMUNITY CARE INC	1720134943	559 W GRAND BLVD, DETROIT, MI 48216		GROUPS/CLINICS	Multiple Specialty Group	Bookmark
Out	COVENANT COMMUNITY CARE INC	1073834818	27776 WOODWARD AVE, ROYAL OAK, MI 48067		GROUPS/CLINICS	Multiple Specialty Group	Bookmark
Out	COVENANT COMMUNITY CARE INC	1730465162	16411 CURTIS ST, DETROIT, MI 48235		GROUPS/CLINICS	Multiple Specialty Group	Bookmark
Out	COVENANT FAMILY CARE PLLC	1225289069	41935 W. 12 MILE RD., SUITE 302, NOVI, MI 48377		GROUPS/CLINICS	Family Medicine	Bookmark

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Tips for the new e-referral system, cont.

7. Use the Servicing Facility fields when submitting a referral or outpatient authorization to a hospital or facility

When issuing a referral or outpatient authorization, enter the facility NPI in the Servicing Facility ID field.

If you are a facility requesting an outpatient authorization (e.g. physical therapy) to your **own facility**, make sure the Referring Provider and Servicing Facility match. Enter the specialist of primary care physician in the Servicing Provider.

* Referring Provider Name, ID	ADVENT REHABILITATION	1780639658	Search
Address			
* Servicing Provider Name, ID	ABDOLKARIM, ADIB O.	1578699807	Search
Address	33000 PALMER RD WESTLAND, MI 48186		
Servicing Facility Name, ID	ADVENT REHABILITATION	1780639658	Search
Address	150 JEFFERSON AVE SE, STE 100 GRAND RAPIDS, MI 49503		

If you are requesting an outpatient authorization (e.g. physical therapy) to a **group or individual** make sure the Primary Care Physician is assigned to the member OR it is the specialist with the global referral on file to make the order. The Primary Care Physician and Referring Provider should match. Enter the specialist performing the therapy in the Servicing Provider field.

Email			
Primary Care Physician Name, Id	EISNER, ARLYNNE M,	1083860597	Search
* Referring Provider Name, ID	EISNER, ARLYNNE M	1083860597	Search
Address			
* Servicing Provider Name, ID	THERAMAX REHAB INC	1851458608	Search
Address	33000 GRAND HAVEN DR TROY, MI 48083		
Servicing Facility Name, ID			Search
Address			

member's PCP

specialist or
group performing
therapy



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Tips for the new e-referral system, cont.

8. How to access e-referral with Internet Explorer® 10 or 11

If you're having issues accessing the new e-referral system, it may be your Internet browser. If you are using Internet Explorer 10 or 11, please see the [How to use the e-referral system with Internet Explorer 10 or 11](#) PDF. You can also try using other internet browsers including Firefox, Google Chrome or Mozilla.

9. Use the Search link when populating the Procedure Code field to prevent the "Invalid Procedure Code" error.

In order to add the procedure code to your submission, you **must** use the Search link to locate the code. Please do not type the code into this field. Make sure to choose either CPT or HCPCS depending on the code.

The screenshot shows a form titled "Service 1" with various fields for service details. The "Procedure Code Type" dropdown menu is highlighted with a red circle, showing "CPT" and "HCPCS" options. A red arrow points to the "Search" button next to the "Procedure Code" field.

Once you click Search, you may locate the correct code by the number itself, description or from your bookmarks.

To locate a procedure code by the number, type the number into the Code field and click the Search button:

The screenshot shows the "Procedure Code Search" window. The "Code" field contains "45380" and the "SEARCH" button is highlighted with a red circle. The "Procedure Code Type" dropdown is set to "CPT".

Select the appropriate procedure code from the results:

The screenshot shows the "Procedure Code Search" window with search results. The "Code" field contains "45380" and the "SEARCH" button is highlighted. The results table shows the following information:

Code	Description	Action
45380	Biopsy of large bowel using an endoscope (CPT, ...)	bookmark

The code will then be populated in the Procedure Code field. For commonly used codes, it is suggested that you save them as a Bookmark. Please see page 57 of the [e-referral User Guide](#) for instructions on how to create bookmarks.



Tips for the new e-referral system, cont.

10. Enter only one day in the Length of Stay field when submitting an inpatient elective surgery

To prevent your case from pending, please do not enter a length of stay over one day. If necessary, BCN Care Management will enter additional days. For obstetrical cases, please enter two days for vaginal delivery and four days for C-section.

11. If you are checking the status of a pended case, please call the main Care Management line

Please allow four days from submitting your authorization before contacting Care Management. If your case communication includes a BCN Care Management team member's name, please call the main line at 1-800-392-2512. Any team member will be able to assist you.

12. When a case pends for medical documentation

The length of time varies when a case pends. BCN HMO commercial cases pend for 45 days. BCN Advantage (prospective) cases pend for 14 days. BCN Advantage (retrospective) cases pend for 30 days. If medical documentation is needed, an initial request for the information will be sent. If medical documentation has not been received within the time frame, the case will be denied and a denial letter will be sent.

13. Entering a Chiropractic authorization

- Submit an Outpatient Authorization. Fill out the form fields and use Procedure Code *98941 (Chiropractic manipulative treatment, spinal, three to four regions). Continue completing the fields and click Add Service Copy Providers.
- For the Service 2 information, use Procedure Code *99213 (office visit). Continue completing the fields and click Add Service Copy Providers.
- For the Service 3 information, use Procedure Code 72010(X ray of entire spine).

14. Submitting a Physical Therapy/Occupational Therapy/Speech Therapy request

Please do not combine these into a single authorization. Submit each one individually.

15. Entering a Physical Therapy/Occupational Therapy/Speech Therapy request

- Submit an Outpatient Authorization. You must enter the modality first, then evaluation. Under the Service 1 section, enter Procedure Code 97110 (Therapeutic exercises to develop strength and endurance, range of motion, and flexibility (15 minutes)). Continue completing the fields and click Add Service Copy Providers.
- For the Service 2 information, use Procedure Code 97001 (PT Eval). Continue completing the fields.

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Tips for the new e-referral system, cont.

16. Entering a Behavioral Health request

- For mental health submissions: Submit an Outpatient Authorization. Enter Diagnosis Code 309.9 (unspecified adjustment disorder) and Procedure Code *90791 (psychiatric diagnostic evaluation). Continue completing the fields.
- For substance abuse submissions: Submit an Outpatient Authorization. Enter Diagnosis Code 292.9 (unspecified drug-induced mental disorder) and Procedure Code *90791 (psychiatric diagnostic evaluation). Continue completing the fields.

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