

BCN e-referral Template Guide

Save time by creating templates for these referral types. For more information, see Page 82 in the *e-referral User Guide* located at ereferrals.bcbsm.com. If you have questions, contact your **provider consultant**.

Outpatient Authorizations						
Type of service	Authorization type	Service to/from	Number of service lines	Units/visits per service line	Procedure codes	Notes
Chiropractic	Referral or Outpatient	Through the end of the calendar year	3	30 or less	Service Line 1: *98941 Service Line 2: *99213 Service Line 3: *72082	For service lines 2 and 3, see Page 6 of the <i>Blue Care Network Referral and Clinical Review Program (PDF)</i> for regional referral requirements found on the BCN Clinical Review & Criteria Charts page of ereferrals.bcbsm.com .
Physical/occupational therapy	Outpatient	30 days	2	1	PT: Service Line 1**: *97161, *97162 or *97163 Service Line 2: *97110 OT: Service Line 1: *97165, *97166 or *97167 Service Line 2: *97535	If you're a therapy provider loading the referral – in the Servicing Provider field enter the ordering provider.
Speech therapy	Outpatient	30 days	1	1	*92521	If you're a therapy provider loading the referral – in the Servicing Provider field enter the ordering provider.

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2016 American Medical Association.

**May have provider type limitations (chiropractic).

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Inpatient Authorizations				
Type of service	Authorization type	Admission date	Length of stay	Procedure codes
Elective Surgical Inpatient Admission	Inpatient	Enter admission date	1 day	Surgical procedure code
Delivery Admission Note: Don't load until patient is discharged	Inpatient	Enter admission date	2 days (vaginal delivery) 4 days (C-section)	Vaginal delivery: *59410 C-section delivery: *59510
Inpatient Medical Admission	Inpatient	Enter admission date	1 day	*99222

Outpatient Authorizations						
Type of service	Authorization type	Service to/from	Number of service lines	Units/visits per service line	Diagnosis codes	Procedure codes
Initial Mental Health (if unknown)	Outpatient	Up to one year	1	20	F43.20	*90791
Initial Substance Abuse (if unknown)	Outpatient	Up to one year	1	20	F19.10	*90791

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