

# BCN e-referral Template Guide

Save time by creating templates for these referral types. For more information, see the Templates section in the *e-referral User Guide* located at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com).

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 these requirements, see the Chiropractic services (spinal manipulations) row in Section 1 of the <a href="#">BCN Referral and Authorization Requirements (PDF)</a> .
Physical/occupational therapy	Outpatient	30 days	2	1	<b>PT:</b>  Service Line 1**: *97161, *97162 or *97163  Service Line 2: *97110  <b>OT:</b>  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 2017 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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