

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.

| 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 BCN Referral and Authorization Requirements (PDF) . |
| 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 2018 American Medical Association.

**May have provider type limitations (chiropractic).

Continued on back.

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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 | Facility enters estimated length of stay in days. | 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 | Facility enters estimated length of stay in days. | *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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