



How Do I...

Actions

Find e-referral	
Sign up for e-referral?	Visit bcbsm.com/providers and click on <i>Enrollment</i> . Scroll down to click on Register for Web Tools .
Log in to e-referral?	<ol style="list-style-type: none"> 1. Log in to our provider portal (availity.com). 2. Click <i>Payer Spaces</i> on the Availity menu bar. 3. Click the BCBSM and BCN logo. 4. Click <i>e-referral</i> on the <i>Applications</i> tab.
Select provider/patient	
Change the referring provider for a referral or authorization?	Click the dropdown arrow at the top right of the screen to display the Provider In Focus. Click the Change link to select a new provider. Note: Referring provider information will default to provider in focus but can be changed during referral requests. For Behavioral Health providers, if you change the referring provider, make sure it matches the servicing provider.
Select a patient who needs multiple referrals or authorizations?	Locate the patient by submitting a Referral, Inpatient Authorization or Outpatient Authorization. Click the Add Service button at the bottom to submit multiple referrals or authorizations.
Select a patient who needs one referral or authorization?	Click on the <i>Referrals/Authorizations</i> link at the top of the home page. Choose the type of request you'd like to submit. Find your patient by Patient ID or name and DOB. Click their name in the results.
Find active coverage for a patient?	After locating your patient from a search, click the View link under the Eligibility column on the right side of the screen. You will see plan type, name, eligible from and to dates under the "Plan Information" section. Only members who have active eligibility on the Eligibility As Of date are returned in the results. You have the option to change the Eligibility As Of date if you are searching for a different date.
Select the appropriate practitioner or facility to assign to a case?	After searching for a practitioner or facility, select the listing based on where the member is going to see the provider. If the provider has several listings with the same address, select the listing that also shows a group affiliation. If there are multiple group affiliations listed, make sure to choose the correct one. Not all provider addresses will be considered in network. If you select a listing that shows the provider is out of network ("Out" in the Network column), you will have to go through an out-of-network review.
Submit request	
Submit a global referral to contracted specialists? (BCN only)	Click on the <i>Referrals/Authorizations</i> link at the top of the home page and choose <i>Submit Global Referral</i> . Enter all information identified by the asterisk (*). Click <i>Submit</i> .
Submit a global referral to contracted specialists?	Click on the <i>Referrals/Authorizations</i> link at the top of the home page and choose <i>Submit Global Referral</i> . If you select <i>Outpatient Authorization</i> , it will cause the case to pend for internal review. Enter all information identified by the asterisk (*). Click <i>Submit</i> .
Submit a referral for elective, office-based services to noncontracted specialists or other outpatient treatments?	Click on the <i>Referrals/Authorizations</i> link at the top of the home page and choose <i>Submit Referral</i> . Enter all information identified by the asterisk (*). Click <i>Submit</i> .
Submit an inpatient authorization for inpatient medical or surgical services?	Click on the <i>Referrals/Authorizations</i> link at the top of the home page and choose <i>Submit Inpatient Authorization</i> . Enter all information identified by the asterisk (*). Click <i>Submit</i> . This includes Behavioral Health requests.

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Submit an outpatient authorization for elective, outpatient hospital-based services?	Click on the <i>Referrals/Authorizations</i> link at the top of the home page and choose <i>Submit Outpatient Authorization</i> . Enter all information identified by the asterisk (*). Click Submit.
Submit a request for outside-of-Michigan providers?	<p>Non-Michigan providers can access the provider portal by logging in to their local plan's website and selecting an ID card prefix from Michigan. This will take them to the Pre-Service Review for Out-of-Area and Local Members screen, where they can do one of the following:</p> <p>If they're registered with Availity: Click the <i>e-referral</i> link.</p> <p>Note: If you aren't sure whether a procedure code or member requires prior authorization, click either the <i>Inpatient Authorization</i> or <i>Outpatient Authorization</i> link, as appropriate, and follow the prompts.</p> <p>If they aren't registered with Availity: Click the appropriate link (<i>Inpatient Authorization</i> or <i>Outpatient Authorization</i>) and follow the prompts.</p>
Check the status of a request?	<ul style="list-style-type: none"> • Online: follow the directions under <i>Find a case(s) for a specific patient</i>. • By phone: call BCN Utilization Management at 1-800-392-2512. • Allow 48 hours for us to complete our internal review before contacting the Care Management call center for a status. • Please note that requests are processed in the order that they are received.
Find a case by reference ID?	Click on the <i>Referrals/Authorizations</i> link at the top of the home page and choose Search. Enter the case number under the Reference ID tab. Click <i>Search</i> . Select the reference ID link in the results to view the case details.
Search	
Find a case by provider ID?	Click on the <i>Referrals/Authorizations</i> link at the top of the home page and choose <i>Search</i> . Under the Provider ID tab, choose All from the Type menu. Select the NPI for the Provider ID field. Click Search. Select the reference ID link in the results to view case details.
Find a case(s) for a specific patient?	Click on the <i>Referrals/Authorizations</i> link at the top of the home page and choose <i>Search</i> . Under the Patient tab, choose All from the Type menu. To locate a specific patient case, populate the From and To values with a date range that includes your case dates. This is optional. To locate ALL referrals/authorizations for a patient, remove both the From and To dates. Click the Select link for the Patient ID and search for your patient. Select the patient's name link in the results. Once their Patient ID number is entered, click Search to view a list of all their cases.
Save time when submitting new requests?	<ul style="list-style-type: none"> • Avoid long wait times on the phone by submitting your request online. • Standard business rules are applied whether the case is submitted to us online or loaded via contact with our call center. • Remember to complete questionnaires when applicable. • Some cases may meet criteria threshold and will move right through the approval process without any further review/action. • Be sure to attach clinical documentation to your case as required to help us advance the review and processing of the request. • When contacting us by phone, have all patient information required to load the case handy.

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Create bookmark for commonly used values	
Create a bookmark for a diagnosis, procedure, provider or facility <i>prior</i> to a case submission?	Choose <i>Bookmarks</i> from the drop-down menu under your logged-in name at the top. Select the Categories tab. Click Add at the bottom of the screen. Enter a category Name, select a Type (code or provider), type in an optional description, then click Save. Click on the Code tab to add a new diagnosis or procedure code bookmark or the Provider tab to add a new provider or facility bookmark.
Create a bookmark for a diagnosis, procedure, provider or facility <i>during</i> a case submission?	Perform a search in the Diagnosis Code, Procedure Code, Referring/Serviceing Provider, Serviceing Facility or Admitting Provider fields. Select the Bookmark link under the Action column. Select the appropriate category. If no categories have been created, your choice will be saved in an "Uncategorized" category. Click Save.
Use bookmark	
Use a bookmark during a case submission?	When you are submitting a Global Referral, Referral, Inpatient Authorization or Outpatient Authorization, you can choose from your bookmarks in the Diagnosis Code, Procedure Code, Provider and Facility fields. Click on the Search link in a case. Click the Bookmarks tab. Click on the code, provider or facility name's link and it will fill in the field.
Create template for frequently referred services	
Create a template for frequently referred services <i>prior</i> to a case submission?	Choose <i>Templates</i> from the drop-down menu under your logged-in name at the top. At least one category must be created before template creation is possible. <ul style="list-style-type: none"> • Select the Categories tab. Click Add New at the bottom of the screen. Choose a Form (UM), Form Type (Inpatient Auth, Outpatient Auth, Referral) and enter a Name. Click Save. • Select the Templates tab. Click Add New at the bottom of the screen. Choose a Form, Form Type, and Diagnosis Version (ICD10, ICD9). Click Continue. Enter all information identified by the asterisk (*) and click Save.
Create a template for frequently referred services <i>during</i> a case submission?	Create a referral or authorization request. Complete all the required fields. Click the Save As button. Select a Category, and type in a Name and optional description. Click Save. Note: At least one Category must be created before templates creation is possible. See above for instructions.
Use template	
Use a template to create a case?	Click on the <i>Referrals/Authorizations</i> link at the top of the home page and choose <i>Submit Referral</i> , <i>Submit Inpatient Authorization</i> or <i>Submit Outpatient Authorization</i> . Search and select your patient. Click on Use Template. Locate the appropriate template and complete the missing required fields. Click Submit.

For complete e-referral user guides, visit ereferrals.bcbsm.com and click on *Training Tools*.

Detailed guidelines related to authorization and referral requirements can be found at ereferrals.bcbsm.com. Click *Blue Cross* to access information about Blue Cross commercial and Medicare Plus Blue requirements. Click *BCN* to access information about BCN commercial and BCN Advantage requirements. Click the links in the left navigation for information on requirements related to specific services.

Watch for news on system updates, training and other topics at ereferrals.bcbsm.com.



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