



Behavioral Health e-referral User Guide

A guide for submitting and checking the status
of referral and authorization requests



Blue Cross
Blue Shield
Blue Care Network
of Michigan

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Starting Jan. 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network are consolidating all behavioral health prior authorization and case management services under Blue Cross Behavioral Health. Submit prior authorization and concurrent review requests through the Blue Cross Behavioral Health tool rather than the e-referral tool for dates of service on or after Jan. 1, 2024.

For prior authorization and case management services before Jan. 1, 2024, or for more information, please refer to the document [*Blue Cross Behavioral Health: Frequently asked questions for providers.*](#)

Dear Blue Cross Blue Shield of Michigan and Blue Care Network health care provider:

Welcome to e-referral (also known as CareAdvance Provider), Blue Cross and BCN's system for submitting and managing your referrals and authorizations electronically.

E-referral is now located within our new provider portal (Avality) in the *Applications* tab under *Payer Spaces*. To get up and running in e-referral, you must have a secure Avality user ID and password. All e-referral users in your office must have their own user ID and password to log in to e-referral. Your Avality administrator sets this up for you. Here's how to sign up:

1. Go to ereferrals.bcbsm.com
2. Click on the [Sign Up or Change a User](#) link and follow the instructions

Please note, if you work with a medical care group that handles referral and authorization requests, continue to follow your procedures for your medical care group.

There are only three instances when a referral request cannot be made via e-referral:

- Out-of-state providers who do not participate with Blue Cross or BCN
- When making changes to an existing referral, other than extending the date of the referral
- For urgent requests in the event of a life threatening situation:
 - For Blue Care Network commercial or BCN AdvantageSM members, please call the BCN Care Management department at 1-800-392-2512.
 - For Medicare Plus BlueSM members, the contact varies by service. Please refer to the [Services that Require Authorization \(PDF\)](#) available at ereferrals.bcbsm.com. Click on [Blue Cross](#), then click on [Authorization Requirements & Criteria](#).
 - For Blue Cross commercial members, please contact Blue Cross Provider Inquiry. Find the appropriate phone number at ereferrals.bcbsm.com. Click on [Quick Guides](#), and then click on [Provider resource guide at a glance](#).

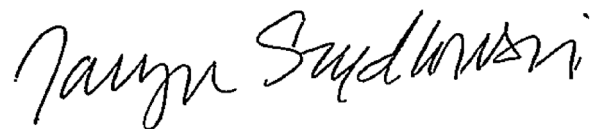
NOTE: For faster service, please have member demographics, procedure, and diagnosis codes available before calling.

We welcome your suggestions on how we can make this and our other referral resources more helpful. Our goal is to make submitting and checking on referrals and authorizations as easy as possible. You may send your recommendations to providertraining@bcbsm.com.

If you have technical concerns, call the Web Support Help Desk at 1-877-258-3932.

I would also like to suggest that each time you visit e-referral, stop by the welcome page at ereferrals.bcbsm.com to read recent news and get the latest updates for your staff. This site has a comprehensive collection of resources to assist you.

Thank you for supporting our efforts to make referrals quick and easy.



Taryn Szydlowski, Director
Clinical Program Operations

Avality is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal services.

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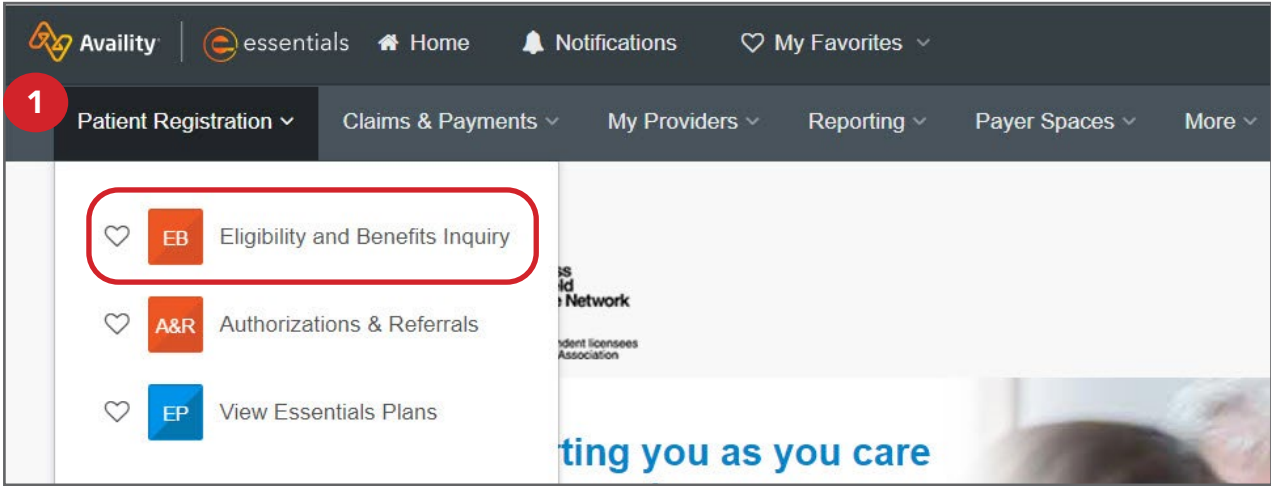
Section I: Checking Member Eligibility and Benefits

Before searching or selecting a member in e-referral, it's important to check their eligibility and benefits information to ensure their coverage is active. You can check eligibility and benefits in:

- The provider portal ([availity.com](#)*)
 - For more eligibility and benefits help within Availity, click on *Help & Training* in the top menu bar, then *Get Trained*. Enter "BCBSM" to search the Availity Learning Center catalog and locate the *Availity Overview, Payer Spaces, Eligibility & Benefits for BCBSM Providers* recorded webinar. The webinar is also available as a handout.
- Provider Inquiry's automated response system or speaking to a Provider Inquiry representative
- 270/271 electronic standard transaction

For more information, see the Member Eligibility chapter of the *BCN Provider Manual* or Patient Eligibility chapter of the *Blue Cross Commercial Provider Manual* both available on the secure *Provider Resources* page under the *Resources* tab. Instructions for accessing the secure Provider Resources site:

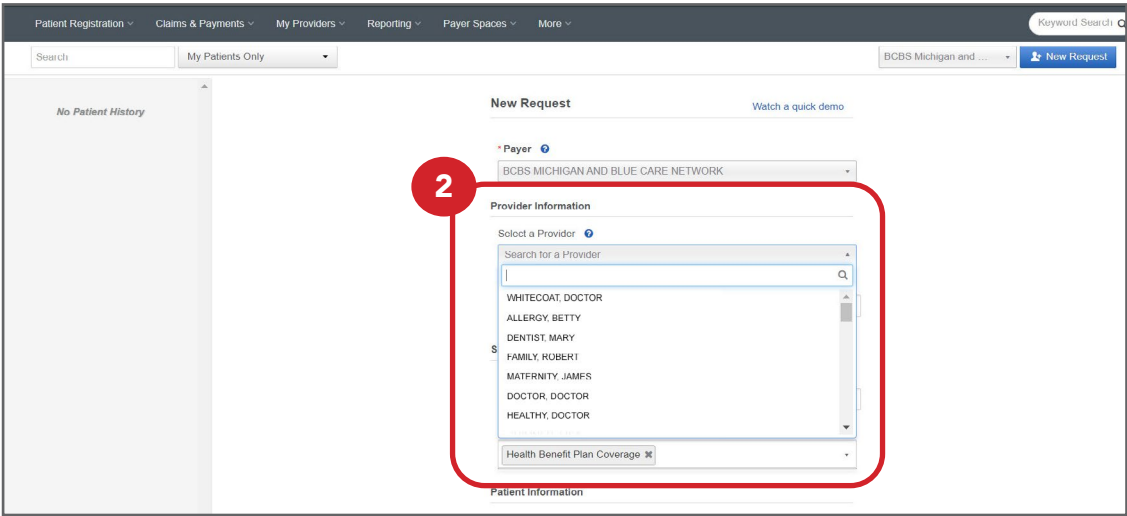
1. Log in to our provider portal ([availity.com](#)*).
 2. Click *Payer Spaces* on the menu bar.
 3. Click the BCBSM and BCN logo.
 4. Click the *Resources* tab.
 5. Click *Secure Provider Resources (Blue Cross and BCN)*.
1. To check via the provider portal, log in to [availity.com](#)*. Choose *Eligibility and Benefits Inquiry* from the Patient Registration drop-down menu.



*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're required to let you know we're not responsible for its content.

Checking member eligibility and benefits, cont.

2. Select a provider from the list.



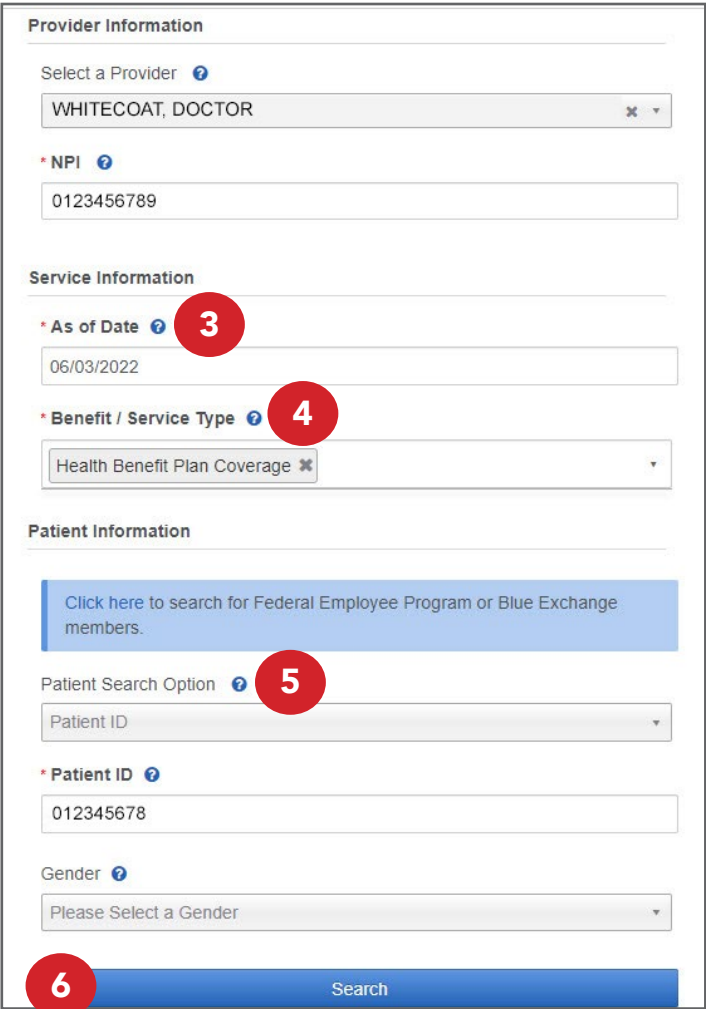
The NPI will populate if your provider is set up in Express Entry. If they are not, add the NPI manually.

3. The **As of Date** defaults to the current date. You can enter the date for which you are verifying the patient's eligibility and benefits information. You can enter a date up to 12 months in the past.

4. In the **Benefit/Service Type** field, Health Benefit Plan Coverage is the default service type. Select a more specific service type to yield more detailed benefit information.

5. Choose a **Patient Search Option**. Either enter the payer-assigned number that displays on the patient's ID card for the Patient ID or choose other options from the drop-down menu.

6. Click Search.




Checking member eligibility & benefits, cont.

For BCN and BCN Advantage members:

Make sure the member has Active eligibility. Click that member's name then click Submit.

Patient Information

Select one of the members from the list, or perform a [new search](#).

 Print

LAST NAME, FIRST NAME

Member ID XXX012345678

DOB 01/01/1931

Relationship Self

As of Date Status Active

End Date 12/31/2199

Payer BCBSMI

LAST NAME, FIRST NAME

Member ID XXX012345678

DOB 02/02/1932

Relationship Spouse

As of Date Status Inactive

End Date 05/22/2015

Payer BCBSMI

☐ Submit another patient

Submit

The patient's information will be displayed. Click the Coverage and Benefits tab.

LAST NAME, FIRST NAMESubscriber

Member ID XXX012345678


DOB Jan. 01, 1931

Gender Male

Plan / Coverage DateMay 01, 2022 - Dec 31, 9999

View Member ID Card

Gaps in Care



Blue Cross
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Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Find a Provider

Patient Information

Coverage and Benefits

FILTER BY NETWORK

All Networks

FREQUENTLY VIEWED

Health Benefit Plan Coverage

Deductible

Out of Pocket (Stop Loss)

Chiropractic

Benefit Description

Chiropractic...

Benefit Description

Chiropractic...

Benefit Description

Chiropractic - Specialist

Visits

Health Benefit Plan Coverage - 30

Feedback

Active CoverageFamily

Insurance TypeHealth Maintenance Organization (HMO)

Plan / ProductBCN HMO

Deductible - Health Benefit Plan Coverage

Network Not ApplicableIndividual

\$1,000.00 Service Year

- \$0.00 Year to Date

\$1,000.00 Remaining

Checking member eligibility and benefits, cont.

Scroll down to see a general list of coinsurance and deductibles for services. If you are looking for benefits more specific to your specialty, make sure to choose that specialty in the Benefit / Service Type drop-down menu prior to searching.

FILTER BY NETWORK

- All Networks

FREQUENTLY VIEWED

- Health Benefit Plan Coverage
 - Deductible
 - Out of Pocket (Stop Loss)
- Physician Visit - Office: Well
Benefit Description
- Mental Health
Benefit Description
- Mental Health...
Benefit Description
- Mental Health...
Benefit Description
- Mental Health...
Benefit Description
- Urgent Care
Benefit Description

Health Benefit Plan Coverage - 30

[Feedback](#)

Active Coverage Family	
Insurance Type Health Maintenance Organization (HMO)	
Plan / Product BCN HMO	

Deductible - Health Benefit Plan Coverage

		\$1,000.00 Service Year
Network Not Applicable Individual		- \$0.00 Year to Date
Plan Network ID	NO NETWORK	
		\$1,000.00 Remaining

Network Not Applicable Family		\$2,000.00 Service Year
Plan Network ID NO NETWORK		- \$0.00 Year to Date
		\$2,000.00 Remaining

Out of Pocket (Stop Loss) - Health Benefit Plan Coverage

Network Not Applicable Individual		\$8,150.00 Service Year
Plan Network ID NO NETWORK		- \$289.06 Year to Date
		\$7,860.94 Remaining

Network Not Applicable Individual		\$3,500.00 Service Year
Plan Network ID NO NETWORK		- \$0.00 Year to Date
◦ EMBEDDED COINSURANCE MAXIMUM		
		\$3,500.00 Remaining

Network Not Applicable Family		\$16,300.00 Service Year
Plan Network ID NO NETWORK		- \$289.06 Year to Date
		\$16,010.94 Remaining

Network Not Applicable Family		\$7,000.00 Service Year
Plan Network ID NO NETWORK		- \$0.00 Year to Date
◦ EMBEDDED COINSURANCE MAXIMUM		
		\$7,000.00 Remaining

FREQUENTLY VIEWED

- Health Benefit Plan Coverage
 - Deductible
 - Out of Pocket (Stop Loss)
- Physician Visit - Office: Well
Benefit Description
- Mental Health
Benefit Description
- Mental Health...
Benefit Description
- Mental Health...
Benefit Description
- Mental Health...
Benefit Description



Checking member eligibility & benefits

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

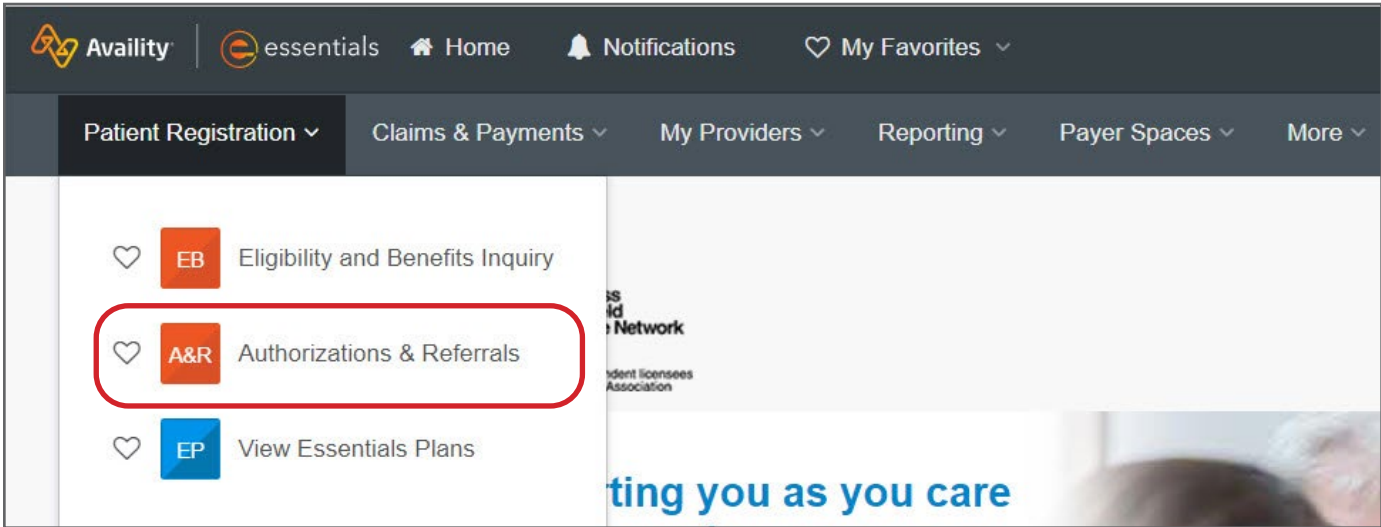
Bookmarks

Templates

Section II: Accessing e-referral

Authorizations & Referrals Request tool

If you are unsure if an authorization or referral is required for certain services, you can use Availity's Authorizations & Referrals Request tool to make a determination. The tool is located under the Patient Registration drop-down menu on the Availity menu bar.



For help using this tool, click on *Help & Training* in the top menu bar, then *Get Trained*. Enter "BCBSM" to search the Availity Learning Center catalog and locate the *Authorization Request & Referral Request for BCBSM Providers* recorded webinar. The webinar is also available as a handout.

Using e-referral

For the best e-referral performance, make sure your computer meets the following minimum requirements:

- Computer processor: computer with a 3.3 GHz Intel Core i3 processor or higher (or comparable)
- 4 GB memory (RAM)
- 10 GB hard drive space
- Monitor able to display 1024x768 pixels or higher
- Browser requirements: latest versions of Firefox and Google Chrome

Sign up for e-referral

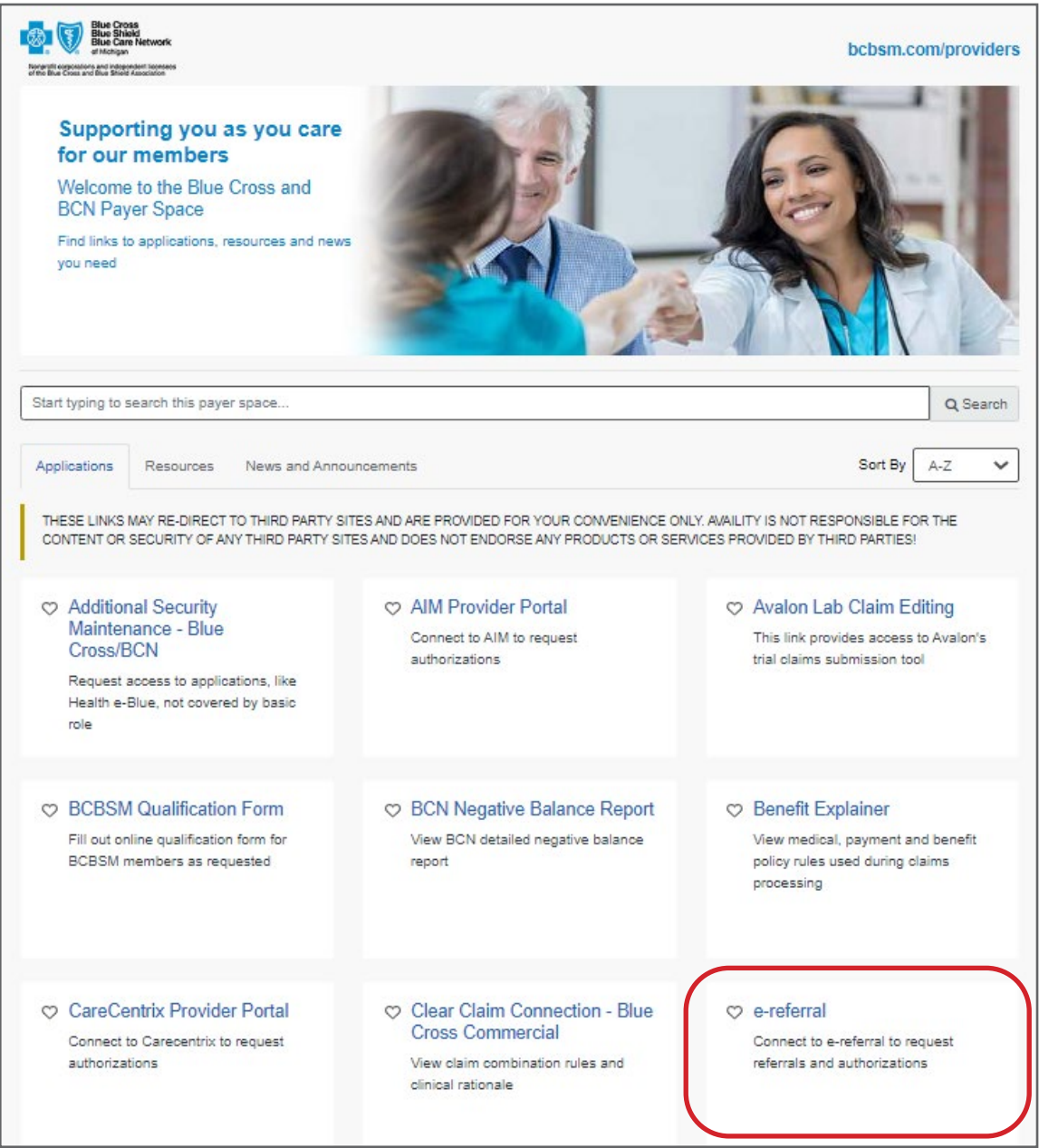
Each prospective e-referral user must have a secure user ID and password for our provider portal (Availity) to use the e-referral application. Your Availity administrator sets this up for you. See instructions on the [Sign Up or Change a User](#) page on [ereferrals.bcbsm.com](#).

Accessing e-referral, cont.

Log in

Now you are ready to use e-referral.

1. Log in to our provider portal ([availity.com](#)).
2. Click *Payer Spaces* on the Availity menu bar.
3. Click the BCBSM and BCN logo.
4. Click *e-referral* on the *Applications* tab. Note that some of the tools available in the *Applications* tab may only be available to certain users based on your access role.



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Accessing e-referral, cont.

If your account becomes disabled: You must login at least once every 90 days to keep you user ID active. If your user ID is not working, please contact Availity Client Services at 1-800-AVAILITY (1-800-282-4548).

The e-referral User Guide is available in full color in Adobe PDF file format on the e-referral home page at ereferrals.bcbsm.com and [Training Tools](#) page. It can be opened, viewed and printed using the Adobe Acrobat Reader® available free at get.adobe.com/reader*. Once Adobe Reader is installed on your system, the PDF file will automatically open and display the document. Depending on the type of Internet connection and the computer hardware you have, the file will open in a matter of seconds or a few minutes. You can also download the user guide to your hard drive. If you save it to your hard drive or print a copy, be sure to check back for updates. The date the publication was last updated is shown at the bottom of each page.

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Section III:
Navigating the Dashboard

Once you have logged into e-referral you will be directed to a provider dashboard home page. The home page will default to the first provider in the list of providers for whom you have permission to view and submit referrals.

The list you see is a quick list of all your open cases that have been added or updated in the last 60 days. You can sort these cases by heading (Action items, Reference ID, Patient, From or To dates, Servicing Provider, Description, Status, Case Communication or Attachments). If you have many open cases, you may have to search through several pages to locate a specific one.

The screenshot shows the e-referral dashboard interface. At the top, there are navigation links: Home, My List, Patient Search, and Referrals/Authorizations. A 'e-referral' logo is also present. On the right side, there's a user profile section with 'Welcome, PROVIDER USER' and a 'LOG OUT' button. Below this, there's a 'Contact Customer Service' link and a 'HELPFUL CLINIC' dropdown. The main content area displays a table of cases. The table has columns for Reference ID, Type, Patient, Plan, Date of Birth, From, To, Place of Service, Servicing Provider, Facility Provider, Description, Global, and Status. The cases listed include referrals and authorizations for various services like 'INSJ GRF AORTA/GRV VSL' and 'UNLIS PX ARTHRS'. The status for most cases is '2 - Pending Decision'. There are also some cases with a green checkmark indicating completion.

- 1. **Home** — The "Home" link returns you to the provider "dashboard" for the provider "In Focus".
- 2. **My List** — This will display only the referrals and authorizations you have flagged to watch. Cases can be "unflagged" (checked) to remove from your My List. See the next page for more detail.
- 3. **Patient Search** — The Patient Search link allows you to search for a member by the patient's ID (omitting the three-character prefix) or name and view their eligibility. NOTE: Rather than using this feature, Blue Cross and BCN recommend that you search for eligibility and benefit information in web-DENIS prior to referral authorization activities. See the [Checking member eligibility and benefits](#) section in this guide for more information.
- 4. **Referrals/Authorizations** — You can search for or submit a referral/authorization here.
- 5. **Logged in user name** — The logged in user's name is found in the upper right hand corner of the screen. The user's name includes a drop down menu of Bookmarks and Templates. See the [Bookmarks](#) and [Templates](#) sections in this guide for more detail.
- 6. **Contact Customer Service** — Key contact information can be found here.
- 7. **In Focus bar** — Defaults to one of the providers you have been provisioned to view or for whom you can submit referrals/authorizations. See the next page for more detail.
- 8. **Log Out** — Click here to log off the application.
- 9. **Help** — A CareAdvance Provider online help resource center. If the question is Blue Cross- or BCN-specific, please use this guide instead.

Navigating the dashboard, cont.

In the Home page view, you can change the provider shown in the In Focus bar.

In Focus bar
Click the ▼ to expand the Provider information (see the next page for an expanded view)

The screenshot shows the e-referral dashboard. At the top, there's a navigation bar with 'Home', 'My List', 'Patient Search', and 'Referrals/Authorizations'. Below this, a 'Provider Information' section shows details for 'Provider WHITECOAT DOCTOR'. The main area features a table of referrals with columns for Reference ID, Type, Patient, Plan, Date of Birth, From, To, Place of Service, and Servicing Provider. A 'PROVIDER IN FOCUS' sidebar on the right shows details for 'Provider Set 10177' and 'Provider ABDOLKARIM, ADIB O.'.

The In Focus bar will default to one of the providers you have been provisioned to view or for whom you can submit referrals/authorizations. If you do not see a provider that should be in your Provider Set list, please see the instructions found on the [Sign Up or Change a User](#) page of [ereferrals.bcbsm.com](#).

Use the In Focus bar when you are performing multiple case submissions for one patient. Here, you can change the provider “In Focus” to another provider for whom you are privileged to submit and view referral/authorizations.

The screenshot shows the 'My List' section of the e-referral dashboard. It displays a table of referrals with columns for Reference ID, Type, Patient, Plan, Date of Birth, From, To, Place of Service, Servicing Provider, Facility Provider, Description, Global, Status, and checkboxes for selection. A 'REMOVE SELECTED ROWS' button is highlighted with a red circle. A confirmation dialog box is open, asking 'Are you sure you want to remove these rows from your list?' with 'OK' and 'Cancel' buttons.

The My List link will display only the referrals and authorizations you have flagged to watch. To remove a case from your My List, check the case then click the Remove Selected Rows button. You will see a prompt asking you if you are sure you want to remove the row from our list. Click OK or Cancel.

Navigating the dashboard, cont.

Provider IN FOCUS: You will only have access to submit referrals/authorizations for providers for whom you are provisioned to do so.

Clicking on the change link allows you to choose from your list of provider sets.

The screenshot shows the 'PROVIDER IN FOCUS' sidebar. It displays details for 'Provider Set 01234', 'Provider HELPFUL CLINIC', 'NPI 01234567891', 'Type Provider Group', and 'Specialty Outpatient Psychiatric Fac'. A 'Change' link is highlighted with a red circle.

When searching for an associated provider, you can now choose from Practitioner, Provider Group or Facility for a more accurate provider entry.

The screenshot shows the 'Select Associated Provider' dialog box. It includes a search filter section with 'Provider Set' (01234 - Helpful Clinic), 'Provider Name' (Last Name, First Name), and 'Provider ID' (Provider ID or NPI). Below is a table of search results with columns for Provider Name, NPI, Type, and Specialty. A red circle highlights the 'HELPFUL COMMUNITY CLINIC' entries, which are listed as both 'Facility' and 'Provider Group'.

Checking member eligibility & benefits

Accessing e-referral

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Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Navigating the dashboard, cont.

The Authorizations and Referrals Dashboard is located below the Provider Information section of the main dashboard. The list you see is a quick list of all your open cases that have been added or updated in the last 60 days. You can sort these cases by heading (Action items, Reference ID, Patient, Plan, From or To dates, Servicing Provider, Description, Status, Case Communication or Attachments). If you have many open cases, you may have to search through several pages to locate a specific one.

e-referral																
Welcome PROVIDER USER [LOG OUT] Contact Customer Service Help																
Home My List Patient Search Referrals/Authorizations HELPFUL CLINIC																
Authorization of services by BCBSM/BCN does not guarantee payment. Visit ereferrals.bcbsm.com for helpful tools and the latest news. Log in to e-referral and complete at least one transaction or activity each month to prevent deactivation of your password.																
Provider Information																
Provider WHITECOAT, DOCTOR S 0123456789 General																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
!																
	000043214	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRT VSL WSHUNT BYP		2 - Pending Decision			
	000043037	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		2 - Pending Decision			
	000043216	Referral	Apple, John	Plan B	08/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRT VSL WSHUNT BYP		2 - Pending Decision			
	000043207	Authorization	Apple, John	Plan B	08/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRT VSL WSHUNT BYP		2 - Pending Decision			
	000043039	Referral	Apple, John	Plan B	08/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		2 - Pending Decision			
	000043032	Authorization	Apple, John	Plan B	08/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		2 - Pending Decision			
	000043479	Authorization	Apple, John	Plan B	08/15/1966	12/05/2019	12/10/2019	Custodial Care Facility	PhxQAProviderB-A, Mary	PHXPADMAHOS PITALA	DRG SUBDIPHRG/SUBPHRENIC ABSC OPN		2 - Pending Decision			
	000043478	Authorization	Apple, John	Plan B	08/15/1966	12/05/2019	12/05/2019	Custodial Care Facility	PhxQAProviderB-A, Mary	PHXPADMAHOS PITALA	DRG SUBDIPHRG/SUBPHRENIC ABSC OPN		2 - Pending Decision			

1. **Flagged records** — These are the referrals and authorizations you have marked for follow up or watching.
2. **!** — This symbol indicates there is some action you must take to complete the case.
3. **Reference ID** — This is the case number for the requested or authorized service. Click the number to bring the case details into view.
4. **Type** — Authorization or referral.
5. **Patient** — The patient’s name.
6. **Plan** — Indicates if it is a Blue Cross or BCN contract.
7. **Date of Birth** — The patient’s date of birth.
8. **From** and **To** — These are the dates the referral/authorization covers. From = start date of the referral/authorization; To = end date of the referral/authorization.
9. **Place of Service** — Location where service(s) will be provided.
10. **Servicing Provider** — Name of provider performing the patient’s service(s).
11. **Facility Provider** — Facility that provided the service(s).
12. **Description** — Captures the primary service on the request.
13. **Global** — A check mark indicates a global referral has been made.
14. **Status** — Here you will see one of the following messages:

1. – Incomplete

2. – Pending Decision

3. – Fully Approved

4. – Partially Approved

5. – Denied

6. – Voided
15. **✉** — This icon indicates there is a message from Blue Cross/BCN to you on this case.
16. **📎** — This icon indicates that there is an attachment/documentation associated with this case.
17. **Site Tutorial** — The tutorial provides answers to questions you might have about working with patient information, referrals and authorizations, or any number of frequently asked questions. Check [ereferrals.bcbsm.com](#) for a **Blue Cross FAQs** document under the **Training Tools** page as well.

Section IV: Behavioral Health Authorizations overview

E-referral can be used to submit authorization requests for outpatient and inpatient behavioral health services online. As a behavioral health provider, you can also view all types of authorizations that have been submitted to Blue Cross and BCN.

Things to remember:

- Medicare Plus Blue and BCN’s behavioral health benefits include mental health and substance use services.
- All Medicare Plus Blue and BCN mental health and substance use inpatient, partial hospital, and intensive outpatient treatment, admissions or concurrent reviews require authorization.
- For dates of service **on or after June 1, 2018**, authorization is no longer required for routine outpatient therapy for mental health and substance use disorders, for contracted behavioral health providers in Michigan. This applies to both BCN commercial and BCN Advantage members.
- For dates of service **prior to June 1, 2018**, BCN's behavioral health providers are required to submit initial requests or services beyond those initially authorized using the e-referral system. If assistance is needing in submitting a retrospective routine outpatient therapy request call the BCN Behavioral Health Department at 1-800-482-5982.
- BCN commercial and BCN Advantage requires authorization for Applied Behavior Analysis, Neurofeedback and Transcranial Magnetic Stimulation.
- A referral from the BCN member’s PCP is not required. Members can access behavioral health services directly by contacting a BCN-contracted behavioral health provider.
- Higher Level of Care outpatient services include Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization Substance Use, Domiciliary Partial Hospitalization Substance Use, Intensive Outpatient Substance Use, or Domiciliary Intensive Outpatient.

Section V: Submitting Higher Levels of Care (Inpatient) Authorizations

Effective October 1, 2016 for BCN and October 16, 2017 for Medicare Plus Blue, initial and continued stay authorization requests for Behavioral Health Higher Levels of Care will be accepted only through the e-referral system.

See [Section VI: Submitting Higher Levels of Care \(Outpatient\) Authorizations](#) for Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization Substance Use, Domiciliary Partial Hospitalization Substance Use, Intensive Outpatient Substance Use, or Domiciliary Intensive Outpatient.

Start your submission by choosing Submit Inpatient Authorization for Inpatient Psychiatric, Psychiatric Residential, Inpatient Substance Use Sub-acute Detoxification, or Substance Use Residential services, from the Referrals/Authorizations drop-down menu.



Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

When you submit an Inpatient Authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name **and** Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate also requires a partial last name **and** first name or the entire Subscriber ID.

Searching by Patient ID
Enter the patient's subscriber ID omitting the three-character prefix.
Results will include all members under that contract.

Enter the patient's ID here. This is the patient's ID number minus the three-character prefix found on the front of their identification card.

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

Searching by **Patient ID with suffix**
Enter the patient’s subscriber ID, omitting the three-character prefix, with the two-digit suffix to narrow your results to a specific patient.

The screenshot shows the 'Patient Search' form. The 'Patient ID' field contains '01234567801', which is circled in red. A blue callout box points to this field with the text: 'Enter the patient’s ID with suffix here. Do not include the hyphen before the suffix or the three-character prefix. 01 = subscriber, 02 = spouse, 03 = additional dependent(s)'. The form also includes fields for Last Name, First Name, Eligibility As Of, and Birthdate, along with a 'SEARCH' button and an 'advanced search' link.

Enter the patient’s ID with suffix here. Do not include the hyphen before the suffix or the three-character prefix.
01 = subscriber
02 = spouse
03 = additional dependent(s)

Searching by **First and Last Name**
Enter the patient’s last name and first name or first name initial. You must also include their birthdate.

The screenshot shows the 'Patient Search' form. The 'Last Name' field contains 'test' and the 'First Name' field contains 'marybeth', both highlighted with a red circle. The 'Birthdate' field contains '05/05/1971'. A blue callout box points to the 'View' link in the results table with the text: 'Select Patient’s Name – Click the member name hyperlink to view the member’s information. You will then be able to enter the authorization information on this screen. (See the next page.)'. The results table shows one entry for 'TEST, MARYBETH' with Patient ID '012345678'.

Eligibility As Of

The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient’s ID or name when using this field.

The screenshot shows the 'Patient Search' form. The 'Eligibility As Of' field contains '01/01/2020', which is circled in red. The 'Patient ID' field contains '0123456789'. The results table shows three entries for 'PATIENT, JEFF' and 'PATIENT, JOSHUA' with Patient ID '012345678'.

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

You can also select the ‘advanced search’ option and enter additional information to locate a patient. Additional fields include Social Security Number, Medicare ID, and Medicaid ID. Click the Search button to view the results.

On the search results page, you can choose from two options:

The screenshot shows the search results page for Patient ID '012345678'. The results table shows one entry for 'TEST, MARYBETH' with Patient ID '012345678'. A blue callout box points to the 'View' link in the results table with the text: 'View – Use this link to view the patient’s product level eligibility (or ineligibility) but not their benefits. Make sure to choose the record showing active coverage. To search for benefit information, please utilize web-DENIS. Please see the Checking Member Eligibility and Benefits section of this guide for login instructions.'

Select Patient’s Name –
Click the member name hyperlink to view the member’s information. You will then be able to enter the authorization information on this screen. (See the next page.)

View – Use this link to view the patient’s product level eligibility (or ineligibility) but not their benefits. Make sure to choose the record showing **active coverage**. To search for benefit information, please utilize web-DENIS. Please see the [Checking Member Eligibility and Benefits](#) section of this guide for login instructions.

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

Once your patient is selected, complete all the required fields (indicated with *) on the Submit Inpatient Authorization screen for Inpatient Psychiatric, Psychiatric Residential, Inpatient Substance Use Sub-acute Detoxification, or Substance Use Residential services. See the [Submitting Higher Levels of Care \(Outpatient\) Authorizations](#) section for Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization Substance Use, Domiciliary Partial Hospitalization Substance Use, Intensive Outpatient Substance Use, or Domiciliary Intensive Outpatient.

Patient information
This section includes the patient's information, PCP name and NPI displayed, if available.

Service 1 section
Enter the case information here.

- **Admission Date**
Select the admission date from the calendar.
- **Length of Stay**
Enter an estimated length of stay in days for this request.
- **Type of Care**
Select Emergency only from the drop-down menu.
- **Place of Service**
You will see several options to choose from in the drop-down menu.
Please only choose from these selections:
Inpatient Psychiatric Facility
Psychiatric Residential Treatment Center
Residential Substance Use Treatment Facility (Inpatient Substance Use
Sub-acute Detoxification, or Substance Use Residential services)

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

- **Primary Diagnosis Code**
This is the code of the patient's condition. If a diagnosis code is unknown, you can search for it by a partial (or full) code number or English description and click Search. Under the Search link, you can look for codes by number, description (see below) or in your saved Bookmarks. For instruction on how to bookmark codes, please see the [Bookmarks](#) section.

- **Diagnosis Code – Search by Description.** Choose an active code. Click on the code's link to populate the Diagnosis Code field for your authorization.

- **Diagnosis Code – Search by Bookmarks**
Select a diagnosis code from the list of your saved bookmarks. For more information on Bookmarks, please see the [Bookmarks](#) section.

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

Procedure Code Type

You will see CPT, HCPCS, ICD9 (for retro entries prior to 10/1/2015) or ICD10 in the drop-down menu. Please use the default CPT option for Inpatient Authorizations.

CPT = American Medical Association’s Current Procedural Terminology
HCPCS = Healthcare Common Procedure Coding System

Primary Procedure Code

The procedure code for all Inpatient Services (including Inpatient Psychiatric, Psychiatric Residential, Inpatient Substance Use Sub-acute Detoxification, or Substance Use Residential services) is *99222. If you have this code bookmarked, e-referral will begin to populate this field. If not, you must use the Search link to locate it.

PLATE

ent Information

*Admission Date 09/01/2016 (mm/dd/yyyy)

*Length of Stay days

*Type of Care

*Place Of Service

*Primary Diagnosis Code Description Search

*Procedure Code Type CPT

*Primary Procedure Code 99222 x Search

Description 99222 - Initial hospital inpatient care, typically 50 minutes per day
99222 - Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)

Procedure Code – Search by Code or Description

This is the description of the service provided for the patient’s condition. The procedure code for all Inpatient Services (including Inpatient Psychiatric, Psychiatric Residential, Inpatient Substance Use Sub-acute Detoxification, or Substance Use Residential services) is *99222.

Procedure Code Search

Search Bookmarks

Enter a full or partial procedure code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Procedure Code Type CPT Code or Description 99222 x SEARCH

Code	Description	Inactive	Action
99222	Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)		Bookmark

Page 1 of 1 25 View 1 - 1 of 1

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2022 American Medical Association. All rights reserved.

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

Procedure Code – Search by Bookmarks

Select a procedure code from the list of your saved bookmarks. For more information on Bookmarks, please see the Bookmarks section.

Procedure Code Search

Search Bookmarks

Select a Procedure code from the bookmarks below

Filter by Category All Filter by Usage Type All SEARCH

Code	Description	Category	Owner	Usage Type	Action
90791	Psychiatric Diagnostic Evaluation	BH Codes	Provider	CPT	Delete
90791	Psychiatric diagnostic evaluation	BCN05152014	Payer	CPT	Delete
90792	Psychiatric diagnostic evaluation with medical services	BCN05152014	Payer	CPT	Delete
90862	Pharmacologic Management,W/Minimal Psych	Stephanie's Stuff	Provider	CPT	Delete
92507	Treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete
92508	Group treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete
92526	Treatment of swallowing and/or oral feeding function	BCN05152014	Payer	CPT	Delete

Page 5 of 7 25 View 101 - 125 of 151

Referring Provider Name, ID

This field is pre-populated with the provider you’re logged in under (shown at the top).

DAT, DOCTOR, 0123456789

*Referring Provider Name,ID Address HELPFUL CLINIC 0123456789 Search

*Servicing Provider Name,ID Address Search

Servicing Facility Name,ID Address Search

Servicing Provider Name, ID

Enter the provider’s name or NPI. Only those saved in your Bookmarks will display. Use the Search to locate a servicing provider by partial/full name, NPI, city, state, etc. You can also choose from your saved Servicing Providers in the Bookmarks tab.

*Referring Provider Name,ID Address HELPFUL CLINIC 0123456789 Search

*Servicing Provider Name,ID Address 12345 Happy St Southfield, MI, USA 48034 Search

Servicing Facility Name,ID Address Search

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

A provider may be listed multiple times – make sure to choose the correct one
Your provider search results may include several listings with the same name, NPI or address. The first listing is not always the correct one. In order to choose the correct provider, please follow these guidelines:

- 1 First, you must select the listing based on where the member is going to see the provider. In this example, the provider has the same NPI but different address locations.

Network	Name ^	NPI	Address	Group Affiliation	Type	Specialty	Action
Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL OPTIC & O	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	4800 S SAGINAW ST, STE 1815, FLINT, MI, USA, 48507	JAWAD A SHAH MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	21230 DEQUINDRE RD, WARREN, MI, USA, 48091	MICHIGAN SURGICAL HOSPITAL SPECIALTY CLINIC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	2609 METROPOLITAN PKWY, STE 300, STERLING HEIGHTS, MI, USA, 48310	ESSENTIAL SPINE INTERVENTIONS PLLC	Practitioner	Physical Medicine & Rehab	Bookmark

- 2 If the provider has several listings with the same address, you must select the listing with the correct group affiliation.

Network	Name ^	NPI	Address	Group Affiliation	Type	Specialty	Action
Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL OPTIC & O	Practitioner	Physical Medicine & Rehab	Bookmark

- 3 **Note:** Not all provider addresses will be considered in network. If you select a listing that shows the provider is out of network, your submission will then have to go through an out-of-network review. For BCN commercial and BCN Advantage members, you will have to complete the [out-of-network providers questionnaire](#). Network status definitions can be found in the [e-referral Quick Guide](#).

Network	Name ^	NPI	Address	Group Affiliation
Out	WHITECOAT, DOCTOR	0123456789	30055 NORTHWESTERN HWY, STE 101, FARMINGTN HLS, MI, USA, 48334	
Out	WHITECOAT, DOCTOR	0123456789	30055 NORTHWESTERN HWY, STE 101, FARMINGTN HLS, MI, USA, 48334	MICHIGAN EAR INSTITUTE PLLC
Pref	WHITECOAT, DOCTOR	0123456789	21000 E 12 MILE RD, STE 111, ST CLR SHORES, MI, USA, 48081	SJPHS LAKESHORE ENT

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

- Servicing Facility Name, ID**
Enter the facility's name or NPI. Only those saved in your Bookmarks will display. Use the Search to locate a servicing facility by partial/full name, NPI, city, state, etc. You can also choose from your saved Servicing Facilities in the Bookmarks tab.

Submit Inpatient Authorization

Patient Information

Patient TEST, MARYBETH
Birthdate 5/5/1971
Age 44 years

Plan BCN
Group ID 00000001
Patient ID 842108197

Address 06012011 date
Flint, MI 48503
PCP Name, ID SAEED, SEIF, 1598753568

USE TEMPLATE

Confinement Information

*Admission Date (mm/dd/yyyy)
*Length of Stay days
*Type of Care
*Place Of Service
*Primary Diagnosis Code
*Procedure Code Type CPT
*Primary Procedure Code Description

*Referring Provider Name, ID Address
HELPFUL CLINIC 012345678 Search

*Servicing Provider Name, ID Address Search

*Servicing Facility Name, ID Address Search

*Admitting Provider Name, ID Address Search

- Admitting Provider Name, ID**
Enter the admitting provider's name or NPI if known. Only those saved in your Bookmarks will display. Use the Search to locate a servicing facility by partial/full name, NPI, city, state, etc. You can also choose from your saved Admitting Providers in the Bookmarks tab.

Submit Inpatient Authorization

Patient Information

Patient TEST, MARYBETH
Birthdate 5/5/1971
Age 44 years

Plan BCN
Group ID 00000001
Patient ID 842108197

Address 06012011 date
Flint, MI 48503
PCP Name, ID SAEED, SEIF, 1598753568

USE TEMPLATE

Confinement Information

*Admission Date (mm/dd/yyyy)
*Length of Stay days
*Type of Care
*Place Of Service
*Primary Diagnosis Code
*Procedure Code Type CPT
*Primary Procedure Code Description

*Referring Provider Name, ID Address
HELPFUL CLINIC 012345678 Search

*Servicing Provider Name, ID Address Search

*Servicing Facility Name, ID Address Search

*Admitting Provider Name, ID Address Search

Once finished, click Submit to process or Cancel to delete without processing.

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

Submitting the Behavioral Health Initial Questionnaire

You will see an Action message at the top of the screen. The Action requires you to complete a questionnaire.

- The questionnaire includes clinical questions.
- Some questionnaires are undergoing revisions and may change in appearance and actions.



Click on the Questionnaire Assessment link to access the questionnaire. Answer each question and scroll to advance the questionnaire.

Here, the Contact Name and Contact Call Back Number is the name of a person or department that BCN can contact with questions regarding clinical information, if needed.

A screenshot of the 'Behavioral Health Initial' questionnaire, page 1. It has a progress bar at the top showing '0% complete'. The questions are: 'Contact Name:' with a text input field; 'Contact Call Back Number:' with a text input field; 'Requested Level of Care (Inpatient, Partial Hospitalization, or Intensive Outpatient. If Partial Hospitalization or Intensive Outpatient, list days of planned attendance eg. Mon-Fri, Mon-Sun, Mon, Wed, Fri.):' with a large text area; 'What led to the emergent evaluation today (ex. Suicidal ideations, homicidal ideations, access to weapons, psychosis, mania, depressive symptoms):' with a large text area; and 'Suicidal:' with a dropdown menu.A screenshot of the second page of the questionnaire. It contains: 'Possible placement concerns following discharge (Yes or No). If Yes, please explain:' with a large text area; 'Is this a readmission within 14 days?' with a text input field; and 'Additional Information:' with a large text area. At the bottom, there are 'CANCEL' and 'NEXT' buttons, with 'NEXT' circled in red.

Answer each question and scroll to advance the questionnaire. Click Next at the bottom of the page to begin submitting the completed questionnaire.

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

Click Next on the Behavioral Health Initial Score – page 2:

A screenshot of the 'Behavioral Health Initial Score - page 2' window. It shows a progress bar at '0% complete'. At the bottom, there are 'CANCEL' and 'NEXT' buttons, with 'NEXT' circled in red.

Click Submit on the next page:

A screenshot of the 'Behavioral Health Initial' questionnaire, 'Final' page. The progress bar shows '100% complete'. At the bottom, there are 'CANCEL' and 'SUBMIT' buttons, with 'SUBMIT' circled in red.

NOTE: Please do not click the Submit button more than once. There is a delay before you see the "Questionnaire Saved Successfully" message.

Once finished, you will see a "Questionnaire Saved Successfully" message. Your authorization has submitted and will be reviewed by BCN. Once reviewed, BCN will enter an approval or denial decision. Please login to e-referral to check your case's status.

A screenshot of the 'Inpatient Authorization Details' page. A blue message box at the top says 'Questionnaire Saved Successfully'. Below it, the page title is 'Inpatient Authorization Details' with a 'My List' link. The reference ID '005030716' and status '2 - Pending Decision' are displayed.

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

Your submitted authorization will look like this:

The screenshot shows the 'Inpatient Authorization Details' page. Callout 1 points to the 'Reference ID' and 'Status' (Pending Decision). Callout 2 points to the 'My List' link. Callout 3 points to the 'Printer-Friendly' link. Callout 4 points to the 'EDIT' button. Callout 5 points to the 'CREATE NEW' button in the 'Case Communication' section. Callout 6 points to the 'CREATE NEW' button in the 'Notes' section. Callout 7 points to the 'NEW REFERRAL', 'NEW GLOBAL REFERRAL', 'NEW INPATIENT', and 'NEW OUTPATIENT' buttons.

1. Reference ID and case status

The check mark indicates you have successfully submitted or updated an authorization.

2. My List

Check this box to watch this authorization. A flag icon will be shown next to it on the My List page.

3. Printer-Friendly

Click this to print your authorization to a Inpatient Request Confirmation PDF file.

4. Edit

Click here to return to your authorization submission to extend the dates.

5. Create New (communication) – preferred

This feature allows you to create a communication to Blue Cross or BCN on this authorization case. Blue Cross or BCN will review the communication and respond in a timely manner. You can add an attachment to the communication. See the next page for more details.

6. Create New (note)

Creates a simple note to Blue Cross or BCN on this referral case (for example, person submitting, contact info). Please do not use Create New (note) for submitting supporting documentation.

7. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

You can now attach the supporting documentation in the Case Communication section.

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

Create New (communication)

To attach clinical information (both initial clinical and continued stay or discharge information) to the request in the e-referral system, click the Create New button in the Case Communication field.

The screenshot shows the 'Case Communication' section with a table of communications. The 'CREATE NEW' button is highlighted with a red circle.

In the dialog box that opens, enter a subject and your message. Fields marked with an asterisk are required. Click Attach File. Locate the document in your files and double-click so they upload. File formats accepted include: .bmp, .doc, .docx, .gif, .jpg, .pdf, .png, .ppt, .txt, .xls and .xlsx. Maximum file size is 10 MB.

Please ensure your file name does not contain any special characters or symbols as you will receive an error message. In the dialog box, check off the items to be reviewed. Click Send.

The screenshot shows the 'Case Communication' dialog box. The 'ATTACH FILE' button is highlighted with a red circle. The dialog box contains fields for 'To', 'From', 'Subject', 'Attachments', and 'Message'. There is also a section for 'Select items to be reviewed' with a table of procedures and dates.

The dialog box closes. You'll be able to see your attached documents after clicking the Subject link. **Note:** do not attach files to any denied requests.

The screenshot shows the 'Case Communication' section with a table of communications. An envelope icon with a blue dot is highlighted with a red circle, indicating an unread message.

You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Checking member eligibility & benefits

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

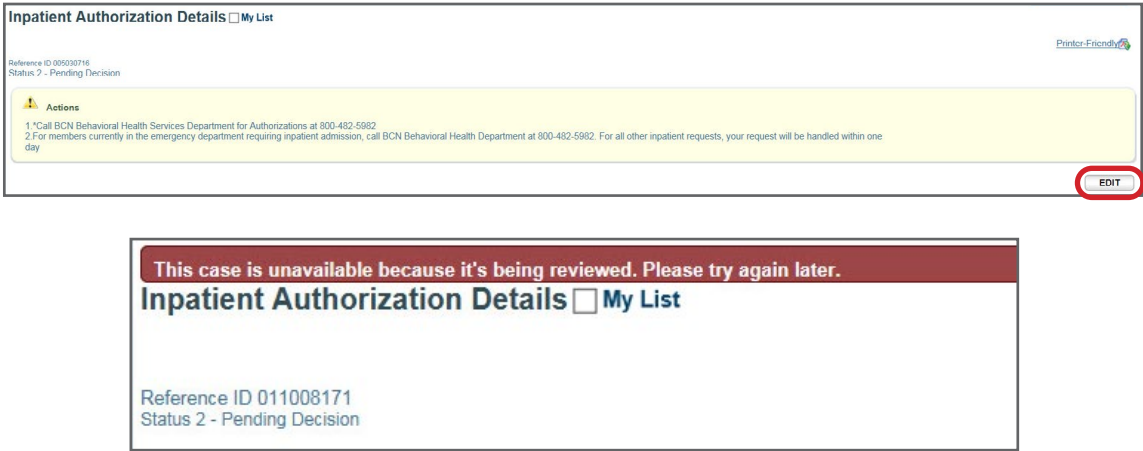
Searching for an Authorization

Bookmarks

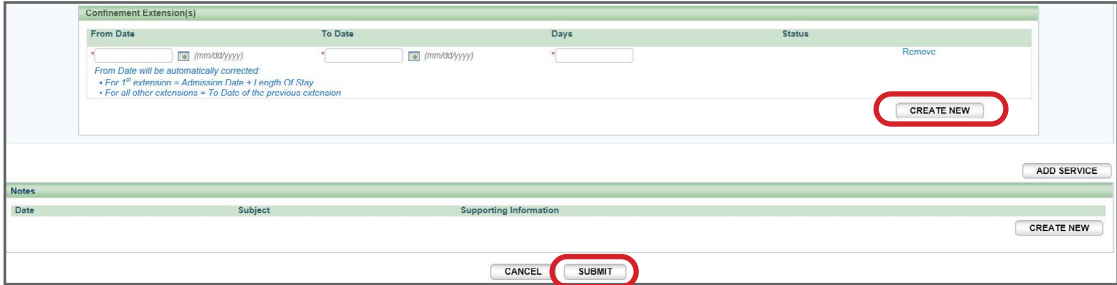
Templates

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

To extend service on an existing Inpatient Authorization, begin by locating your authorization. See [Section X: Searching for an Authorization](#) for help. Click the Edit button. If you’re trying to edit one of your cases, you may also see an error message that says, “The case is unavailable because it’s being reviewed. Please try again later.” If you encounter one of these messages, the case is locked because the Utilization Management team is working on it. Try editing the case later to give our team time to review and exit the case.



Scroll down to the Confinement Extension(s) section, click the Create New button and enter your new dates and number of days. Click Submit. A questionnaire will appear at the top of the screen.



Submitting the Behavioral Health Concurrent Questionnaire

You will see an Action message at the top of the screen. The Action requires you to complete a questionnaire.

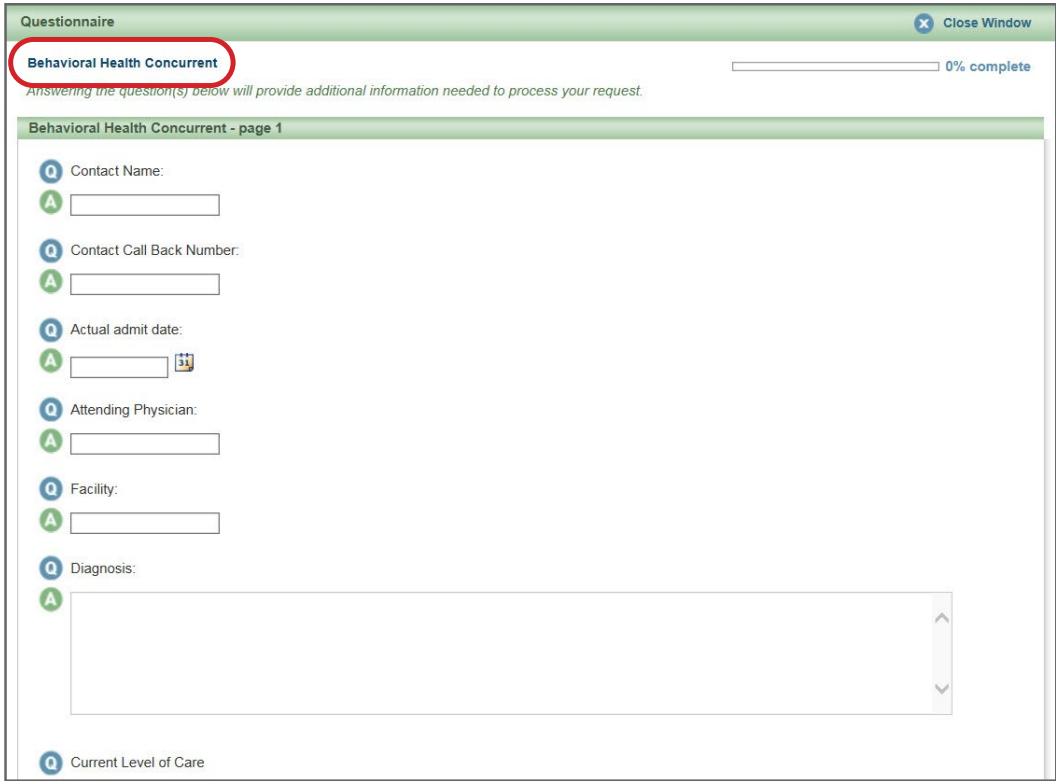
- The questionnaire includes clinical questions.
- Some questionnaires are undergoing revisions and may change in appearance and actions.



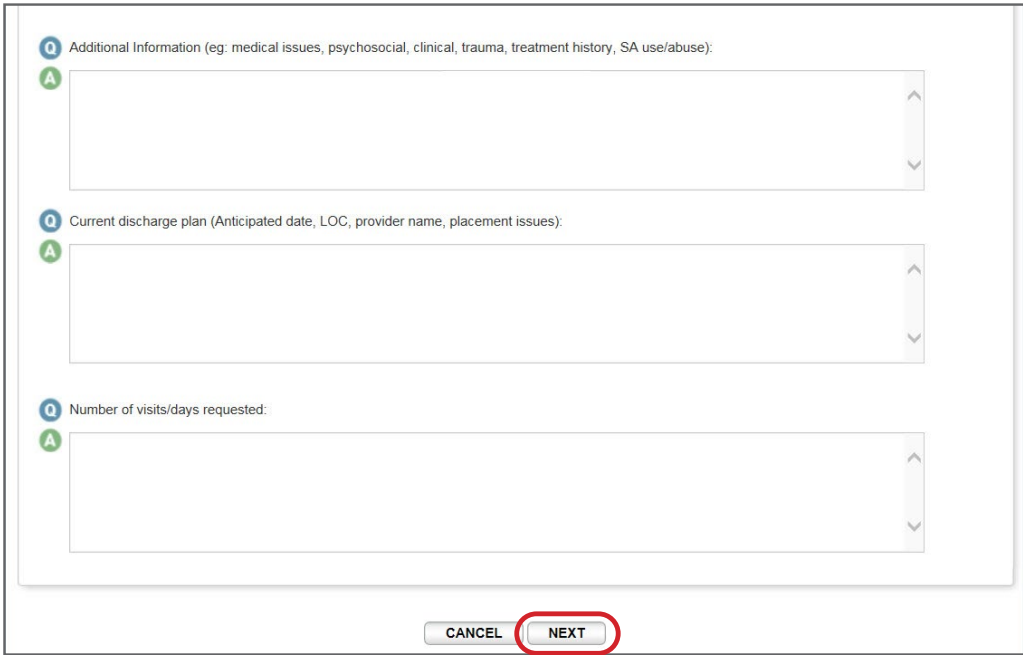
Click on the Questionnaire Assessment link to access the questionnaire. Answer each question and scroll to advance the questionnaire.

Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

Here, the Contact Name and Contact Call Back Number is the name of a person or department that Blue Cross or BCN can contact with questions regarding clinical information, if needed.



Answer each question and scroll to advance the questionnaire. Click Next at the bottom of the page to begin submitting the completed questionnaire.



Submitting Higher Levels of Care (Inpatient) Authorizations, cont.

Click Next on the Behavioral Health Concurrent – page 2:

Click Submit on the next page:

NOTE: Please do not click the Submit button more than once. There is a delay before you see the "Questionnaire Saved Successfully" message.

Once finished, you will see a "Questionnaire Saved Successfully" message. Your authorization has submitted and will be reviewed by Blue Cross or BCN. Once reviewed, Blue Cross or BCN will enter an approval or denial decision. Please login to e-referral to check your case’s status.

Attaching the Behavioral Health Discharge Summary form

The [Behavioral Health Discharge Summary form \(PDF\)](#) is located on [ereferrals.bcbsm.com](#) under the [BCN](#), then the [Behavioral Health](#) page. You'll find it in the *Forms for requesting clinical review* section. It is also located under [Blue Cross](#), then the [Behavioral Health](#) page. Complete the fields, save the file, and upload it in the Case Communication section of your authorization. Please see the previous [Create New \(communication\)](#) page for uploading instructions.

Section VI: Submitting Higher Levels of Care (Outpatient) Authorizations

Start your submission by choosing Submit Outpatient Authorization for Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization Substance Use, Domiciliary Partial Hospitalization Substance Use, Intensive Outpatient Substance Use, or Domiciliary Intensive Outpatient from the Referrals/Authorizations drop-down menu.

In order to submit an Outpatient Authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name **and** Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate also requires a partial last name **and** first name or the entire Subscriber ID. Click the Search button to view the results.

Searching by Patient ID

Enter the patient’s subscriber ID omitting the three-character prefix. Results will include all members under that contract.

Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

Searching by Patient ID with suffix

Enter the patient’s subscriber ID, omitting the three-character prefix, with two-digit suffix to narrow your results to a specific patient.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID: 01234567801

Last Name:

First Name:

Eligibility As Of (mm/dd/yyyy):

Birthdate (mm/dd/yyyy):

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

View 1 - 1 of 1

Enter the patient’s ID with suffix here. Do not include the hyphen before the suffix or the three-character prefix.

01 = subscriber

02 = spouse

03 = additional dependent(s)

Searching by First and Last Name

Enter the patient’s last name and first name or first name initial. You must also include their birthdate.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID:

Last Name: test

First Name: marybeth

Eligibility As Of (mm/dd/yyyy):

Birthdate (mm/dd/yyyy): 05/05/1971

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

Page 1 of 1

View 1 - 1 of 1

Eligibility As Of

The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient’s ID or name when using this field.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID: 0123456789

Last Name:

First Name:

Eligibility As Of (mm/dd/yyyy): 01/01/2012

Birthdate (mm/dd/yyyy):

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JEFF	012345678	03/21/1961	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, JEFF	012345678	03/21/1961	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, JOSHUA	012345678	07/07/1987	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

You can also select the ‘advanced search’ option and enter additional information to locate a patient. Additional fields include Social Security Number, Medicare ID, and Medicaid ID. Click the Search button to view the results.

On the search results page, you can choose from two options:

Home My List Patient Search Referrals/Authorizations

HELPFUL CLINIC

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID:

Last Name: test

First Name: marybeth

Eligibility As Of (mm/dd/yyyy):

Birthdate (mm/dd/yyyy): 05/05/1971

SEARCH

advanced search

SSN (Numbers only):

Medicare ID:

Medicaid ID:

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

Page 1 of 1

View 1 - 1 of 1

Select Patient’s Name – Click the member name hyperlink to view the member’s information. You will then be able to enter the referral service information on this screen. (See the next page.)

View – Use this link to view the patient’s product level eligibility (or ineligibility) but not their benefits. Make sure to choose the record showing **active coverage**. To search for benefit information, please utilize web-DENIS. Please see the [Checking Member Eligibility and Benefits](#) section of this guide for login instructions.

Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

Once your patient is selected, complete all the required fields (indicated with *) on the Submit Outpatient Authorization screen.

Submit Outpatient Authorization

Patient Information

PatientTEST, MARYBETH

Birthdate5/5/1971

Age44 years

PlanBCN

Group ID00000001

Patient ID012345678

Address06012011 date
Flint, MI 48503

PCP Name, IDSCRUBS, DOCTOR, 012587411

USE TEMPLATE

Service 1

* Service From

(mm/dd/yyyy)

* Service To

(mm/dd/yyyy)

* Type of Care

* Place Of Service

* Diagnosis Code

Description

* Procedure Code Type

CPT

* Procedure Code

Description

* Units

* Referring Provider Name, ID

HELPUFUL CLINIC

012345678

Search

* Servicing Provider Name, ID

Search

* Servicing Facility Name, ID

Search

SAVE AS...

ADD SERVICE

ADD SERVICE COPY PROVIDERS

CANCEL

SUBMIT

Service From/To

Enter a start date and end date appropriate for the services being requested.

Type of Care

Select Elective from the drop-down menu.

Place of Service

You will see several options to choose from in the drop-down menu. Select Off Campus Outpatient Hospital or On Campus Outpatient Hospital.

Primary Diagnosis Code

This is the code of the patient’s condition. If a diagnosis code is unknown, you can search for it by a partial (or full) code number or English description and click Search. Under the Search link, you can look for codes by number, description (see below) or in your saved Bookmarks. For instruction on how to bookmark codes, please see the Bookmarks section.

Diagnosis Code Search

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.

Include decimal if applicable (e.g. 250.01)

Code or Description

SEARCH

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Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

- **Diagnosis Code** – Search by **Description**. Choose an active code. Click on the code’s link to populate the Diagnosis Code field for your authorization.

Diagnosis Code Search

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.

Include decimal if applicable (e.g. 250.01)

Code or Description

adjustment

SEARCH

Code	Description	Inactive	Action
F43	Reaction to severe stress, and adjustment disorders (ICD10, F43)	Yes	Bookmark
F43.2	Adjustment disorders (ICD10, F43.2)	Yes	Bookmark
F43.20	Adjustment disorder, unspecified (ICD10, F43.20)		Bookmark
F43.21	Adjustment disorder with depressed mood (ICD10, F43.21)		Bookmark
F43.22	Adjustment disorder with anxiety (ICD10, F43.22)		Bookmark
F43.23	Adjustment disorder with mixed anxiety and depressed mood (ICD10, F43.23)		Bookmark
F43.24	Adjustment disorder with disturbance of conduct (ICD10, F43.24)		Bookmark
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct (ICD10, F43.25)		Bookmark

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- **Diagnosis Code** – Search by **Bookmarks**

Select a diagnosis code from the list of your saved bookmarks. For more information on Bookmarks, please see the Bookmarks section.

Diagnosis Code Search

Search

Bookmarks

Select a diagnosis code from the bookmarks below

Filter by Category

Uncategorized

Filter by Usage Type

Diagnosis

SEARCH

Code	Description	Category	Category Owner	Usage Type	Action
296.34	Major Depressive Disorder, Recurrent Episode, S...	Uncategorized	Provider	Diagnosis	delete

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View 1 - 1 of 1

Procedure Code Type

Select CPT, HCPCS, ICD9 (for retro entries prior to 10/1/2015) or ICD10. (CPT is default) Please choose HCPCS for all Partial Hospitalization and Intensive Outpatient cases.

CPT = American Medical Association’s Current Procedural Terminology

HCPCS = Healthcare Common Procedure Coding System

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Submitting Neurofeedback Authorizations

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Bookmarks

Templates

Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

Procedure Code

If a procedure code is unknown, you can search for it by a partial (or full) code number or English description. E-referral will search your bookmarks first and if no results are found, use the Search link. Under the Search link, you can look for codes by number, description or in your saved Bookmarks (see the next page). For instruction on how to bookmark codes, please see the [Bookmarks](#) section.

Procedure Code Search

Search Bookmarks

Enter a full or partial procedure code or description below and click 'Search'.

Include decimal if applicable (e.g. 250.01)

Procedure Code Type: CPT

Code or Description:

SEARCH

Procedure Code – Search by Code or Description

This is the description of the patient’s condition. Choose an active code. The procedure codes for Higher Level of Care Outpatient Services requests are: S0201* for Partial Psychiatric Hospitalization, Partial Hospitalization Substance Use, and Domiciliary Partial Hospitalization Substance Use, S9480* for Intensive Outpatient Psychiatric, Intensive Outpatient Substance Use, and Domiciliary Intensive Outpatient. If you have this code bookmarked, e-referral will begin to populate this field. If not, you must use the Search link to locate it.

Procedure Code Search

Search Bookmarks

Enter a full or partial procedure code or description below and click 'Search'.

Include decimal if applicable (e.g. 250.01)

Procedure Code Type: HCPCS

Code or Description: partial hospital

SEARCH

Code	Description	Inactive	Action
G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 (HCPCS, G0410)		Bookmark
G0411	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTES (HCPCS, G0411)		Bookmark
H0035	Mental health partial hospitalization, treatment, less than 24 hours (HCPCS, H0035)		Bookmark
Q0082	Activity Therapy Furnished In Connection With Partial Hospitalization (HCPCS, Q0082)	Yes	Bookmark
S0201	Partial hospitalization services, less than 24 hours, per diem (HCPCS, S0201)		Bookmark

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View 1 - 5 of 5

Procedure Code –

Search by Bookmarks

Select a procedure code from the list of your saved bookmarks. For more information on Bookmarks, please see the [Bookmarks](#) section.

Procedure Code Search

Search Bookmarks

Select a Procedure code from the bookmarks below

Filter by Category: All

Filter by Usage Type: All

SEARCH

Code	Description	Category	Owner	Usage Type	Action
90791	Psychiatric Diagnostic Evaluation	BH Codes	Provider	CPT	Delete
90791	Psychiatric diagnostic evaluation	BCN05152014	Payer	CPT	Delete
90792	Psychiatric diagnostic evaluation with medical services	BCN05152014	Payer	CPT	Delete
90862	Pharmacologic Management, W/Minimal Psych	Stephanie's Stuff	Provider	CPT	Delete
92507	Treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete
92508	Group treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete
92526	Treatment of swallowing and/or oral feeding function	BCN05152014	Payer	CPT	Delete

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Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

Units

Enter the number of requested units/days here.

Referring Provider Name, ID

This field is pre-populated with the provider you’re logged in under (shown at the top).

DAT, DOCTOR, 0123456789

* Referring Provider Name, ID: HELPFUL CLINIC, 0123456789

Address:

* Servicing Provider Name, ID:

Address:

Servicing Facility Name, ID:

Servicing Provider Name, ID

Enter the provider’s name or NPI if known. Only those saved in your Bookmarks will display. Use the Search to locate a servicing provider by partial/full name, NPI, city, state, etc. You can also choose from your saved Servicing Providers in the Bookmarks tab.

* Referring Provider Name, ID: HELPFUL CLINIC, 0123456789

Address:

* Servicing Provider Name, ID: HELPFUL CLINIC, 0123456789

Address: 12345 Happy St, Southfield, MI, USA 48034

Servicing Facility Name, ID:

Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

A provider may be listed multiple times – make sure to choose the correct one
Your provider search results may include several listings with the same name, NPI or address. The first listing is not always the correct one. In order to choose the correct provider, please follow these guidelines:

- 1 First, you must select the listing based on where the member is going to see the provider. In this example, the provider has the same NPI but different address locations.

Network	Name ^	NPI	Address	Group Affiliation	Type	Specialty	Action
Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL SPINE & C	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	4800 S SAGINAW ST, STE 1815, FLINT, MI, USA, 48507	JAWAD A SHAH MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	21230 DEQUINDRE RD, WARREN, MI, USA, 48091	MICHIGAN SURGICAL HOSPITAL SPECIALTY CLINIC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	2609 METROPOLITAN PKWY, STE 300, STERLING HEIGHTS, MI, USA, 48310	ESSENTIAL SPINE INTERVENTIONS PLLC	Practitioner	Physical Medicine & Rehab	Bookmark

- 2 If the provider has several listings with the same address, you must select the listing with the correct group affiliation.

Network	Name ^	NPI	Address	Group Affiliation	Type	Specialty	Action
Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL SPINE & C	Practitioner	Physical Medicine & Rehab	Bookmark

- 3 **Note:** Not all provider addresses will be considered in network. If you select a listing that shows the provider is out of network, your submission will then have to go through an out-of-network review. For BCN commercial and BCN Advantage members, you will have to complete the [out-of-network providers questionnaire](#). Network status definitions can be found in the [e-referral Quick Guide](#).

Network	Name ^	NPI	Address	Group Affiliation
Out	WHITECOAT, DOCTOR	0123456789	30055 NORTHWESTERN HWY, STE 101, FARMINGTN HLS, MI, USA, 48334	
Out	WHITECOAT, DOCTOR	0123456789	30055 NORTHWESTERN HWY, STE 101, FARMINGTN HLS, MI, USA, 48334	MICHIGAN EAR INSTITUTE PLLC
Pref	WHITECOAT, DOCTOR	0123456789	21000 E 12 MILE RD, STE 111, ST CLR SHORES, MI, USA, 48081	SJPHS LAKESHORE ENT

Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

- **Servicing Facility Name, ID**
When issuing an outpatient authorization for a hospital-based group, please enter the facility NPI in the Servicing Facility ID field. A list of hospital NPIs is available on [ereferrals.bcbsm.com](#) under Provider Search.

Referring Provider Name, ID
Address

HELPFUL CLINIC0123456789Search

Servicing Provider Name, ID
Address

HELPFUL CLINIC0123456789Search

12345 Happy St
Southfield, MI, USA 48034

Servicing Facility Name, ID
Address

HELPFUL CLINIC0123456789Search

12345 Happy St
Southfield, MI, USA 48034

OPTIONAL: Click the Save As button to create a template with this particular Outpatient Authorization criteria. You can choose this template in the future from the Use Template button. Once finished, click Submit. A questionnaire will appear.

Submitting the Behavioral Health Initial Questionnaire

- You will see an Action message at the top of the screen. The Action requires you to complete a questionnaire.
- The questionnaire includes clinical questions.
 - Some questionnaires are undergoing revisions and may change in appearance and actions.

Outpatient Authorization Details

Actions

1 "Call BCN Behavioral Health Services Department for...
2 "The Behavioral Health Initial Questionnaire is required."
Questionnaire Assessment

Click on the Questionnaire Assessment link to access the questionnaire. Answer each question and scroll to advance the questionnaire.

Here, the Contact Name and Contact Call Back Number is the name of a person or department that Blue Cross or BCN can contact with questions regarding clinical information, if needed.

Questionnaire

Behavioral Health Initial

0% complete

Behavioral Health Initial - page 1

Contact Name:
A

Contact Call Back Number:
A

Requested Level of Care (Inpatient, Partial Hospitalization, or Intensive Outpatient. If Partial Hospitalization or Intensive Outpatient, list days of planned attendance eg. Mon-Fri, Mon-Sun, Mon, Wed, Fri.):
A

What led to the emergent evaluation today (ex. Suicidal ideations, homicidal ideations, access to weapons, psychosis, mania, depressive symptoms):
A

Suicidal:
A

Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

Answer each question and scroll to advance the questionnaire. Click Next at the bottom of the page to begin submitting the completed questionnaire.

Q Possible placement concerns following discharge (Yes or No). If Yes, please explain:

A

Q Is this a readmission within 14 days?

A

Q Additional Information:

A

CANCEL NEXT

Click Next on the Behavioral Health Initial Score – page 2:

Questionnaire

Behavioral Health Initial

0% complete

Answering the question(s) below will provide additional information needed to process your request.

Behavioral Health Initial Score - page 2

CANCEL NEXT

Click Submit on the next page:

Questionnaire

Behavioral Health Initial

100% complete

Answering the question(s) below will provide additional information needed to process your request.

Final

CANCEL SUBMIT

NOTE: Please do not click the Submit button more than once. There is a delay before you see the "Questionnaire Saved Successfully" message.

Once finished, you will see a "Questionnaire Saved Successfully" message. Your authorization has submitted and will be reviewed by Blue Cross or BCN. Once reviewed, Blue Cross or BCN will enter an approval or denial decision. Please login to e-referral to check your case's status.

Questionnaire Saved Successfully

Outpatient Authorization Details My List

Reference ID 002466574

Status 2 - Pending Decision

Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

Your submitted authorization will look like this:

Outpatient Authorization Details My List

Reference ID 000032700

Status 2 - Pending Decision

Actions

1 *Call BCN Behavioral Health Services Department for Authorizations at 800-402-6982

2

3

4

5

6

7

NEW REFERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT

CREATE NEW

CREATE NEW

1. Reference ID and case status

The check mark indicates you have successfully submitted or updated an authorization.

Outpatient Authorization Details

Reference ID 000032700

Status 2 - Pending Decision

2. My List

Check this box to watch this authorization. A flag icon will be shown next to it on the My List page.

3. Printer-Friendly

Click this to print your authorization to a Inpatient Request Confirmation PDF file.

4. Edit

Click here to return to your authorization submission to extend the dates.

5. Create New (communication) – preferred

This feature allows you to create a communication to BCN on this authorization case. BCN will review the communication and respond in a timely manner. You can add an attachment to the communication. See the next page for more details.

6. Create New (note)

Creates a simple note to BCN on this referral case (for example, person submitting, contact info). Please do not use Create New (note) for submitting supporting documentation.

7. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

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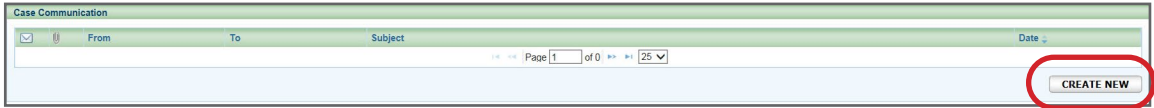
Bookmarks

Templates

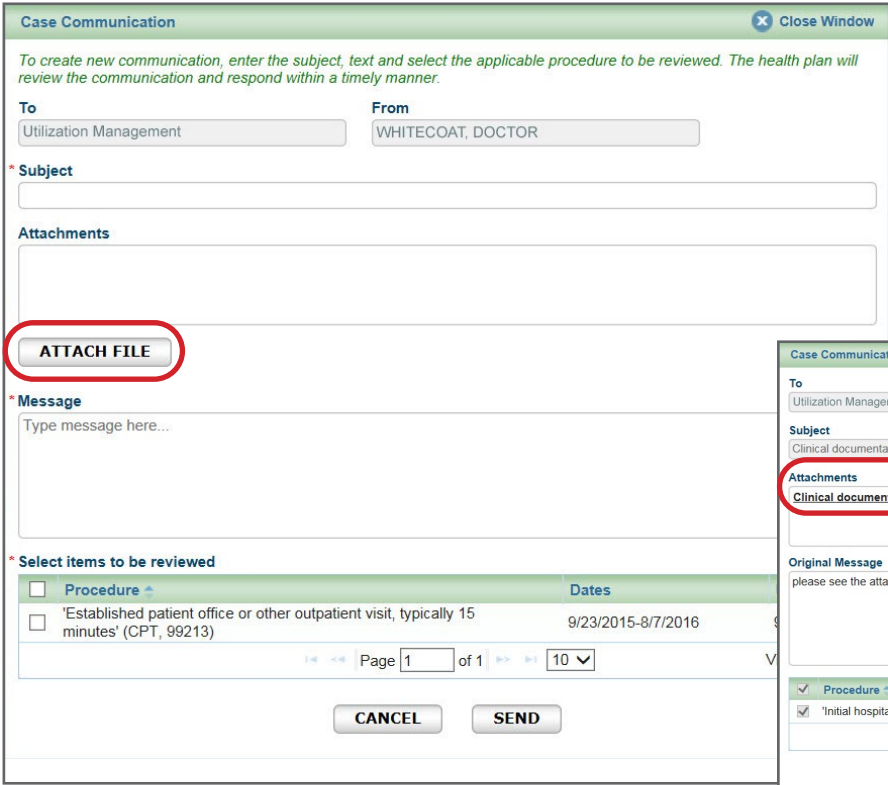
Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

Create New (communication)

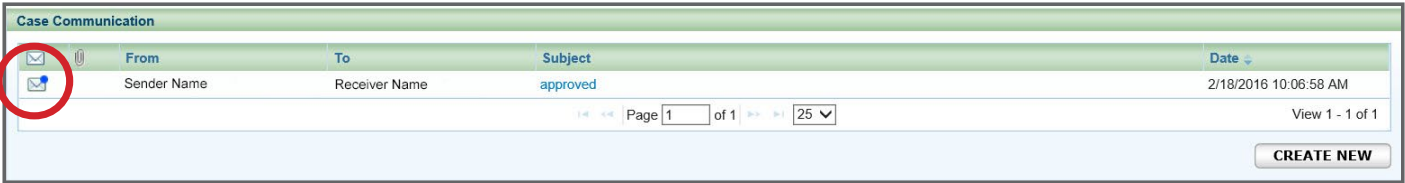
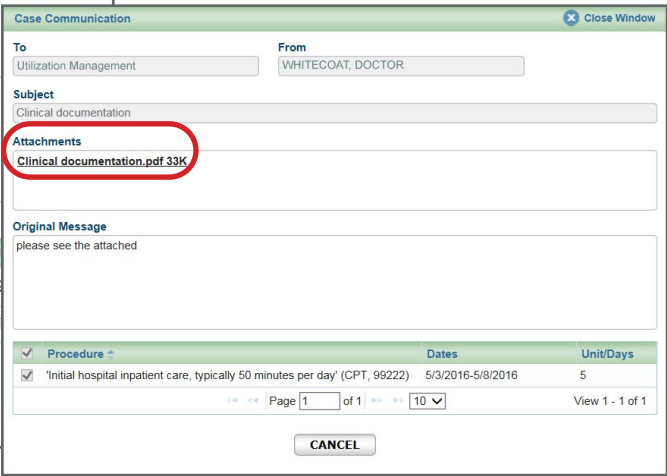
To attach clinical information (both initial clinical and continued stay or discharge information) to the request in the e-referral system, click the Create New button in the Case Communication field.



In the dialog box that opens, enter a subject and your message. Fields marked with an asterisk are required. Click Attach File. Locate the document in your files and double-click so they upload. File formats accepted include: .bmp, .doc, .docx, .gif, .jpg, .pdf, .png, .ppt, .txt, .xls and .xlsx. Maximum file size is 10 MB. **Please ensure your file name does not contain any special characters or symbols as you will receive an error message.** In the dialog box, check off the items to be reviewed. Click Send.



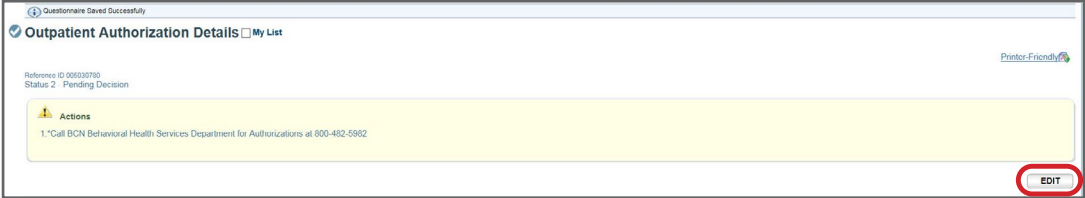
The dialog box closes. You'll be able to see your attached documents after clicking the Subject link.
Note: do not attach files to any denied requests.



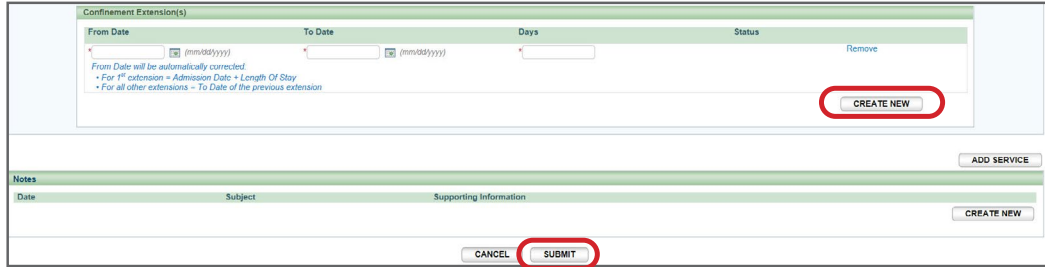
You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

To extend service on an existing Outpatient Authorization, begin by locating your authorization. Click the Edit button.



Scroll down to the Service Extension(s) section, click the Create New button and enter your new dates and number of units. Once finished, click Submit. A questionnaire will appear.



Submitting the Behavioral Health Concurrent Questionnaire

You will see an Action message at the top of the screen. The Action requires you to complete a questionnaire.

- The questionnaire includes clinical questions.
- Some questionnaires are undergoing revisions and may change in appearance and actions.



Click on the Questionnaire Assessment link to access the questionnaire. Answer each question and scroll to advance the questionnaire.

Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

Here, the Contact Name and Contact Call Back Number is the name of a person or department that Blue Cross or BCN can contact with questions regarding clinical information, if needed.

Answer each question and scroll to advance the questionnaire. Click Next at the bottom of the page to begin submitting the completed questionnaire.

Submitting Higher Levels of Care (Outpatient) Authorizations, cont.

Click Next on the Behavioral Health Concurrent – page 2:

Click Submit on the next page:

NOTE: Please do not click the Submit button more than once. There is a delay before you see the "Questionnaire Saved Successfully" message.

Once finished, you will see a "Questionnaire Saved Successfully" message. Your authorization has submitted and will be reviewed by Blue Cross or BCN. Once reviewed, Blue Cross or BCN will enter an approval or denial decision. Please login to e-referral to check your case's status.

Attaching the Behavioral Health Discharge Summary form
The [Behavioral Health Discharge Summary form \(PDF\)](#) is located on [ereferrals.bcbsm.com](#) under the [BCN](#), then the [Behavioral Health](#) page. You'll find it in the *Forms for requesting clinical review* section. It is also located under [Blue Cross](#), then the [Behavioral Health](#) page. Complete the fields, save the file, and upload it in the Case Communication section of your authorization. Please see the [Create New \(communication\)](#) page for instructions.

Section VII: Submitting Applied Behavior Analysis Authorizations

Effective June 1, 2023, BCN's behavioral health providers are required to submit initial and concurrent applied behavior analysis, or ABA, requests for authorization using e-referral. If you are unable to access e-referral, ABA authorization requests can be faxed to 1-866-364-7145 and/or called in to 1-800-482-5982.

All requests for ABA must include the [AAEC Evaluation Results Form](#), copies of all objective measures that substantiate the diagnosis of autism, copies of all evaluations completed by the member's pediatrician and other professionals as part of an interdisciplinary autism evaluation team outside of an AAEC and the current treatment plan. Upload these in the Case Communication section of your authorization. Please see the [Create New \(communication\)](#) page for instructions.

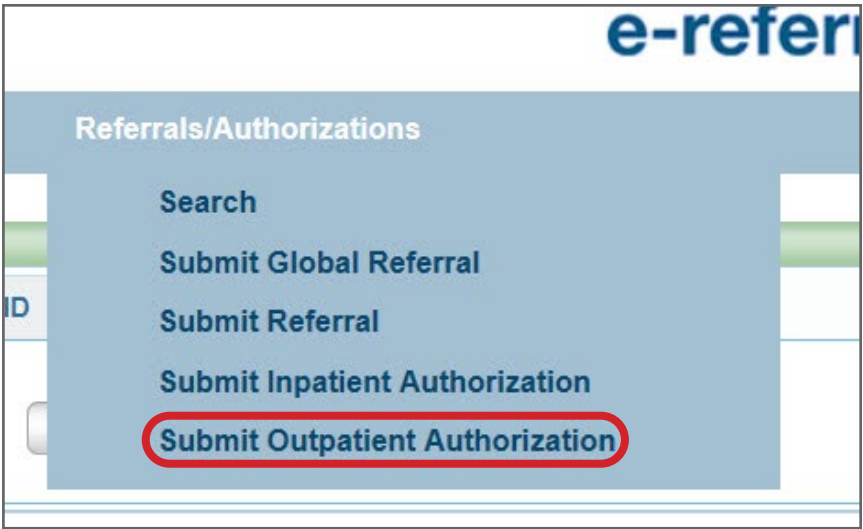
ABA providers please note: In order to offer ABA providers the ability to submit authorization requests electronically, we needed to create a work around in our current e-referral system. Part of this work around is that you will be entering CPT code *97151 as the service code for all electronic requests. This is **only** for authorization requests and is not related to claims payment. (Providers should submit claims for actual services rendered.)

ABA providers will be able to confirm approved services in the Case Communication section of e-referral or by reviewing the approval letter that is faxed to them.

BCN anticipates a system upgrade by 2024 that will allow you to request each ABA service by individual code and no longer require our current work around.

Submitting Applied Behavior Analysis Authorizations, cont.

Start your submission by choosing Submit Outpatient Authorization from the Referrals/Authorizations drop-down menu.



In order to submit an ABA authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name **and** Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate also requires a partial last name **and** first name or the entire Subscriber ID. Click the Search button to view the results.

Searching by Patient ID
Enter the patient's subscriber ID omitting the three-character prefix. Results will include all members under that contract.

A screenshot of the 'Patient Search' form. The form has a header 'Patient Search' and a sub-header 'You can type the patient's ID or patient's name in combination with other search criteria.' Below this is a 'Search Options' section with fields for 'Patient ID', 'Last Name', 'First Name', 'Eligibility As Of (mm/dd/yyyy)', and 'Birthdate (mm/dd/yyyy)'. There is a 'SEARCH' button and an 'advanced search' link. Below the search options is a table with the following columns: 'Name', 'Patient ID', 'Birthdate', 'Gender', 'Address', and 'Eligibility'. The table contains two rows of data: 'PATIENT, JAMES' with Patient ID '012345678' and 'PATIENT, SUSAN' with Patient ID '012345678'. The 'Patient ID' column is highlighted with a red rounded rectangle. At the bottom of the table, there is a pagination bar showing 'Page 1 of 1' and 'View 1 - 2 of 2'.

Enter the patient's ID here. This is the patient's ID number minus the three-character prefix found on the front of their identification card.

Submitting Applied Behavior Analysis Authorizations, cont.

Searching by **Patient ID with suffix**
Enter the patient’s subscriber ID, omitting the three-character prefix, with two-digit suffix to narrow your results to a specific patient.

The screenshot shows the 'Patient Search' form. The 'Patient ID' field contains '01234567801', which is circled in red. A blue callout box points to this field with the text: 'Enter the patient’s ID with suffix here. Do not include the hyphen before the suffix or the three-character prefix. 01 = subscriber, 02 = spouse, 03 = additional dependent(s)'. The form also includes fields for Last Name, First Name, Eligibility As Of, and Birthdate, along with a 'SEARCH' button and an 'advanced search' link.

Enter the patient’s ID with suffix here. Do not include the hyphen before the suffix or the three-character prefix.
01 = subscriber
02 = spouse
03 = additional dependent(s)

Searching by **First and Last Name**
Enter the patient’s last name and first name or first name initial. You must also include their birthdate.

The screenshot shows the 'Patient Search' form. The 'Last Name' field contains 'test' and the 'First Name' field contains 'marybeth', both highlighted with a red circle. The 'Birthdate' field contains '05/05/1971'. The search results table shows one entry: 'TEST, MARYBETH' with Patient ID '012345678' and Birthdate '05/05/1971'.

Eligibility As Of

The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient’s ID or name when using this field.

The screenshot shows the 'Patient Search' form. The 'Eligibility As Of' field contains '01/01/2020', which is circled in red. The search results table shows three entries for Patient ID '012345678': 'PATIENT, JEFF' (Birthdate 03/21/1961), 'PATIENT, JEFF' (Birthdate 03/21/1961), and 'PATIENT, JOSHUA' (Birthdate 07/07/1987).

Submitting Applied Behavior Analysis Authorizations, cont.

You can also select the ‘advanced search’ option and enter additional information to locate a patient. Additional fields include Social Security Number, Medicare ID, and Medicaid ID. Click the Search button to view the results.

On the search results page, you can choose from two options:

The screenshot shows the 'Patient Search' form with the 'advanced search' link selected. The form includes fields for Patient ID, Last Name, First Name, Eligibility As Of, Birthdate, SSN, Medicare ID, and Medicaid ID. The search results table shows one entry: 'TEST, MARYBETH' with Patient ID '012345678' and Birthdate '05/05/1971'.

Select Patient’s Name – Click the member name hyperlink to view the member’s information. You will then be able to enter the referral service information on this screen. (See the next page.)

View – Use this link to view the patient’s product level eligibility (or ineligibility) but not their benefits. Make sure to choose the record showing **active coverage**. To search for benefit information, please utilize web-DENIS. Please see the [Checking Member Eligibility and Benefits](#) section of this guide for login instructions.



Submitting Applied Behavior Analysis Authorizations, cont.

Once your patient is selected, complete all the required fields (indicated with *****) on the Submit Outpatient Authorization screen.

Submit Outpatient Authorization

Patient Information

Patient

TEST, MARYBETH

Birthdate

5/5/1971

Age

44 years

Plan

BCN

Group ID

00000001

Patient ID

012345678

Address

06012011 date
Flint, MI 48503

PCP Name, ID

SCRUBS, DOCTOR, 012587411

USE TEMPLATE

Service 1

* Service From

(mm/dd/yyyy)

* Service To

(mm/dd/yyyy)

* Type of Care

* Place Of Service

* Diagnosis Code

Description

* Procedure Code Type

CPT

* Procedure Code

Description

* Units

* Referring Provider Name, ID

HELPFUL CLINIC

012345678

Search

* Servicing Provider Name, ID

Search

* Servicing Facility Name, ID

Search

SAVE AS...

ADD SERVICE

ADD SERVICE COPY PROVIDERS

CANCEL

SUBMIT

- **Service From/To**
Your time frame must be a minimum of 60 days.
- **Type of Care**
Select Elective only from the drop-down menu.
- **Place of Service**
You will see several options to choose from in the drop-down menu.
Please only choose Office, Home, School, Off Campus Outpatient Hospital or On Campus Outpatient Hospital from these selections:
Ambulatory Surgical Center
Custodial Care Facility
Emergency Room
End-Stage Renal Disease Treatment Facility
Home
Independent Laboratory
Nursing Facility
Off Campus Outpatient Hospital
Office
On Campus Outpatient Hospital
Other Unlisted Facility **(do not use)**
Telehealth **(do not use)**
Urgent Care Facility

Submitting Applied Behavior Analysis Authorizations, cont.

- **Diagnosis Code**
Enter diagnosis code F84.0, F84.5, F84.8 or F84.9. You can search for these by a partial (or full) code number or English description. E-referral will search your bookmarks first and if no results are found, use the **Search** link. Under the Search link, you can look for codes by number, description (see below) or in your saved **Bookmarks**. For instruction on how to bookmark codes, please see the [Bookmarks](#) section.

Diagnosis Code Search

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Code or Description

SEARCH

Diagnosis Code – Search by Description
This is the description of the patient’s condition. Please choose an active code. Click on the code’s link to populate the Diagnosis Code field for your authorization.

Diagnosis Code Search

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Code or Description

autistic

SEARCH

Code	Description	Inactive	Action
F84.0	Autistic disorder (ICD10, F84.0)		Bookmark

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25

View 1 - 1 of 1

Submitting Applied Behavior Analysis Authorizations, cont.

Diagnosis Code – Search by Bookmarks

Select a diagnosis code from the list of your saved bookmarks. For more information on Bookmarks, please see the [Bookmarks](#) section.

- Procedure Code Type

Select CPT or HCPCS. (CPT is default)
CPT = American Medical Association’s Current Procedural Terminology
HCPCS = Healthcare Common Procedure Coding System

- Procedure Code

The procedure code for all ABA requests is *97151. This code is used only for the purpose of allowing providers to view their authorization in e-referral, not for the purpose of claims payment. If you have this code bookmarked, e-referral will begin to populate this field. If not, you must use the **Search** link to locate it.

Submitting Applied Behavior Analysis Authorizations, cont.

Procedure Code – Search by Code or Description

This is the description of the service provided for the patient’s condition. The procedure code for all ABA requests is *97151.

Procedure Code – Search by Bookmarks

Select a procedure code from the list of your saved bookmarks. For more information on Bookmarks, please see the [Bookmarks](#) section.

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Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Applied Behavior Analysis Authorizations, cont.

Units

Enter the requested number of units not to exceed 48.

Service 1

* Service From 05/15/2023 (mm/dd/yyyy)

* Service To 07/15/2023 (mm/dd/yyyy)

* Type of Care Elective

* Place Of Service Off Campus Outpatient Hospital

* Diagnosis Code F84.0 Search

Description Autistic disorder (ICD10, F84.0)

* Procedure Code Type CPT

* Procedure Code 97151 Search

Description Behavior identification assessment by qualified...

* Units 12

SAVE AS...

Referring Provider Name, ID

This field is pre-populated with the provider you're logged in under (shown at the top).

DAT, DOCTOR, 0123456789

* Referring Provider Name, ID HELPFUL CLINIC 0123456789 Search

Address

* Servicing Provider Name, ID Search

Address

Servicing Facility Name, ID Search

Servicing Provider Name, ID

Enter the provider's name or NPI. Only those saved in your Bookmarks will display. Use the Search to locate a servicing provider by partial/full name, NPI, city, state, etc. You can also choose from your saved Servicing Providers in the Bookmarks tab

* Referring Provider Name, ID HELPFUL CLINIC 0123456789 Search

Address

* Servicing Provider Name, ID HELPFUL CLINIC 0123456789 Search

Address 12345 Happy St
Southfield, MI, USA 48034

Servicing Facility Name, ID Search

Address

Submitting Applied Behavior Analysis Authorizations, cont.

A provider may be listed multiple times – make sure to choose the correct one
Your provider search results may include several listings with the same name, NPI or address. The first listing is not always the correct one. In order to choose the correct provider, please follow these guidelines:

1 First, you must select the listing based on where the member is going to see the provider. In this example, the provider has the same NPI but different address locations.

Network	Name ^	NPI	Address	Group Affiliation	Type	Specialty	Action
Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL PHYSIC & S	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	4800 S SAGINAW ST, STE 1815, FLINT, MI, USA, 48507	JAWAD A SHAH MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	21230 DEQUINDRE RD, WARREN, MI, USA, 48091	MICHIGAN SURGICAL HOSPITAL SPECIALTY CLINIC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	2609 METROPOLITAN PKWY, STE 300, STERLING HEIGHTS, MI, USA, 48310	ESSENTIAL SPINE INTERVENTIONS PLLC	Practitioner	Physical Medicine & Rehab	Bookmark

2 If the provider has several listings with the same address, you must select the listing with the correct group affiliation.

Network	Name ^	NPI	Address	Group Affiliation	Type	Specialty	Action
Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL PHYSIC & S	Practitioner	Physical Medicine & Rehab	Bookmark

3 **Note:** Not all provider addresses will be considered in network. If you select a listing that shows the provider is out of network, your submission will then have to go through an out-of-network review. For BCN commercial and BCN Advantage members, you will have to complete the [out-of-network providers questionnaire](#). Network status definitions can be found in the [e-referral Quick Guide](#).

Network	Name ^	NPI	Address	Group Affiliation
Out	WHITECOAT, DOCTOR	0123456789	30055 NORTHWESTERN HWY, STE 101, FARMINGTN HLS, MI, USA, 48334	
Out	WHITECOAT, DOCTOR	0123456789	30055 NORTHWESTERN HWY, STE 101, FARMINGTN HLS, MI, USA, 48334	MICHIGAN EAR INSTITUTE PLLC
Pref	WHITECOAT, DOCTOR	0123456789	21000 E 12 MILE RD, STE 111, ST CLR SHORES, MI, USA, 48081	SJPHS LAKESHORE ENT

Submitting Applied Behavior Analysis Authorizations, cont.

Servicing Facility Name, ID

Do not use this field for Outpatient Authorizations. Please enter any facility information in the Servicing Provider Name field above it.

Plan BCN Address 06012011 date Flint, MI 48503
Group ID 00000001 PCP Name, ID SCRUBS, DOCTOR, 012587
Patient ID 012345678

Referring Provider Name, ID HELPFUL CLINIC 012345678
Address
Servicing Provider Name, ID
Address
Servicing Facility Name, ID
Address

OPTIONAL: Click the **Save As** button to create a template with this particular Outpatient Authorization criteria. You can choose this template in the future from the **Use Template** button.

Service 1

* Service From 05/15/2023
* Service To 07/15/2023
* Type of Care Elective
* Place Of Service Off Campus Outpatient Hospital
* Diagnosis Code F84.0
Description Autistic disorder (ICD10, F84.0)
* Procedure Code Type CPT
* Procedure Code 97151
Description Behavior identification assessment by qualified...
* Units 12

SAVE AS...

The **Add Service** and **Add Service Copy Providers** buttons are found on the bottom right of the Submit Outpatient Authorization screen. Please do not use these to extend authorizations. You must either choose Edit from an existing authorization or create a new case if it has passed the one-year time span.

Once finished, hit **Submit** or Cancel to delete the request without processing.

Servicing Facility Name, ID
Address

CANCEL SUBMIT

Submitting Applied Behavior Analysis Authorizations, cont.

Your submitted authorization will look like this:

Outpatient Authorization Details
Reference ID 022396634
Status 2 - Pending Decision
Actions
Patient Information
Decision Support
Case Communication
Contact Information
Service 1 Pending
Notes

1. Reference ID and case status

The check mark indicates you have successfully submitted or updated an authorization.

2. My List

Check this box to watch this authorization. A flag icon will be shown next to it on the My List page.

3. Action message

Your case is pended and you must attach clinical documentation. See number 6.

4. Printer-Friendly

Click this to print your authorization to a Inpatient Request Confirmation PDF file.

5. Edit

Click here to return to your authorization submission to extend the dates.

6. Create New (communication) – preferred

This feature allows you to create a communication to Blue Cross or BCN on this authorization case and attach the required documentation here. Blue Cross or BCN will review the communication and respond in a timely manner. See the next page for more details.

7. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient. You can now attach the supporting documentation in the Case Communication section.

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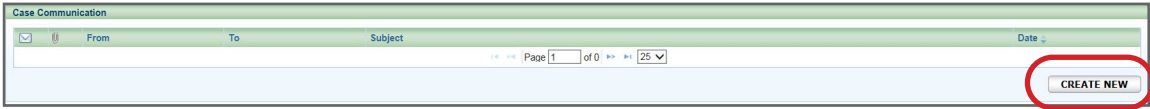
Bookmarks

Templates

Submitting Applied Behavior Analysis Authorizations, cont.

Create New (communication)

Here is where you will attach the [AAEC Evaluation Results Form](#), copies of all objective measures that substantiate the diagnosis of autism, copies of all evaluations completed by the member's pediatrician and other professionals as part of an interdisciplinary autism evaluation team outside of an AAEC and the current treatment plan. Start by clicking the Create New button in the Case Communication field.



In the dialog box that opens, enter a subject and your message. Fields marked with an asterisk are required. Click Attach File. Locate the document in your files and double-click so they upload. File formats accepted include: .bmp, .doc, .docx, .gif, .jpg, .pdf, .png, .ppt, .txt, .xls and .xlsx. Maximum file size is 10 MB. **Please ensure your file name does not contain any special characters or symbols as you will receive an error message.** In the dialog box, check off the items to be reviewed. Click Send.

Case Communication

To create new communication, enter the subject, text and select the applicable procedure to be reviewed. The health plan will review the communication and respond within a timely manner.

To: Utilization Management From: WHITECOAT, DOCTOR

* Subject

Attachments

ATTACH FILE

* Message

Type message here...

* Select items to be reviewed

Procedure	Dates
<input type="checkbox"/> 'Established patient office or other outpatient visit, typically 15 minutes' (CPT, 99213)	9/23/2015-8/7/2016

CANCEL SEND

The dialog box closes. You'll be able to see your attached documents after clicking the Subject link. **Note:** do not attach files to any denied requests.

Case Communication

To: Utilization Management From: WHITECOAT, DOCTOR

Subject: Clinical documentation

Attachments: Clinical documentation.pdf 33K

Original Message: please see the attached

Procedure	Dates	Unit/Days
<input checked="" type="checkbox"/> 'Initial hospital inpatient care, typically 50 minutes per day' (CPT, 99222)	5/3/2016-5/8/2016	5

CANCEL

Case Communication

From: Sender Name To: Receiver Name Subject: approved Date: 2/18/2016 10:06:58 AM

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CREATE NEW

You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Submitting Applied Behavior Analysis Authorizations, cont.

To extend service on an existing ABA authorization, start by locating your original authorization. See [Section X: Searching for an Authorization](#) for help. If it has 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. Return to the Case Communication section and attach all required clinical documentation. Otherwise, click the Edit button. If the Edit button is inactive and the dates of your authorization fall within the correct time span, please call the BCN Behavioral Health department at 1-800-482-5982.

Note: When adding an attachment in the Case Communication, in order for your communication to be received by the Behavioral Health department, you must create a new service extension.

Questionnaire Saved Successfully

Outpatient Authorization Details My List

Reference ID: 920530790 Status: 2 - Pending Decision

Actions

1 *Call BCN Behavioral Health Services Department for Authorizations at 800-482-5082

EDIT

Scroll down to the Service Extension(s) section, click the Create New button and enter your new dates and number of units. Once finished, click Submit.

Confinement Extension(s)

From Date	To Date	Days	Status
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value=""/>	<input type="button" value="Remove"/>

From Date will be automatically corrected.
• For 1st extension = Admission Date + Length Of Stay
• For all other extensions = To Date of the previous extension

CREATE NEW

ADD SERVICE

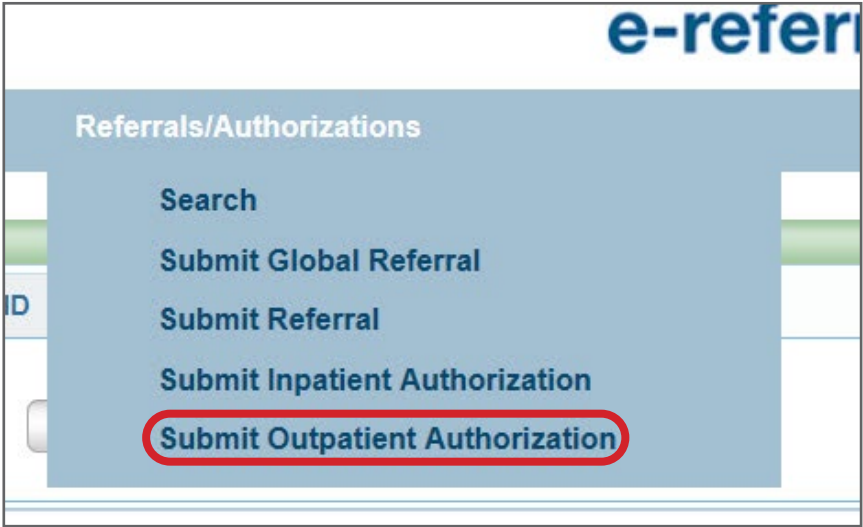
Notes

Date	Subject	Supporting Information
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

CANCEL SUBMIT

Section VIII: Submitting Transcranial Magnetic Stimulation Authorizations

Start your submission by choosing Submit Outpatient Authorization from the Referrals/Authorizations drop-down menu.



Effective May 1, 2016, BCN's behavioral health providers are required to submit initial requests for authorization using the e-referral system.

Submitting Transcranial Magnetic Stimulation authorizations, cont.

In order to submit a Transcranial Magnetic Stimulation authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name **and** Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate also requires a partial last name **and** first name or the entire Subscriber ID. Click the Search button to view the results.

Searching by Patient ID

Enter the patient's subscriber ID omitting the three-character prefix. Results will include all members under that contract.

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, SUSAN	012345678	08/07/1967	F	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

Enter the patient's ID here. This is the patient's ID number minus the three-character prefix found on the front of their identification card.

Submitting Transcranial Magnetic Stimulation authorizations, cont.

Searching by Patient ID with suffix

Enter the patient’s subscriber ID, omitting the three-character prefix, with two-digit suffix to narrow your results to a specific patient.

The screenshot shows the 'Patient Search' form. The 'Patient ID' field contains '01234567801', which is highlighted with a red circle. Below the form, a table lists search results for 'PATIENT, JAMES' with Patient ID 012345678.

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

Enter the patient’s ID **with suffix** here. **Do not include the hyphen before the suffix or the three-character prefix.**
01 = subscriber
02 = spouse
03 = additional dependent(s)

Searching by First and Last Name

Enter the patient’s last name and first name or first name initial. You must also include their birthdate.

The screenshot shows the 'Patient Search' form. The 'Last Name' field contains 'test' and the 'First Name' field contains 'marybeth', both highlighted with a red circle. Below the form, a table lists search results for 'TEST, MARYBETH' with Patient ID 012345678.

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

Eligibility As Of

The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient’s ID or name when using this field.

The screenshot shows the 'Patient Search' form. The 'Eligibility As Of' field contains '01/01/2020', which is highlighted with a red circle. Below the form, a table lists search results for three patients with Patient ID 012345678.

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JEFF	012345678	03/21/1961	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, JEFF	012345678	03/21/1961	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, JOSHUA	012345678	07/07/1987	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

Submitting Transcranial Magnetic Stimulation authorizations, cont.

You can also select the ‘advanced search’ option and enter additional information to locate a patient. Additional fields include Social Security Number, Medicare ID, and Medicaid ID. Click the Search button to view the results.

On the search results page, you can choose from two options:

The screenshot shows the 'Patient Search' form. The 'Patient ID' field contains '012345678' and the 'First Name' field contains 'marybeth'. Below the form, a table lists search results for 'TEST, MARYBETH' with Patient ID 012345678.

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

Select Patient’s Name – Click the member name hyperlink to view the member’s information. You will then be able to enter the referral service information on this screen. (See the next page.)

View – Use this link to view the patient’s product level eligibility (or ineligibility) but not their benefits. Make sure to choose the record showing **active coverage**. To search for benefit information, please utilize web-DENIS. Please see the [Checking Member Eligibility and Benefits](#) section of this guide for login instructions.

Submitting Transcranial Magnetic Stimulation authorizations, cont.

Once your patient is selected, complete all the required fields (indicated with *) on the Submit Outpatient Authorization screen.

Submit Outpatient Authorization

Patient Information

Patient

TEST, MARYBETH

Birthdate

5/5/1971

Age

44 years

Plan

BCN

Group ID

00000001

Patient ID

012345678

Address

06012011 date
Flint, MI 48503

PCP Name, ID

SCRUBS, DOCTOR, 012587411

USE TEMPLATE

Service 1

* Service From

(mm/dd/yyyy)

* Service To

(mm/dd/yyyy)

* Type of Care

* Place Of Service

* Diagnosis Code

Description

* Procedure Code Type

CPT

* Procedure Code

Description

* Units

* Referring Provider Name, ID

HELPFUL CLINIC

Address

012345678

Search

* Servicing Provider Name, ID

Address

Search

Servicing Facility Name, ID

Address

Search

SAVE AS...

ADD SERVICE

ADD SERVICE COPY PROVIDERS

CANCEL

SUBMIT

• Service From/To

Enter a time frame of one year minus a day or less.

• Type of Care

Select Elective only from the drop-down menu.

• Place of Service

You will see several options to choose from in the drop-down menu.

Please only choose Office, Off Campus Outpatient Hospital or On Campus Outpatient Hospital from these selections:

- Ambulatory Surgical Center
- Custodial Care Facility
- Emergency Room
- End-Stage Renal Disease Treatment Facility
- Home
- Independent Laboratory
- Nursing Facility
- Off Campus Outpatient Hospital
- Office
- On Campus Outpatient Hospital
- Other Unlisted Facility (do not use)
- Telehealth (do not use)
- Urgent Care Facility

Submitting Transcranial Magnetic Stimulation authorizations, cont.

• Diagnosis Code

If a diagnosis code is unknown, you can search for it by a partial (or full) code number or English description. E-referral will search your bookmarks first and if no results are found, use the **Search** link. Under the Search link, you can look for codes by number, description (see below) or in your saved **Bookmarks**. For instruction on how to bookmark codes, please see the [Bookmarks](#) section.

Diagnosis Code Search

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Code or Description

SEARCH

Diagnosis Code – Search by Description

This is the description of the patient’s condition. Please choose an active code. Click on the code’s link to populate the Diagnosis Code field for your authorization.

Diagnosis Code Search

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Code or Description

adjustment

SEARCH

Code	Description	Inactive	Action
F43	Reaction to severe stress, and adjustment disorders (ICD10, F43)	Yes	Bookmark
F43.2	Adjustment disorders (ICD10, F43.2)	Yes	Bookmark
F43.20	Adjustment disorder, unspecified (ICD10, F43.20)		Bookmark
F43.21	Adjustment disorder with depressed mood (ICD10, F43.21)		Bookmark
F43.22	Adjustment disorder with anxiety (ICD10, F43.22)		Bookmark
F43.23	Adjustment disorder with mixed anxiety and depressed mood (ICD10, F43.23)		Bookmark
F43.24	Adjustment disorder with disturbance of conduct (ICD10, F43.24)		Bookmark
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct (ICD10, F43.25)		Bookmark

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Submitting Transcranial Magnetic Stimulation authorizations, cont.

Diagnosis Code – Search by Bookmarks

Select a diagnosis code from the list of your saved bookmarks. For more information on Bookmarks, please see the [Bookmarks](#) section.

Diagnosis Code Search

Search | Bookmarks

Select a diagnosis code from the bookmarks below

Filter by Category: Uncategorized | Filter by Usage Type: Diagnosis | SEARCH

Code	Description	Category	Category Owner	Usage Type	Action
296.34	Major Depressive Disorder, Recurrent Episode, S...	Uncategorized	Provider	Diagnosis	delete

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Procedure Code Type

Select CPT or HCPCS. (CPT is default)
CPT = American Medical Association’s Current Procedural Terminology
HCPCS = Healthcare Common Procedure Coding System

Procedure Code

The procedure code for transcranial magnetic stimulation treatment is *90867.
If you have this code bookmarked, e-referral will begin to populate this field.
If not, you must use the **Search** link to locate it.

Service 1

* Service From: 09/14/2016 (mm/dd/yyyy)

* Service To: 09/30/2016 (mm/dd/yyyy)

* Type of Care: [Dropdown]

* Place Of Service: Office [Dropdown]

* Diagnosis Code: F33.3 [Search]

Description: Major depressive disorder, recurrent, severe wi...

* Procedure Code Type: CPT [Dropdown]

* Procedure Code: 90867 [Search]

Description: Transcranial magnetic stimulation treatment (st...

* Units: [Text]

SAVE AS...

Submitting Transcranial Magnetic Stimulation authorizations, cont.

Procedure Code – Search by Code or Description

This is the description of the service provided for the patient’s condition.
The procedure code for all Transcranial Magnetic Stimulation treatments is *90867.

Procedure Code Search

Search | Bookmarks

Enter a full or partial procedure code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Procedure Code Type: CPT | Code or Description: 90867 | SEARCH

Code	Description	Inactive	Action
90867	Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression) (CPT, 90867)		Bookmark

Page 1 of 1 | View 1 - 1 of 1

Procedure Code – Search by Bookmarks

Select a procedure code from the list of your saved bookmarks.
For more information on Bookmarks, please see the [Bookmarks](#) section.

Procedure Code Search

Search | Bookmarks

Select a Procedure code from the bookmarks below

Filter by Category: All | Filter by Usage Type: All | SEARCH

Code	Description	Category	Owner	Usage Type	Action
90791	Psychiatric Diagnostic Evaluation	BH Codes	Provider	CPT	Delete
90791	Psychiatric diagnostic evaluation	BCN05152014	Payer	CPT	Delete
90792	Psychiatric diagnostic evaluation with medical services	BCN05152014	Payer	CPT	Delete
90862	Pharmacologic Management,W/Minimal Psych	Stephanie's Stuff	Provider	CPT	Delete
92507	Treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete
92508	Group treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete
92526	Treatment of swallowing and/or oral feeding function	BCN05152014	Payer	CPT	Delete

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Submitting Transcranial Magnetic Stimulation authorizations, cont.

Units

Enter the requested number of sessions, not to exceed 1.

Service 1

* Service From 09/14/2016 (mm/dd/yyyy)

* Service To 09/30/2016 (mm/dd/yyyy)

* Type of Care

* Place Of Service Office

* Diagnosis Code F33.3 Search

Description Major depressive disorder, recurrent, severe wi...

* Procedure Code Type CPT

* Procedure Code 90867 Search

Description Transcranial magnetic stimulation treatment (st...

* Units 1

SAVE AS...

Referring Provider Name, ID

This field is pre-populated with the provider you're logged in under (shown at the top).

DAT, DOCTOR, 0123456789

* Referring Provider Name, ID HELPFUL CLINIC 0123456789 Search

* Servicing Provider Name, ID Address Search

Servicing Facility Name, ID Address Search

Servicing Provider Name, ID

Enter the provider's name or NPI. Only those saved in your Bookmarks will display. Use the Search to locate a servicing provider by partial/full name, NPI, city, state, etc. You can also choose from your saved Servicing Providers in the Bookmarks tab.

* Referring Provider Name, ID HELPFUL CLINIC 0123456789 Search

* Servicing Provider Name, ID HELPFUL CLINIC 0123456789 Search

Address 12345 Happy St Southfield, MI, USA 48034

Servicing Facility Name, ID Address Search

Submitting Transcranial Magnetic Stimulation authorizations, cont.

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

Your provider search results may include several listings with the same name, NPI or address. The first listing is not always the correct one. In order to choose the correct provider, please follow these guidelines:

1 First, you must select the listing based on where the member is going to see the provider. In this example, the provider has the same NPI but different address locations.

Network	Name	NPI	Address	Group Affiliation	Type	Specialty	Action
Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL PHYSIC & S	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	4800 S SAGINAW ST, STE 1815, FLINT, MI, USA, 48507	JAWAD A SHAH MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	21230 DEQUINDRE RD, WARREN, MI, USA, 48091	MICHIGAN SURGICAL HOSPITAL SPECIALTY CLINIC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	2609 METROPOLITAN PKWY, STE 300, STERLING HEIGHTS, MI, USA, 48310	ESSENTIAL SPINE INTERVENTIONS PLLC	Practitioner	Physical Medicine & Rehab	Bookmark

2 If the provider has several listings with the same address, you must select the listing with the correct group affiliation.

Network	Name	NPI	Address	Group Affiliation	Type	Specialty	Action
Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL PHYSIC & S	Practitioner	Physical Medicine & Rehab	Bookmark

3 Note: Not all provider addresses will be considered in network. If you select a listing that shows the provider is out of network, your submission will then have to go through an out-of-network review. For BCN commercial and BCN Advantage members, you will have to complete the [out-of-network providers questionnaire](#). Network status definitions can be found in the [e-referral Quick Guide](#).

Network	Name	NPI	Address	Group Affiliation
Out	WHITECOAT, DOCTOR	0123456789	30055 NORTHWESTERN HWY, STE 101, FARMINGTN HLS, MI, USA, 48334	
Out	WHITECOAT, DOCTOR	0123456789	30055 NORTHWESTERN HWY, STE 101, FARMINGTN HLS, MI, USA, 48334	MICHIGAN EAR INSTITUTE PLLC
Pref	WHITECOAT, DOCTOR	0123456789	21000 E 12 MILE RD, STE 111, ST CLR SHORES, MI, USA, 48081	SJPHS LAKESHORE ENT

Submitting Transcranial Magnetic Stimulation authorizations, cont.

Servicing Facility Name, ID

Do not use this field for Outpatient Authorizations. Please enter any facility information in the Servicing Provider Name field above it.

A screenshot of the 'Outpatient Authorization Details' form. At the top, there are fields for Plan (BCN), Group ID (00000001), Patient ID (012345678), Address (06012011 date Flint, MI 48503), and PCP Name, ID (SCRUBS, DOCTOR, 012587). Below these are sections for Referring Provider Name, ID, Address and Servicing Provider Name, ID, Address. The 'Servicing Facility Name, ID' field is highlighted with a red circle.

OPTIONAL: Click the **Save As** button to create a template with this particular Outpatient Authorization criteria. You can choose this template in the future from the **Use Template** button.

A screenshot of the 'Service 1' form. It contains fields for Service From (09/14/2016), Service To (09/30/2016), Type of Care, Place Of Service (Office), Diagnosis Code (F33.3), Procedure Code Type (CPT), Procedure Code (90867), and Units (1). The 'SAVE AS...' button at the bottom is highlighted with a red circle.

The **Add Service** and **Add Service Copy Providers** buttons are found on the bottom right of the Submit Outpatient Authorization screen. Please do not use.

Once finished, hit **Submit**. A questionnaire will appear. Selecting Cancel will delete the request without processing.

A screenshot of the bottom of the 'Submit Outpatient Authorization' screen. It shows the 'Servicing Facility Name, ID' and 'Address' fields. At the bottom, there are 'CANCEL' and 'SUBMIT' buttons. The 'SUBMIT' button is highlighted with a red circle.

Submitting Transcranial Magnetic Stimulation authorizations, cont.

Submitting the TMS Review Questionnaire

You will see an Action message at the top of the screen. The Action requires you to complete a questionnaire.

- The questionnaire includes clinical questions.
- Some questionnaires are undergoing revisions and may change in appearance and actions.

A screenshot of the 'Outpatient Authorization Details' form. The 'Actions' section at the bottom shows a message: '1. The TMS Review Questionnaire is required. Questionnaire Assessment.' The 'Questionnaire Assessment' link is highlighted with a red circle.

Click on the Questionnaire Assessment link to access the questionnaire. Answer each question and scroll to advance the questionnaire.

Here, the Contact Name and Contact Call Back Number is the name of a person or department that Blue Cross or BCN can contact with questions regarding clinical information, if needed.

A screenshot of the 'TMS Review' questionnaire. It shows a progress bar at 50% complete. The questionnaire includes questions for Contact Name, Contact Number, Today's Date, Member Name, Enrollee ID, Reason for TMS request, and Current level of care. The 'SUBMIT' button at the bottom is highlighted with a red circle.

Submitting Transcranial Magnetic Stimulation authorizations, cont.

Answer each question and scroll to advance the questionnaire. Click Next at the bottom of the page to begin submitting the completed questionnaire.

Scroll back to top and Click Next on TMS Review – Pg 2:

Click Submit on the next page:

NOTE: Please do not click the Submit button more than once. There is a delay before you see the "Questionnaire Saved Successfully" message.

Once finished, you will see a "Questionnaire Saved Successfully" message. Your authorization has submitted and will be reviewed by Blue Cross or BCN. Once reviewed, Blue Cross or BCN will enter an approval or denial decision. Please login to e-referral to check your case’s status. Upon clinical review and approval, *90868 visits will be added/approved as deemed medical necessary by a BCN Behavioral Health Medical Director.

Submitting Transcranial Magnetic Stimulation authorizations, cont.

Your submitted authorization will look like this:

1. Reference ID and case status

The check mark indicates you have successfully submitted or updated an authorization.

2. My List

Check this box to watch this authorization. A flag icon will be shown next to it on the My List page.

3. Printer-Friendly

Click this to print your authorization to a Inpatient Request Confirmation PDF file.

4. Edit

Click here to return to your authorization submission to extend the dates.



5. Create New (communication) – preferred

This feature allows you to create a communication to Blue Cross or BCN on this authorization case. Blue Cross or BCN will review the communication and respond in a timely manner. You can add an attachment to the communication. See the next page for more details.

6. Create New (note)

Creates a simple note to Blue Cross or BCN on this referral case (for example, person submitting, contact info). Please do not use Create New (note) for submitting supporting documentation.

7. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient. You can now attach the supporting documentation in the Case Communication section.

Checking member eligibility & benefits

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

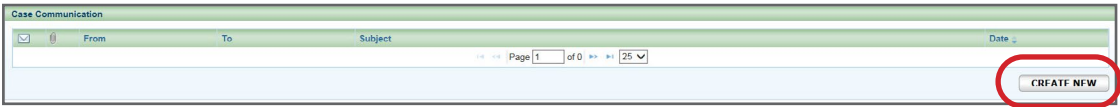
Bookmarks

Templates

Submitting Transcranial Magnetic Stimulation authorizations, cont.

Create New (communication)

To attach clinical to the request in the e-referral system, click the Create New button in the Case Communication field.



In the dialog box that opens, enter a subject and your message. Fields marked with an asterisk are required. Click Attach File. Locate the document in your files and double-click so they upload. File formats accepted include: .bmp, .doc, .docx, .gif, .jpg, .pdf, .png, .ppt, .txt, .xls and .xlsx. Maximum file size is 10 MB. **Please ensure your file name does not contain any special characters or symbols as you will receive an error message.** In the dialog box, check off the items to be reviewed. Click Send.

A screenshot of the 'Create New (communication)' dialog box. It has fields for 'To' (Utilization Management) and 'From' (WHITECOAT, DOCTOR). There is a 'Subject' field with an asterisk. Below it is an 'Attachments' section. A red circle highlights the 'ATTACH FILE' button. At the bottom, there is a 'Message' field and a 'Select items to be reviewed' section with checkboxes for 'Procedure' and 'Dates'. 'CANCEL' and 'SEND' buttons are at the bottom.

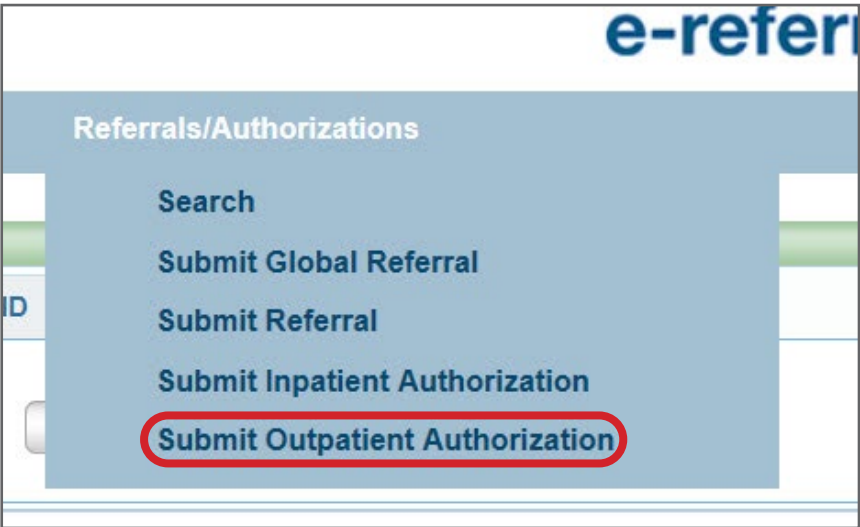
The dialog box closes. You'll be able to see your attached documents after clicking the Subject link. **Note:** do not attach files to any denied requests.

A screenshot of the 'Create New (communication)' dialog box after clicking the Subject link. The 'Subject' field now contains 'Clinical documentation'. The 'Attachments' section shows 'Clinical documentation.pdf 33K'. The 'Original Message' field says 'please see the attached'. There is a table with 'Procedure' and 'Dates' columns. A red circle highlights the 'Attachments' section. A 'CANCEL' button is at the bottom.A screenshot of the 'Case Communication' interface. It shows a table with columns for From, To, Subject, and Date. The 'Subject' column has a value 'approved'. At the bottom right, there is a 'CREATE NEW' button. A red circle highlights an envelope icon with a blue dot in the top left corner of the table.

You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Section IX: Submitting Neurofeedback Authorizations

All requests for neurofeedback must include independent evaluation (i.e Conners, Vanderbilt, Test of Variables of Attention (TOVA) or other psychological/neuropsychological testing) confirming the diagnosis of Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder. Independent evaluation must be completed by a provider other than the neurofeedback provider. Attach the independent evaluation in a case communication. Please see the [Create New \(communication\)](#) page for uploading instructions.



Effective May 1, 2016, BCN's behavioral health providers are required to submit initial requests for authorization using the e-referral system.

Submitting Neurofeedback authorizations, cont.

In order to submit a Neurofeedback Therapy authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name and Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate also requires a partial last name and first name or the entire Subscriber ID. Click the Search button to view the results.

Searching by Patient ID

Enter the patient's subscriber ID omitting the three-character prefix. Results will include all members under that contract.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID

Last Name

First Name

Eligibility As Of (mm/dd/yyyy)

Birthdate (mm/dd/yyyy)

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, SUSAN	012345678	08/07/1967	F	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

Page 1 of 1

View 1 - 2 of 2

Enter the patient's ID here. This is the patient's ID number minus the three-character prefix found on the front of their identification card.

Submitting Neurofeedback authorizations, cont.

Searching by Patient ID with suffix

Enter the patient's subscriber ID, omitting the three-character prefix, with two-digit suffix to narrow your results to a specific patient.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID

Last Name

First Name

Eligibility As Of (mm/dd/yyyy)

Birthdate (mm/dd/yyyy)

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

View 1 - 1 of 1

Enter the patient's ID with suffix here. Do not include the hyphen before the suffix or the three-character prefix.
01 = subscriber
02 = spouse
03 = additional dependent(s)

Searching by First and Last Name

Enter the patient's last name and first name or first name initial. You must also include their birthdate.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID

Last Name

First Name

Eligibility As Of (mm/dd/yyyy)

Birthdate (mm/dd/yyyy)

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

Page 1 of 1

View 1 - 1 of 1

Eligibility As Of

The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.

Home My List Patient Search Referrals/Authorizations

HELPFUL CLINIC

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID

Last Name

First Name

Eligibility As Of (mm/dd/yyyy)

Birthdate (mm/dd/yyyy)

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JEFF	012345678	03/21/1961	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, JEFF	012345678	03/21/1961	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, JOSHUA	012345678	07/07/1987	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

Submitting Neurofeedback authorizations, cont.

You can also select the ‘advanced search’ option and enter additional information to locate a patient. Additional fields include Social Security Number, Medicare ID, and Medicaid ID. Click the Search button to view the results.

On the search results page, you can choose from two options:

Select Patient's Name – Click the member name hyperlink to view the member's information. You will then be able to enter the referral service information on this screen. (See the next page.)

View – Use this link to view the patient's product level eligibility (or ineligibility) but not their benefits. Make sure to choose the record showing **active coverage**. To search for benefit information, please utilize web-DENIS. Please see the [Checking Member Eligibility and Benefits](#) section of this guide for login instructions.

Submitting Neurofeedback authorizations, cont.

Once your patient is selected, complete all the required fields (indicated with *) on the Submit Outpatient Authorization screen.

- **Service From/To**
Enter a time frame of one year minus a day or less.
- **Type of Care**
Select Elective only from the drop-down menu.
- **Place of Service**
You will see several options to choose from in the drop-down menu.
Please only choose Off Campus Outpatient Hospital or On Campus Outpatient Hospital from these selections:
Ambulatory Surgical Center
Custodial Care Facility
Emergency Room
End-Stage Renal Disease Treatment Facility
Home
Independent Laboratory
Nursing Facility
Off Campus Outpatient Hospital
Office
On Campus Outpatient Hospital
Other Unlisted Facility (**do not use**)
Telehealth (**do not use**)
Urgent Care Facility

Submitting Neurofeedback authorizations, cont.

• Diagnosis Code

If a diagnosis code is unknown, you can search for it by a partial (or full) code number or English description. E-referral will search your bookmarks first and if no results are found, use the **Search** link. Under the Search link, you can look for codes by number, description (see below) or in your saved **Bookmarks**. For instruction on how to bookmark codes, please see the [Bookmarks](#) section.

Diagnosis Code – Search by Description

This is the description of the patient’s condition. Please choose an active code. Click on the code’s link to populate the Diagnosis Code field for your authorization.

Submitting Neurofeedback authorizations, cont.

Diagnosis Code – Search by Bookmarks

Select a diagnosis code from the list of your saved bookmarks. For more information on Bookmarks, please see the [Bookmarks](#) section.

• Procedure Code Type

Select CPT or HCPCS. (CPT is default)
CPT = American Medical Association’s Current Procedural Terminology
HCPCS = Healthcare Common Procedure Coding System

• Procedure Code

The procedure code for all neurofeedback therapy requests is *90901. If you have this code bookmarked, e-referral will begin to populate this field. If not, you must use the **Search** link to locate it.

Submitting Neurofeedback authorizations, cont.

Procedure Code – Search by Code or Description

This is the description of the service provided for the patient’s condition.
The procedure code for all neurofeedback therapy is *90901.

Procedure Code Search

Search Bookmarks

Enter a full or partial procedure code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Procedure Code Type: CPT Code or Description: 90901

90901 Biofeedback training (CPT, 90901)

Procedure Code – Search by Bookmarks

Select a procedure code from the list of your saved bookmarks.
For more information on Bookmarks, please see the [Bookmarks](#) section.

Procedure Code Search

Search Bookmarks

Select a Procedure code from the bookmarks below

Filter by Category: All Filter by Usage Type: All

Code	Description	Category	Owner	Usage Type	Action
90791	Psychiatric Diagnostic Evaluation	BH Codes	Provider	CPT	Delete
90791	Psychiatric diagnostic evaluation	BCN05152014	Payer	CPT	Delete
90792	Psychiatric diagnostic evaluation with medical services	BCN05152014	Payer	CPT	Delete
90862	Pharmacologic Management,W/Minimal Psych	Stephanie's Stuff	Provider	CPT	Delete
92507	Treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete
92508	Group treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete
92526	Treatment of swallowing and/or oral feeding function	BCN05152014	Payer	CPT	Delete

Submitting Neurofeedback authorizations, cont.

Units

Enter the requested number of units, not to exceed 20.

Service 1

* Service From: 11/12/2018 * Service To: 11/30/2018

* Type of Care: Elective * Place Of Service: On Campus Outpatient Hospital

* Diagnosis Code: F43.20 Description: Adjustment disorder, unspecified (ICD10, F43.20)

* Procedure Code Type: CPT * Procedure Code: 90791

* Units: 20

SAVE AS...

Referring Provider Name, ID

This field is pre-populated with the provider you’re logged in under (shown at the top).

DAT, DOCTOR, 0123456789

* Referring Provider Name,ID Address: HELPFUL CLINIC 0123456789

* Servicing Provider Name,ID Address: ,

Servicing Facility Name,ID Address: ,

Servicing Provider Name, ID

Enter the provider’s name or NPI. Only those saved in your Bookmarks will display. Use the Search to locate a servicing provider by partial/full name, NPI, city, state, etc. You can also choose from your saved Servicing Providers in the Bookmarks tab.

* Referring Provider Name,ID Address: HELPFUL CLINIC 0123456789

* Servicing Provider Name,ID Address: HELPFUL CLINIC 0123456789
12345 Happy St
Southfield, MI, USA 48034

Servicing Facility Name,ID Address: ,

Submitting Neurofeedback authorizations, cont.

A provider may be listed multiple times – make sure to choose the correct one
Your provider search results may include several listings with the same name, NPI or address. The first listing is not always the correct one. In order to choose the correct provider, please follow these guidelines:

- 1 First, you must select the listing based on where the member is going to see the provider. In this example, the provider has the same NPI but different address locations.

Network	Name ^	NPI	Address	Group Affiliation	Type	Specialty	Action
Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL PHYSICIAN & C	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	4800 S SAGINAW ST, STE 1815, FLINT, MI, USA, 48507	JAWAD A SHAH MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	21230 DEQUINDRE RD, WARREN, MI, USA, 48091	MICHIGAN SURGICAL HOSPITAL SPECIALTY CLINIC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	2609 METROPOLITAN PKWY, STE 300, STERLING HEIGHTS, MI, USA, 48310	ESSENTIAL SPINE INTERVENTIONS PLLC	Practitioner	Physical Medicine & Rehab	Bookmark

- 2 If the provider has several listings with the same address, you must select the listing with the correct group affiliation.

Network	Name ^	NPI	Address	Group Affiliation	Type	Specialty	Action
Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL PHYSICIAN & C	Practitioner	Physical Medicine & Rehab	Bookmark

- 3 **Note:** Not all provider addresses will be considered in network. If you select a listing that shows the provider is out of network, your submission will then have to go through an out-of-network review. For BCN commercial and BCN Advantage members, you will have to complete the [out-of-network providers questionnaire](#). Network status definitions can be found in the [e-referral Quick Guide](#).

Network	Name ^	NPI	Address	Group Affiliation
Out	WHITECOAT, DOCTOR	0123456789	30055 NORTHWESTERN HWY, STE 101, FARMINGTN HLS, MI, USA, 48334	
Out	WHITECOAT, DOCTOR	0123456789	30055 NORTHWESTERN HWY, STE 101, FARMINGTN HLS, MI, USA, 48334	MICHIGAN EAR INSTITUTE PLLC
Pref	WHITECOAT, DOCTOR	0123456789	21000 E 12 MILE RD, STE 111, ST CLR SHORES, MI, USA, 48081	SJPHS LAKESHORE ENT

Submitting Neurofeedback authorizations, cont.

- **Servicing Facility Name, ID**
Do not use this field for Outpatient Authorizations. Please enter any facility information in the Servicing Provider Name field above it.

Plan BCN
Group ID 00000001
Patient ID 012345678

Address 06012011 date
Flint, MI 48503
PCP Name, ID SCRUBS, DOCTOR, 012587

(mm/dd/yyyy)

*Referring Provider Name, ID
Address

HELPFUL CLINIC 012345678 Search

(mm/dd/yyyy)

*Servicing Provider Name, ID
Address

Search

Servicing Facility Name, ID
Address

Search

OPTIONAL: Click the **Save As** button to create a template with this particular Outpatient Authorization criteria. You can choose this template in the future from the **Use Template** button.

Service 1

* Service From 11/12/2018 (mm/dd/yyyy)

* Service To 11/30/2018 (mm/dd/yyyy)

* Type of Care Direct

* Place Of Service On Campus Outpatient Hospital

* Diagnosis Code F43.20 Search
Description Adjustment disorder, unspecified (ICD10, F43.20)

* Procedure Code Type CPT

* Procedure Code 90870 Search
Description Shock treatment and monitoring (CPT, 90870)

* Units 12 x

SAVE AS...

The **Add Service** and **Add Service Copy Providers** buttons are found on the bottom right of the Submit Outpatient Authorization screen. Please do not use these to extend authorizations. You must either choose Edit from an existing authorization or create a new case if it has passed the one-year time span.

Once finished, hit **Submit**. A questionnaire will appear. Selecting Cancel will delete the request without processing.

Servicing Facility Name, ID
Address

CANCEL SUBMIT

Submitting Neurofeedback authorizations, cont.

Your submitted authorization will look like this:

1. Reference ID and case status

The check mark indicates you have successfully submitted or updated a referral.

2. My List

Check this box to watch this authorization. A flag icon will be shown next to it on the My List page.

3. Printer-Friendly

Click this to print your referral to a Referral Request Confirmation PDF file.

4. Edit

Click here to return to your referral submission to edit any information.

5. Create New (communication)

In order for your communication to be routed directly to the Behavioral Health department, please only use this feature when requesting a service extension on an existing authorization. You can add an attachment or the Continuing Outpatient Treatment Request Form to the communication.

6. Create New (note)

Creates a simple note to BCN on this referral case (e.g. person submitting, contact info). Please include your name and phone number in case BCN needs to contact you.

7. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

Submitting Neurofeedback authorizations, cont.

Attach the independent evaluation in the Case Communication section. Independent evaluation (i.e Conners, Vanderbilt, Test of Variables of Attention (TOVA) or other psychological/neuropsychological testing) confirming the diagnosis of Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder. Independent evaluation must be completed by a provider other than the neurofeedback provider.

1. Click the Create New button in the Case Communication field

2. In the dialog box that opens, enter a subject and your message. Fields marked with an asterisk are required. Click Attach File. Locate the document in your files and double-click so they upload. File formats accepted include: .bmp, .doc, .docx, .gif, .jpg, .pdf, .png, .ppt, .txt, .xls and .xlsx. Maximum file size is 10 MB. **Please ensure your file name does not contain any special characters or symbols as you will receive an error message.** In the dialog box, check off the items to be reviewed. Click Send.

3. The dialog box closes. You'll be able to see your attached documents after clicking the Subject link. **Note:** do not attach files to any denied requests.



You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Submitting Neurofeedback authorizations, cont.

To extend service on an existing Neurofeedback Authorization, start by locating the original authorization. See [Section X: Searching for an Authorization](#) for help. If it has 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. Return to the Case Communication section and attach a completed [Continuing Outpatient Treatment Request](#) form. Otherwise, click the Edit button. If the Edit button is inactive and the dates of your authorization fall within the correct time span, please call the BCN Behavioral Health department at 1-800-482-5982.

Note: When adding an attachment in the Case Communication, in order for your communication to be received by the Behavioral Health department, you must create a new service extension.

A screenshot of the 'Outpatient Authorization Details' page in a web application. The page shows patient information, including name, birthdate, age, plan, group ID, patient ID, address, and PCP name. At the bottom right, there is a red circle around the 'EDIT' button.

Scroll down to the Service Extension(s) section, click the Create New button and enter your new dates and number of units. Click Submit.

A screenshot of the 'Service Extension(s)' form. It has a table with columns for From Date, To Date, Units, and Status. Below the table, there is a 'CREATE NEW' button circled in red. At the bottom, there are 'CANCEL' and 'SUBMIT' buttons, with 'SUBMIT' circled in red.

Submitting Neurofeedback authorizations, cont.

You will then see an Action message at the top of the screen. The Action requires you to complete a specific questionnaire. Click on the Questionnaire Assessment link or follow the steps on attaching a [Continuing Outpatient Treatment Request](#) on the previous page.

A screenshot of the 'Outpatient Authorization Details' page. At the top, there is a yellow action message bar that says '1.*The Behavioral Health Continuing Outpatient Treatment Request Form Questionnaire is required for Total Requested Visits of:'. The link 'Questionnaire Assessment' is circled in red.

Answer each question until you have completed the questionnaire.

A screenshot of the 'Questionnaire' form, Page 1. It is titled 'Behavioral Health Continuing Outpatient Treatment Request Form'. It has a progress bar showing '10% complete'. There are several questions with input fields: Member number, Member name, Member date of birth, and Name. At the bottom, there is a 'SUBMIT' button circled in red.

Once finished, click Next and Submit.

A screenshot of the 'Questionnaire' form, Final page. It is titled 'Behavioral Health Continuing Outpatient Treatment Request Form'. It has a progress bar showing '100% complete'. At the bottom, there are 'CANCEL' and 'SUBMIT' buttons, with 'SUBMIT' circled in red.

NOTE: Please do not click the Submit button more than once. There is a delay before you see the "Questionnaire Saved Successfully" message.

Once finished, you will see a "Questionnaire Saved Successfully" message. BCN's Behavioral Health staff, not the Utilization Management staff, make the determination on neurofeedback authorization requests. When authorized, neurofeedback is covered only for specific behavioral health diagnoses, not for medical diagnoses.

Note: Biofeedback, when authorized, is covered only for specific medical diagnoses and not for behavioral health diagnoses. BCN's Utilization Management staff, not the Behavioral Health staff, make the determination on requests to authorize biofeedback.

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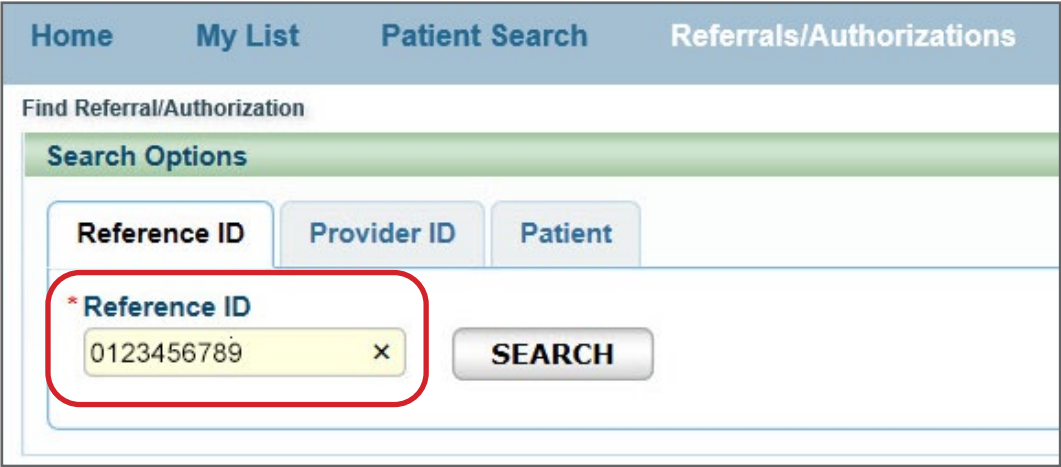
Section X: Searching for an Authorization

When you select the Search option, you have the following functions:



You can search by **Reference ID**

A Reference ID is the case number assigned to a specific patient/service. Your results will only contain specific referrals/authorizations that you are allowed to see. *Indicates a required field.



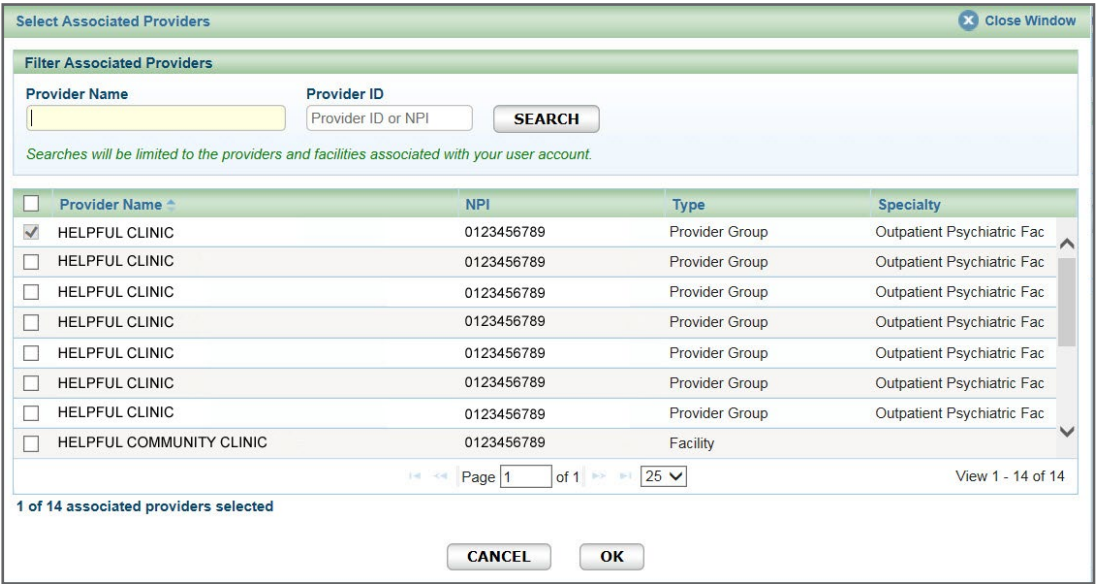
Searching for an authorization, cont.

You can search by **Provider ID (National Provider ID)**

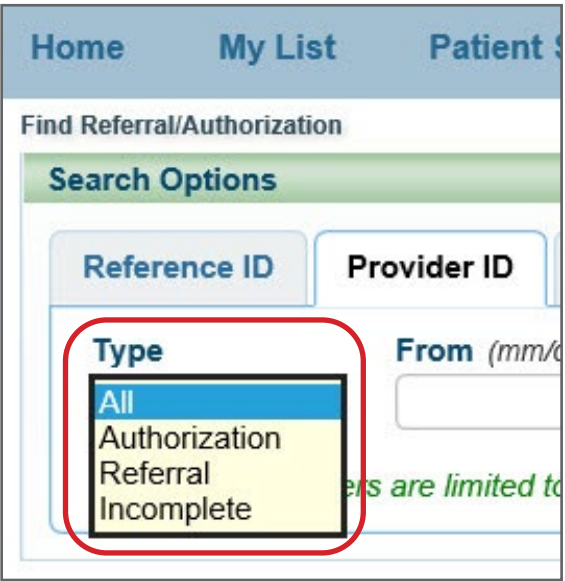


A Provider or Facility ID is the 10-digit National Provider ID assigned to the provider performing the patient's service(s). You must know the NPI in order to search by Provider or Facility ID. Your results will only contain specific referrals/authorizations that you are allowed to see.

You can now also choose specific providers among the list of associated providers, in addition to the provider in focus, or you can choose "all." Click the blue button to select other providers.



Under both the Provider ID and Patient tab, you will see a **Type** drop-down menu. Here, you can select **All**, **Authorization**, **Referral** or **Incomplete**. It is recommended you choose **All** for better search results.



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Searching for an authorization, cont.

You can search by **Patient**

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
012345678	Authorization	TEST, MARYBETH BCN	BCN	05/05/1971	03/01/2018	03/09/2018	Outpatient Hospital	PINELIS, SUSANNA		Complete removal of nasal sinus using an endoscope (CPT, 31205)	6 - Voided	
012345678	Authorization	TEST, MARYBETH BCN	BCN	05/05/1971	02/06/2018	02/28/2018	Outpatient Hospital	PINELIS, SUSANNA		Sleep monitoring of patient (5 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube (CPT, 95811)	6 - Voided	

Here, you can enter the Patient ID (if known), omitting the three-character prefix, or use the ‘Select’ link. This will allow you to search by the Patient ID or name in conjunction with other criteria. To locate ALL referrals/authorizations for a patient, remove both the From and To dates. For more specific results, delete only the “To” date.

Checking the All Cases box will show:

- Any case the member has in the e-referral system. This includes cases outside your provider set.
- A case you cannot locate under the NPI.
- A specialty medical drug prior authorization for a case you're not associate with.

Once the All Cases box is checked, you will see all the member's cases.

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
012345678	Authorization	TEST, MARYBETH BCN	BCN	05/05/1971	03/01/2018	03/09/2018	Outpatient Hospital	PINELIS, SUSANNA		Complete removal of nasal sinus using an endoscope (CPT, 31205)	6 - Voided	
012345678	Authorization	TEST, MARYBETH BCN	BCN	05/05/1971	02/06/2018	02/28/2018	Outpatient Hospital	PINELIS, SUSANNA		Sleep monitoring of patient (5 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube (CPT, 95811)	6 - Voided	
012345678	Authorization	TEST, MARYBETH BCN	BCN	05/05/1971	02/05/2018	03/04/2018	Home	PINELIS, SUSANNA		Artificial Pancreas Device System (eg, Low Glucose Suspend [LOS] Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That (HCPCS, S1034)	6 - Voided	
012345678	Authorization	TEST, MARYBETH BCN	BCN	05/05/1971	01/29/2018	02/28/2018	Inpatient Hospital	SIEGEL, DAVID M	ST JOHN MACOMBD OAKLAND HOSPITAL - OAKLAND CENTER	Stomach reduction procedure with partial removal of stomach using an endoscope (CPT, 43775)	6 - Voided	
012345678	Authorization	TEST, MARYBETH BCN	BCN	05/05/1971	01/22/2018	02/02/2018	Outpatient Hospital	PINELIS, SUSANNA		Sleep monitoring of patient (5 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube (CPT, 95811)	6 - Voided	
012345678	Authorization	TEST, MARYBETH BCN	BCN	05/05/1971	01/22/2018	11/30/2018	Office	SIEGEL, DAVID M		Established patient office or other outpatient visit, typically 15 minutes (CPT, 99213)	6 - Voided	✓

Click the Reference ID to view the case details.

Section XI: Bookmarks

E-referral’s bookmark functionality allows you to create and save your most used diagnosis and procedure codes as well as providers and facilities. This tool helps streamline your referral/authorization entries.

There are two ways to create a bookmark. Choose **Bookmarks** from the drop-down menu at the top of the Home page or create them from within a patient’s record.

To create a bookmark from the drop-down Bookmarks menu, follow these steps:

Choose Bookmarks

Select the bookmark type you’d like to manage from this screen. Your choices are **Categories**, **Code** and **Provider**.

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Bookmarks, cont.

On the **Categories** tab, you can edit, delete or add a new category. It is recommended that your office creates a standard group of categories for all users in your office. Categories are helpful if you frequently refer to certain providers (e.g. Cardiologists at Beaumont, Internal Medicine at DMC). Choose **Add**.

If no categories are created, all codes and providers will be saved as “uncategorized.”

The screenshot shows a table with 5 rows, each containing a 'Provider' name and 'edit | delete' links. At the bottom right, there is a red circle around an 'ADD' button. The text 'View 1 - 10 of 10' is visible at the bottom of the table.

The **Add** Category window will open where you can create your new bookmark. Name your category and select the type – Code or Provider. Click **Save**.

The 'Add Category' window has a title bar with 'Close Window'. Inside, there's a green header 'Enter information for the new category'. Below are three fields: '* Name' (text input with 'Cardiologists / Botsford'), '* Type' (dropdown menu with 'Provider' selected), and 'Description' (text area). At the bottom, there are 'SAVE' and 'CANCEL' buttons, with 'SAVE' circled in red.

Bookmarks, cont.

On the **Code** tab, you can search for an existing bookmark or add a new one.

To search for an existing bookmark by code:

The screenshot shows the 'Bookmarks' interface with the 'Code' tab selected. It includes search filters for Code (1), Description (2), Category (3), Owner (4), and Usage Type (5). Below is a table of bookmarks with columns for Code, Description, Category, Category Owner, Usage Type, and Action. The table lists several medical codes and their corresponding descriptions and categories.

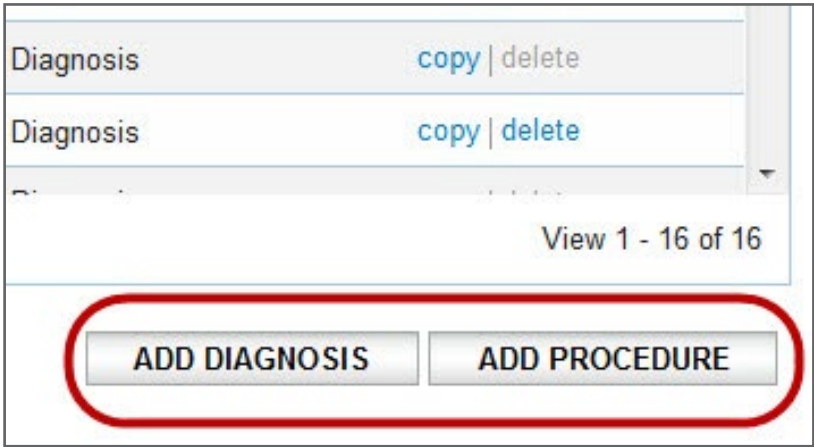
- 1. Enter a diagnosis **Code** if known, then select **Search**.
- 2. Enter a **Description** if known, then select **Search**.
- 3. Search by **Category**. These are the ones you created as bookmarks.
- 4. Search by **Owner – Payer** or **Provider**. Always choose Provider.
- 5. Under the **Usage Type** drop-down menu, you can sort from various diagnosis code types. BCN recommends selecting “All”.

The screenshot shows a 'Usage Type' dropdown menu with the following options: All, All (highlighted), CPT, Diagnosis, HCPDS, ICD9 Procedure, and ICD10 Procedure.

Bookmarks, cont.

To add a new bookmark:

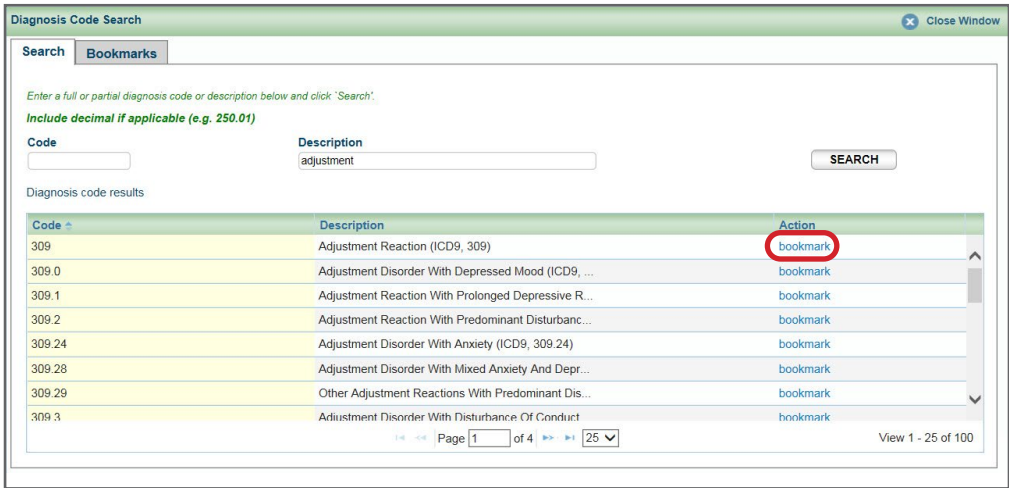
To save your most used diagnosis and procedure codes, you can create bookmarks by choosing the **Add Diagnosis** or **Add Procedure** buttons.



Click the **Add Diagnosis** button and enter a full or partial diagnosis code or description and click **Search**.

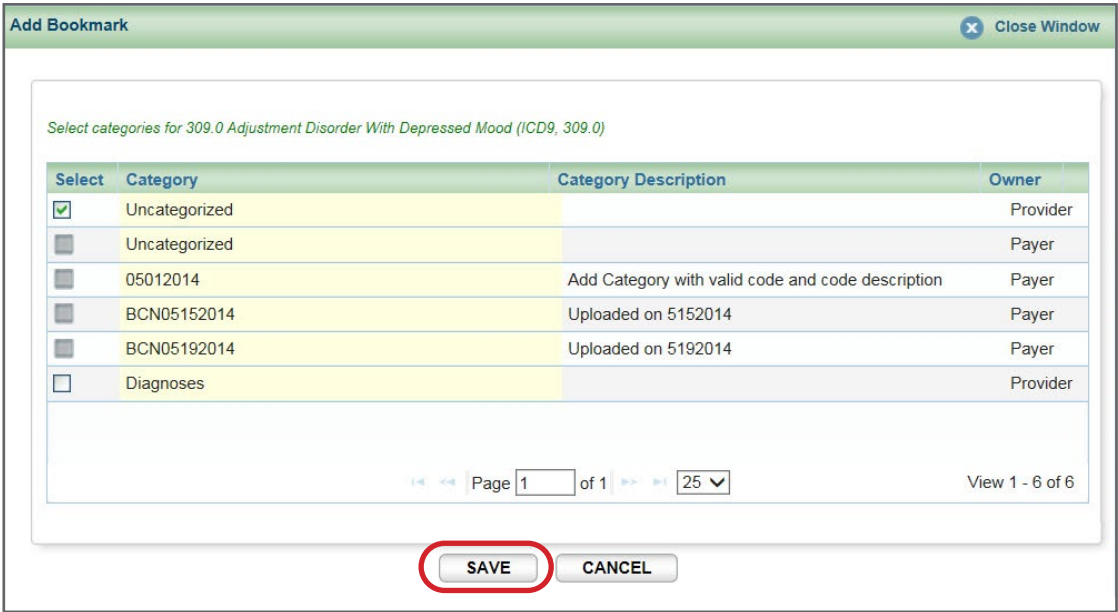


Enter your search terms (e.g. adjustment). Choose the **bookmark** link to begin creating your bookmark.

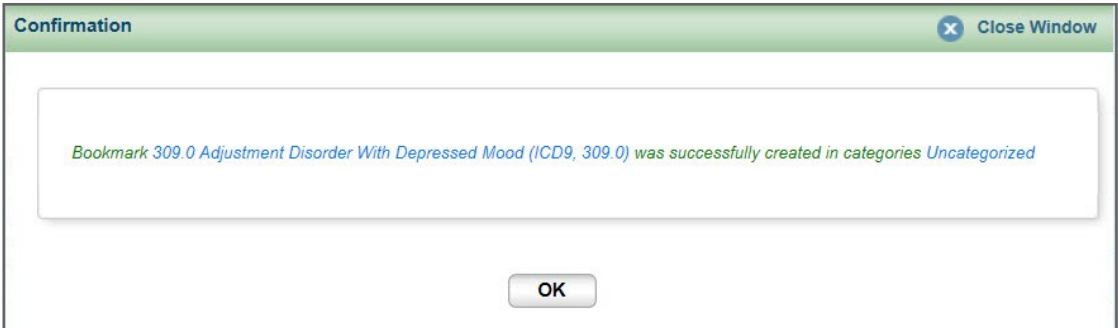


Bookmarks, cont.

You will then be asked to choose a category for your new diagnosis code bookmark. Click **Save**.



You will see a **Confirmation** screen if you've successfully created the bookmark.



To add more bookmarks, click OK to close the Confirmation window and begin your search again.

Bookmarks, cont.

On the **Provider** tab, you can search for an existing bookmark or add a new one.

To search for an existing bookmark:

Bookmarks

Categories Code Provider

Manage Bookmarks

Search for an existing bookmark or add new

Search Options

NPI 1 Provider Name 2 Category 3 Usage Type 4

SEARCH

Provider Name	NPI	Specialty	Address	Category	Usage Type	Action
HELPFUL CLINIC	012345678		1234 Happy St.	Uncategorized	Servicing Facility	copy delete

Page 1 of 1

View 1 - 1 of 1

ADD BOOKMARK

1. Enter an **NPI** if known, then select **Search**.
2. Enter a **Provider Name** if known, then select **Search**.
3. Under the **Category** drop-down menu, you can choose from the ones you created as bookmarks.
4. Under the **Usage Type** drop-down menu, you can choose from **Admitting**, **Servicing**, and **Servicing Facility** options. Please do not use **Referring**.

Usage Type

All

All

Admitting

Referring

Servicing

Servicing Facility

ZST CP4

Bookmarks, cont.

To add a new bookmark:

To save your most commonly used providers and facilities, you can create bookmarks by choosing the **Add Bookmark** button found at the bottom of the Provider tab screen.

Servicing Facility copy | delete

Servicing copy | delete

Servicing Facility copy | delete

View 1 - 25 of 100

ADD BOOKMARK

The Advanced Search option allows you to also search by ID and Specialty.
Note: If you receive multiple listings for a provider with the same information (e.g. ID, Address), you must enter the provider's NPI to narrow your results.

After entering your search terms and receiving results, choose the name to begin creating your bookmark.

Provider and Facility Search

Search

Name ID Specialty

Helpful ID or 10 digit NPI All

City State Zip

City All

CANCEL SEARCH

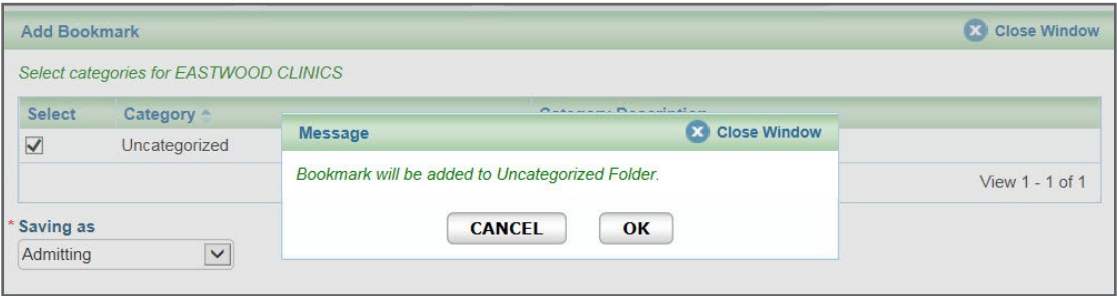
Name	NPI	Address	Group Affiliation	Type	Specialty
HELPFUL COMMUNITY CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	
HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	
HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	
HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	
HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	
HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	

Page 1 of 2

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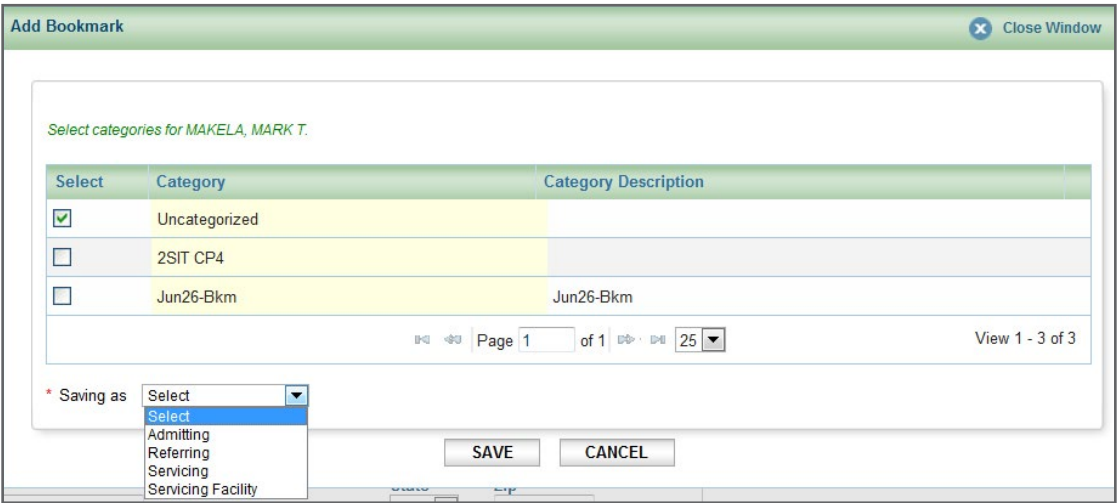
Bookmarks, cont.

You will then be asked to choose a category for your new provider bookmark. If you do not choose a category, the bookmark will be added to the Uncategorized folder and you will receive this message:



Click OK to save in the Uncategorized folder or Cancel to return and choose a category.

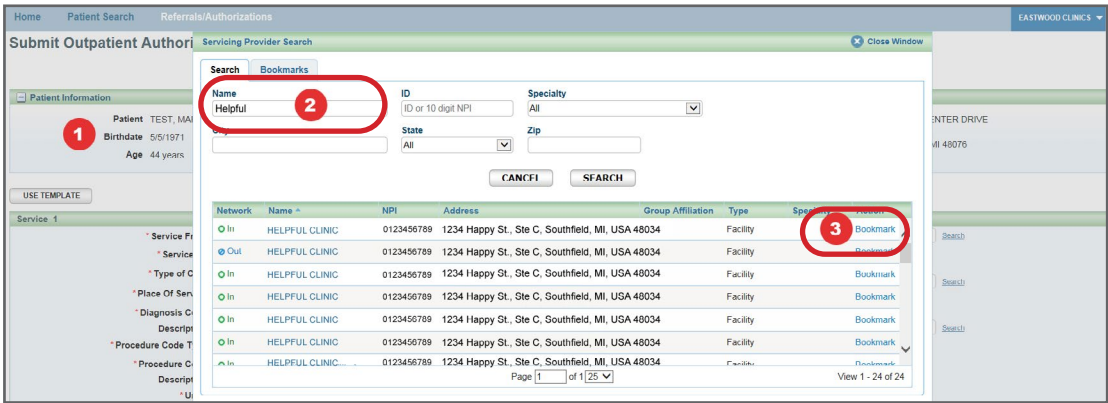
You are also required to choose from the **Saving as** menu. You choices are **Admitting**, **Servicing**, and **Servicing Facility**. Please do not use **Referring**. Once you have chosen a category and Saving as option, click **Save** or **Cancel**.



Bookmarks, cont.

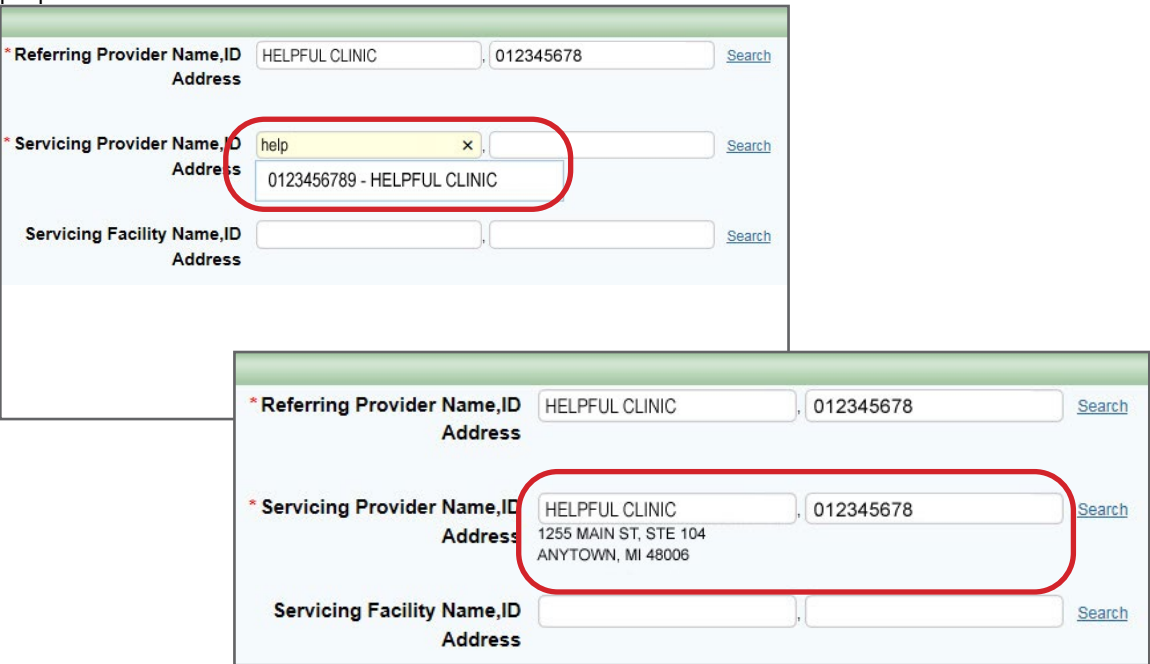
To create a bookmark from within a case:

When you're creating a new case and ready to submit an Outpatient Authorization, search for the **Servicing Provider** or **Servicing Facility** you wish to save as a bookmark.



1. Start by submitting a referral or authorization.
2. Search for the provider or facility you'd like to bookmark.
3. Click **bookmark**.

After the provider or facility has been successfully bookmarked, type in part of the provider or facility's name on the submission screen and they will begin to populate the search field.



Section XII: Templates

E-referral allows you to create and use templates for your most used authorizations. This tool helps streamline your authorization entries.

To use templates, you need to have at least one category created before you create a template.

There are two ways to create a template. Choose **Templates** from the drop-down menu at the top of the Home page or create them from within a patient’s record.

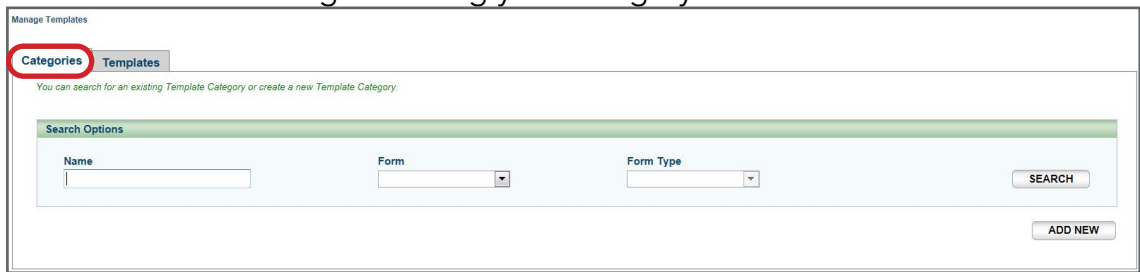


To create a template:

Choose **Templates** from the drop-down menu at the top of the Home page. The Manage Templates screen appears. You can create a new template category via the Categories tab or the Templates tab.

On the **Categories** tab, you can search for existing template categories or create a new one. **Templates must be stored in categories.** Each category can have only one kind of template form and form type (UM/Referral).

Click the **Add New** button to begin creating your category.



Templates, cont.

Complete all the required fields (indicated with *). When finished, click Continue.

A screenshot of the 'New Template Category' form. It has a title bar with a 'Close Window' button. The form contains three required fields: '* Form' (a dropdown menu), '* Form Type' (a dropdown menu), and '* Name' (a text input field). Each field is marked with a red circle containing a number (1, 2, and 3 respectively). Below the fields are 'SAVE' and 'CANCEL' buttons.

- 1. **Form:** Choose UM from the drop-down menu. **UM = Utilization Management.** UM consists of referrals, inpatient and outpatient authorizations.
- 2. **Form Type:** Choose Outpatient Auth.
- 3. **Name:** Enter a name for your new category.

Click Save or Cancel. After clicking Save, a confirmation message will appear that you have successfully created your category.

Templates, cont.

On the **Templates** tab, you can search for an existing template or create a new one. Click the **Add New** button to begin creating your template.

The New Template pop-up box will appear. Complete all the required fields (indicated with *).

- 1. **Form:** Choose UM from the drop-down menu.
UM = Utilization Management. UM consists of referrals, inpatient and outpatient authorizations.
- 2. **Form Type:** Choose Outpatient Auth.
- 3. **Diagnosis Version:** Choose ICD9 or ICD10.

Click Continue or Cancel. After clicking Continue, you will be returned to the Manage Templates screen.

Templates, cont.

On the Manage Templates screen, complete all the required fields (indicated with *).

- 1. ***Category.** Your template must be stored in a category. Choose from the options in the drop-down menu.
 - 2. ***Name.** Enter a name for your template.
 - 3. ***Effective Date/Expiration Date.** Enter a date range for your new claim template. Leave the Expiration Date blank for an open-ended template. When searching for a specific template with an effective or expiration date outside of the current date, this template will not be shown in search results. Adding Effective and Expiration dates helps tailor your template.
 - 4. **Active/Inactive.** The active status indicates the template is searchable from the search menus available within the form type. When templates are created from existing UMs, this option is hidden and automatically set to ACTIVE. By default, templates downloaded from the payer are set to INACTIVE.
 - 5. **Service 1.** Enter information into these options for a more specific template.
- Click **Save**. You will be then be able to Edit or Copy the same information if needed.



Templates, cont.

To create a template from within a case:

When you're in a case and ready to submit an Outpatient Authorization, you can save what you input into the fields as a new template. Remember, you'll need to have at least one category created before you create a template.

Submit Outpatient Authorization

1 Patient TEST, MARYBETH
Birthdate 5/5/1971
Age 44 years

Plan BCN
Group ID 00000001
Patient ID 012345678
Address 06012011 date
Flint, MI 48503
PCP Name, ID WHITECOAT, DOCTOR, 0123456789

2 Service 1

* Service From (mm/dd/yyyy)
* Service To (mm/dd/yyyy)
* Type of Care
* Place Of Service
* Diagnosis Code
Description
* Procedure Code Type CPT
* Procedure Code
Description
* Units

* Referring Provider Name, ID
Address
* Servicing Provider Name, ID
Address
* Servicing Facility Name, ID
Address

SAVE AS... CANCEL SUBMIT ADD SERVICE ADD SERVICE COPY PROVIDERS

1. Start by finding the patient you wish to submit the authorization for.
2. Fill in the required Service 1 information (all required fields are indicated with *). You must at least enter a Service From date to begin creating the new template.
3. Click **Save As...** and give your template a category and name.
Note: you must create categories prior to saving your new template.

Service 1

* Service From 11/12/2018 (mm/dd/yyyy)
* Service To 11/30/2018 (mm/dd/yyyy)
* Type of Care Elective
* Place Of Service On Campus Outpatient Hospital
* Diagnosis Code F43.20 Search
Description Adjustment disorder, unspecified (ICD10, F43.20)
* Procedure Code Type CPT
* Procedure Code 90791 Search
Description
* Units 20

SAVE AS...

Templates, cont.

To use a template within a case:

You can use a template you've previously created while submitting your outpatient authorization within a case.

Choose the **Use Template** button and begin your search.

Enter search terms in the Search Options section to locate your template. Click Search.

Use Template

configurable hint text here >>

Search Options

Name Description Category
Procedure Code Diagnosis Code

OP MH
Eastwood

SEARCH

CLOSE

To use a template when outside a case:

1. Choose **Templates** from the drop-down menu at the top right of the Home page.
2. Click on the **Templates** tab and search by Name, Description, Category, Form.

The **Advanced Search** allows you to search by Procedure Code, Diagnosis Code, Created By (payer or provider), Active Status or Expired Status.

3. Hit the **Search** button to view your results. You can also choose delete in the Action column to eliminate a template.

Manage Templates

Categories Templates

You can search for an existing Template or create a new Template.

Search Options

Name Description Category Form Form Type
Procedure Code Diagnosis Code Created By Active Status Expired Status

SEARCH advanced search

Name Description Category Form Type Active Action
HELPFUL CLINIC OP MH Outpatient Auth Active Delete

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ADD NEW

Once you have located and chosen your template, the Service 1 categories will be populated with that template's criteria. You will be then be able to Edit or Copy the same information if needed.

e-referral contact information

For general Behavioral Health questions

For members with BCN coverage (including Blue Cross or BCN employees), please call 1-800-482-5982.

For members with BCN AdvantageSM coverage, please call 1-800-431-1059.

For members with Medicare Plus BlueSM coverage, please call 1-888-803-4960.

Business hours are Monday through Friday (except holidays) from 8 a.m. to 5 p.m.

For password reset and technical help

Contact Availability Client Services: 1-800-AVAILITY (282-4548)

For help using e-referral, contact your provider consultant.

To locate your provider consultant:

- Go to bcbsm.com/providers
- Click on *Contact Us* at the bottom of the page
- Click *Providers* under Contact Center
- Choose *Blue Cross Blue Shield of Michigan* or *Blue Care Network* from the *Select a plan type* drop-down menu
- Choose *Provider consultants* from the *Select a topic* drop-down menu
- Click the appropriate region or the physician organization consultants (PDF) link

ereferrals.bcbsm.com



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association