



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

Confidence comes with every card.®

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 (Availity) in the *Applications* tab under *Payer Spaces*. To get up and running in e-referral, you must have a secure Availity 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 Availity 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 in the [Provider resource guide at a glance](#) document. You'll find it at the bottom of ereferrals.bcbsm.com under Frequently Accessed Documents.

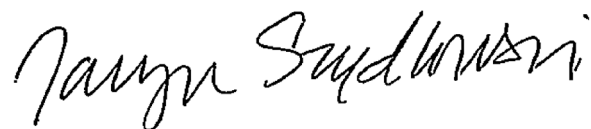
NOTE: For faster service, please have member demographics, procedure, and diagnosis codes available before calling.

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

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

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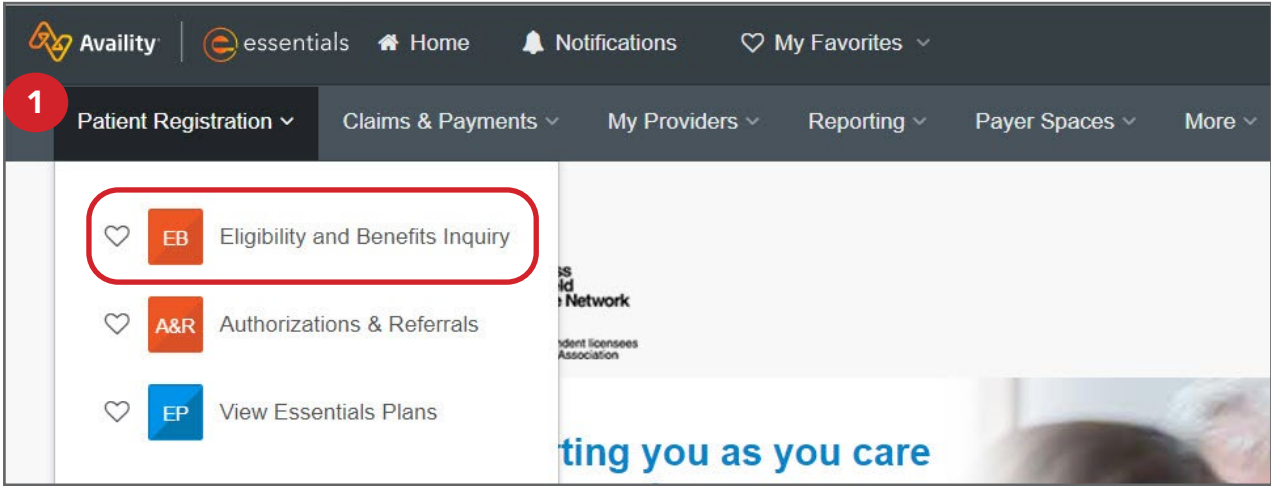
Section I: Checking Member Eligibility and Benefits

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:

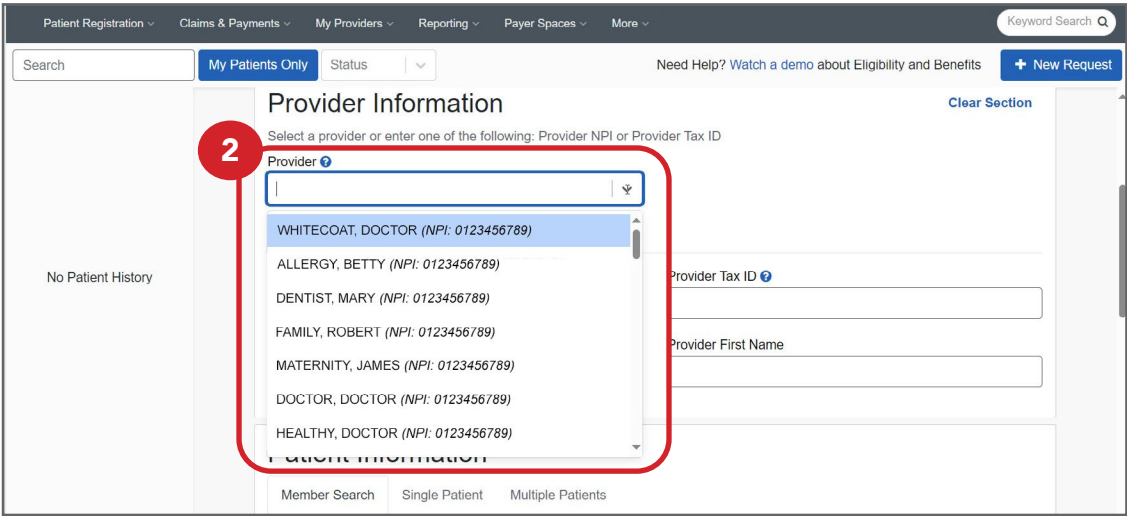
1. Log in to our provider portal ([availity.com](#)*).
 2. Click *Payer Spaces* on the menu bar.
 3. Click the BCBSM and BCN logo.
 4. Click the *Resources* tab.
 5. Click *Secure Provider Resources (Blue Cross and BCN)*.
1. To check via the provider portal, log in to [availity.com](#)*. Choose *Eligibility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



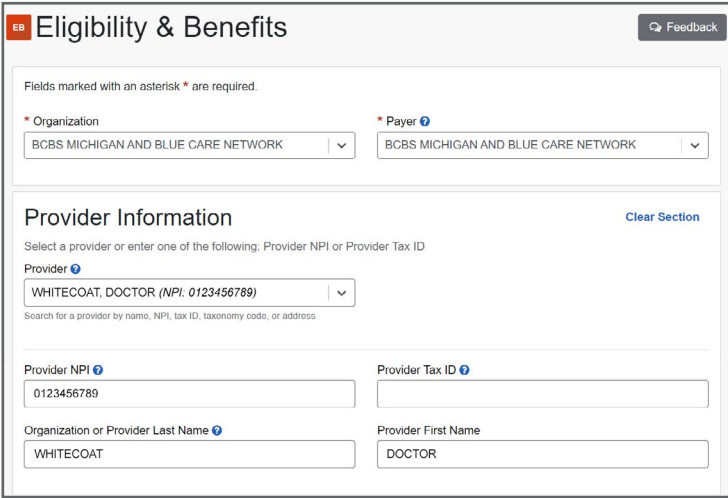
*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're required to let you know we're not responsible for its content.

Checking member eligibility and benefits, cont.

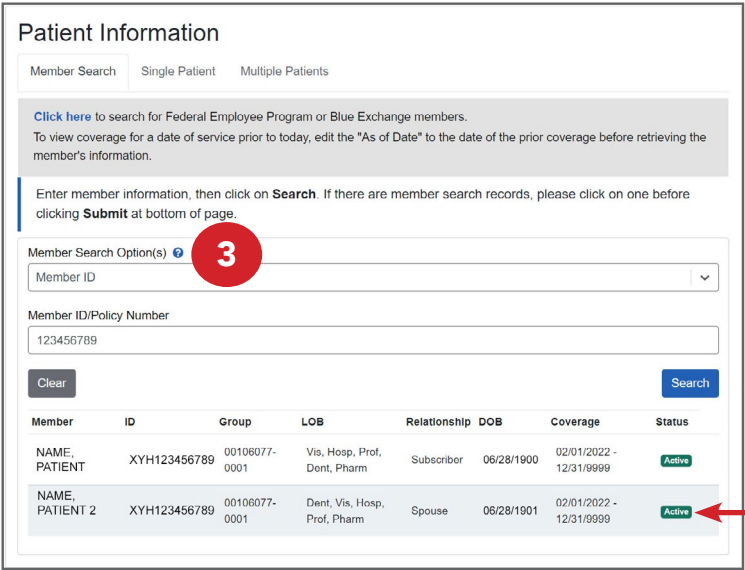
2. Select a provider from the list.



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



3. Choose a **Member Search Option(s)**. 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. Make sure the member has Active eligibility. Choose the patient from the list of results.



Checking member eligibility and benefits, cont.

4. 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 24 months in the past.

Service Information

* As of Date 4

12/07/2023

* Benefit / Service Type 5

Select...

clear

☐ Submit another patient

Submit 6

5. In the **Benefit/Service Type** field, select a service type to yield detailed benefit information. Choose Health Benefit Plan Coverage for basic coverage information.

6. Click Submit.

The patient's information will be displayed. Scroll down to the Plan Maxiumums and Deductibles section 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. Click the Expand button to review details for all benefit types or click the arrows beside each benefit type to review details one at a time.

Plan Maximums and Deductibles

All Networks

▼ Health Benefit Plan Coverage - 30

Active Coverage

Insurance Type: Health Maintenance Organization (HMO)

Plan / Product: BCN HMO

Coverage Level: Family

Information / Details	Individual	Family
Annual Deductible	<div>Network Not Applicable</div> <div>Plan Network ID: NO NETWORK</div> <div>\$1,000 / Service Year(s)</div> <div>\$1,000 Remaining</div>	<div>Network Not Applicable</div> <div>Plan Network ID: NO NETWORK</div> <div>\$2,000 / Service Year(s)</div> <div>\$2,000 Remaining</div>
Out Of Pocket	<div>Network Not Applicable</div> <div>Plan Network ID: NO NETWORK</div> <div>• EMBEDDED COINSURANCE MAXIMUM</div> <div>\$3,500 / Service Year(s)</div> <div>\$3,500 Remaining</div>	<div>Network Not Applicable</div> <div>Plan Network ID: NO NETWORK</div> <div>\$7,000 / Service Year(s)</div> <div>\$7,000 Remaining</div>
	<div>Network Not Applicable</div> <div>Plan Network ID: NO NETWORK</div> <div>\$8,150 / Service Year(s)</div> <div>\$8,150 Remaining</div>	<div>Network Not Applicable</div> <div>Plan Network ID: NO NETWORK</div> <div>\$16,300 / Service Year(s)</div> <div>\$16,297.95 Remaining</div>

Benefit Information

Expand

► Chiropractic - 33

Checking member eligibility and benefits, cont.

The Benefit Information section fully expanded.

Benefit Information

Collapse

▼ Chiropractic - 33

Benefit Descriptions

• INCLUDES - X-RAY

• INCLUDES - SPECIALIST VISITS

• INCLUDES - PHYSICAL THERAPY/REHAB OUTPT L

• INCLUDES - PHYSICAL THERAPY/REHAB OUTPT

▼ Chiropractic - Physical Therapy/rehab Outpt - 33

Benefit Descriptions

Coverage Level: Family

• \$40 COPAY AFTER DEDUCTIBLE PER OUTPATIENT REHABILITATIVE AND HABILITATIVE VISIT

▼ Chiropractic - Physical Therapy/rehab Outpt L - 33

Benefit Descriptions

Coverage Level: Family

• OUTPATIENT REHABILITATION SERVICES ARE LIMITED TO 30 COMBINED VISITS PER CALENDAR YEAR FOR PHYSICAL AND OCCUPATIONAL THERAPY AND A SEPARATE 30 VISIT LIMIT PER CALENDAR YEAR FOR SPEECH THERAPY. REHAB THERAPY MUST RESULT IN MEANINGFUL IMPROVEMENT WITHIN 90 DAYS OF STARTING TREATMENT. OUTPATIENT HABILITATIVE SERVICES ARE LIMITED TO 30 COMBINED VISITS PER CALENDAR YEAR FOR PHYSICAL AND OCCUPATIONAL THERAPY AND A SEPARATE 30 VISIT LIMIT PER CALENDAR YEAR FOR SPEECH THERAPY.

▼ Chiropractic - Specialist Visits - 33

Benefit Descriptions

Coverage Level: Family

• \$40 COPAY PER SPECIALIST OFFICE VISIT WHEN REFERRED. SPINAL MANIPULATIONS LIMITED TO 30 COMBINED VISITS PER CALENDAR YEAR WHEN PROVIDED BY A CHIROPRACTOR OR OSTEOPATHIC PHYSICIAN. PREVENTIVE SERVICES AND SCREENINGS AS MANDATED BY THE AFFORDABLE CARE ACT ARE COVERED IN FULL.

▼ Chiropractic - X-ray - 33

Benefit Descriptions

Coverage Level: Family

• \$150 COPAY AFTER DEDUCTIBLE FOR HIGH TECH RADIOLOGY SERVICES SUCH AS MRI, PET, CAT, OR MRA WHEN PERFORMED IN AN OUTPATIENT FACILITY, FREE STANDING FACILITY OR OFFICE SETTING. 20% COINSURANCE AFTER DEDUCTIBLE FOR OTHER RADIOLOGY SERVICES. PRENATAL ULTRASOUND AND OTHER PREVENTIVE SCREENINGS ARE COVERED IN FULL.

▼ Emergency Services - 86

Benefit Descriptions

Coverage Level: Family

• \$250 COPAY AFTER DEDUCTIBLE FOR EMERGENCY ROOM TREATMENT. ER COPAY WAIVED IF ADMITTED AS AN INPATIENT. YOUR INPATIENT HOSPITAL BENEFIT APPLIES. SEE INPATIENT HOSPITAL.

▼ Hospital - 47

Benefit Descriptions

• INCLUDES - OUTPT FAC VISITS/DIAGNOSTIC SR

• INCLUDES - OUTPATIENT SURGERY FACILITY

• INCLUDES - NEWBORN CARE

• INCLUDES - INPATIENT HOSPITAL

▼ Hospital - Emergency Accident - 51

Benefit Descriptions

Coverage Level: Family

• \$250 COPAY AFTER DEDUCTIBLE FOR EMERGENCY ROOM TREATMENT. ER COPAY WAIVED IF ADMITTED AS AN INPATIENT. YOUR INPATIENT HOSPITAL BENEFIT APPLIES. SEE INPATIENT HOSPITAL.

Checking member eligibility and benefits, cont.

For Blue Cross Blue Shield of Michigan members:

A Benefit Explainer button may be present for members and provides more detailed information. Click the button to launch the application.

PATIENT, TEST
1255 MAIN ST
ANYTOWN, MI 48006

Edit

Print

Feedback

Member Status

Active Coverage

Date of Birth

Jan 1, 1988

Gender

Male

Current Plan Effective Date

Jan 1, 2024 - Mar 2, 2024

Relationship to Subscriber

Self

Member ID Card

Benefit Explainer

Find a Provider

Under the Benefit Package Report tab, click Search to see a list of General Topics that display In Network and Out of Network coverage. Information can be found under the Quickview Report and Online Benefits Information tabs.

Blue Cross Blue Shield of Michigan

Explainer

Close Window

Home

BPR

Medical/Payment Policy

PPO Provider Manual

Jobs

Manage Favorites

Communications

BPR

Benefit Package

BPID: 06BYG, Date: 06/09/2022

Topic

Services and procedures

Required

Optional

Search

Reset All

Migrated Group.

Quickview Report

Online Benefits Information

Benefit Package Report

Contractual Documents

Medical Services

CB HCR - ASC

Benefit Period: January - December

	In Network	Out of Network
Deductibles	\$ 250 per Individual General Deductible per Benefit Period \$ 500 per Family General Deductible per Benefit Period	\$ 500 per Individual General Deductible per Benefit Period \$ 1,000 per Family General Deductible per Benefit Period
Copayment		
Fixed Dollar Copays		
90845	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
90863	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
90875	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
90876	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
Chiropractic manipulative treatment	Chiropractic Manipulation Copay - \$ 20	
Emergency room charges	Emergency Room Copay - \$ 100	Emergency Room Copay - \$ 100
Established Patient	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
Evaluation and management for office or other outpatient services	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
Family psychotherapy	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
General ophthalmological services	PCP Office Visit - \$ 20	

Checking member eligibility and benefits, cont.

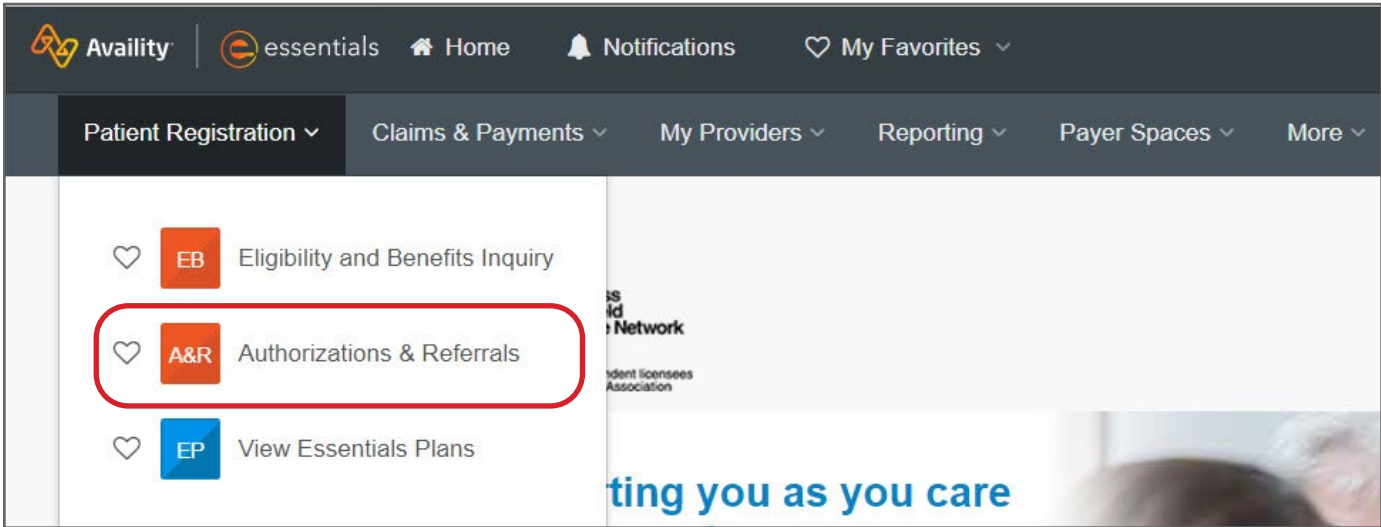
Click on the topics to view more detailed coverage information.

	In Network	Out of Network
General Topics		
Abortion		
Medically Necessary	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Elective	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Acupuncture	Not Covered	Not Covered
Allergy and Clinical Immunology		
Allergen Immunotherapy	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Allergy Testing	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Ambulance Services		
Ambulance Facility	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Ambulance Professional	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Ambulatory Surgical Facility (ASF)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Anesthesia - General	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Anesthesia Services Less or equal to 1 Units per Day(s) and Anesthesia and Surgery Less or equal to 1 Units per Day(s) is Payable	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Blood Products, Storage and Processing	Covered Deductible may apply Coinsurance may apply \$ 250 Copayment may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply \$ 250 Copayment may apply (Limitations apply - click Topic to view BPR)
BlueHealth Connection	Covered (Limitations apply - click Topic to view BPR)	Covered (Limitations apply - click Topic to view BPR)
Cardiac Rehabilitation	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Cardiac Rehabilitation; per 3 Months Less or equal to 36 Visits per 3 Month(s) is Payable with limitations	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Chemotherapy	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Chiropractic		
Chiropractic Services	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Mechanical Traction	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Spinal Manipulation/Mechanical Traction, per day Less or equal to 1 Units per Day(s) and PT/OT/SLP Facility/Professional maximum; per calendar year Less or equal to 60 Visits per Calendar Year is Payable	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
PT/OT/SLP Facility/Professional maximum; per calendar year Less or equal to 60 Visits per Calendar Year is Payable	Covered (Limitations apply - click Topic to view BPR)	Covered Deductible applies Coinsurance applies (Limitations apply - click Topic to view BPR)
Spinal Manipulation	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Spinal and Osteopathic Manipulations; per Calendar Year Less or equal to 24 Visits per Calendar Year is Payable	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
X-rays	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)

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

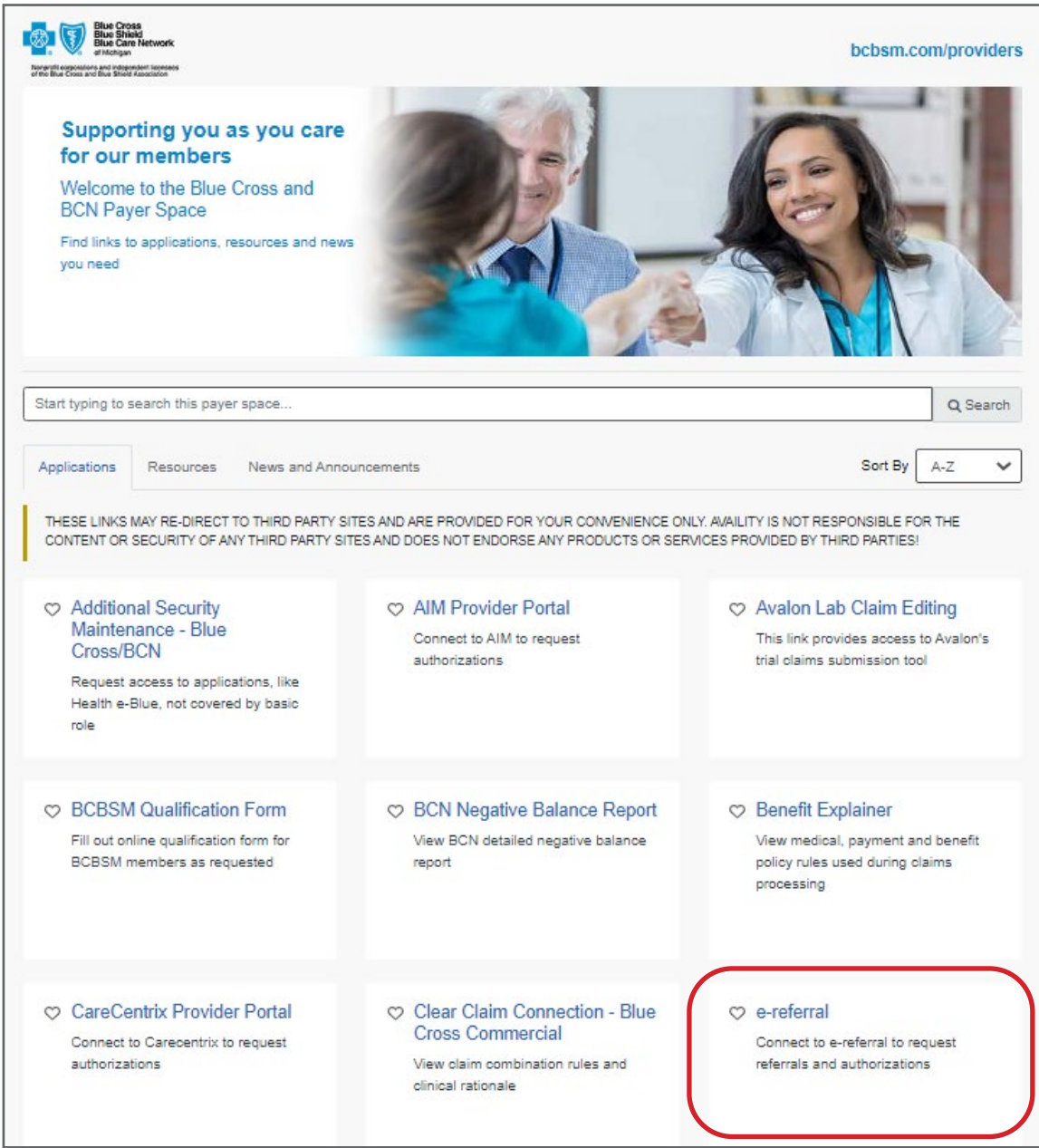
Each prospective e-referral user must have a secure user ID and password for our provider portal (Availity) to use the e-referral application. Your Availity administrator sets this up for you. See instructions on the [Sign Up or Change a User](#) page on [ereferrals.bcbsm.com](#).

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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Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

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).

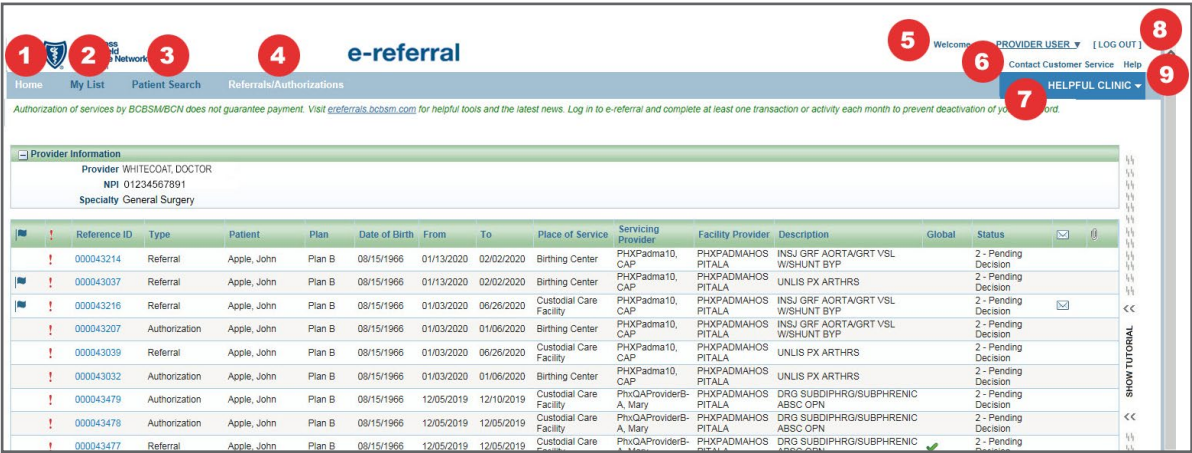
The e-referral User Guide is available in full color in Adobe PDF file format on the e-referral home page at ereferrals.bcbsm.com and [Training Tools](#) page. It can be opened, viewed and printed using the Adobe Acrobat Reader® available free at get.adobe.com/reader**. Once Adobe Reader is installed 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, 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.



- 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 prior to referral or 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.

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Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

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. The 'In Focus' bar on the right displays provider information for 'Provider Set 10177', 'Provider ABDOLKARIM, ADIB O.', 'NPI 1578699807', 'Type Practitioner', and 'Specialty Family Medicine'. Below this, a table lists various referrals and authorizations with columns for Reference ID, Type, Patient, Plan, Date of Birth, From, To, Place of Service, and Servicing Provider.

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 e-referral dashboard with the 'My List' tab selected. A red circle highlights the 'REMOVE SELECTED ROWS' button. Below the table, a message box asks 'Are you sure you want to remove these rows from your list?'. The table lists referrals and authorizations 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.

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' bar. It displays provider information for 'Provider Set 01234', 'Provider HELPFUL CLINIC', 'NPI 01234567891', 'Type Provider Group', and 'Specialty Outpatient Psychiatric Fac'. There is a 'Change' link next to the Provider Set.

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

The screenshot shows the 'Select Associated Provider' dialog box. It has a search bar with 'Filter Associated Providers' and a 'SEARCH' button. Below the search bar, a table lists providers with columns for Provider Name, NPI, Type, and Specialty. The 'HELPFUL COMMUNITY CLINIC' row is highlighted with a red circle. The dialog also includes a 'CLOSE' button and pagination information.

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Behavioral Health

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.

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Blue Cross
Blue Shield
of Michigan

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 012345678
General

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	
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	

SHOW TUTORIAL

<<

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: Referrals and Authorizations

Global referrals

Global referrals are for BCN commercial members only. A global referral allows a specialist contracted with BCN to perform necessary services to diagnose and treat a member in the office, with the exception of services that require benefit or clinical review.

Things to remember:

- Only the member’s primary care physician can issue a global referral. If a provider that is not the member’s PCP requests a global referral, they will be blocked and see this message:

Home

My List

Patient Search

Referrals/Authorizations

You are not able to submit this request. Please contact the PCP of the member as you are not assigned. PCP must submit global referral for services to be authorized.

Submit Global Referral

- You can issue global referrals for at least 90 days but not more than 365 days. If you enter less than 90 days, you will receive an error message. After 365 days, submit a new referral for ongoing care.
- Do not submit global referrals for:
 - Noncontracted practitioners or facility services
 - Chiropractic services or physical, occupational or speech therapy
- Specialists may not refer to another specialist for services.
- Specialists can submit authorization requests for services only if there’s a global referral on file for the member. Otherwise, they will see this message:

Home

My List

Patient Search

Referrals/Authorizations

You are not able to submit this request. Treating provider does not have a global referral on file for this member. Please contact member’s PCP to request a global referral.

Submit Outpatient Authorization

- For BCN AdvantageSM members in any region, no global referral is required as long as the specialist is part of the provider network associated with the member’s plan. If the provider is not in the member’s network, the PCP must contact the BCN Utilization Management department at 1-800-392-2512.

For BCN commercial East, Southeast, Mid or West (including Northern Michigan and Upper Peninsula) region referrals

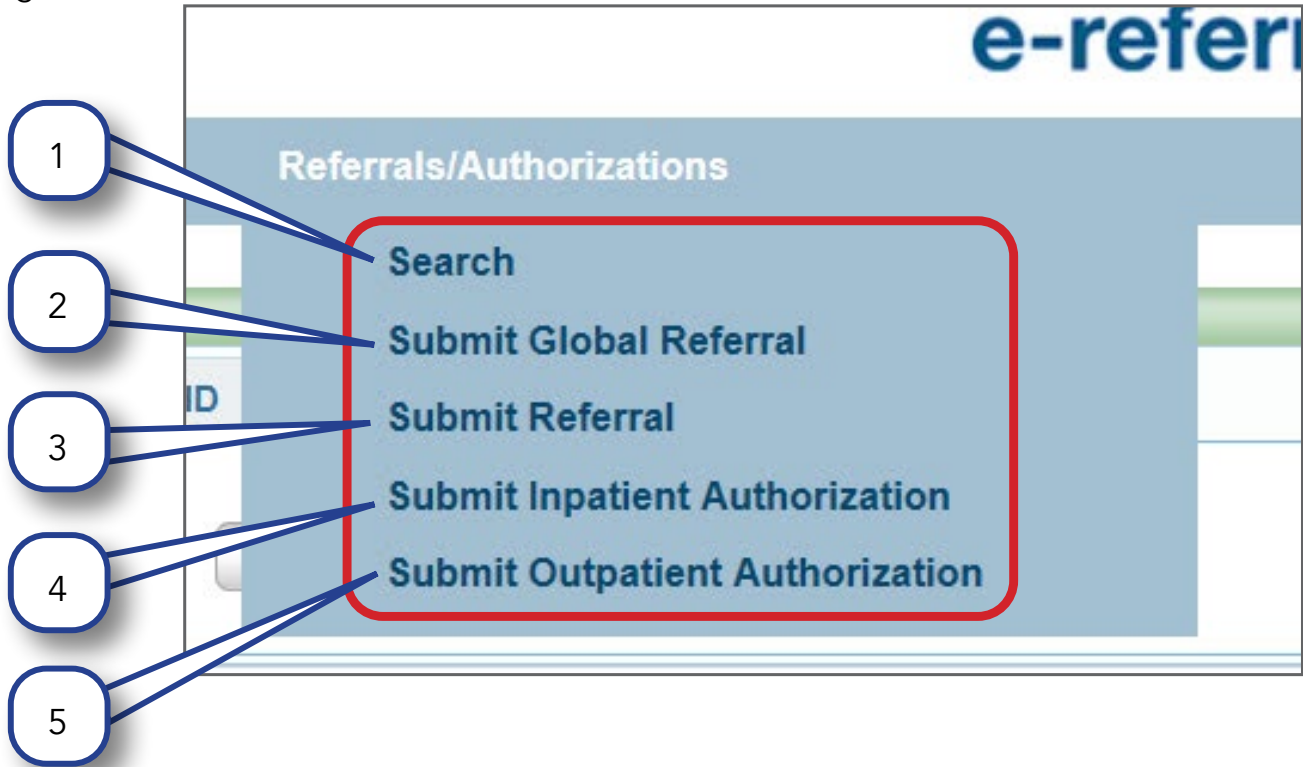
IF the member’s primary care physician is in a medical care group based in these regions ...	And the specialist is located in these regions ...	THEN ...
East or Southeast	Any region	A global referral is required*
Mid or West	Mid or West	A global referral is not required
Mid or West	Outside Mid or West	A global referral is required*

*Some services require prior authorization in addition to a referral. For more information, see the **Utilization Management (PDF)** chapter of the *BCN Provider Manual*. You can also refer to the **BCN referral and authorization requirements for Michigan providers (PDF)** at [ereferrals.bcbsm.com](#) on BCN’s **Authorization Requirements & Criteria** page.

1. Searching for a referral or authorization

Before using any of the Referrals/Authorizations functions seen below, you will be prompted to search for a member. Locating the patient’s name prevents reentering information each time you conduct a search or submit a referral or authorization.

When you select the Referrals/Authorizations link in the top navigation ribbon, you can perform the following functions:



- 1. Search for one or more referrals or authorizations for a particular member. Specify a date of service range to more easily find the appropriate referral or authorization.
- 2. Submit a request for a “Global Referral” (referral to a contracted specialist/provider for services to be performed in the provider office).
- 3. Submit a request for a “Referral” (referral to a noncontracted provider for services to be rendered in a provider office requiring clinical review by BCN or other services).
- 4. Submit a request for “Inpatient Authorization” (service to be rendered in any inpatient setting including inpatient hospital, skilled nursing facility, etc.).
- 5. Submit a request for “Outpatient Authorization” (outpatient services include requests for outpatient surgery, physical, occupational and speech therapy, etc.).

Searching for a referral or authorization, cont.

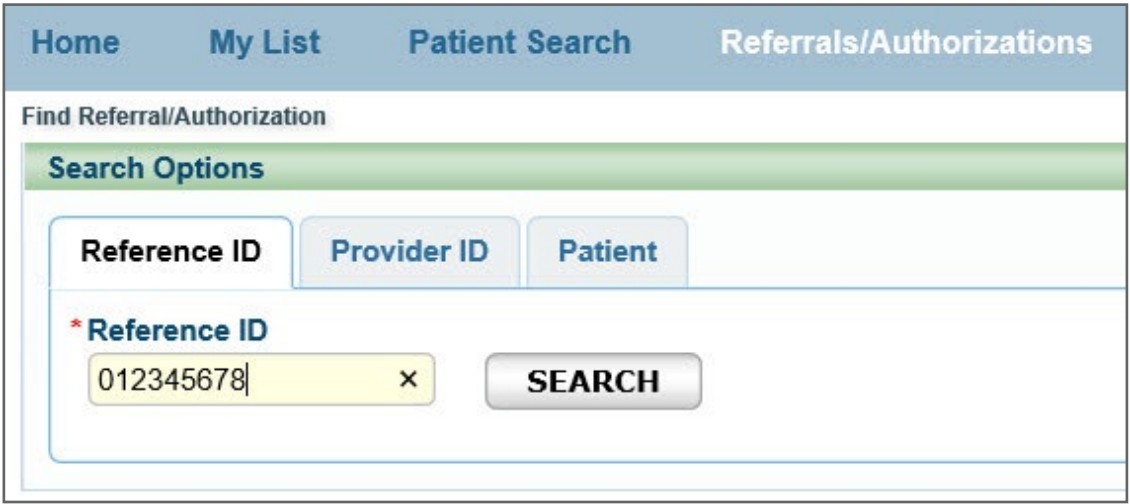
Note: If you are a primary care physician, you will be excluded from viewing behavioral health authorizations and referrals for patients. This assures that privacy regulations around handling sensitive information are not violated.

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 or service. Your results will only contain specific referrals/authorizations that you are allowed to see. *Indicates a required field.



Searching for a referral or 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 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.

Searching for a referral or authorization, cont.

You can search by **Patient**

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 (except behavioral health) 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 associated with.

Once the All Cases box is checked, you will see all the member's cases (excluding behavioral health). Click the Reference ID to view the case details.

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	05/05/1971	02/20/2015	02/21/2015	Inpatient Hospital	BRONSON BATTLE CREEK	BRONSON BATTLE CREEK	Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)	6	Voided
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	02/03/2015	02/04/2015	Inpatient Hospital	BRONSON BATTLE CREEK	BRONSON BATTLE CREEK	Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)	6	Voided
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	03/01/2018	03/09/2018	Outpatient Hospital	PINELIS, SUSANNA	PINELIS, SUSANNA	Complete removal of nasal sinus using an endoscope (CPT, 31255)	6	Voided
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	02/05/2018	02/28/2018	Outpatient Hospital	PINELIS, SUSANNA	PINELIS, SUSANNA	Sleep monitoring of patient (6 years or older) in sleep lab with continuous pressured respiratory assistance by mask or breathing tube (CPT, 95811)	6	Voided
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	02/05/2018	03/04/2018	Home	PINELIS, SUSANNA	PINELIS, SUSANNA	Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That (HCPCS, S1034)	6	Voided
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	01/29/2018	02/28/2018	Inpatient Hospital	SIEGEL, DAVID M.	ST JOHN MACOMB OAKLAND HOSPITAL OAKLAND CENTER	Stomach reduction procedure with partial removal of stomach using an endoscope (CPT, 43775)	6	Voided
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	01/22/2018	02/02/2018	Outpatient Hospital	PINELIS, SUSANNA	PINELIS, SUSANNA	Sleep monitoring of patient (6 years or older) in sleep lab with continuous pressured respiratory assistance by mask or breathing tube (CPT, 95811)	6	Voided
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	01/22/2018	11/30/2018	Office	SIEGEL, DAVID M.	SIEGEL, DAVID M.	Established patient office or other outpatient visit, typically 15 minutes (CPT, 99213)	6	Voided

NOTE: Don't submit additional clinical documentation or make any other changes on **denied** requests. We don't receive notification of changes to authorization requests that have been closed. Instead, submit the clinical documentation during the appeals process. This will help to ensure that we see and review the additional documentation.

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

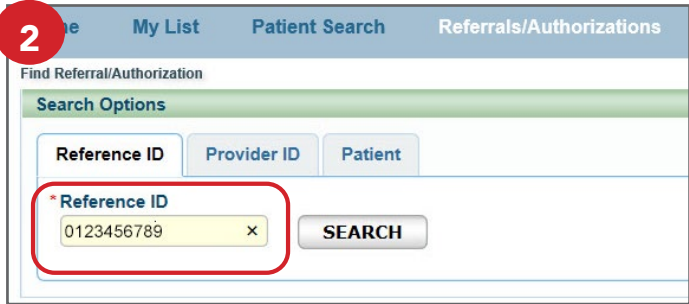
Searching for a referral or authorization, cont.

Searching for a temporary member

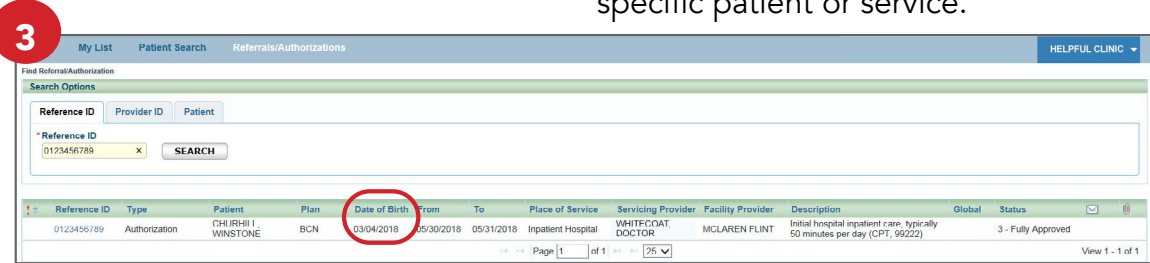
When searching for a temporary member, such as a newborn that is not assigned to a contract number yet, use the Reference ID. Do not search by a contract number.



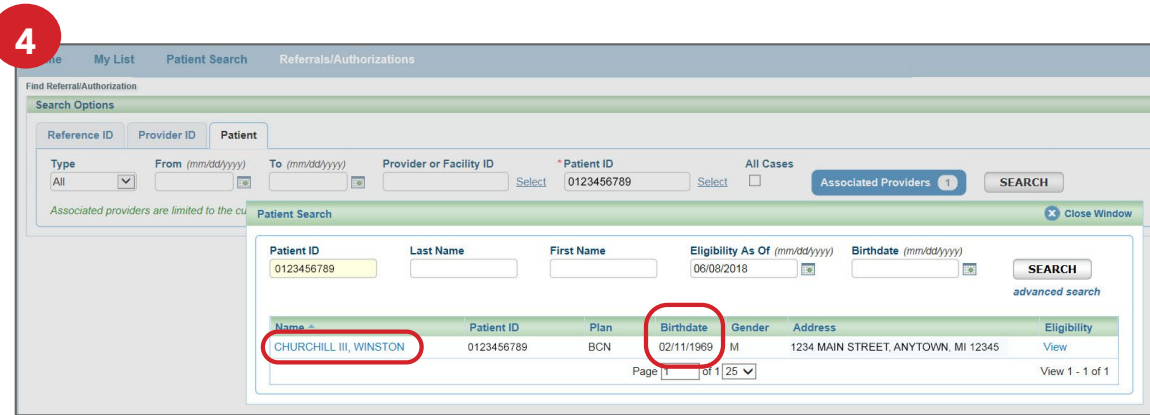
Select the Search option.



Search by Reference ID. A Reference ID is the case number assigned to a specific patient or service.



The Date of Birth indicates a newborn.

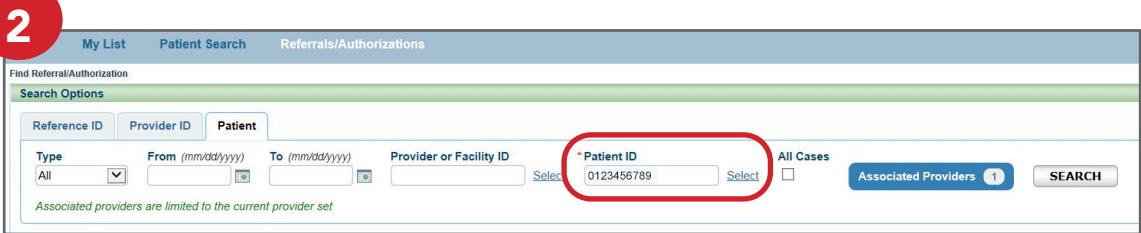
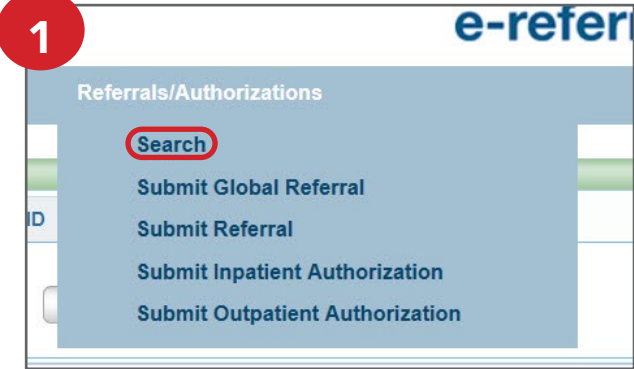


Do not search by a contract number since a temporary member will not show on the contract yet. In this example, only the father appears in the results after entering the contract number and clicking Select.

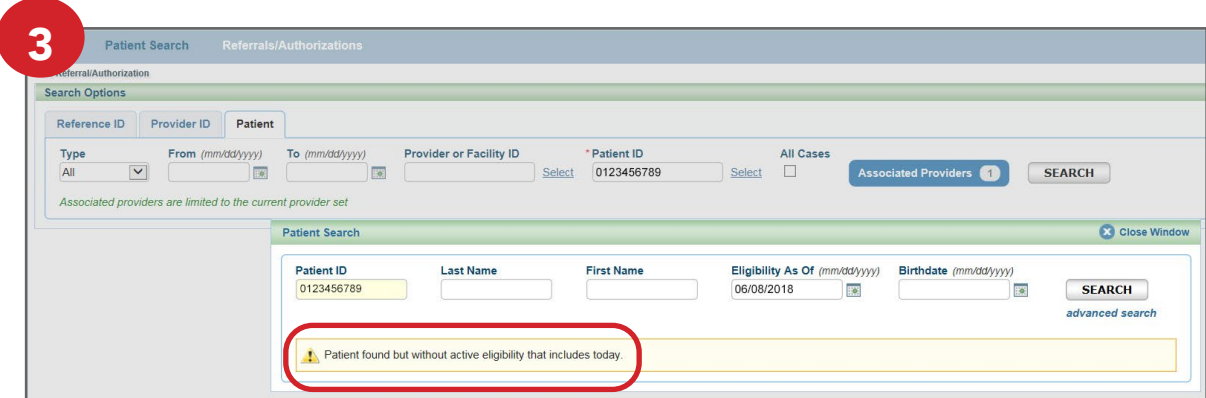
Searching for a referral or authorization, cont.

Searching for a terminated member

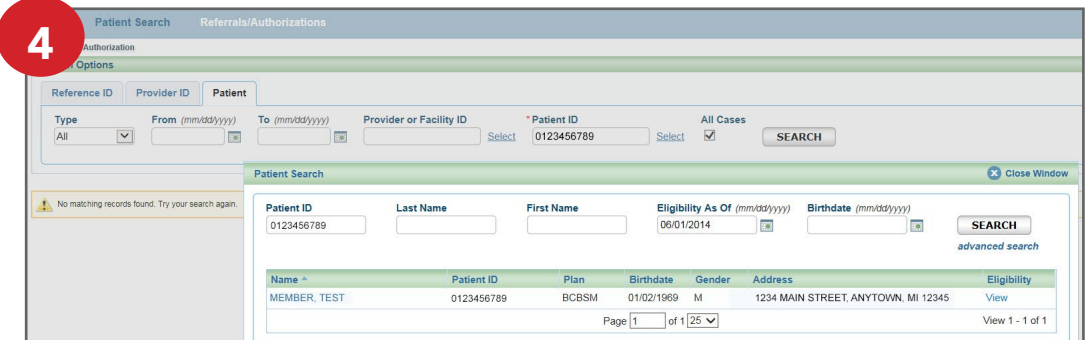
When searching for a member that has been terminated, start your search with the Patient ID.



Click Select after entering the Patient ID.



The Eligibility As Of field will default to the current date. Change the date to the date of service (date prior to termination) to locate the terminated member.



Searching for a referral or authorization, cont.

Searching for a terminated member, cont.

Click the Associated Providers option and select all providers by checking the check box next to Provider Name. This allows you to search for cases that are not assigned to you but opened to another provider in your provider set. Click Search.

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Filter Associated Providers

Provider Name

Provider ID

SEARCH

Searches will be limited to the providers and facilities associated with your user account.

<input checked="" type="checkbox"/>	Provider Name	NPI	Type	Specialty
<input checked="" type="checkbox"/>	ABDOLKARIM, ADIB O.	1578699807	Practitioner	Family Medicine
<input checked="" type="checkbox"/>	ALACURA MEDICAL TRANSPORTATION	1235504622	Provider Group	Air Ambulance
<input checked="" type="checkbox"/>	BADDIGAM, BASIM R.	1386645299	Practitioner	Psychiatry
<input checked="" type="checkbox"/>	BATTLE CREEK HEALTH SYSTEM	1083644579	Provider Group	Laboratory Clinical
<input checked="" type="checkbox"/>	BICKLE, RANDALL A.	1861462830	Practitioner	Family Medicine
<input checked="" type="checkbox"/>	BRONSON BATTLE CREEK	1083644579	Facility	
<input checked="" type="checkbox"/>	CARBAJO SR, ALAN L.	1114038726	Practitioner	Family Medicine
<input checked="" type="checkbox"/>	CAUDILL-DEATON, TARA J.	1154380129	Practitioner	Family Medicine

Page 1 of 2

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View 1 - 25 of 50

All 50 associated providers selected

CANCEL

OK

Check the box under “All Cases.” This allows you to search for cases that may not be loaded into your provider set. Note: behavioral health cases will not be viewable.

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Blue Cross Blue Shield Blue Care Network of Michigan

e-referral

WELCOM PROVIDER USER [LOG OUT]

Contact Customer Service Help

Home My List Patient Search Referrals/Authorizations

HELPFUL CLINIC

Find Referral/Authorization

Search Options

Reference ID

Provider ID

Patient

Type

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Provider or Facility ID

Patient ID

All Cases

SEARCH

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
011020343	Authorization	TEST, MARYBETH	BCN	05/05/1971	01/10/2020	01/11/2020	On Campus Outpatient Hospital	ABBOTT, CATHLEEN M.		Biopsy of breast, open procedure (CPT, 19101)		2 - Pending Decision

2. Submit a global referral

NOTE: Effective March 2019, BCN no longer accepts referrals for BCN Advantage members to see a provider in their health plan’s network. These referrals are no longer needed. Authorizations and plan notifications are still required for certain services. For more information, go to ereferrals.bcbsm.com. Click on **BCN** then the **Authorization Requirements & Criteria** page.

e-referral

Referrals/Authorizations

Search

Submit Global Referral

Submit Referral

Submit Inpatient Authorization

Submit Outpatient Authorization

To begin a Global Referral, you will be prompted to first 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 without 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

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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.

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Submit a global referral, cont.

Searching by **Patient ID with suffix**
Enter the patient’s subscriber ID 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'. A red circle highlights the '01' suffix. A blue arrow points from a text box to this suffix. The 'Last Name' field is empty, 'First Name' is empty, 'Eligibility As Of' is empty, and 'Birthdate' is empty. The 'SEARCH' button is visible. Below the form, a table shows search results for 'PATIENT, JAMES' with Patient ID 012345678, Birthdate 08/20/1959, Gender M, and Address 20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076. A 'View' link is present for this entry.

Enter the patient’s ID **with suffix** here. **Do not include the hyphen before the suffix.**
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'. A red circle highlights both fields. The 'Eligibility As Of' field is empty, and the 'Birthdate' field contains '05/05/1971'. The 'SEARCH' button is visible. Below the form, a table shows search results for 'TEST, MARYBETH' with Patient ID 012345678, Birthdate 05/05/1971, Gender F, and Address 20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076. A 'View' link is present for this entry.

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'. A red circle highlights this field. The 'Patient ID' field contains '0123456789'. The 'Last Name' field is empty, 'First Name' is empty, and 'Birthdate' is empty. The 'SEARCH' button is visible. Below the form, a table shows search results for three patients: PATIENT, JEFF (012345678, 03/21/1961, M), PATIENT, JEFF (012345678, 03/21/1961, M), and PATIENT, JOSHUA (012345678, 07/07/1987, M). Each entry has a 'View' link.

Submit a global referral, 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' option selected. The 'Patient ID' field is empty, 'Last Name' contains 'test', 'First Name' contains 'marybeth', 'Eligibility As Of' is empty, and 'Birthdate' contains '05/05/1971'. The 'SEARCH' button is visible. Below the form, a table shows search results for 'TEST, MARYBETH' with Patient ID 012345678, Birthdate 05/05/1971, Gender F, and Address 20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076. A 'View' link is present for this entry.

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 see the [Checking member eligibility and benefits](#) section of this guide for login instructions.

Submit a global referral, cont.

If you’ve selected the patient’s name, you are able to input the referral service information on this screen.

Submit Global Referral

Patient Information

Patient

TEST, MARYBETH

Birthdate

5/5/1971

Age

46 years

Plan

BCN

Group ID

00000001

Patient ID

012345678

Address

20500 CIVIC CENTER DRIVE
APT 123
SOUTHFIELD, MI 48076

PCP Name, ID

SCRUBS, DOCTOR 012587411

Service 1

* Service From

(mm/dd/yyyy)

* Service To

(mm/dd/yyyy)

* Duration

* Type of Care

* Place Of Service

* Diagnosis Code

Description

* Procedure Code Type

CPT

99213

Description

Office

* Referring Provider Name, ID

WHITECOAT, DOCTOR

Address

1255 MAIN ST, STE 104
ANYTOWN, MI 48006

* Servicing Provider Name, ID

Address

Servicing Facility Name, ID

Address

CANCEL

SUBMIT

Complete all the required fields (indicated with *) in the Submit Global Referral screen.

Submit Global Referral

Patient Information

Patient

TEST, MARYBETH

Birthdate

5/5/1971

Age

46 years

Plan

BCN

Group ID

00000001

Patient ID

012345678

Address

20500 CIVIC CENTER DRIVE
APT 123
SOUTHFIELD, MI 48076

PCP Name, ID

SCRUBS, DOCTOR 012587411

Service 1

* Service From

(mm/dd/yyyy)

* Service To

(mm/dd/yyyy)

* Duration

* Type of Care

* Place Of Service

* Diagnosis Code

Description

* Procedure Code Type

CPT

99213

Description

Office

* Referring Provider Name, ID

WHITECOAT, DOCTOR

Address

1255 MAIN ST, STE 104
ANYTOWN, MI 48006

* Servicing Provider Name, ID

Address

Servicing Facility Name, ID

Address

CANCEL

SUBMIT

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

Service 1 section
Enter the case information here.

• Service From/To

Enter the beginning date and end date of the referral. Global referrals must be issued for a minimum of 90 days, but no longer than 365 days. The system will default the minimum referral duration day based on the Referred To provider specialty. If the dates entered are not within these requirements, you will see this message:

The minimum duration is 90 days and the maximum is 365 for the Servicing Provider specialty. The To Date has been updated to the minimum duration.

Submit a global referral, cont.

• **Type of Care.** The type of care values are specific to where the member originated for the service. These definitions will help when selecting a value in e-referral:

Direct — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.

Elective — Typically selected for any planned services such as surgeries or treatments inpatient or outpatient.

Emergency — Member presented to the emergency room and was referred for care in another setting such as inpatient hospitalization or outpatient surgery.

Transfer — Member was transferred from another medical setting for the service being requested (e.g. member transferred from Skilled Nursing Facility to inpatient hospital for care).

Urgent — Member was transferred from urgent care setting for the service being requested (e.g. member seen in urgent care and sent to specialist for treatment of a condition).

• Place of Service

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

• 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 (see the next page). 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

Submit a global referral, cont.

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

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
asthma **SEARCH**

Code ^	Description	Inactive	Action
493.92	Asthma, Unspecified, With (Acute) Exacerbation (ICD9, 493.92)	Yes	Bookmark
J45	Asthma (ICD10, J45)	Yes	Bookmark
J45.2	Mild intermittent asthma (ICD10, J45.2)	Yes	Bookmark
J45.20	Mild intermittent asthma, uncomplicated (ICD10, J45.20)		Bookmark
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)		Bookmark
J45.22	Mild intermittent asthma with status asthmaticus (ICD10, J45.22)		Bookmark
J45.3	Mild persistent asthma (ICD10, J45.3)	Yes	Bookmark
J45.30	Mild persistent asthma, uncomplicated (ICD10, J45.30)		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 Filter by Usage Type
All Diagnosis **SEARCH**

Code ^	Description	Category	Owner	Usage Type	Action
036.40	Meningococcal Carditis	05012014	Payer	Diagnosis	Delete
036.41	Meningococcal Pericarditis	05012014	Payer	Diagnosis	Delete
038.9	Unspecified Septicemia	BCN05152014	Payer	Diagnosis	Delete
162.9	Malignant Neoplasm Of Bronchus And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete
174.9	Malignant Neoplasm Of Breast (Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ Sites (ICD9, 200.00)	Test	Payer	Diagnosis	Delete
211.3	Benign Neoplasm Of Colon	BCN05152014	Payer	Diagnosis	Delete
218.9	Leiomyoma Of Uterus, Unspecified	BCN05152014	Payer	Diagnosis	Delete

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- **Procedure Code Type**. CPT is the default.
CPT = American Medical Association’s Current Procedural Terminology
- **Procedure Code**. The default is set to *99213 (office visit).

*CPT Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Submit a global referral, cont.

- **Referring Provider Name, ID**
Here, you can search for providers that you are provisioned to view. Ensure the provider listed here is the member's primary care physician or the case may pend.

Submit Global Referral

Patient Information

Patient: TEST, MARYBETH Plan: BCN Address: 20500 CIVIC CENTER DRIVE
Birthdate: 5/5/1971 Group ID: 00000001 APT 123
Age: 46 years Patient ID: 012345678 SOUTHFIELD, MI 48076
PCP Name, ID: SCRUBS, DOCTOR 012587411

Service 1

*Service From: (mm/dd/yyyy) *Referring Provider Name, ID: WHITECOAT, DOCTOR 012345678 Search
*Service To: (mm/dd/yyyy) Address: 1235 MAIN ST STE 104
Duration: ANYTOWN, MI 48006
*Type of Care: *Servicing Provider Name, ID: Search
*Place Of Service: Address: Search
*Diagnosis Code: Servicing Facility Name, ID: Search
Description: Address: Search
*Procedure Code Type: CPT 99213
*Procedure Code: Office
Description: Office

CANCEL SUBMIT

- **Servicing Provider Name, ID**
Enter the provider’s name or NPI if known. Only those saved in your Bookmarks will begin to display. Use the Search to locate a servicing provider by partial/full name (a minimum of three characters is required), NPI, city, state, etc.

Submit Global Referral

Patient Information

Patient: TEST, MARYBETH Plan: BCN Address: 20500 CIVIC CENTER DRIVE
Birthdate: 5/5/1971 Group ID: 00000001 APT 123
Age: 46 years Patient ID: 012345678 SOUTHFIELD, MI 48076
PCP Name, ID: SCRUBS, DOCTOR 012587411

Service 1

*Service From: (mm/dd/yyyy) *Referring Provider Name, ID: Search
*Service To: (mm/dd/yyyy) Address: Search
Duration: *Servicing Provider Name, ID: WHITECOAT, DOCTOR 012345678 Search
*Type of Care: Address: Search
*Place Of Service: Servicing Facility Name, ID: Search
*Diagnosis Code: Address: Search
Description: Address: Search
*Procedure Code Type: CPT 99213
*Procedure Code: Office
Description: Office

CANCEL SUBMIT

Submit a global referral, 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

Submit a global referral, cont.

Submitting to a provider in a multispecialty group
If you're submitting to a multispecialty group, you will see an Action message indicating you must respond to a Provider Specialty Questionnaire. Completing and submitting the questionnaire helps to speed up the process for the referral.

⚠️ Actions

1. The Provider Specialty Questionnaire is required [Questionnaire Assessment](#).

2. To accurately process Global Referrals to a Multi-Specialty group, please respond to the following questionnaire.

Select the specialty of the provider you're referring to from the drop-down menu then click Next. There is only one question to answer. Answering the questionnaire will help your referral get to the right provider in the multispecialty group.

Respond to the following questionnaire

Questionnaire

Close Window

Provider Specialty

50% complete

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

Provider Specialty Page 1

Please select the Specialty of the Provider you are referring to:

Allergy/Immunology

Anesthesiology

Audiology

Cardiovascular Disease

Critical Care Medicine

General Dentistry

Dental Oral Surgeon

Dermatology

Endocrinology

Gastroenterology

General Surgery

Gynecology

Hematology

Infectious Disease

Nephrology

Neurology

Obstetrics

Oncology

Ophthalmology & Otorhinolaryngo

Orthopedic Surgery

Otorhinolaryngology

Pain Management

Physical Medicine & Rehab

Plastic Surgery

Podiatric Medicine

Pulmonary Disease

Rheumatology

Urology

Vascular Surgery

Other

CANCEL

NEXT

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Referring Provider Name, ID: ALACURA MEDICAL TRANSPORTA

Address: 3100 MONTICELLO AVE, STE 340 DALLAS, TX 75205

Servicing Provider Name, ID: UNIVERSITY OF MICHIGAN MEDIC

Address: 1500 E MEDICAL CENTER DR ANN ARBOR, MI 48109

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Submit a global referral, cont.
Submitting to the University of Michigan Health System or Henry Ford Health System

When issuing referrals to these two systems' specialty providers, referring providers should use the specialty group NPI. No referrals or authorizations to the individual specialty providers should be issued. A list of [Speciality Group NPIs](#) can be found on [ereferrals.bcbsm.com](#) under the [Provider Search](#) page.

Start by locating the correct NPI from the [Speciality Group NPIs](#) PDF. Click the Search link to begin locating the NPI.

Form showing Referring Provider Name, ID, Address, Servicing Provider Name, ID, Address, and Servicing Facility Name, ID, Address fields. The Search button is highlighted.

Servicing Provider Search window. Fields include Name, ID, Specialty, City, State, and Zip. The Search button is highlighted.

Click the provider's name to populate the Servicing Provider Name, ID fields.

Servicing Provider Search window showing search results. The provider name 'UMHS OB GYN ONCOLOGY' is highlighted in the results table.

The Servicing Provider Name, ID fields are then populated.

Form showing Referring Provider Name, ID, Address, Servicing Provider Name, ID, Address, and Servicing Facility Name, ID, Address fields. The Servicing Provider Name, ID fields are populated with 'UMHS OB GYN ONCOLOGY' and '1194750026'.

Submit a global referral, cont.

- **Servicing Facility Name, ID**
Global referrals cannot be issued to facilities. Therefore, Servicing Facility information is not applicable.

Submit Global Referral form. Fields include Patient Information, Service 1, Referring Provider Name, ID, Address, Servicing Provider Name, ID, Address, and Servicing Facility Name, ID, Address. The Search button is highlighted.

Once finished, click Submit to process or Cancel to delete without processing. If there is any possible overlapping information within your referral when you click Submit, you will see this message:

Message box: You are not able to submit this request. Please search the case history of this member for existing authorizations as this member already has a decision with similar criteria.

This means you will need to search the member's case history for an existing referral for the same service and similar dates of service. For instructions on how to search, see the [Searching for a referral or authorization](#) section. Searching for an existing case quickly shows the decision of the original case (if forgotten) and helps prevent unnecessary pends in e-referral.

If you need to change the dates of service and it's not covered on the existing case, please contact the BCN Care Management at 1-800-392-2512.

Once you have checked your information, click Cancel or Proceed to complete the submission.

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Submit a global referral, cont.

Once finished, click Submit to process or Cancel to delete without processing. After you have submitted the global referral information, your submission will look like this:

The screenshot shows the 'Global Referral Details' page. It includes a header with a checkmark icon and 'My List' link. Below this is a 'Patient Information' section with fields for Patient Name, Birthdate, Age, Plan, Group ID, Address, PCP Name, and Patient ID. There are buttons for 'NEW REFERRAL', 'NEW GLOBAL REFERRAL', 'NEW INPATIENT', and 'NEW OUTPATIENT'. Below this is a 'Case Communication' section with a table for 'From', 'To', 'Subject', and 'Date'. There is a 'CREATE NEW' button. Below this is a 'Service 1-Pending' section with fields for Service From, Service To, Duration, Type Of Care, Place Of Service, Diagnosis Code, Description, Procedure Code Type, Procedure Code, and Description. There are buttons for 'CREATE NEW' and 'EDIT'.

1. Reference ID and case status

The check mark indicates you have successfully submitted or updated a referral. Please allow 48 hours for us to complete our internal review before contacting our call center.

Global Referral Details
Reference ID 000022695
Status 2 - Pending Decision

2. My List

Check this box to watch this global referral. 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 extend the dates. If the Edit button is greyed out, the case has been closed by BCN. If you need to extend a stay on a closed case, please contact BCN.

5. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

6. Create New (communication)

This feature allows you to create a communication to BCN on this referral 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.

Submit a global referral, 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' dialog box. It has a table with columns 'From', 'To', 'Subject', and 'Date'. There is a 'CREATE NEW' button at the bottom right.

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:** Don't attach files to any denied requests.

The screenshot shows the 'Case Communication' dialog box. It has a 'To' field with 'Utilization Management' and a 'From' field with 'WHITECOAT, DOCTOR'. There is a 'Subject' field. Below this is an 'Attachments' section with an 'ATTACH FILE' button. There is a 'Message' field with 'Type message here...'. Below this is a 'Select items to be reviewed' section with checkboxes for 'Procedure' and 'Established patient office or other outpatient visit, typically 15 minutes' (CPT, 99213). There are 'CANCEL' and 'SEND' buttons.

The screenshot shows the 'Case Communication' dialog box. It has a 'To' field with 'Utilization Management' and a 'From' field with 'WHITECOAT, DOCTOR'. There is a 'Subject' field with 'Clinical documentation'. Below this is an 'Attachments' section with a file named 'Clinical documentation.pdf 33K'. There is an 'Original Message' section with 'please see the attached'. Below this is a table with columns 'Procedure', 'Dates', and 'Unit/Days'. There is a 'CANCEL' button.

The screenshot shows the 'Case Communication' dialog box. It has a table with columns 'From', 'To', 'Subject', and 'Date'. There is an envelope icon with a blue dot next to the 'From' field. There is a 'CREATE NEW' button at the bottom right.

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.

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Extending a referral or authorization

If you need to extend a global referral, or any other referrals and authorizations that you’ve already submitted, start by locating the original request.

Click the Edit button.

Scroll down to the Create New extension button under each service you want to extend and add your new dates and units being requested.

If the case has expired/passed its one-year time span, you cannot edit the information. The Edit button will be greyed out and you must create a new case. You can choose the start date as one day after the last case expired.

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.

3. Submit a referral

Use Submit Referral to notify the plan about outpatient services that require plan notification. For example, in the [BCN Referral and Authorization Requirements \(PDF\)](#), neuropsychological testing for bariatric surgery is an outpatient service that requires plan notification for BCN members. You can also submit a referral for Blue Cross® Physician Choice PPO members with a Level 1 primary care physician. (For more information, see the [Blue Cross Physician Choice PPO e-referral User Guide](#).)

In order to submit a Referral, 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.

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

Enter the patient’s last name **and** first name or first name initial.

Submit a referral, cont.

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

The screenshot shows the 'Submit Referral' form. A red box highlights the 'Patient Information' section at the top, which includes fields for Patient Name, Birthdate, Age, Plan, Group ID, Patient ID, Address, and PCP Name. Another red box highlights the 'Service 1' section, which includes fields for Service To, Type of Care, Place of Service, Diagnosis Code, Procedure Code Type, Procedure Code, and Units. A third red box highlights the 'Use Template' button on the left. Callout boxes point to these sections with descriptive text.

Use Template

You can use a template previously created from this screen. Please see the [Templates](#) section of this user guide for more information.

Patient information

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

Service 1 section

Enter the case information here.

Service From/To

Enter the beginning date and end date of the referral.

- Type of Care.** The type of care values are specific to where the member originated for the service. These definitions will help when selecting a value in e-referral:

Direct — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.

Elective — Typically selected for any planned services such as surgeries or treatments inpatient or outpatient.

Emergency — Member presented to the emergency room and was referred for care in another setting such as inpatient hospitalization or outpatient surgery.

Transfer — Member was transferred from another medical setting for the service being requested (e.g. member transferred from Skilled Nursing Facility to inpatient hospital for care).

Urgent — Member was transferred from urgent care setting for the service being requested (e.g. member seen in urgent care and sent to specialist for treatment of a condition).

Submit a referral, cont.

Place of Service

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

Referrals routinely use Office for Place of Service:

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

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 (please see the next page). For instruction on how to bookmark codes, please see the [Bookmarks](#) section.

The screenshot shows the 'Diagnosis Code Search' window. It has a search bar with a placeholder text 'Enter a full or partial diagnosis code or description below and click "Search"'. Below the search bar is a 'SEARCH' button. The window also has a 'Bookmarks' tab.

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

The screenshot shows the 'Diagnosis Code Search' window with search results for 'asthma'. The results are displayed in a table with columns for Code, Description, Inactive status, and Action. The code J45.2 is highlighted with a red circle.

Code	Description	Inactive	Action
493.92	Asthma, Unspecified, With (Acute) Exacerbation (ICD9, 493.92)	Yes	Bookmark
J45	Asthma (ICD10, J45)	Yes	Bookmark
J45.2	Mild intermittent asthma (ICD10, J45.2)	Yes	Bookmark
J45.20	Mild intermittent asthma, uncomplicated (ICD10, J45.20)		Bookmark
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)		Bookmark
J45.22	Mild intermittent asthma with status asthmaticus (ICD10, J45.22)		Bookmark
J45.3	Mild persistent asthma (ICD10, J45.3)	Yes	Bookmark
J45.30	Mild persistent asthma, uncomplicated (ICD10, J45.30)		Bookmark

Submit a referral, 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

Select a Diagnosis code from the bookmarks below

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

Code	Description	Category	Owner	Usage Type	Action
036.40	Meningococcal Carditis	05012014	Payer	Diagnosis	Delete
036.41	Meningococcal Pericarditis	05012014	Payer	Diagnosis	Delete
038.9	Unspecified Septicemia	BCN05152014	Payer	Diagnosis	Delete
162.9	Malignant Neoplasm Of Bronchus And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete
174.9	Malignant Neoplasm Of Breast (Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ Sites (ICD9, 200.00)	Test	Payer	Diagnosis	Delete
211.3	Benign Neoplasm Of Colon	BCN05152014	Payer	Diagnosis	Delete
218.9	Leiomyoma Of Uterus, Unspecified	BCN05152014	Payer	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
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- **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 (see the next page) 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 **Description**. Choose an active code. Click on the code’s link to populate the Procedure Code field for your Referral submission.

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: knee | SEARCH

Code	Description	Inactive	Action
0012T	Arthroscopy, knee, surgical, osteochondral graft implantation, autograft (CPT, 0012T)	Yes	Bookmark
0013T	Arthroscopy, knee, surgical, osteochondral graft implantation, allograft (CPT, 0013T)	Yes	Bookmark
0014T	Meniscal transplantation, medial or lateral, knee (any method) (CPT, 0014T)	Yes	Bookmark
01300	Anes Integumentary Knee Popliteal Area (CPT, 01300)	Yes	Bookmark
01320	'Anesthesia for procedure on nerves, muscles, tendons, fascia, and/or bursae of knee' (CPT, 01320)		Bookmark
01380	Anesthesia for closed procedure on knee joint (CPT, 01380)		Bookmark
01382	Anesthesia for diagnostic examination of knee joint using an endoscope (CPT, 01382)		Bookmark
01390	Anesthesia for closed procedure at kneecap and/or upper foreleg bones (CPT, 01390)		Bookmark

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Submit a referral, 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

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
21501	Incision and drainage of abscess or blood accumulation in soft tissues of neck or chest (CPT, 21501)	Test	Payer	CPT	Delete
22533	Fusion of lower spine bones with removal of disc, lateral approach (CPT, 22533)	Uncategorized	Provider	CPT	Delete
23805	Closed treatment of broken upper arm bone with manipulation (CPT, 23805)	Uncategorized	Provider	CPT	Delete
29877	Removal or shaving of knee joint cartilage using an endoscope (CPT, 29877)	BCN05192014	Provider	CPT	Delete
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Uncategorized	Provider	CPT	Delete
47562	Removal of gall bladder using an endoscope	BCN05152014	Payer	CPT	Delete
49310	Laparoscopy, Surg.;cholecystectomy (CPT, 49310)	Uncategorized	Provider	CPT	Delete

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- **Units**
Enter the number of requested units here.
- **Referring Provider Name, ID**
Here, you can search for providers that you are provisioned to view. Ensure the provider listed here is the member's primary care physician or the case may pend.

Submit Referral

Patient Information: Patient: TEST, MARYBETH | Birthdate: 5/5/1971 | Age: 45 years | Plan: BCN | Group ID: 012345678 | Patient ID: 915387457 | Address: 20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076 | PCP Name, ID: SCRIBBS, DOCTOR | 01267411

Service 1: Service From: 03/14/2018 | Service To: 07/13/2018 | Type of Care: Elective | Place Of Service: Office | Diagnosis Code: 110 | Procedure Code Type: CPT | Procedure Code: 90213 | Units: 100

Referring Provider Name, ID: SCRIBBS, DOCTOR | Address: 12345 MAIN ST, ANYTOWN, MI 12345 | Servicing Facility Name, ID: | Address: |

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

- **Servicing Provider Name, ID**
Enter the provider’s name or NPI if known. Only those saved in your Bookmarks will begin to display. Use the Search to locate a servicing provider by partial/full name (a minimum of three characters is required), NPI, city, state, etc.

Submit Referral

Patient Information: Patient: TEST, MARYBETH | Birthdate: 5/5/1971 | Age: 45 years | Plan: BCN | Group ID: 012345678 | Patient ID: 915387457 | Address: 20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076 | PCP Name, ID: SCRIBBS, DOCTOR | 01267411

Service 1: Service From: 03/14/2018 | Service To: 07/13/2018 | Type of Care: Elective | Place Of Service: Office | Diagnosis Code: 110 | Procedure Code Type: CPT | Procedure Code: 90213 | Units: 100

Referring Provider Name, ID: SCRIBBS, DOCTOR | Address: 12345 MAIN ST, ANYTOWN, MI 12345 | Servicing Facility Name, ID: | Address: |

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

Submit a referral, 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 & 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 SPINE & 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

Submit a referral, cont.

- Servicing Facility Name, ID**
When issuing a referral for a hospital-based group, please enter the facility NPI in the Servicing Facility ID field. A list of [Hospital NPIs \(for medical referrals/authorizations\) \(PDF\)](#) is available on [ereferrals.bcbsm.com](#) under [Provider Search](#).

Submit Referral

Patient Information

Patient

TEST, MARYBETH

Birthdate

5/5/1971

Age

46 years

Plan

BCN

Group ID

012345678

Patient ID

915387457

Address

20500 CIVIC CENTER DRIVE
APT 123
SOUTHFIELD, MI 48076

PCP Name, ID

SCRUSS, DOCTOR 012587411

USE TEMPLATE

Service 1

* Service From

03/14/2018

(mm/dd/yyyy)

* Service To

07/13/2018

(mm/dd/yyyy)

* Type of Care

Elective

* Place Of Service

Office

* Referring Provider Name, ID

SCRUSS, DOCTOR 012587411

Address

12345 MAIN ST
ANYTOWN, MI 12345

* Servicing Provider Name, ID

BIG CLINIC 012587411

Address

12345 MAIN ST
ANYTOWN, MI 12345 4125

* Servicing Facility Name, ID

Address

* Diagnosis Code

I10

Description

Essential (primary) hypertension (J00.10, I10)

* Procedure Code Type

CPT

* Procedure Code

99213

Description

* Units

100

SAVE AS...

CANCEL

SUBMIT

ADD SERVICE

ADD SERVICE COPY PROVIDERS

- Add Service/Add Service Copy Providers buttons**
We encourage providers to always use the these buttons to avoid re-entering provider data. The Add Service button is found on the bottom right of the Submit Referral screen. Click this to add an additional service if needed. You can add up to 10 procedure codes. The Add Service Copy Providers button is also found on the bottom right of the Submit Referral screen. Click this to add an additional service and any providers you have input in the Servicing Provider fields in Service 1 will be automatically duplicated in Service 2.

er Name, ID

1558535245

Search

Address

ity Name, ID

Search

Address

ADD SERVICE

ADD SERVICE COPY PROVIDERS

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

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Submit a referral, cont.

Once finished, click Submit to process or Cancel to delete without processing. After you have submitted the global referral information, your submission will look like this:

A screenshot of the 'Referral Details' page. At the top, there's a header with 'Referral Details' and a 'My List' link. Below this, a status bar shows 'Reference ID 011906043' and 'Status 2 - Pending Decision'. The main section is divided into 'Patient Information' and 'Case Communication'. 'Patient Information' includes fields for Patient (testing deid, wiley), Plan (BCBSM), Address (06012011 date), Birthdate (3/1/1955), Group ID (00000001), Age (63 years), and PCP Name (SCRUBS, DOCTOR, 012587411). 'Case Communication' has a table with columns 'From', 'To', 'Subject', and 'Date'. Below this is a 'Service 1-Pended' section with details for 'Service From', 'Service To', 'Type Of Care', 'Place Of Service', 'Diagnosis Code', 'Procedure Code Type', and 'Procedure Code'. At the bottom, there's a 'Notes' section with a table for 'Date', 'Subject', and 'Supporting Information'. Numbered callouts 1 through 6 are placed over various elements: 1 points to the Reference ID, 2 to the My List link, 3 to the Print icon, 4 to the EDIT button, 5 to the NEW REFERRAL button, and 6 to the CREATE NEW button.

1. Reference ID and case status

The check mark indicates you have successfully submitted or updated a referral. Please allow 48 hours for us to complete our internal review before contacting our call center.

2. My List

Check this box to watch this referral. 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

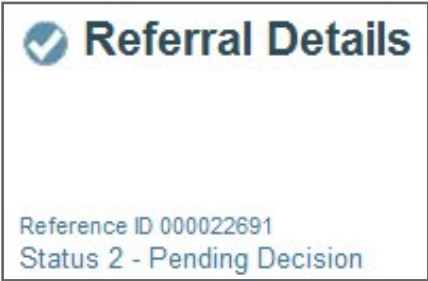
Click here to return to your referral submission to extend the dates. If the Edit button is greyed out, the case has been closed by Blue Cross or BCN. If you need to extend a stay on a closed case, please contact Blue Cross or BCN.

5. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

6. Create New (communication)

This feature allows you to create a communication to Blue Cross or BCN on this referral 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.



Submit a referral, 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.

A screenshot of the 'Case Communication' dialog box. It has a header with 'Case Communication' and a 'Close Window' button. Below the header is a table with columns 'From', 'To', 'Subject', and 'Date'. At the bottom right, there is a 'CREATE NEW' button.

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.

A screenshot of the 'Case Communication' dialog box. It has a header with 'Case Communication' and a 'Close Window' button. Below the header is a table with columns 'From', 'To', 'Subject', and 'Date'. The 'Subject' field is populated with 'Clinical documentation'. Below the table, there is an 'Attachments' section with a list of files, including 'Clinical documentation.pdf 33K'. At the bottom, there is a 'SEND' button.A screenshot of the 'Case Communication' dialog box. It has a header with 'Case Communication' and a 'Close Window' button. Below the header is a table with columns 'From', 'To', 'Subject', and 'Date'. The 'Subject' field is populated with 'approved'. Below the table, there is a 'MESSAGE' section with a text area for the message. At the bottom, there is a 'CREATE NEW' button.

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.

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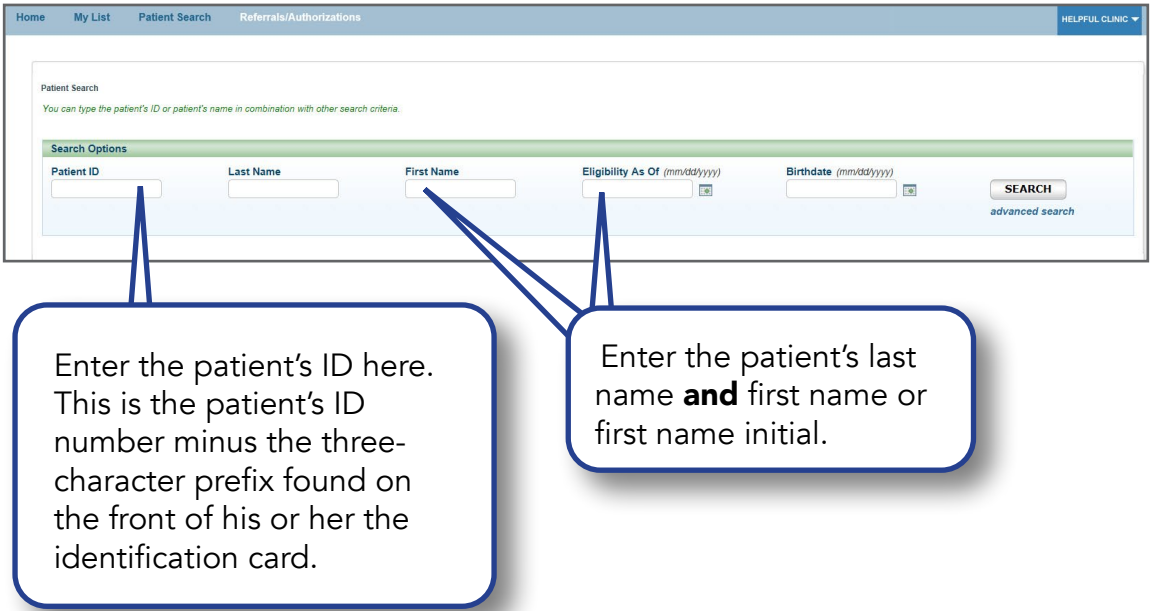
4. Submit an inpatient authorization

Use Submit Inpatient Authorization for all inpatient services done by contracted or noncontracted providers that require authorization. For example, in the [BCN Referral and Authorization Requirements \(PDF\)](#), inpatient admissions, lumbar spine surgery, total joint replacement and small bowel resection are inpatient services that require authorization for BCN members.



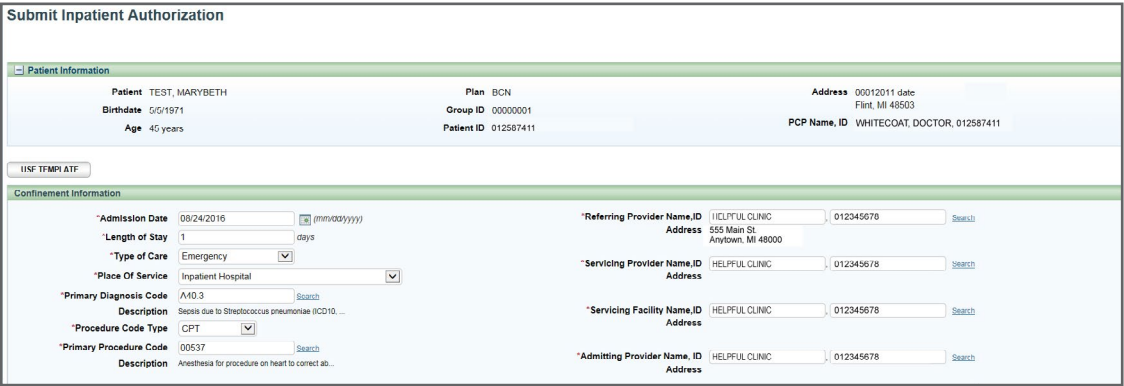
When you submit an Inpatient Authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name **and** Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate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

Click the Search button to view the results.



Submit an inpatient authorization, cont.

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



- **Admission Date**
Select the admission date from the calendar.
- **Length of Stay**
For Blue Cross members, enter the length of stay in days. Refer to [ereferrals.bcbsm.com](#), select **Blue Cross** at the top, then click the **Authorization Requirements & Criteria** in the left navigation to find guidelines for length of stay entry. For BCN members, enter an estimated length of stay in days for nonobstetric admissions.
- **Type of Care**. The type of care values are specific to where the member originated for the service. These definitions will help when selecting a value in e-referral:
 - Direct** — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.
 - Elective** — Typically selected for any planned services such as surgeries or treatments inpatient or outpatient.
 - Emergency** — Member presented to the emergency room and was referred for care in another setting such as inpatient hospitalization or outpatient surgery.
 - Transfer** — Member was transferred from another medical setting for the service being requested (e.g. member transferred from Skilled Nursing Facility to inpatient hospital for care).
 - Urgent** — Member was transferred from urgent care setting for the service being requested (e.g. member seen in urgent care and sent to specialist for treatment of a condition).

- **Place of Service**. Select from:
 - Inpatient Hospital** — This should only be selected for medical or surgical admissions.
 - Inpatient Psychiatric Facility** — This should only be selected for Behavioral Health admissions.
 - Psychiatric Residential Treatment Center** — This should only be selected for Behavioral Health admissions.
 - Residential Substance Abuse Treatment Facility** — This should only be selected for Behavioral Health admissions.
 - Skilled Nursing Facility** — This should only be selected for Skilled Nursing Facility admissions.
 - Long-Term Acute Care Hospital** — This should only be selected for initial admissions and extensions.

Submit an inpatient authorization, 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. You can also choose a diagnosis code from any saved under the Bookmarks tab.

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**. Choose an active code. Click on the code’s link to populate the Diagnosis Code field for your Inpatient 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

asthma

SEARCH

Code ^	Description	Inactive	Action
493.92	Asthma, Unspecified, With (Acute) Exacerbation (ICD9, 493.92)	Yes	Bookmark
J45	Asthma (ICD10, J45)	Yes	Bookmark
J45.2	Mild intermittent asthma (ICD10, J45.2)	Yes	Bookmark
J45.20	Mild intermittent asthma, uncomplicated (ICD10, J45.20)		Bookmark
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)		Bookmark
J45.22	Mild intermittent asthma with status asthmaticus (ICD10, J45.22)		Bookmark
J45.3	Mild persistent asthma (ICD10, J45.3)	Yes	Bookmark
J45.30	Mild persistent asthma, uncomplicated (ICD10, J45.30)		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 All Filter by Usage Type Diagnosis

SEARCH

Code ^	Description	Category	Owner	Usage Type	Action
036.40	Meningococcal Carditis	05012014	Payer	Diagnosis	Delete
036.41	Meningococcal Pericarditis	05012014	Payer	Diagnosis	Delete
038.9	Unspecified Septicemia	BCN05152014	Payer	Diagnosis	Delete
162.9	Malignant Neoplasm Of Bronchus And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete
174.9	Malignant Neoplasm Of Breast (Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ Sites (ICD9, 200.00)	Test	Payer	Diagnosis	Delete
211.3	Benign Neoplasm Of Colon	BCN05152014	Payer	Diagnosis	Delete
218.9	Leiomyoma Of Uterus, Unspecified	BCN05152014	Payer	Diagnosis	Delete

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Submit an inpatient authorization, cont.

A primary procedure code is required for all medical and obstetrical entries. Please use a CPT code in these ranges for *medical* entries:

Acute hospital Place of service: Inpatient Hospital Primary procedure codes: *99221 – *99239	Critical care services *99291 – *99292
Acute inpatient rehab Place of service: Inpatient Hospital Primary procedure code: *97150	Urgent/emergent admissions *99222**
Long-term acute care hospital Place of service: Inpatient Hospital Primary procedure code: *99304	Inpatient consultation *99251 – *99255
Skilled nursing facility Place of service: Skilled Nursing Facility Primary procedure codes: *99304 – *99306	Initial and consultation service *99477 – *99480
	Inpatient neonatal and pediatric critical care services *99466 – *99482
	Newborn care services *99460 – *99465

- **Procedure Code Type**
Select CPT, HCPCS, ICD9 (for retro entries prior to 10/1/2015) or ICD10. (CPT is default)
CPT = American Medical Association’s Current Procedural Terminology
HCPCS = Healthcare Common Procedure Coding System
- **Primary 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 (see below) or in your saved Bookmarks (see the next page). For instructions 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 **Description**
This is the description of the patient’s condition. Choose an active code.

*CPT Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.
**Recommended code for Blue Cross members.
Please see the [Submitting an emergency or urgent admission](#) section for more information.

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- **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
21501	Incision and drainage of abscess or blood accumulation in soft tissues of neck or chest (CPT, 21501)	Test	Payer	CPT	Delete
22533	Fusion of lower spine bones with removal of disc, lateral approach (CPT, 22533)	Uncategorized	Provider	CPT	Delete
23605	Closed treatment of broken upper arm bone with manipulation (CPT, 23605)	Uncategorized	Provider	CPT	Delete
29877	Removal or shaving of knee joint cartilage using an endoscope (CPT, 29877)	BCN05192014	Provider	CPT	Delete
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Uncategorized	Provider	CPT	Delete
47562	Removal of gall bladder using an endoscope	BCN05152014	Payer	CPT	Delete
49310	Laparoscopy, Surg.;cholecystectomy (CPT, 49310)	Uncategorized	Provider	CPT	Delete

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- **Referring Provider Name, ID**

Here, you can search for providers that you are provisioned to view. Ensure the provider listed here is the member's primary care physician or the case may pend.

Submit Inpatient Authorization

Patient Information

Patient: TEST, MARYBETH Plan: BCN Address: 06012011 date
Birthdate: 5/5/1971 Group ID: 00000001 Flint, MI 48503
Age: 45 years Patient ID: 012587411 PCP Name, ID: WHITECOAT, DOCTOR, 012587411

USE TEMPLATE

Confinement Information

*Admission Date: 09/24/2016 (mm/dd/yyyy)
*Length of Stay: 1 days
*Type of Care: Emergency
*Place Of Service: Inpatient Hospital
*Primary Diagnosis Code: A40.3
*Referring Provider Name, ID: HELPFUL CLINIC, 012345678
*Referring Provider Address: 555 Main St, Anytown, MI 48000
*Servicing Provider Name, ID: HELPFUL CLINIC, 012345678
*Servicing Provider Address: HELPFUL CLINIC, 012345678
*Enrollment Expiration Date: HELPFUL CLINIC, 012345678

- **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.

Submit Inpatient Authorization

Patient Information

Patient: TEST, MARYBETH Plan: BCN Address: 06012011 date
Birthdate: 5/5/1971 Group ID: 00000001 Flint, MI 48503
Age: 45 years Patient ID: 012587411 PCP Name, ID: WHITECOAT, DOCTOR, 012587411

USE TEMPLATE

Confinement Information

*Admission Date: 09/24/2016 (mm/dd/yyyy)
*Length of Stay: 1 days
*Type of Care: Emergency
*Place Of Service: Inpatient Hospital
*Primary Diagnosis Code: A40.3
*Description: Sepsis due to Streptococcus pneumoniae (ICD10...)
*Procedure Code Type: CPT
*Primary Procedure Code: 00537
*Description: Anesthesia for procedure on heart to correct ab...
*Referring Provider Name, ID: HELPFUL CLINIC, 012345678
*Referring Provider Address: 555 Main St, Anytown, MI 48000
*Servicing Provider Name, ID: HELPFUL CLINIC, 012345678
*Servicing Provider Address: HELPFUL CLINIC, 012345678
*Servicing Facility Name, ID: HELPFUL CLINIC, 012345678
*Admitting Provider Name, ID: HELPFUL CLINIC, 012345678

Submit an inpatient authorization, 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 & 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

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- 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 & 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 CLER SHORES, MI, USA, 48081	SHR HS LAKESHORE ENT

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Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

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Behavioral Health

Submit an inpatient authorization, 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. NOTE: Please ensure the Servicing Facility Provider is a "Facility" and not a "Provider Group."

Submit Inpatient Authorization

Patient Information

Patient: TCST, MARYDICTI Plan: DCN Address: 06012011 date Flint, MI 48503 Birthdate: 5/5/1971 Group ID: 00000001 Patient ID: 012587411 PCP Name, ID: WHITECOAT, DOCTOR, 012587411 Age: 45 years

USE TEMPLATE

Confinement Information

*Admission Date: 09/24/2016 *Length of Stay: 1 days *Type of Care: Emergency *Place Of Service: Inpatient Hospital *Primary Diagnosis Code: A40.3 Description: Sepsis due to Streptococcus pneumoniae (ICD10, ... *Procedure Code Type: CPT *Primary Procedure Code: 00537 Description: Anesthesia for procedure on heart to correct ab... *Referring Provider Name, ID: HELPFUL CLINIC Address: 555 Main St Anytown, MI 48000 *Servicing Provider Name, ID: HELPFUL CLINIC Address: 012345678 *Servicing Facility Name, ID: HELPFUL CLINIC Address: 012345678 *Admitting Provider Name, ID: HELPFUL CLINIC Address: 012345678

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 Plan: BCN Address: 06012011 date Flint, MI 48503 Birthdate: 5/5/1971 Group ID: 00000001 Patient ID: 012587411 PCP Name, ID: WHITECOAT, DOCTOR, 012587411 Age: 45 years

USE TEMPLATE

Confinement Information

*Admission Date: 09/24/2016 *Length of Stay: 1 days *Type of Care: Emergency *Place Of Service: Inpatient Hospital *Primary Diagnosis Code: A40.3 Description: Sepsis due to Streptococcus pneumoniae (ICD10, ... *Procedure Code Type: CPT *Primary Procedure Code: 00537 Description: Anesthesia for procedure on heart to correct ab... *Referring Provider Name, ID: HELPFUL CLINIC Address: 555 Main St Anytown, MI 48000 *Servicing Provider Name, ID: HELPFUL CLINIC Address: 012345678 *Servicing Facility Name, ID: HELPFUL CLINIC Address: 012345678 *Admitting Provider Name, ID: HELPFUL CLINIC Address: 012345678

OPTIONAL: The Add Service button is found on the bottom right of the Submit Inpatient Authorization screen. Click this to add an additional service if needed.

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

OPTIONAL: Click the Save As button to create a template with this particular Inpatient Authorization criteria. You can choose this template in the future from the Use Template button. NOTE: The Save As button does **not** save your case to e-referral. You must click the Submit button.

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

Submit an inpatient authorization, cont.

Your submitted authorization will look like this:

Inpatient Authorization Details

Reference ID: 025272788 Patient: 1. Pending Review

1. Actions 1a. 2. 3. 4. 5. 6. CREATE NEW

Patient Information

Patient: TEST, MARYBETH Plan: BCN Address: 123 SUNSHINE DRIVE ANYTOWN, MI 48000-0000 Birthdate: 05/05/1971 Group ID: 00007025 Patient ID: 123456789 PCP Name, ID: SCRUBS, DOCTOR, 012587411

NEW REFERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT

Decision Support

InterQual Criteria: Status: Not InterQual Guidelines to display

Class Communication

From To Subject Page 1 of 1

Contact Information

Name: Phone:

Confinement Information Provided

Admission Date: 09/05/2023 Length of Stay: 1 days Patient Name: Type of Care: Inpatient Place Of Service: Inpatient Hospital Primary Diagnosis Code: R01.9 Description: Chest pain, unspecified (ICD10, R01.9) Procedure Code Type: CPT Primary Procedure Code: 96322 Description: 151 HOSP PHYSICIAN MODERATE TO HIGH (CPT, 96322)

Referring Provider Name, ID: WHITECOAT, DOCTOR, 012587411 Address: 555 MAIN ST, STE 104 ANYTOWN, MI 48000

Servicing Provider Name, ID: SCRUBS, DOCTOR, 012587411 Address: 123 SUNSHINE DRIVE, STE 104 ANYTOWN, MI 48000

Servicing Facility Name, ID: ANY HOSPITAL, 012587411 Address: 123 SUNSHINE DRIVE, STE 104 ANYTOWN, MI 48000

Admitting Provider Name, ID: Address:

Notes

Subject Supporting Information

CREATE NEW

1. Reference ID and case status

The check mark indicates you have successfully submitted or updated an authorization. Please allow 48 hours for us to complete our internal review before contacting our call center.

1a. Status note

This shows when Blue Cross/BCN has pended the prior authorization request to our medical director. Once a determination (approval or denial) has been made, you'll no longer see the note.

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 an Inpatient Request Confirmation PDF file.

4. Edit

Click here to return to your authorization submission to extend the dates. If the Edit button is greyed out, the case has been closed by Blue Cross or BCN. If you need to extend a stay on a closed case, please contact Blue Cross or BCN.

5. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

6. Create New (communication)

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.

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

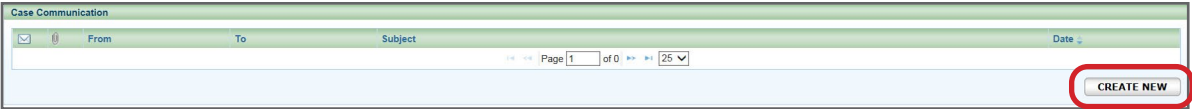
Templates

Behavioral Health

Submit an inpatient authorization, cont.

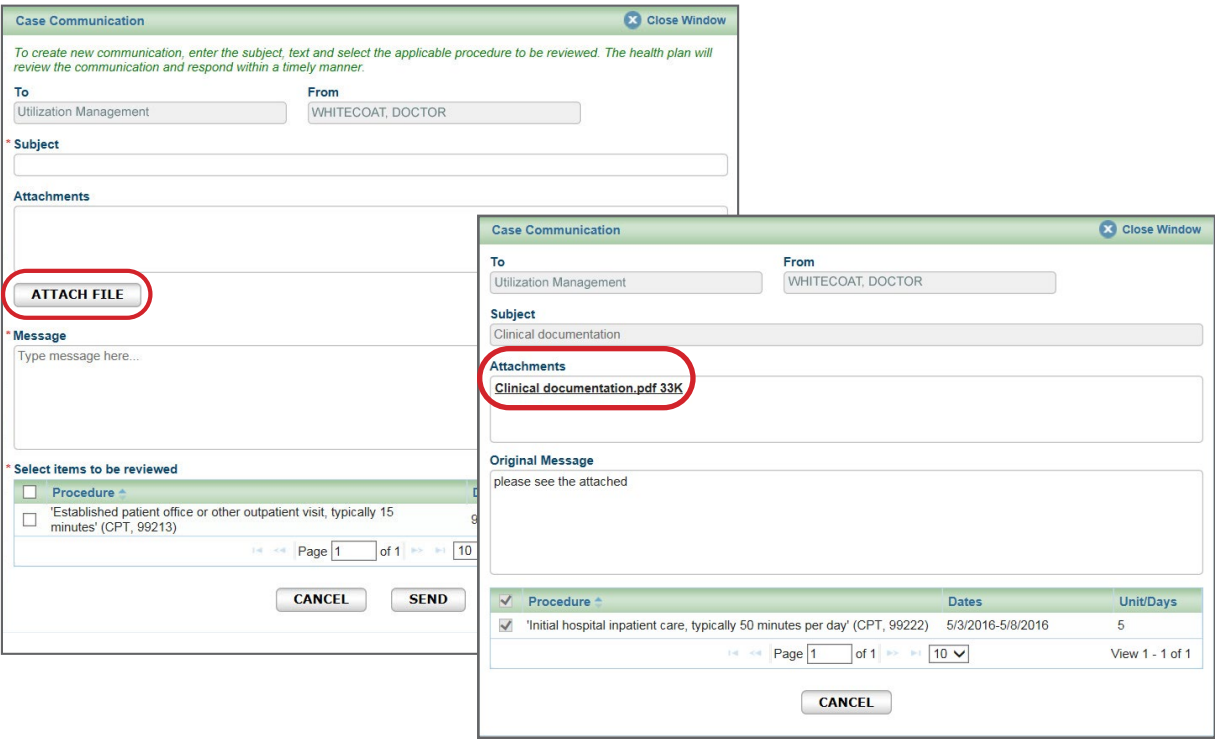
Create New (communication)

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 conjunction with the Confinement Extension section, this field can also be used to attach clinical information when requesting inpatient authorization extensions. **Do not use this field alone for an extension request.** For extension requests, see the [Extending an Inpatient Authorization](#) section.

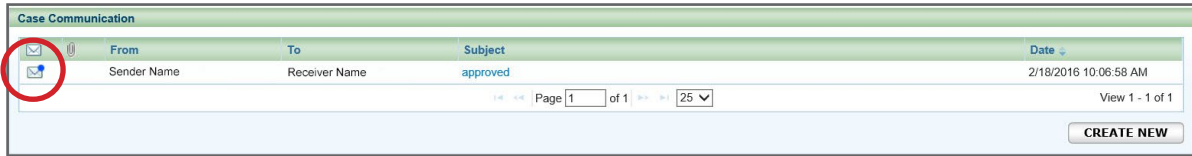


In the dialog box that opens, enter a subject and your message. Fields marked with an asterisk are required. Click Attach File. Locate the document in your files and double-click so they upload. File formats accepted include: .bmp, .doc, .docx, .gif, .jpg, .pdf, .png, .ppt, .txt, .xls and .xlsx. Maximum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



Submit an inpatient authorization, cont.

Submitting an emergency or urgent admission (includes Blue Cross member submissions)

Use the following information when entering this type of submission:

- Admission Date**
Select the admission date from the calendar.
- Length of Stay**
Enter the estimated length of stay in days.
- Type of Care**. Choose Emergency or Urgent.
- Place of Service**
For acute care inpatient medical or surgical admissions, please choose Inpatient Hospital.
- Primary Diagnosis Code**
Click Search and find the appropriate code by number, description or any saved in your Bookmarks tab.
- Primary Procedure Code**
For medical (non-surgical) admissions, please enter *99222.
- Referring Provider Name, ID**
This field is pre-populated with the provider you're logged in under (shown at the top).
- Servicing Provider Name, Facility Name, Admitting Provider Name/ID**
Use the Search to locate a provider by partial/full name, NPI, city, state, etc. You can also choose from your saved choices in the Bookmarks tab.

Once finished, click Submit. An Action will appear asking you to complete a questionnaire or submit clinical documentation. Completing and submitting the questionnaire helps to speed up the process for the authorization.

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2023 American Medical Association. All rights reserved.

Submit an inpatient authorization, cont.

Submitting an emergency or urgent admission – questionnaires and clinical documentation (BCN only)

Depending on the diagnosis code chosen, you will see an Action message at the top of the screen. The Action requires you to either complete a questionnaire or submit clinical documentation. Completing and submitting the questionnaire helps to speed up the process for the authorization.

- Most diagnosis codes will trigger a generic questionnaire that gathers non-clinical information.
- Others related to specific diagnosis codes may include clinical questions.
- Some questionnaires are undergoing revisions and may change in appearance and actions.
- An Action may display asking for clinical documentation. Please see the previous [Create New \(communication\)](#) page for instructions.

Many diagnosis codes trigger the IP Urgent Emergent Questionnaire. Answer each question and click Next to advance the questionnaire.

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

Submit an inpatient authorization, cont.

Submitting an emergency or urgent admission – questionnaires and clinical documentation

Once you have completed the questionnaire, you will see the "Questionnaire Saved Successfully" message at the top of the screen. You can now attach the supporting documentation in the Case Communication section. Please see the previous [Create New \(communication\)](#) page for instructions.

Submitting authorizations for sick/ill newborns

Initial newborn cases with temporary contract numbers (infants who are staying past their mother's discharge) need to be submitted via fax until the infant is eligible.

The nurse reviewer will create a case for the newborn in the e-referral system and will be identified as "baby boy" or "baby girl" until he or she is added to the subscriber's contract. You can attach updates or discharge information to the case in e-referral using the Case Communication field, as you would with a member.

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
012345678	Authorization	YES! BABY GIRL	BCN	04/03/2018	04/03/2018	04/13/2018	Inpatient Hospital	BRONSON BATTLE CREEK	BRONSON BATTLE CREEK	Initial inpatient hospital critical care of newborn, 30 days of age or younger, per day (CPT, 96901)	3	Fully Approved

Extending an Inpatient Authorization

To extend service on an existing Inpatient Authorization, begin by locating your authorization. Click the Edit button on the right side of the details page. Scroll down to the Confinement Extension(s) section, click the Create New button and enter your new dates and amount of days. Click Submit. If clinical information is required, please attach it in the Case Communication field. See the [Create New \(communication\)](#) section for instructions.

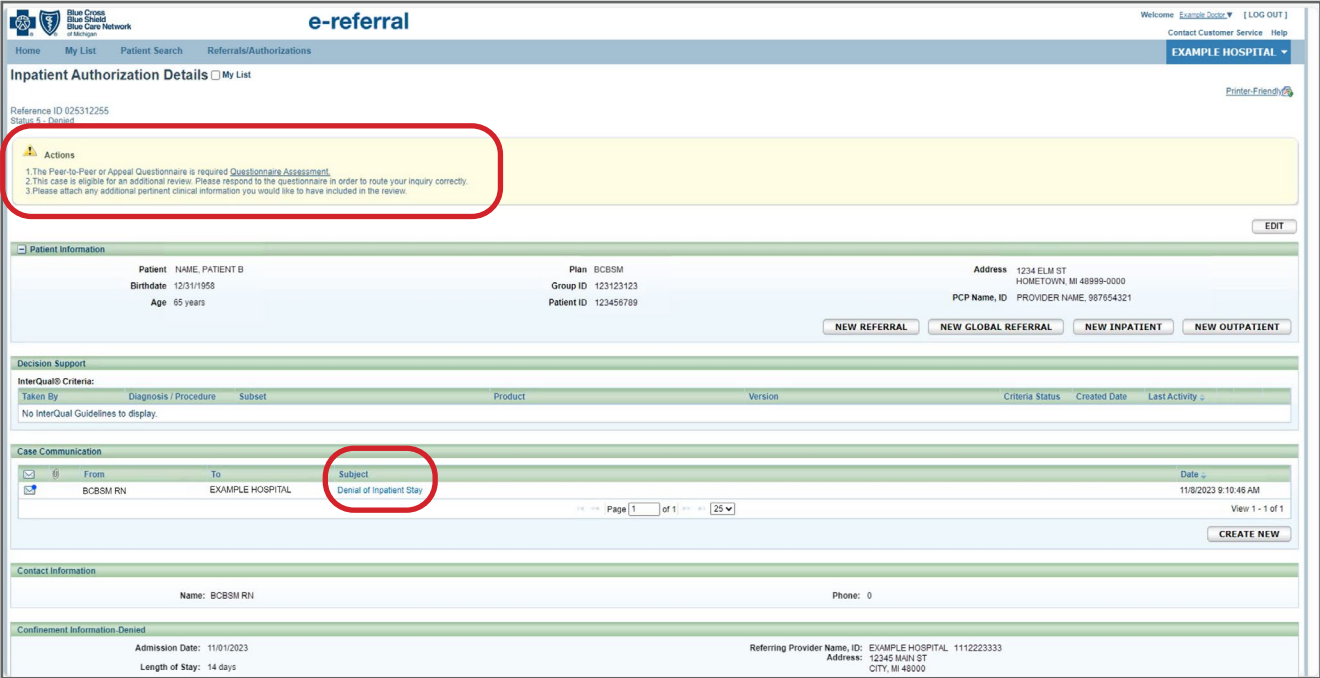
If you're trying to edit one of your cases, you may also see an error message that says, "The case is unavailable because it's being reviewed. Please try again later." If you encounter one of these messages, the case is locked because the Utilization Management team is working on it. Try editing the case later to give our team time to review and exit the case.

Submit an inpatient authorization, cont.

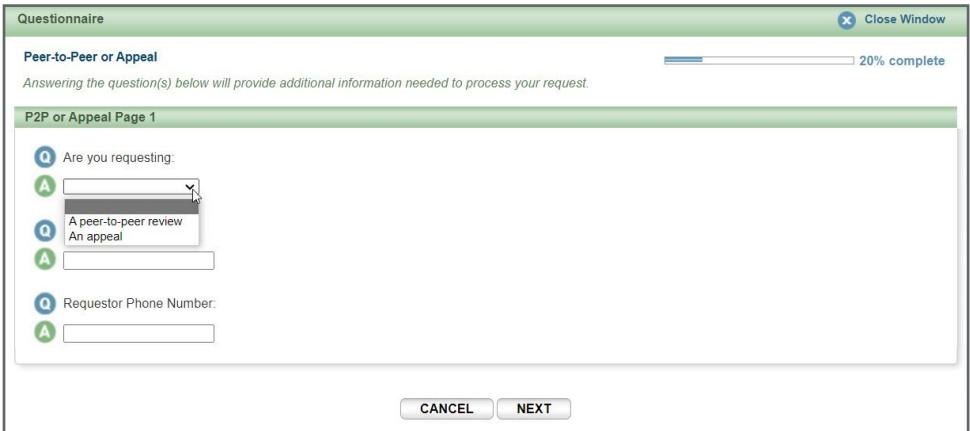
Submitting requests for peer-to-peer reviews (Michigan acute inpatient facilities only)

Follow these steps if you need to submit a request for a **peer-to-peer review**:

- 1. Begin by locating the case ID on your homepage dashboard or searching for the case. Refer to the [Searching for a referral or authorization](#) section for instructions. The case should show as "4 – Partially Approved" or "5 – Denied" in the Status column.
- 2. Click on the Reference ID of the case you’d like to review.
- 3. Look for an active Questionnaire Assessment link in the Actions section of the open case. Make sure to read any communications present in the Case Communication section before submitting a peer-to-peer review or appeal.

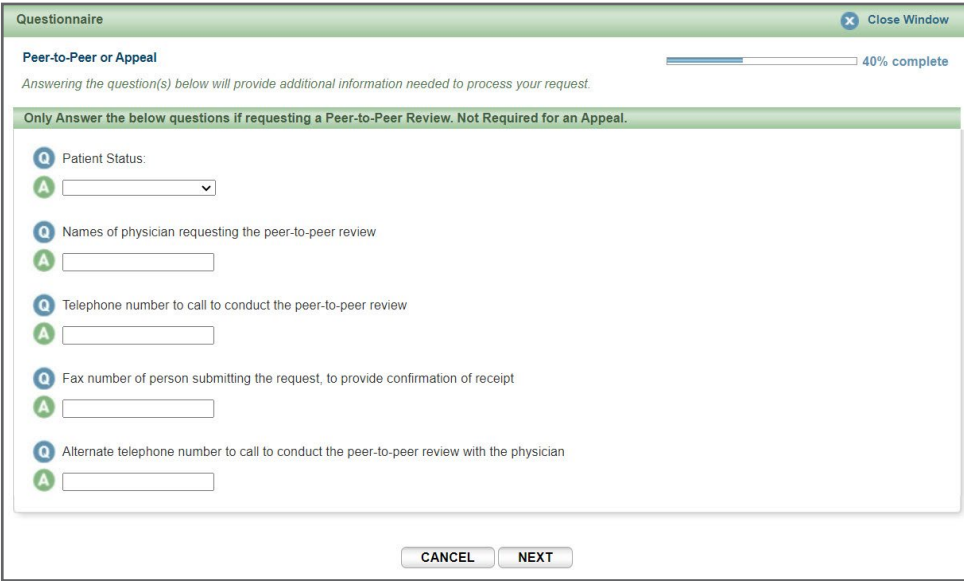


- 4. Click the Questionnaire Assessment link and answer each question. Click Next to advance the questionnaire.

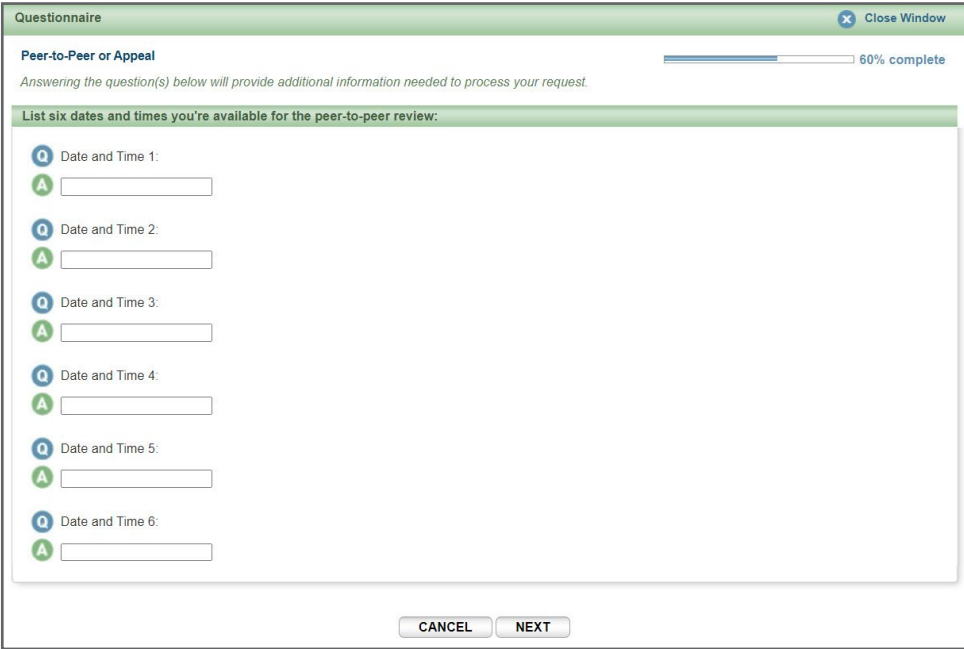


Submit an inpatient authorization, cont.

Submitting requests for peer-to-peer reviews (Michigan acute inpatient facilities only), cont.



Enter a variety of dates and times for the peer-to-peer review call. Reviews are held Monday through Friday, 9 a.m. to noon and 1 to 4 p.m. (excluding holidays).



When you have finished the questionnaire, click Submit. If you close out of the questionnaire without clicking Submit, the request will not be processed. Once you see the "Questionnaire Saved Successfully" message, your request has been submitted and will be reviewed. Please login to e-referral and check the Case Communication section for any new communications from Blue Cross and BCN. You will receive a response within one business day indicating the date and time the peer-to-peer review has been scheduled or a request to submit additional dates and times.

Submit an inpatient authorization, cont.

Submitting requests for appeals (Michigan acute inpatient facilities only)

There are two parts to an appeal request: completing the questionnaire and uploading clinical documentation. To submit an **appeal request**, follow these steps:

- 1. Begin by locating the case ID on your homepage dashboard or searching for the case. Refer to the [Searching for a referral or authorization](#) section for instructions. The case should show as "4 – Partially Approved" or "5 – Denied" in the Status column. (Bundled cases will display "3 – Fully Approved".)
- 2. Click on the Reference ID of the case you’d like to review.
- 3. Check the Case Communication section for the latest communication from Blue Cross and BCN. It will indicate that the case is eligible for an appeal.

The screenshot shows the 'e-referral' dashboard. The 'Inpatient Authorization Details' for Reference ID 025312255 are displayed. The status is 'Denied'. A red box highlights the 'Actions' section, which contains the following instructions: '1. The Appeal 1 Questionnaire is required Questionnaire Assessment. 2. This case is eligible for an additional review. Please respond to the questionnaire in order to route your inquiry correctly. 3. Please attach any additional pertinent clinical information you would like to have included in the review.' The 'Case Communication' section shows a message from BCBSM RN to EXAMPLE HOSPITAL regarding a peer-to-peer determination.

- 4. Click the Questionnaire Assessment link and answer each question. Click Next to advance the questionnaire.

The screenshot shows the 'e-referral' dashboard. The 'Inpatient Authorization Details' for Reference ID 025312255 are displayed. The status is 'Denied'. A red box highlights the 'Actions' section, which contains the following instructions: '1. The Appeal 1 Questionnaire is required Questionnaire Assessment. 2. This case is eligible for an additional review. Please respond to the questionnaire in order to route your inquiry correctly. 3. Please attach any additional pertinent clinical information you would like to have included in the review.' The 'Case Communication' section shows a message from BCBSM RN to EXAMPLE HOSPITAL regarding a peer-to-peer determination.

Submit an inpatient authorization, cont.

Submitting requests for appeals (Michigan acute inpatient facilities only), cont.

The screenshot shows the 'Questionnaire' window for 'Appeal 1'. The progress bar shows 50% complete. The 'Requestor Name' is 'Example Doctor' and the 'Requestor Phone Number' is '313-555-1234'. The 'CANCEL' and 'NEXT' buttons are visible at the bottom.

The screenshot shows the 'Questionnaire' window for 'Appeal 2 Score'. The progress bar shows 75% complete. The 'Documentation Guidelines for Submitting an Appeal 2' are displayed. The 'I Acknowledge' checkbox is checked, and a red arrow points to it. The 'CANCEL' and 'NEXT' buttons are visible at the bottom.

Make sure to check the I Acknowledge box on this screen, then click Next.

The screenshot shows the 'Questionnaire' window for 'Appeal 1'. The progress bar shows 100% complete. The 'Final' section is displayed. The 'CANCEL' and 'SUBMIT' buttons are visible at the bottom.

When you have finished the questionnaire, click Submit. If you close out of the questionnaire without clicking Submit, the request will not be processed.

Next, you need to upload the required clinical documentation. See the [Create New \(communication\)](#) section for instructions. Make sure to select the procedure that should be reviewed by checking the box. Then click Send. You will receive a response within one business day confirming that we have received your submission.

5. Submit an Outpatient Authorization

Use Submit Outpatient Authorization for all outpatient procedures that require authorization and that are performed in a contracted or noncontracted outpatient facility setting or physician office. An outpatient authorization may also be referred to as preapproval, pre-service review, preauthorization or prior authorization.

- For BCN commercial and BCN AdvantageSM, please refer to the [BCN Referral and Authorization Requirements \(PDF\)](#) in the [BCN](#) section at [ereferrals.bcbsm.com](#) on the [Authorization Requirements & Criteria](#) page for a list of services that require authorization. You can also refer to the [Care Management chapter \(PDF\)](#) of the *BCN Provider Manual*, a link to which is on the [Provider Manual Chapters page](#) in the [BCN](#) section at [ereferrals.bcbsm.com](#).
- For Blue Cross, please see the [Services that Require Authorization \(PDF\)](#) document in the [Blue Cross](#) section at [ereferrals.bcbsm.com](#), on the [Authorization Requirements & Criteria](#) page.

Sleep studies

Effective October 3, 2016, all requests to authorize **outpatient facility and clinic-based sleep management studies** for adult BCN commercial or BCN AdvantageSM members 18 years of age and older require the submission of evidence from the member’s medical record. This evidence must confirm the specific condition the member has that would exclude or contraindicate a home sleep study. Providers can facilitate the authorization request by completing the sleep study questionnaire for outpatient facilities or clinic-based settings in the e-referral system. Completing and submitting the questionnaire helps to speed up the process for the authorization.

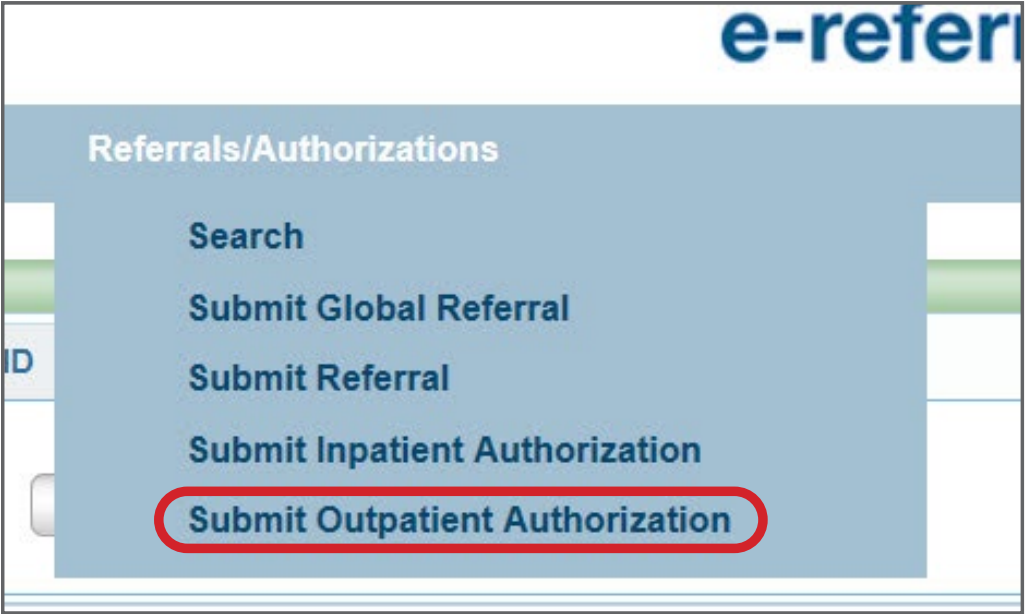
Any documentation from the patient’s medical record that is required can be attached to the request within the e-referral system, through the Case Communication field. Please see the [Create New \(communication\)](#) page for instructions.

For BCN commercial or BCN AdvantageSM members, **home sleep studies** do not require clinical review, but an authorization is still needed in the e-referral system so that claims can be paid. This means that there is no longer a need to complete a questionnaire in the e-referral system for home sleep studies.

BCN Behavioral Health requests

For assistance, please see the [Behavioral Health e-referral User Guide](#) at [ereferrals.bcbsm.com](#) under the [Training Tools](#) and [BCN Behavioral Health](#) and [Blue Cross Behavioral Health](#) pages.

Submit an outpatient authorization, cont.



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.

A screenshot of the 'Patient Search' form. The form has a header with navigation links: 'Home', 'My List', 'Patient Search', and 'Referrals/Authorizations'. Below the header is a section titled 'Patient Search' with a sub-header 'You can type the patient's ID or patient's name in combination with other search criteria.' The main section is 'Search Options' and contains several input fields: 'Patient ID', 'Last Name', 'First Name', 'Eligibility As Of (mm/dd/yyyy)', and 'Birthdate (mm/dd/yyyy)'. There is a 'SEARCH' button and a link to 'advanced search'. Two callout boxes point to the 'Patient ID' and 'Last Name' fields.

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

Enter the patient’s last name **and** first name or first name initial.

Submit an outpatient authorization, cont.

Once your patient is selected, complete all the required fields (indicated with *) in 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:
* Procedure Code Type: CPT
* Procedure Code:
* Units:

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

SAVE AS... ADD SERVICE ADD SERVICE COPY PROVIDERS

Note: Requests to authorize emergency and urgent services should be submitted by phone to receive immediate attention. You may also submit through the e-referral system.

- For BCN or BCN AdvantageSM members, please call the BCN Care Management department at 1-800-392-2512.
- For Medicare Plus Blue members, the contact varies by service. Please refer to the [Services that Require Authorization \(PDF\)](#) available at [ereferrals.bcbsm.com](#) under [Blue Cross](#), then the [Authorization Requirements & Criteria](#) section. Click Blue Cross, then click *Authorization Requirements & Criteria*.
- For Blue Cross commercial members, please contact Blue Cross Provider Inquiry. Find the appropriate phone number in the [Provider resource guide at a glance](#) document. You'll find it at the bottom of [ereferrals.bcbsm.com](#) under Frequently Accessed Documents.

Service From/To

Enter a start date and end date appropriate for the services being requested. The scheduled date of procedure sometimes changes after you submit your request. If this occurs, please call BCN Care Management at 1-800-392-2512 to inform them of the change. For Blue Cross, please contact Provider Inquiry.

- Type of Care.** The type of care values are specific to where the member originated for the service. These definitions will help when selecting a value in e-referral:

Direct — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.

Elective — Typically selected for any planned services such as surgeries or treatments inpatient or outpatient.

Emergency — Member presented to the emergency room and was referred for care in another setting such as inpatient hospitalization or outpatient surgery.

Transfer — Member was transferred from another medical setting for the service being requested (e.g. member transferred from Skilled Nursing Facility to inpatient hospital for care).

Urgent — Member was transferred from urgent care setting for the service being requested (e.g. member seen in urgent care and sent to specialist for treatment of a condition).

Submit an outpatient authorization, cont.

Place of Service

Ambulance - Air or Water
Ambulance - Land
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

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 (see the next page). 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. 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

asthma

SEARCH

Code ^	Description	Inactive	Action
493.92	Asthma, Unspecified, With (Acute) Exacerbation (ICD9, 493.92)	Yes	Bookmark
J45	Asthma (ICD10, J45)	Yes	Bookmark
J45.2	Mild intermittent asthma (ICD10, J45.2)	Yes	Bookmark
J45.20	Mild intermittent asthma, uncomplicated (ICD10, J45.20)		Bookmark
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)		Bookmark
J45.22	Mild intermittent asthma with status asthmaticus (ICD10, J45.22)		Bookmark
J45.3	Mild persistent asthma (ICD10, J45.3)	Yes	Bookmark
J45.30	Mild persistent asthma, uncomplicated (ICD10, J45.30)		Bookmark

Page 1 of 2 25 View 1 - 25 of 45

Submit an outpatient authorization, 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: All Filter by Usage Type: Diagnosis

Code	Description	Category	Owner	Usage Type	Action
036.40	Meningococcal Carditis	05012014	Payer	Diagnosis	Delete
036.41	Meningococcal Pericarditis	05012014	Payer	Diagnosis	Delete
038.9	Unspecified Septicemia	BCN05152014	Payer	Diagnosis	Delete
162.9	Malignant Neoplasm Of Bronchus And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete
174.9	Malignant Neoplasm Of Breast (Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ Sites (ICD9, 200.00)	Test	Payer	Diagnosis	Delete
211.3	Benign Neoplasm Of Colon	BCN05152014	Payer	Diagnosis	Delete
218.9	Leiomyoma Of Uterus, Unspecified	BCN05152014	Payer	Diagnosis	Delete

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- **Procedure Code Type**
Select CPT, HCPCS, ICD9 (for retro entries prior to 10/1/2015) or ICD10. (CPT is default)
CPT = American Medical Association’s Current Procedural Terminology
HCPCS = Healthcare Common Procedure Coding System

- **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.

- For chiropractic, physical/occupational therapy and speech therapy authorizations, please see the [e-referral Template Quick Guide \(PDF\)](#) at [ereferrals.bcbsm.com](#) under the [Training Tools](#) page.

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: [input field]

SEARCH

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Submit an outpatient authorization, cont.

- **Procedure Code** – Search by **Code or Description**
This is the description of the patient’s condition. Choose an active code.

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: knee

SEARCH

Code	Description	Inactive	Action
0012T	Arthroscopy, knee, surgical, osteochondral graft implantation, autograft (CPT, 0012T)	Yes	Bookmark
0013T	Arthroscopy, knee, surgical, osteochondral graft implantation, allograft (CPT, 0013T)	Yes	Bookmark
0014T	Meniscal transplantation, medial or lateral, knee (any method) (CPT, 0014T)	Yes	Bookmark
01300	Anes Integumentary Knee Popliteal Area (CPT, 01300)	Yes	Bookmark
01320	'Anesthesia for procedure on nerves, muscles, tendons, fascia, and/or bursae of knee' (CPT, 01320)		Bookmark
01380	Anesthesia for closed procedure on knee joint (CPT, 01380)		Bookmark
01382	Anesthesia for diagnostic examination of knee joint using an endoscope (CPT, 01382)		Bookmark
01390	Anesthesia for closed procedure at kneecap and/or upper foreleg bones (CPT, 01390)		Bookmark

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- **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
21501	Incision and drainage of abscess or blood accumulation in soft tissues of neck or chest (CPT, 21501)	Test	Payer	CPT	Delete
22533	Fusion of lower spine bones with removal of disc, lateral approach (CPT, 22533)	Uncategorized	Provider	CPT	Delete
23605	Closed treatment of broken upper arm bone with manipulation (CPT, 23605)	Uncategorized	Provider	CPT	Delete
29877	Removal or shaving of knee joint cartilage using an endoscope (CPT, 29877)	BCN05192014	Provider	CPT	Delete
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Uncategorized	Provider	CPT	Delete
47562	Removal of gall bladder using an endoscope	BCN05152014	Payer	CPT	Delete
49310	Laparoscopy, Surg.;cholecystectomy (CPT, 49310)	Uncategorized	Provider	CPT	Delete

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- **Units**
Enter the number of requested units here. Please enter one for physical, occupational or speech therapy. Enter 30 or less for chiropractic authorizations. Please see the [e-referral Template Quick Guide](#) on [ereferrals.bcbsm.com](#) under Training Tools for other authorization examples.

- **Referring Provider Name, ID**
Here, you can search for providers that you are provisioned to view. Ensure the provider listed here is the member's primary care physician or the case may pend.

Submit Outpatient Authorization

Patient Information: Patient: TEST, MARYBETH, Birthdate: 5/5/1971, Age: 47 years, Plan: BCN, Group ID: 00000001, Patient ID: 012345678, Address: 0001001 Ave, POC Name, ID: SCOTLUS DOCTOR, 01234567

USE TEMPLATE

Service From: 01/01/2023, Service To: 01/01/2023, Type of Care: [input field], Place of Service: [input field], Diagnosis Code: [input field], Description: [input field], Procedure Code Type: CPT, Procedure Code: [input field], Units: [input field]

Referring Provider Name ID: [input field], Address: [input field], Referring Provider Name ID: [input field], Address: [input field], Referring Facility Name ID: [input field], Address: [input field]

ADD SERVICE ADD SERVICE CPT PROVIDERS

CANCEL SAVE

Submit an outpatient authorization, cont.

• Servicing Provider Name, ID

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 & E	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 & E	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

Submit an outpatient authorization, 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.

If you are a facility requesting an outpatient authorization (e.g. physical therapy) to **your own facility**, make sure the Referring Provider and Servicing Facility match. Enter the specialist or primary care physician in the Servicing Provider field.

* Referring Provider Name, ID Address

ADVENT REHABILITATION1780639658Search

* Servicing Provider Name, ID Address

ABDOLKARIM, ADIB O.1578699807Search

Servicing Facility Name, ID Address

ADVENT REHABILITATION1780639658Search

150 JEFFERSON AVE SE, STE 100GRAND RAPIDS, MI 49503

If you are requesting an outpatient authorization (e.g. physical therapy) to a **group or individual** make sure the Primary Care Physician is assigned to the member OR it is the specialist with the global referral on file to make the order. The Primary Care Physician and Referring Provider should match. Enter the specialist performing the therapy in the Servicing Provider field.

Email

Primary Care Physician Name, Id

EISNER, ARLYNNE M, 1083860597

* Referring Provider Name, ID Address

EISNER, ARLYNNE M1083860597Search

* Servicing Provider Name, ID Address

THERAMAX REHAB INC1851458608Search

Servicing Facility Name, ID Address

OPTIONAL: The Add Service button is found on the bottom right of the Submit Outpatient Authorization screen. Click this to add an additional service if needed. Once finished, click Submit or Cancel.

The Add Service Copy Providers button is also found on the bottom right of the Submit Outpatient Authorization screen. Click this to add an additional service and any providers you have input in the Servicing Provider fields in Service 1 will be duplicated in Service 2.

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 to process or Cancel to delete without processing.

Submit an outpatient authorization, cont.

Your submitted authorization will look like this:

Outpatient Authorization Details My List

Reference ID: 01109684 Status: Pending Decision

1a Actions

1. *The Home Sleep Study Questionnaire is required [Questionnaire Assessment](#).
2. Please attach any clinical information from the patient's medical record that you would like DCN to consider for this request in the Case Communication field.

4 EDIT

5 NEW REFERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT

6 CREATE NEW

Case Communication

From To Subject Date

Page 1 of 0 25

Service 1-Pending

Service From: 2/14/2020 Service To: 2/29/2020 Referring Provider Name, ID: WHITECOAT, DOCTOR 012345678
Address: 1235 MAIN ST, STE 104 ANYTOWN, MI 48006

Type Of Care: Direct

Place Of Service: Off Campus Outpatient Hospital

Diagnosis Code: G47.33

Description: Obstructive sleep apnea (adult) (podiatric) (IC...

Procedure Code Type: CPT

Procedure Code: 95808

Description: Unattended sleep study with recording of heart...

Units: 1

Notes

Date Subject Supporting Information

CREATE NEW

1. Reference ID and case status

The check mark indicates you have successfully submitted or updated an authorization. Please allow 48 hours for us to complete our internal review before contacting our call center.

1a. Questionnaire Assessment

Depending on the procedure code chosen, you may see an Action message at the top of the screen. An action request to fill out the questionnaire usually results in a request for more information not supplied during the submit process, or it may indicate missing information. Click the Questionnaire link to open it and supply the information required. Completing and submitting the questionnaire helps to speed up the process for the referral or authorization. Please see the [Action message](#) page for instructions.

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 extend the dates. If the Edit button is greyed out, the case has been closed by Blue Cross or BCN. If you need to extend a stay on a closed case, please contact Blue Cross or BCN.

5. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

6. Create New (communication)

This feature allows you to create a communication to Blue Cross or BCN on this referral 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.

Submit an outpatient authorization, 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.

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

Submit an outpatient authorization, cont.

Extending an outpatient authorization

To extend service on an existing Outpatient Authorization, begin by locating your authorization. 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.

A screenshot of the 'Outpatient Authorization Details' page. At the top, there's a navigation bar with 'Home', 'My List', 'Patient Search', and 'Referrals/Authorizations'. Below this, the page title 'Outpatient Authorization Details' is shown. A reference ID '004165798' and status '2 - Pending Decision' are listed. A 'Printer-Friendly' link is on the right. An 'EDIT' button is circled in red. Below is a 'Patient Information' section with fields for Patient (testing deid, wiley), Birthdate (3/11/1955), Age (63 years), Plan (BCN), Group ID (00000001), Address (1255 MAIN ST, STE 104, ANYTOWN, MI 48005), and PCP Name, ID (WHITECOAT, DOCTOR, 0123456789). At the bottom are buttons for 'NEW REFERRAL', 'NEW GLOBAL REFERRAL', 'NEW INPATIENT', and 'NEW OUTPATIENT'.A screenshot of the 'e-referral' page. The navigation bar is the same as the previous screenshot. A red banner at the top contains the message: 'This case is unavailable because it's being reviewed. Please try again later.' Below this is the 'Outpatient Authorization Details' section, showing Reference ID '011009289' and Status '3 - Fully Approved'.

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)' section. It features a table with columns: 'From Date', 'To Date', 'Days', and 'Status'. Below the table is a 'CREATE NEW' button circled in red. At the bottom of the section are 'ADD SERVICE', 'CANCEL', and 'SUBMIT' buttons, with 'SUBMIT' circled in red.

Submit an outpatient authorization, cont.

Depending on the procedure code chosen, you will see an Action message at the top of the screen. The Action requires you to complete a specific questionnaire. Completing and submitting the questionnaire helps to speed up the process for the authorization.

A screenshot of the 'Outpatient Authorization Details' page. It shows the same navigation bar and patient information as before. An 'Actions' section is highlighted in yellow, containing two items: '1. *The Home Sleep Study Questionnaire is required.' and '2. Please attach any clinical information from the patient's medical record that would like BCN to consider for this request in the Case Communication field.' A 'Questionnaire Assessment' link is circled in red. An 'EDIT' button is at the bottom right.

Answer each question until you have completed the questionnaire.

A screenshot of the 'Questionnaire' page for 'Sleep Studies - Outpatient Facility or Clinic-Based Setting'. A progress bar at the top right shows '30% complete'. The page contains several questions (Q) with corresponding answer (A) dropdown menus. Questions include: 'If the sleep study is being performed for the SOLE purpose of DIAGNOSING one of the following conditions...', 'Is the sleep study being performed SOLELY to meet a legal requirement...', 'Is this an ADULT with a previous home sleep study diagnostic for OSA?', 'Please select any of the following conditions this patient has that might alter breathing or require alternative treatment during a home sleep study.', 'Is excessive daytime sleepiness present noted by Epworth Sleepiness Scale greater than 10 OR sleepiness interfering with daily activities NOT explained by other conditions?', 'Does the patient snore habitually or have gasping or choking episodes that wake them up?', 'Does the patient have unexplained high blood pressure?', and 'Does the patient have a body mass index greater than 35?'. At the bottom are 'CANCEL' and 'NEXT' buttons.

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

Submit an outpatient authorization, cont.

Continue to answer each question until you reach the final Cancel or Submit screen.

Questionnaire

Sleep Studies – Outpatient Facility or Clinic-Based Setting

60% complete

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

Outpatient-Provider Office Sleep Study - Pg 2

Q

Does the patient have soft tissue abnormalities of the upper airway, head, skull or face?

A

Q

Has anyone observed apnea (pauses in breathing) during sleep?

A

Q

Does the patient have SUSPECTED sleep apnea AND one of the following conditions? Please select any of the following conditions that apply to this patient.

A

Q

Is a REPEAT sleep study being done to titrate or re-evaluate CPAP?*

A

Q

Is a REPEAT sleep study being done following surgery to determine if the surgery was effective?*

A

CANCEL

NEXT

Questionnaire

Sleep Studies – Outpatient Facility or Clinic-Based Setting

90% complete

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

Outpatient-Provider Office Sleep Study - Pg 3

Q

Is a REPEAT sleep study being done to assess the efficacy of a dental appliance on sleep? **

A

Q

Is a REPEAT sleep study being done due to equipment failure with less than six hours of recording available as a result? **

A

Q

Is a REPEAT sleep study being done due to less than two hours of recorded sleep? **

A

Q

Is a REPEAT sleep study being done for a patient who already has a CPAP but isn't having an adequate response or whose symptoms have returned? **

A

Q

Is a REPEAT sleep study being done due to the patient having a weight loss or gain of 10 percent with a change in symptoms? **

A

CANCEL

NEXT

Submit an outpatient authorization, cont.

Complete all the questions then click Cancel or Submit. Please be patient after submitting, the confirmation message may take some time to appear. If you click Submit more than once, you may cause unnecessary delays in completing your case.

Questionnaire

Sleep Studies – Outpatient Facility or Clinic-Based Setting

100% complete

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

Final

CANCEL

SUBMIT

Once finished, you will see a “Questionnaire Saved Successfully” message. Your authorization has submitted and will be reviewed. 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 011096854

Status 2 - Pending Decision

Submit an outpatient authorization, cont.

Submitting a solid organ or bone marrow transplant authorization (for Blue Cross commercial and BCN commercial members)

Use the following information when entering this type of submission:

Submit Outpatient Authorization

Patient Information

Patient: TFST, MARYRETH
Birthdate: 5/5/1971
Age: 44 years

Plan: RCN
Group ID: 00000001
Patient ID: 012345678

Address: 12345 HEALTHY YURY
ANYTOWN, MI 00001-0000

PCP Name, ID

Contact Information

Name: Your Name Here
Phone: ()

USE TEMPLATE

Service 1

* Service From: 05/03/2023
* Service To: 05/03/2024
* Type of Care: Elective
* Place of Service: Other Unlisted Facility
* Diagnosis Code: R07.00
* Procedure Code Type: CPT
* Procedure Code: 33933
* Units: 1

* Referring Provider Name, ID: DOCTOR, DOCTOR
Address: 12345 MAIN ST, STE 200
ANYTOWN, MI 48006
456789101

* Servicing Provider Name, ID: DR. WHITECAT
Address: 12345 MAIN ST, STE 200
ANYTOWN, MI 48006
456789101

* Servicing Facility Name, ID: ANY HOSPITAL
Address: 7774 MAIN ST
ANYTOWN, MI 48006
456789101

- Service From date**
Enter today's date.
- Service To date**
Enter the date one year from today's date. (Enter six months from today's date for UAW Retiree Medical Benefits Trust, or URMBS, non-Medicare members.)
- Type of Care.** Choose Elective.
- Place of Service**
Choose Other Unlisted Facility.
- Primary Diagnosis Code**
Click Search and find the appropriate code by number, description or any saved in your Bookmarks tab.
- Primary Procedure Code**
Please enter the appropriate procedure code for solid organ or bone marrow transplants.
New for Jan. 1, 2024 for commercial fully insured members: For kidney-only transplants, enter procedure codes *50360, *50365 and *50380.
- Units**
Enter 1.
- Referring Provider Name, ID**
This field is pre-populated with the provider you're logged in under (shown at the top).
- Servicing Provider Name, Facility Name, Admitting Provider Name/ID**
Enter a Blue Distinction® Center for Transplants. Use the Search to locate a provider by partial/full name, NPI, city, state, etc. You can also choose from your saved choices in the Bookmarks tab. For more information about Blue Distinction Centers, see the [Blue Distinction Centers webpage](#).

Once finished, click Submit. An Action will appear asking you to complete a questionnaire and submit clinical documentation. Completing and submitting the questionnaire helps to speed up the process for the authorization.

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Submit an outpatient authorization, cont.

Submitting a solid organ or bone marrow transplant authorization, cont.

Continue to answer each question until you reach the final Cancel or Submit screen.

Questionnaire

Specified Organ Transplant - Prior Authorization

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

Specified Organ Transplant - Prior Authorization - Pg 1

Q Is the patient already admitted as inpatient for the requested transplant?

A

Q Is the request urgent? Urgent is defined as eminent transplantation within 72 hours.

A

Q Have the patient's eligibility and transplant benefit been verified by the Human Organ Transplant Program?

A

Q Has the patient had a social work evaluation within the last 12 months?

A

Q Do test reports document the disease pertinent to the transplant type?

A

Q Has the patient had a hepatitis profile within the last 12 months?

A

Q Has the patient had a HIV result within the last 12 months?

A

Q Has the patient had a dental clearance within the last 12 months?

A

Q Has the patient had an appropriate cancer screening results depending on age and gender?

A

Q Has the patient had toxicology screens performed within the last 6 months? Examples include Cotinine screening for lung and liver transplants or ETOH screening for liver transplant.

A

CANCEL NEXT

Questionnaire

Specified Organ Transplant - Prior Authorization

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

Specified Organ Transplant - Prior Authorization - Pg 2

Q Has the member had a psychology report within the last 12 months?

A

Q Has the member had a recent renal testing within the last 12 months?

A

Q Has the member had a pulmonary report when indicated by medical history or abnormal Pulmonary function tests (PFT's)?

A

Q Has the member had a cardiology report within the last 12 months?

A

Q Has the member participated in substance abuse activities or programs pertinent to the patient if indicated?

A

Q Are the facility where the transplant is being performed a Blue Distinction Center for Transplant or CMS accredited?

A

CANCEL NEXT

Submit an outpatient authorization, cont.

Submitting a solid organ or bone marrow transplant authorization, cont.

Complete all the questions then click Cancel or Submit. Please be patient after submitting, the confirmation message may take some time to appear. If you click Submit more than once, you may cause unnecessary delays in completing your case.

Questionnaire

Bone Marrow Transplant - Prior Authorization 100% complete

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

Bone Marrow Transplant - Prior Authorization - Final

CANCEL SUBMIT

Once finished, you will see a “Questionnaire Saved Successfully” message. Your authorization has submitted and will be reviewed. 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 011096854
Status 2 - Pending Decision

Submit an outpatient authorization, cont.

Submitting a solid organ or bone marrow transplant authorization — Extension/reauthorization requests

To apply for an extension — or reauthorization — start by entering the "To" date from the approved prior authorization in the "From" date field for the extension. Request the extension for one year (six months for URMBS members).

Clinical information must also be submitted with a completed reauthorization questionnaire and attached to the initial case. Failure to complete this step may delay the processing of your request. Reauthorization requests are valid for one year (six months for URMBS members).

Outpatient Authorization Details

Reference ID 011074827
Status 3 - Fully Approved

Patient Information

Patient TEST, MARYBETH
Birthdate 06/22/1943
Age 79 years

Plan BCBSM
Group ID 00000001
Patient ID 012345678

Address 12345 HEALTHY WAY
ANYTOWN, MI 00001-0000

PCP Name, ID

Case Communication

From To Subject

Page 1 of 0

CREATE NEW

Contact Information

Name Your Name Here Phone

Service 1 Approved

Service From 5/3/2023
Service To 5/3/2024

Type Of Care: Elective

Place Of Service: Other Unlisted Facility

Diagnosis Code: R07.89
Description: Other chest pain (ICD10, R07.89)

Procedure Code Type: CPT
Procedure Code: 33933
Description: Preparation of donor heart and lung for transpl...

Units: 1

Referring Provider Name, ID: DOCTOR, DOCTOR 456789101
Address: 1255 MAIN ST, STE 208
ANYTOWN, MI 48006

Servicing Provider Name, ID: DR. WHITECOAT 456789101
Address: 1255 MAIN ST, STE 209
ANYTOWN, MI 48006

Servicing Facility Name, ID: ANY HOSPITAL 456789101
Address: 7774 MAIN ST
ANYTOWN, MI 48006

Service Extension(s)

From Date To Date Units Status

5/3/2024 5/3/2025 1

Remove

CREATE NEW

ADD SERVICE ADD SERVICE COPY PROVIDERS

Notes

Date Subject Supporting Information

CREATE NEW

CANCEL SUBMIT

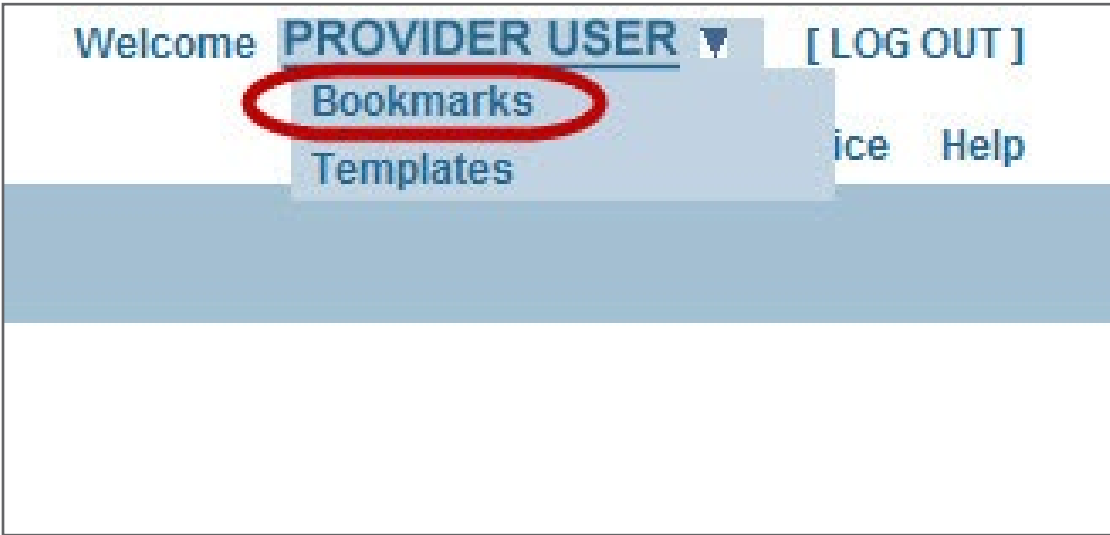
Section V: Bookmarks

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.

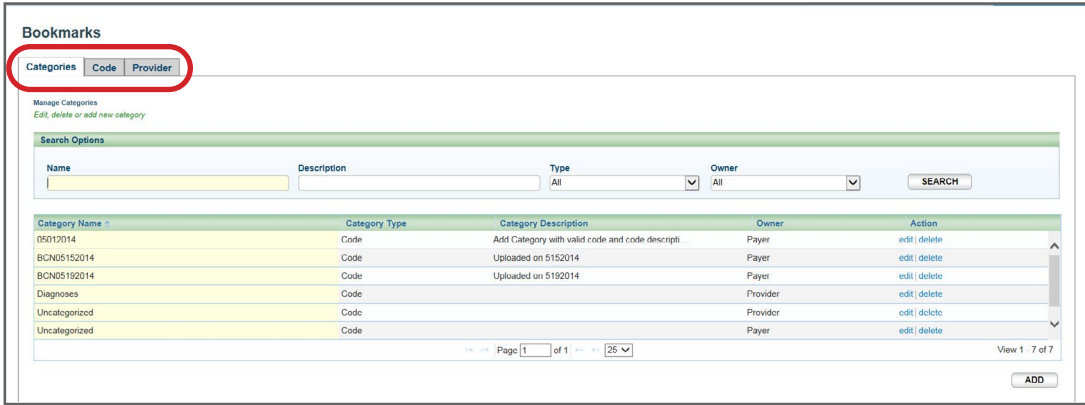
There are two ways to create a bookmark. Choose Bookmarks from the drop-down menu at the top of the Home page or create them from within a patient’s record.

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

Choose Bookmarks



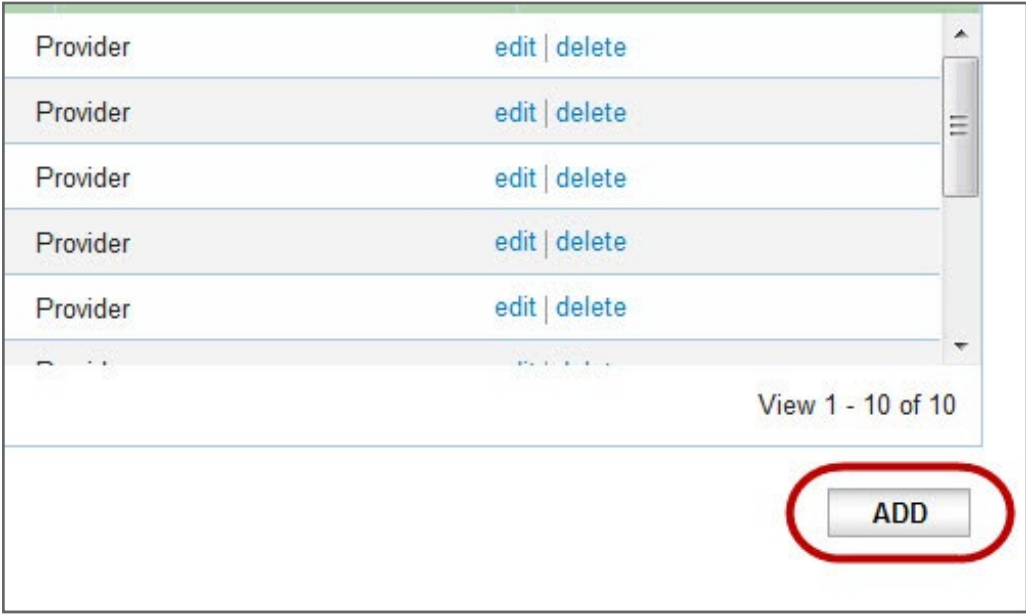
Select the bookmark type you’d like to manage from this screen. Your choices are Categories, Code and Provider.



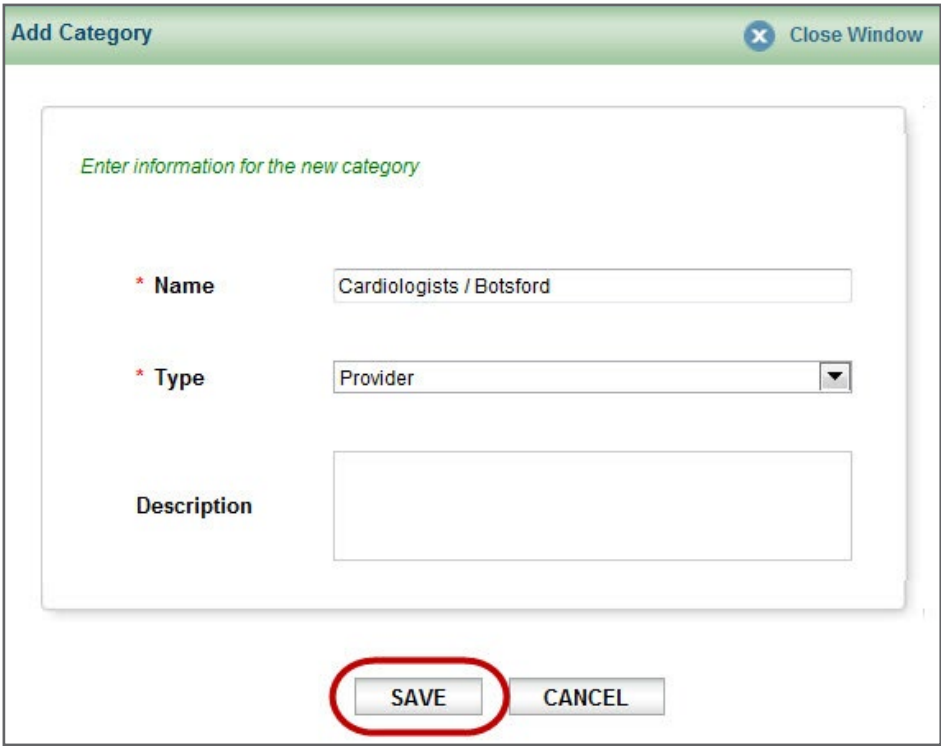
Bookmarks, cont.

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 (for example, Cardiologists at Beaumont, Internal Medicine at DMC). Choose Add.

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



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.



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:

- 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. Blue Cross and BCN recommend selecting “All”.

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 (for example, asthma). Choose the bookmark link to begin creating your bookmark on one of the **active** codes.

Bookmarks, cont.

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

The 'Add Bookmark' window displays a table with the following columns: Select, Category, Category Description, and Owner. The 'Select' column contains checkboxes. The 'Category' column lists various categories, including 'Uncategorized', '05012014', 'BCN05152014', 'BCN05192014', 'BCN05192014', 'Bookmarks for quick guide', and 'Cardiology'. The 'Category Description' column provides details for each category. The 'Owner' column lists 'Provider' and 'Payer'. At the bottom, there are 'CANCEL' and 'SAVE' buttons, and a pagination indicator showing 'Page 1 of 1' and 'View 1 - 11 of 11'.

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

The 'Diagnosis Code Search' window shows a 'Confirmation' dialog box with the message: 'Bookmark J45.21 Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21) was successfully created in categories Uncategorized'. Below the dialog, there is a table with columns 'Code', 'Description', and 'Action'. The table contains one row for 'J45.21' with the description 'Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)' and an action 'Bookmark'. At the bottom, there is a pagination indicator showing 'Page 1 of 1' and 'View 1 - 1 of 1'.

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:

The 'Bookmarks' window has tabs for 'Categories', 'Code', and 'Provider'. The 'Provider' tab is active, showing search options for NPI, Provider Name, Category, and Usage Type. Below the search options is a table with columns: Provider Name, NPI, Speciality, Address, Category, Usage Type, and Action. The table contains one row for 'HELPFUL CLINIC' with NPI '012345678', Speciality '1234 Happy St', Category 'Uncategorized', Usage Type 'Servicing Facility', and Action 'copy | delete'. At the bottom, there is a pagination indicator showing 'Page 1 of 1' and 'View 1 - 1 of 1', and an 'ADD BOOKMARK' button.

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**.

The 'Usage Type' drop-down menu is open, showing the following options: 'All', 'All', 'Admitting', 'Referring', 'Servicing', and 'Servicing Facility'. The 'All' option is currently selected.



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 (for example, ID, Address), you must enter the provider’s NPI to narrow your results.

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

Provider and Facility Search

Close Window

Search

Name

WHITEC

ID

ID or 10 digit NPI

Specialty

All

City

State

All

Zip

CANCEL

SEARCH

Name	NPI	Address	Group Affiliation	Type	Specialty
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076		Provider Group	Durable Medical Equipment
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076		Facility	
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076		Facility	
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076		Facility	
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076		Facility	
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076		Facility	

Page 1 of 4 25 View 1 - 25 of 98

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:

Add Bookmark

Close Window

Select categories for EASTWOOD CLINICS

Select	Category
<input checked="" type="checkbox"/>	Uncategorized

Message

Close Window

Bookmark will be added to Uncategorized Folder.

CANCEL

OK

View 1 - 1 of 1

* Saving as

Admitting

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. Your choices are Admitting, Referring, Servicing, and Servicing Facility. Please do not use R referring. Once you have chosen a category and Saving as option, click Save or Cancel.

Add Bookmark

Close Window

Select categories for MERCY CARE OF W MI INC DBA WHITE CLD MED CTR

Select	Category	Category Description
<input checked="" type="checkbox"/>	Uncategorized	
<input type="checkbox"/>	Cardiologists / Botsford	
<input type="checkbox"/>	Chiru	Provider Bookmark Test
<input type="checkbox"/>	Diane's Providers	Provider list
<input type="checkbox"/>	Training Manual	Sample

Page 1 of 1 25 View 1 - 5 of 5

* Saving as

Select

Admitting

Referring

Servicing

Servicing Facility

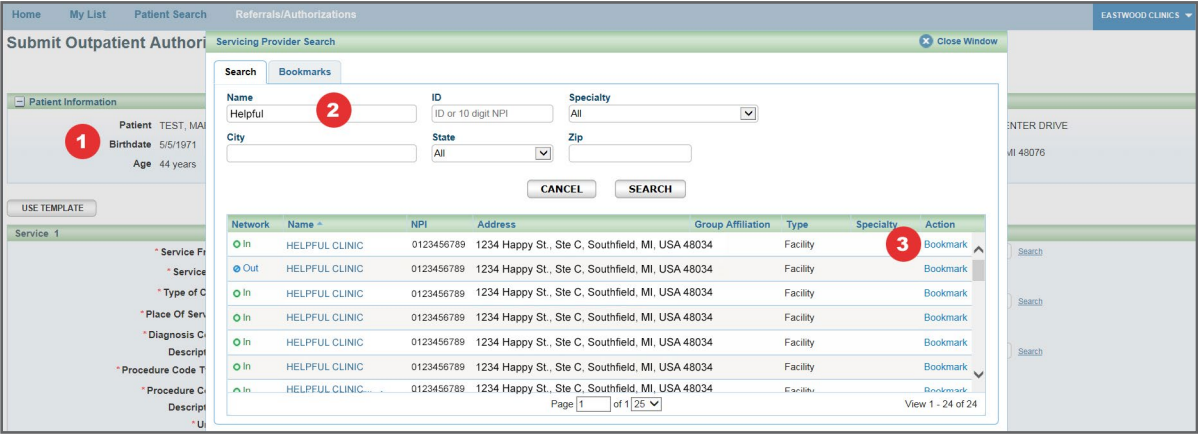
CANCEL

SAVE

Bookmarks, cont.

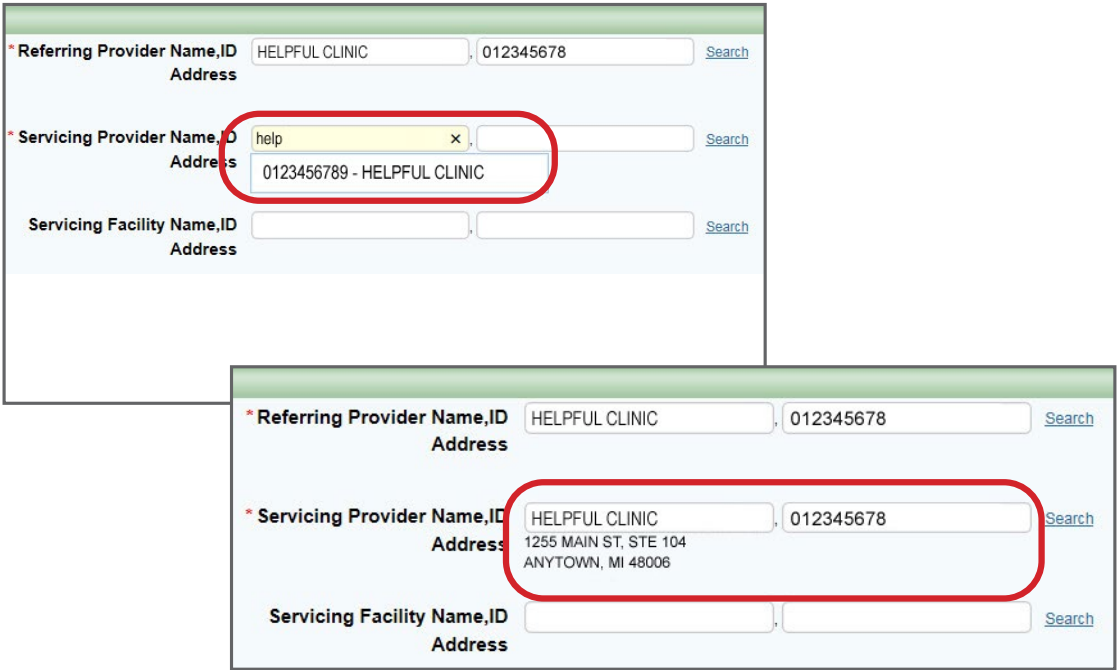
To create a bookmark from within a case:

When you're in a case and ready to submit a Global Referral, Referral, Inpatient or 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 VI: Templates

E-referral allows you to create and use templates for your most used inpatient and outpatient authorizations and referrals (not global referrals). This tool helps streamline your referral/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.

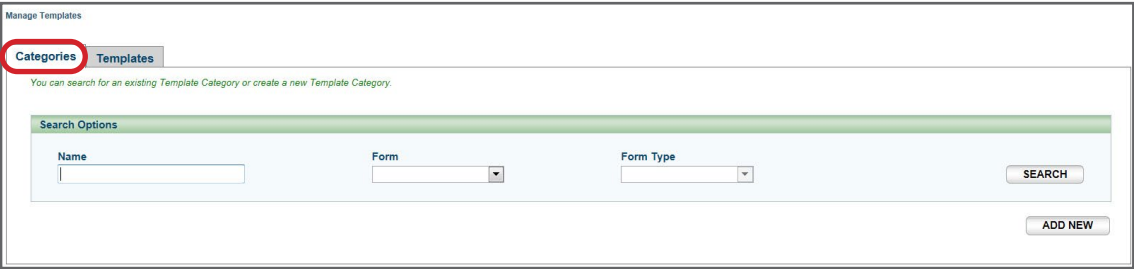


To create a template:

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.



Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

Templates, cont.

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

The 'New Template Category' form is a pop-up window with a green header bar containing a close button and the text 'Close Window'. The main content area has a light gray background with a placeholder text 'Configurable hint text here >>'. Below this, there are three required fields, each marked with an asterisk and a red circle with a number: 1. '* Form' with a dropdown menu. 2. '* Form Type' with a dropdown menu. 3. '* Name' with a text input field. At the bottom of the form, there are two buttons: 'SAVE' and 'CANCEL'.

- 1. **Form:** Choose UM from the drop-down menu. **UM = Utilization Management.** UM consists of referrals, inpatient and outpatient authorizations.
 - 2. **Form Type:** Choose Inpatient Auth, Outpatient Auth or Referral.
 - 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 'Manage Templates' screen is a web interface with a green header bar. Below the header, there is a 'Categories' section with a red circle around the 'Templates' link. Below this, there is a 'Search Options' section with a light blue background. It contains three input fields: 'Name' (text input), 'Form' (dropdown menu), and 'Form Type' (dropdown menu). To the right of these fields are 'SEARCH' and 'ADD NEW' buttons.

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

The 'New Template' form is a pop-up window with a green header bar containing a close button and the text 'Close Window'. The main content area has a light gray background with a placeholder text 'configurable hint text here >>'. Below this, there are three required fields, each marked with an asterisk and a red circle with a number: 1. '* Form' with a dropdown menu. 2. '* Form Type' with a dropdown menu. 3. '* Diagnosis Version' with a dropdown menu. At the bottom of the form, there are two buttons: 'CANCEL' and 'CONTINUE'.

- 1. **Form:** Choose UM from the drop-down menu. **UM = Utilization Management.** UM consists of referrals, inpatient and outpatient authorizations.
- 2. **Form Type:** Choose Inpatient Auth, Outpatient Auth or Referral.
- 3. **Diagnosis Version:** Choose ICD9 (for retro entries prior to 10/1/2015) 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. **Confinement Information or 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 a Referral, Inpatient or 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.

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.

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.

Patient Information

Patient	test, test
Patient ID	921182529 - 01
Group ID	00275566
Birthdate	5/20/1940
Age	73 years

USE TEMPLATE

Use Template

configurable hint text here >>

Search Options

Name	Description	Category	SEARCH
Procedure Code	Diagnosis Code		

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. Click 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	SEARCH advanced search
Procedure Code	Diagnosis Code	Created By	Active Status	Expired Status	

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

Page 1 of 125

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.

Section VII: Behavioral Health Authorizations

NOTE: Effective Jan. 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network consolidated all behavioral health prior authorization and case management services under Blue Cross Behavioral HealthSM. 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](#).



e-referral contact information

For password reset and technical help

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

BCN Utilization Management

For Blue Care Network commercial or BCN AdvantageSM referral and authorization information, please call 1-800-392-2512.

Blue Cross Utilization Management

For Blue Cross commercial and Medicare Plus BlueSM members, find the appropriate Provider Inquiry phone number in the *Provider resource guide at a glance*:

- Visit ereferrals.bcbsm.com
- Scroll to the bottom for *Provider resource guide at a glance* (PDF) under Frequently Accessed Documents

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



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ereferrals.bcbsm.com