



# e-referral User Guide

## FOR BLUE CROSS® PHYSICIAN CHOICE PPO

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



Confidence comes with every card.®

***Starting Jan. 1, 2024, the Blue Cross Physician Choice PPO plan is closed for all individuals and groups. This content is intended for reference should any retroactive referrals or authorizations be necessary.***

Dear Blue Cross Blue Shield of Michigan 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.

To get up and running on the e-referral application, you must have a Blue Cross Provider Secured Services ID and password. Some still refer to it as a web-DENIS ID, but Provider Secured Services provides access to all Blue Cross and BCN secured provider sites, including e-referral. All e-referral users in your office must have their own Provider Secured Services ID and password to log in to e-referral. Here's how to sign up:

1. Go to [ereferrals.bcbsm.com](http://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.

Some services **do not** require a referral:

- Services from nurses, urgent care, walk-in clinics and chiropractors.
- Services from pathologists, anesthesiologists, radiologists, emergency (PARE) providers. They will be covered at the cost share level associated with the members' primary care physician.
- When a member is admitted to the emergency room. If the member is admitted to the hospital that coincides with an emergency room visit, services will pay at the cost share level of the member's primary care doctor selection.
- Women's services provided at an obstetrician-gynecologist are covered at the cost share level associated with the members' primary care doctor.
- Services from out-of-state providers. They are covered at the cost share level associated with the members' primary care doctor.

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 as easy as possible. You may send your recommendations to [providertraining@bcbsm.com](mailto: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](http://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.



Donna W. LaGosh, Director  
Provider Outreach

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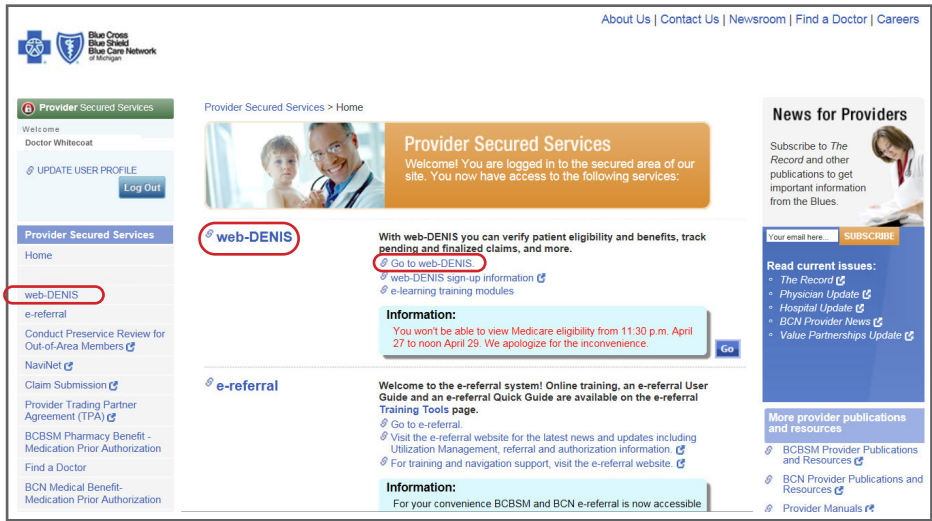
# Section I: Checking Member Eligibility and Benefits

You can access **both** e-referral and web-DENIS in one location. Just log in to Provider Secured Services and select web-DENIS to check member eligibility and benefits, or e-referral for referrals and authorizations. See the [Accessing e-referral](#) section in this guide for login instructions.

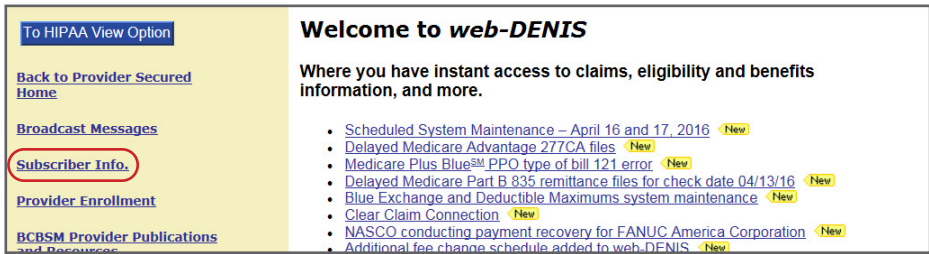
- Before searching or selecting a member in e-referral, it's important to check their eligibility and benefits information to ensure their coverage is active. You can check eligibility and benefits in:
- web-DENIS
  - Provider Inquiry's automated response system or speaking to a Provider Inquiry representative
  - 270/271 electronic standard transaction
  - Provider Inquiry

For more information, see the Patient Eligibility chapter of the BCBSM Provider Manual (available on web-DENIS within *BCBSM Newsletters and Resources* under the *Provider Manual* page).

To check via web-DENIS, log in to Provider Secured Services. Choose web-DENIS.

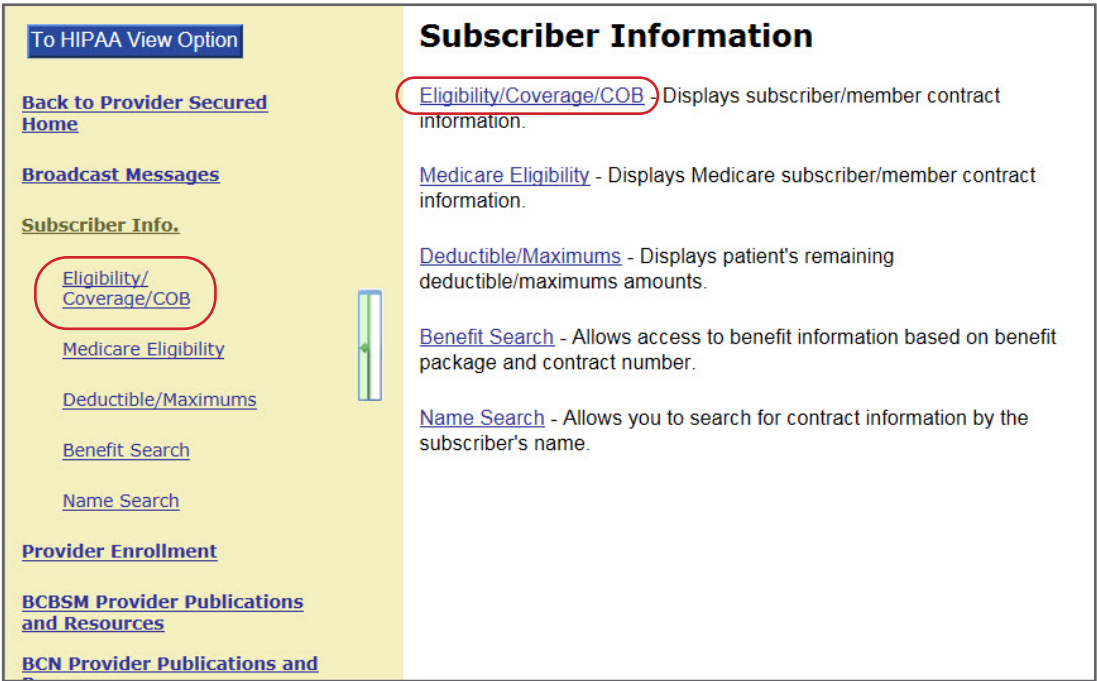


Choose Subscriber Info.

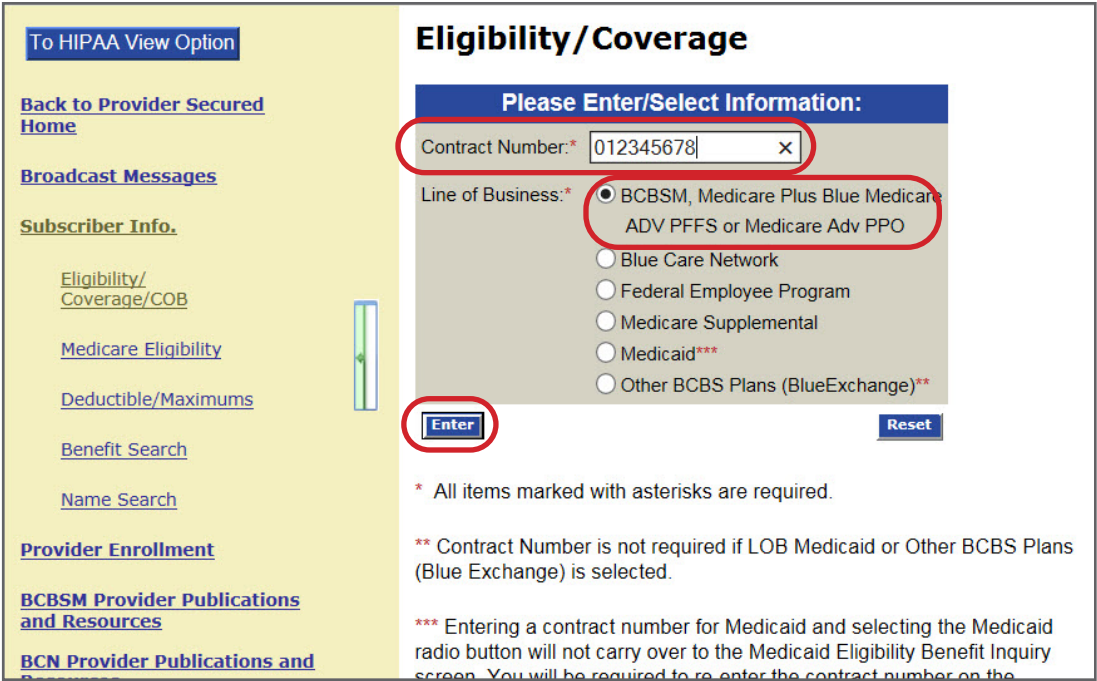


## Checking member eligibility and benefits, cont.

Choose Eligibility/Coverage/COB



Enter the member's Contract Number, select the Line of Business button and click Enter.



Checking member eligibility & benefits
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Checking member eligibility & benefits, cont.

The member's eligibility/coverage page includes several items to look for:

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Eligibility/Coverage

Physician Choice PPO

1

CONTRACT NO:  
012345678  
Alpha Prefix Lookup

GROUP/DIV:  
01234567  
COVERAGE CODE:  
05VB6

ENROLLEE NAME:  
NAME HUSBAND

Active

2

Billing Status: Active

Control Plan Code: 710

Emp. Pay Code: Active

Current Coverage Dates Start: 01-01-2016 Expires 02-01-2016

NEXT CONTRACT

Prior Auth Lookup

Office Visit/ER Copay

Remember to address open diagnosis or treatment opportunity gaps at a face-to-face visit with your patient. Document the diagnosis codes in the patient's medical record following CMS guidelines and close the gap in Health e-BluesM.

This contract has tiered network Physician Choice PPO product which has varying levels of cost share requirements and in some cases requires a referral.

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Current Coverage Member Information:

Member	Relationship	Birth Date	Program Type	Detailed Benefits	COB	Deductible/Maximums	MemberCareAlert
NAME HUSBAND	005- Male Subscriber, Regular Coverage	11-23-1970	Physician Choice PPO	HOSP MED DRUG	COB	06 20 2016 Deductible/Maximums	MemberCareAlert
NAME WIFE	074- Female Spouse, Regular Coverage	12-08-1980	Physician Choice PPO	HOSP MED DRUG	COB	06 20 2016 Deductible/Maximums	MemberCareAlert
NAME DAUGHTER	049- Male Dependent, Regular Coverage	03-04-2010	Physician Choice PPO	HOSP MED DRUG	COB	06 20 2016 Deductible/Maximums	MemberCareAlert

- 1. The member's product type is Physician Choice PPO
- 2. Make sure they have Active eligibility. Click MED under Detailed Benefits.
- 3. Physician Choice PPO product message to users
- 4. Member hyperlink to view primary care doctor information (see the next page)

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Checking member eligibility and benefits, cont.

Clicking on the member's name will bring up their primary care doctor information. You may see Current PCP information, only Historical PCP information (up to the last two years), or both.

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Member Primary Care Physician Information

Physician Choice PPO

1

CONTRACT NO:  
012345678

PATIENT: PATIENT DOB:  
HUSBAND 05-15-1954

SUBSCRIBER:  
NAME HUSBAND

Active

2

NEXT CONTRACT

ELIGIBILITY INFO

3

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Current PCP Information

PCP Name	PCP#	NPI#	Effective Date	End Date	OSC Affiliation	OSC Level
WHITECOAT DOCTOR	01234567	0123456789	2016-02-01	CURRENT	Generic Physician Hospital Organization	02

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Historical PCP Information

No Historical PCP information available.

- 1. The member's product type is Physician Choice PPO
- 2. Next Contract – redirects user back to Contract input page
- 3. Eligibility Info – redirects user to Eligibility Information page
- 4. PCP Name – Redirects user to the [bcbsm.com](#) Find a Doctor page
- 5. End Date – Displayed as CURRENT for current day and beyond

Screen with **both** current PCP information and historical PCP information:

Benefit Search

Name Search

Provider Enrollment

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Claim Submission

Facility Claims

Professional Claims

Current PCP Information

PCP Name	PCP#	NPI#	Effective Date	End Date	OSC Affiliation	OSC Level
WHITECOAT DOCTOR	01234567	0123456789	2016-02-01	CURRENT	General Hospital Organization	02

Historical PCP Information

PCP Name	PCP#	NPI#	Effective Date	End Date	OSC Affiliation	OSC Level
PCP NAME 1	12345678901234	123456789	2015-08-01	2015-08-31	HENRY FORD	01
PCP NAME 2	12345678901234	123456789	2015-04-01	2015-07-31	HENRY FORD	02
PCP NAME 3	12345678901234	123456789	2015-01-01	2015-03-31	HENRY FORD	

Screen with **no** current PCP information, **only** historical PCP information:

Benefit Search

Name Search

Provider Enrollment

BCBSM Provider Publications and Resources

BCN Provider Publications and Resources

Current PCP Information

No Current PCP information available.

Historical PCP Information

PCP Name	PCP#	NPI#	Effective Date	End Date	OSC Affiliation	OSC Level
WHITECOAT DOCTOR	0123456789101	0123456789	2015-08-01	2015-08-31	GENERAL HOSPITAL	01
SCRUBS DOCTOR	0123456789102	0123456780	2015-04-01	2015-07-31	GENERAL HOSPITAL	02

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Checking member eligibility & benefits

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Submitting an inpatient authorization

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Checking member eligibility & benefits, cont.

Please note any product-specific messages/warnings posted under the member's information:

Eligibility/Coverage

Physician Choice PPO

Billing Status: Active  
Control Plan Code: 710  
Emp. Pay Code: Active  
Current Coverage Dates Start: 01-01-2016 Expires 01-31-2020

Office Visit/ER Copay

Remember to address open diagnosis or treatment opportunity gaps at a face-to-face visit with your patient. Document the diagnosis codes in the patient's medical record following CMS guidelines and close the gap in Health e-BluesM.

This contract has tiered network Physician Choice PPO product which has varying levels of cost share requirements and in some cases requires a referral.

Member	Relationship	Birth Date	Program Type	Detailed Benefits	COB	Deductible/Maximums	MemberCareAlert
NAME HUSBAND	005- Male Subscriber, Regular Coverage	01-01-1972	Physician Choice PPO	HOSP MED DRUG VIS	COB	06 22 2016	MemberCareAlert

Identifying members that live outside the market area

Under the "Level 1 Exemption" column, there are three scenarios you may see:

- "Yes" only indicates that the member is living outside the market area and qualifies for Level 1 cost sharing.
- "Yes" plus a date range indicates that the member is in a Level 1 provider movement exemption and qualifies for Level 1 cost sharing during this time period. A Level 1 provider movement exemption is triggered when a member's selected Level 1 primary care doctor:
  - Changes OSCs (including Level 1 to Level 1)
  - Is no longer participating in the PPO network
  - Becomes a specialist

During this time, the member will receive Level 1 cost share for all services performed within the PPO network. The member will receive a letter in the mail and a message in the Member Portal notifying them of the provider movement exemption. At the end of the exemption period the member's cost share will again be determined based on the current primary care doctor selection.

- A "Yes" by itself plus a "Yes" with a date range. This means the member lives outside the network region and is exempt from all product rules and also in a Level 1 provider movement exemption. They are eligible for Level 1 cost sharing.

For more information on cost share levels, please visit [bcbsm.com](http://bcbsm.com) and click *Plan Documents and Forms* (under *Help*), *Physician Choice PPO* (under *Browse by Plan Type*).

Checking member eligibility and benefits, cont.

A member in the Grace Period exemption and eligible for Level 1 Cost Share:

Eligibility/Coverage

Physician Choice PPO

Billing Status: Active  
Control Plan Code: 710  
Emp. Pay Code: Active  
Current Coverage Dates Start: 01-01-2016 Expires 01-31-2019

Office Visit/ER Copay

Remember to address open diagnosis or treatment opportunity gaps at a face-to-face visit with your patient. Document the diagnosis codes in the patient's medical record following CMS guidelines and close the gap in Health e-BluesM.

This contract has tiered network Physician Choice PPO product which has varying levels of cost share requirements and in some cases requires a referral.

Current Coverage Member Information:

Member	Relationship	Birth Date	Program Type	Detailed Benefits	COB	Deductible/Maximums	MemberCareAlert	Level 1 Exemption
NAME HUSBAND	005- Male Subscriber, Regular Coverage	09-08-1970	Physician Choice PPO	HOSP MED DRUG VIS	COB	06 22 2016	MemberCareAlert	Yes Grace Period: 03-03-2016 to 06-03-2016
NAME WIFE	074- Female Spouse, Regular Coverage	07-10-1975	Physician Choice PPO	HOSP MED DRUG VIS	COB	06 22 2016	MemberCareAlert	
NAME SON	049- Male Dependent, Regular Coverage	05-09-2013	Physician Choice PPO	HOSP MED DRUG VIS	COB	06 22 2016	MemberCareAlert	Yes

Here, this Physician Choice PPO member lives outside the market region and is exempt from all product rules. The member is eligible for Level 1 Cost Share, the lowest out-of-pocket costs.

A member that lives outside the market area **and** is in the provider movement exemption, eligible for Level 1 Cost Share:

Eligibility/Coverage

Physician Choice PPO

Billing Status: Active  
Control Plan Code: 710  
Emp. Pay Code: Active  
Current Coverage Dates Start: 01-01-2016 Expires 01-31-2019

Office Visit/ER Copay

Remember to address open diagnosis or treatment opportunity gaps at a face-to-face visit with your patient. Document the diagnosis codes in the patient's medical record following CMS guidelines and close the gap in Health e-BluesM.

This contract has tiered network Physician Choice PPO product which has varying levels of cost share requirements and in some cases requires a referral.

Current Coverage Member Information:

Member	Relationship	Birth Date	Program Type	Detailed Benefits	COB	Deductible/Maximums	MemberCareAlert	Level 1 Exemption
NAME HUSBAND	006- Female Subscriber, Regular Coverage	08-01-1973	Physician Choice PPO	HOSP MED DRUG VIS	COB	06 22 2016	MemberCareAlert	
NAME WIFE	073- Male Spouse, Regular Coverage	07-02-1970	Physician Choice PPO	HOSP MED DRUG VIS	COB	06 22 2016	MemberCareAlert	
NAME SON	049- Male Dependent, Regular Coverage	06-10-2011	Physician Choice PPO	HOSP MED DRUG VIS	COB	06 22 2016	MemberCareAlert	Yes Yes Grace Period: 03-03-2016 to 09-30-2016

Checking member eligibility & benefits, cont.

Display cost-share accumulators and remaining at a member and contract level

You can view the member's deductible and copay information by clicking the Deductible/Maximums button within the member's contract:

Member	Relationship	Birth Date	Program Type	Detailed Benefits	COB	Deductible/Maximums	MemberCareAlert	Level 1 Exemption
NAME HUSBAND	006- Female Subscriber, Regular Coverage	08-01-1973	Physician Choice PPO	HOSP MED DRUG VIS	COB	06 22 2016 Deductible/Maximums	MemberCareAlert	

or choose the Deductible/Maximums button under the Subscriber Info option on the left and enter their contract number:

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Deductible/Maximums

Please Enter/Select Information:

Contract Number:

Benefit Date: mm 06 dd 23 yyyy 2016

Line of Business: ☒ BCBSM ☐ Blue Care Network

Please select the radio button for the appropriate type of coverage to ensure you obtain the most accurate information for the member.

Note:  
Deductible/Maximums amounts remaining are not available for Medicare Advantage/Medicare Plus Blue contracts. Please go to Eligibility/Coverage and check your patients' benefits  
Blue Cross Complete Members do not have co-pays or deductibles.

Then click their name.

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Deductible/Maximums

PCPPO

Coverage Dates: 01-01-2016 Expires 09-16-2029

CONTRACT NO: 012345678

GROUP/DIV: COVERAGE CODE: 01234567

ENROLLEE NAME: NAME WIFE

Active

Patient Selection

First Name	Patient Birth Year	Relationship Code
WIFE	1972	006 - Female Subscriber, Regular Coverage
HUSBAND	1980	073 - Male Spouse, Regular Coverage

Checking member eligibility and benefits, cont.

Display cost-share accumulators and remaining at a member and contract level

Depending on the member's benefits, the contract may show one or two rows for coinsurance.

Coinsurance is a percentage of the cost of a service that the member is responsible for paying. A coinsurance maximum provides a maximum dollar amount that the member will pay for coinsurance. Once the coinsurance maximum is reached, the member will no longer pay coinsurance for the rest of the benefit year, with the exception of certain services that are exempt from the coinsurance maximum.

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[3270 emulation](#)

[Logout](#)

Deductible/Maximums

Physician Choice PPO

Benefit Year Period: 01-01-2016 Expires 12-31-2016

CONTRACT NO: 012345678

PATIENT: LADY

PATIENT DOB: 02-01-1972

SUBSCRIBER: JANE

Active

Benefit Year (MM DD YYYY): 06 23 2016

Benefit Type: Select service

Totals For Patient: LADY

Accumulation	Network	Maximum	Used	Remaining
COINSURANCE	In Network-L1	1500.00	0.00	1500.00
COINSURANCE	In Network-L2	2500.00	0.00	2500.00
DEDUCTIBLE	In Network-L1	250.00	51.17	198.83
DEDUCTIBLE	In Network-L2	1250.00	51.17	1198.83
DEDUCTIBLE	Out Of Network-L3	2500.00	0.00	2500.00
OUT OF POCKET	In Network	6600.00	51.17	6548.83
OUT OF POCKET	Out Of Network-L3	13200.00	0.00	13200.00

Totals For Contract: 012345678

Accumulation	Network	Maximum	Used	Remaining
COINSURANCE	In Network-L1	3000.00	0.00	3000.00
COINSURANCE	In Network-L2	5000.00	0.00	5000.00
DEDUCTIBLE	In Network-L1	500.00	132.98	367.02
DEDUCTIBLE	In Network-L2	2500.00	51.17	2448.83
DEDUCTIBLE	Out Of Network-L3	5000.00	0.00	5000.00
OUT OF POCKET	In Network	13200.00	132.98	13067.02
OUT OF POCKET	Out Of Network-L3	26400.00	0.00	26400.00

Totals are current as of claims processed on the previous day.

Checking member eligibility & benefits

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Checking member eligibility & benefits, cont.

To continue checking benefits, click MED under Detailed Benefits.

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Eligibility/Coverage

Physician Choice PPO

CONTRACT NO:

012345678

Alpha Prefix Lookup

GROUP/IDV:

COVERAGE CODE:

01234567

05VB0

ENROLLEE NAME:

NAME HUSBAND

Active

Billing Status: Active

Control Plan Code: 710

Emp. Pay Code: Active

Current Coverage Dates Start: 01-01-2016 Expires 02-01-2016

NEXT CONTRACT

Prior Auth Lookup

Office Visit/ER Copay

Remember to address open diagnosis or treatment opportunity gaps at a face-to-face visit with your patient. Document the diagnosis codes in the patient's medical record following CMS guidelines and close the gap in Health e-BlueSM.

This contract has tiered network Physician Choice PPO product which has varying levels of cost share requirements and in some cases requires a referral.

Current Coverage Member Information:

Member	Relationship	Birth Date	Program Type	Detailed Benefits	COB	Deductible/Maximums	MemberCareAlert
NAME HUSBAND	005- Male Subscriber, Regular Coverage	11-23-1976	Physician Choice PPO	HOSP MED DRUG	COB	06 20 2016	MemberCareAlert
NAME WIFE	074- Female Spouse, Regular Coverage	12-08-1986	Physician Choice PPO	HOSP MED DRUG	COB	06 20 2016	MemberCareAlert
NAME DAUGHTER	049- Male Dependent, Regular Coverage	03-04-2014	Physician Choice PPO	HOSP MED DRUG	COB	06 20 2016	MemberCareAlert

Depending on the member's benefits, a pop-up window will appear launching Benefit Explorer or NASCO Benefits.

Benefit Explorer

Click Benefits.

Migrated Benefits - Windows Internet Explorer provided by Blue Cross Blue Shield of MI

Name	Description of Coverage
MED	Basic Medical/Surgical

For information about benefits, click

BENEFITS

Checking member eligibility and benefits, cont.

Under the Benefit Package Report tab, click Search to see a list of General Topics that display In Network and Out of Network coverage.

Explainer

Home BPR Medical/Current Policy Provider Manuals Search Documents Jobs Switch Rules Reports Manage Favorites Communications

Benefit Package

Contract Number: 012345678 Selected Member: 012345678

Date of Service: 01/01/2016 To Present

Group Name: PPO, Group Number: 0000, Package Code: 001, BPR: 05/05

Services and procedures

Required

Optional

Search

Quickview Report Benefit Package Report Contract Documents

Medical Services

Physician Choice PPO \$1500 - LG

Benefit Period: January - December

	Level One In Network	Level Two In Network	Level Three Out of Network
Maternity Care and Delivery	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)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Nursery	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)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Pre-Natal and Post-Natal Care	Covered Deductible may apply	Covered Deductible may apply	Covered Deductible may apply

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## Checking member eligibility and benefits, cont.

The existing Explainer Benefit Package Report Dollar Value Summary has been enhanced to display Benefit Levels.



# Explainer

[Close Window](#)

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**BPR**
Medical/Payment Policy
BCBSM Provider Manuals
Jobs
Manage Favorites
Communications\*

**BPR**

**Benefit Package**

**Topic:**

Required    Optional

BPID:      Date: 08/03/2017

Services and procedures

**Search**

[Reset](#)

[Reset](#)

[Reset All](#)

↓ Migrated Group.

🔔 Form Alert

Quickview Report
**Benefit Package Report**
Contractual Documents

**Services and procedures (T11987) - Code effective 01/02/1941 To Present**

- ▶ [Topic Details](#)
- ▶ [Included Codes](#)
- ▶ [Coverage Status](#)
- ▶ [Coverage Limitations](#)
- ▶ [Authorization Assignment](#)
- ▼ [Member Cost Share](#)

▼ General Cost Share Info

Speaks to Cost Share:	Yes
Benefit Period:	January - December

▼ Maximums

☐ Dollar Maximums

☐ Dollar Value Summary

☐ Level 1 and Level 2

Member	Maximum Name	Value	Effective Period
Individual	Out Of Pocket	\$ 6,600	07/01/2016 To Present
Family	Out Of Pocket	\$ 13,200	07/01/2016 To Present

☐ Level One In Network

Member	Maximum Name	Value	Effective Period
Individual	General Deductible	\$ 2,000 Before coinsurance	07/01/2016 To Present
Family	General Deductible	\$ 4,000 Before coinsurance	07/01/2016 To Present
Not Applicable	Coinurance	30 % After deductible	07/01/2016 To Present
Not Applicable	Bariatric Coinsurance	50 % After deductible	07/01/2016 To Present

☐ Level Two In Network

Member	Maximum Name	Value	Effective Period
Individual	General Deductible	\$ 4,000 Before coinsurance	07/01/2016 To Present
Family	General Deductible	\$ 8,000 Before coinsurance	07/01/2016 To Present
Not Applicable	Coinurance	40 % After deductible	07/01/2016 To Present
Not Applicable	Bariatric Coinsurance	50 % After deductible	07/01/2016 To Present

☐ Level Three Out of Network

Member	Maximum Name	Value	Effective Period
Individual	General Deductible	\$ 8,000 Before coinsurance	07/01/2016 To Present
Family	General Deductible	\$ 16,000 Before coinsurance	07/01/2016 To Present
Not Applicable	Coinurance	50 % After deductible	07/01/2016 To Present
Not Applicable	Bariatric Coinsurance	50 % After deductible	07/01/2016 To Present
Individual	Out Of Pocket	\$ 13,200	07/01/2016 To Present
Family	Out Of Pocket	\$ 26,400	07/01/2016 To Present

☐ Dollar Assignment Rules

☐ Benefit Year Dollar Maximums

☐ Lifetime Maximums

▶ Cost Sharing

▶ Additional Information

### Checking member eligibility and benefits, cont.

A NASCO Benefit window will ask you to choose a Provider type and then the benefits information will show.

Close Window

Please select a Provider type

Select a Provider type

GO

OB GYN  
Psychiatric  
General Practice  
Podiatrist  
Chiropractic  
DME or Prosthetic & Orthotic  
Ambulance  
All other providers

Provider SelectionPrintClose Window

Benefits Information for General Practice Provider

Member Information	
Contract Number	012345678
Member Name	NAME
Subscriber Last Name	HUSBAND
Member Birth Year	1979
Member Relationship Code	Male Subscriber
Status	01/Member Active
Group Number	12312
Current Effective Date	06-12-2014
Contract Paid To Date	

PPO In Network Deductible/Copay Information for Member	
Member In Network Copay	00%

PPO Out of Network Deductible/Copay Information for Member	
Member Out of Network Copay	20%

PPO In Network Deductible/Copay Information for Family	
Family In Network Copay	00%

PPO Out of Network Deductible/Copay Information for Family	
Family Out of Network Copay	20%

Messages
UNLESS OTHERWISE STATED, THIS COST SHARING INFORMATION APPLIES.
UNLIMITED LIFETIME MAX EXCLUDING S.O.T
WAIVE COINSURANCE FOR IN-NETWORK.
THIS MEMBER PARTICIPATES IN THE PROVIDER DELIVERED CARE MANAGEMENT PROGRAM. PDCM SERVICES WILL NOT BE SUBJECT TO THEIR ANNUAL DEDUCTIBLE AND BCBSM WILL NOT IMPOSE THE COPAYMENT OR COINSURANCE REQUIRED UNDER THE MEMBERS CONTRACT.

Benefits
ABORTION WHEN MEDICALLY NECESSARY.
ALLERGY TESTING
ALLERGY THERAPY
BARIUM ENEMA FOR ROUTINE SERVICES BENEFITS PAYABLE IN-NETWORK ONLY. ONE VISIT PER BENEFIT PERIOD NO DEDUCTIBLE OR COINSURANCE FOR IN-NETWORK.
CERTIFIED NURSE MIDWIFE
CERTIFIED NURSE PRACTITIONER
CHEMOTHERAPY
COLONOSCOPY FOR ROUTINE SERVICES BENEFITS PAYABLE IN-NETWORK ONLY. ONE VISIT PER BENEFIT PERIOD NO DEDUCTIBLE OR COINSURANCE FOR IN-NETWORK. WAIVE THE IN-NETWORK DEDUCTIBLE AND COINSURANCE FOR AN INITIAL ENDOSCOPIC PROCEDURE.
CONSULTATIONS WHEN PERFORMED IN AN OFFICE SETTING \$20 COPAY APPLIES FOR IN NETWORK SERVICES THIS SERVICE REMAINS SUBJECT TO THE DEDUCTIBLE.
CONTRACEPTION NO DEDUCTIBLE OR COINSURANCE FOR IN-NETWORK.
DELIVERY
DIAGNOSTIC SERVICES FOR ROUTINE SERVICES BENEFITS PAYABLE IN-NETWORK ONLY. ONE VISIT PER BENEFIT PERIOD NO DEDUCTIBLE OR COINSURANCE FOR IN-NETWORK.
DRE (DIGITAL RECTAL EXAM) FOR ROUTINE SERVICES BENEFITS PAYABLE IN-NETWORK ONLY. UNLIMITED VISITS. NO DEDUCTIBLE OR COINSURANCE FOR IN-NETWORK.
EMERGENCY FIRST AID FOR HOME, OFFICE OR OUTPATIENT CONSULTATIONS, WHEN RELATED TO A MEDICAL

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## Navigating the dashboard

## Searching for a referral or authorization

## Submitting a referral

## Submitting an inpatient authorization

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# Section II: Accessing e-referral

Welcome to e-referral (also known as CareAdvance Provider).

For optimal 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: Microsoft Internet Explorer 9.0, and the latest versions of Firefox and Google Chrome

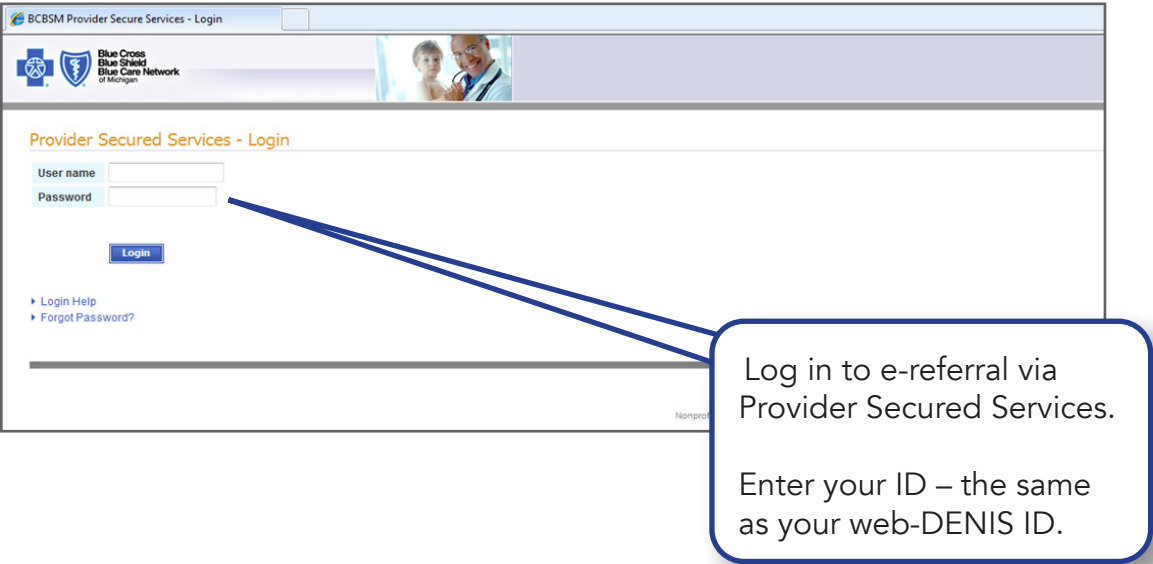
### Keep your account active

If you already have a Provider Secured Services username and password, skip to the Log in instructions below. If you are new to e-referral, complete the Provider Secured Services application process and access the account immediately to set up your password after you receive your account information. After that, you should use it at least monthly to keep your account active. If your account becomes disabled, you will have to call the Web Support Help Desk at 1-877-258-3932 to get it reactivated.

### Log in

Now you are ready to use e-referral. Just log in to Provider Secured Services and select e-referral. You can find the link to Provider Secured Services two ways:

1. Go to [bcbsm.com/providers](https://bcbsm.com/providers) and click LOGIN. Make sure Provider is selected, then type in your username and password.
2. You can also access it by logging in at the top of [ereferrals.bcbsm.com](https://ereferrals.bcbsm.com).



### Accessing e-referral, cont.

If you experience any login issues, please contact the Web Support Help Desk at 1-877-258-3932.

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](https://ereferrals.bcbsm.com). You can refer to it or download it as needed. It can be opened, viewed and printed using the Adobe Acrobat Reader® available free at [get.adobe.com/reader](https://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.

This e-referral User Guide can be downloaded to your hard drive. Just right-click on the link to the document and select "Save Target As" from the menu. Choose a location on your computer and select "Save." 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.

\*\*Blue Cross Blue Shield of Michigan and Blue Care Network don't own or control this website.

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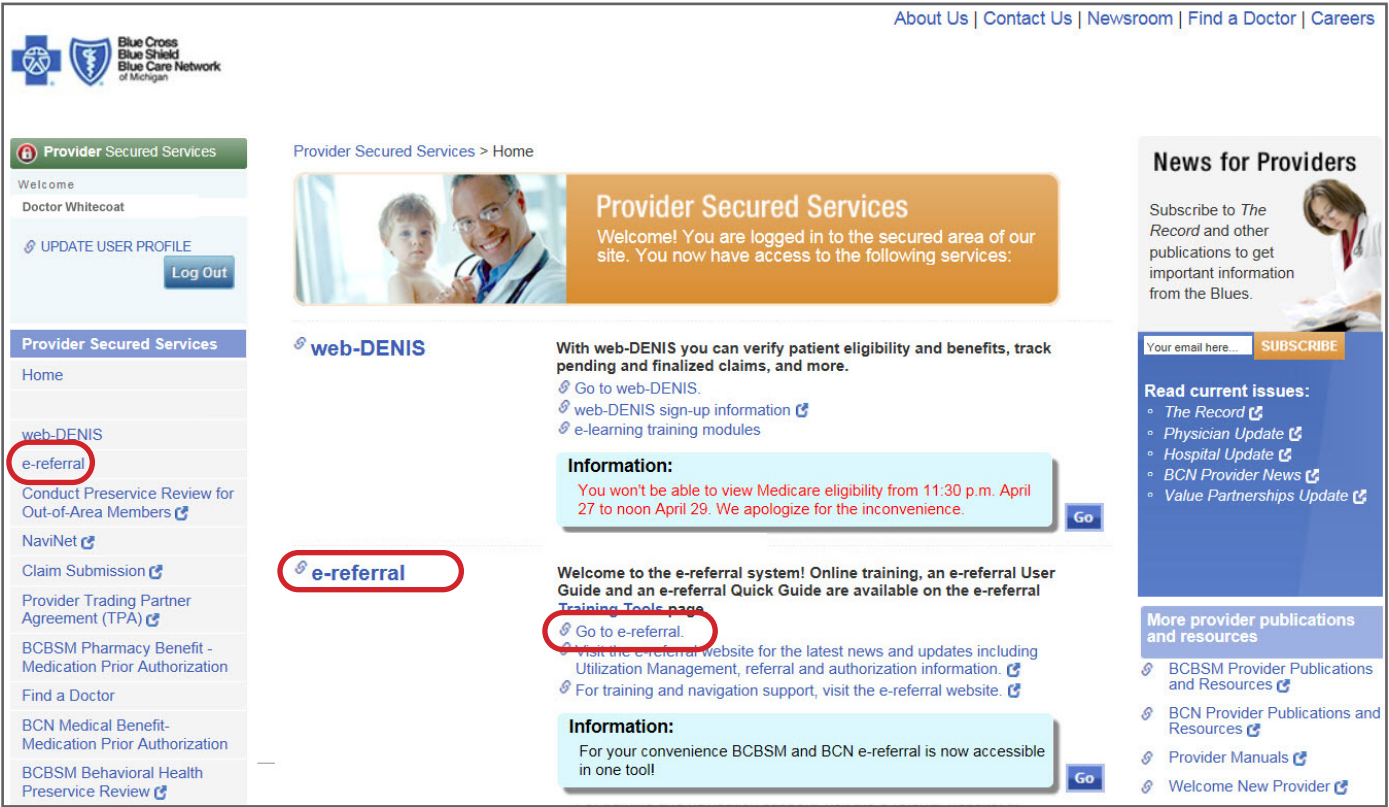
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Accessing e-referral, cont.

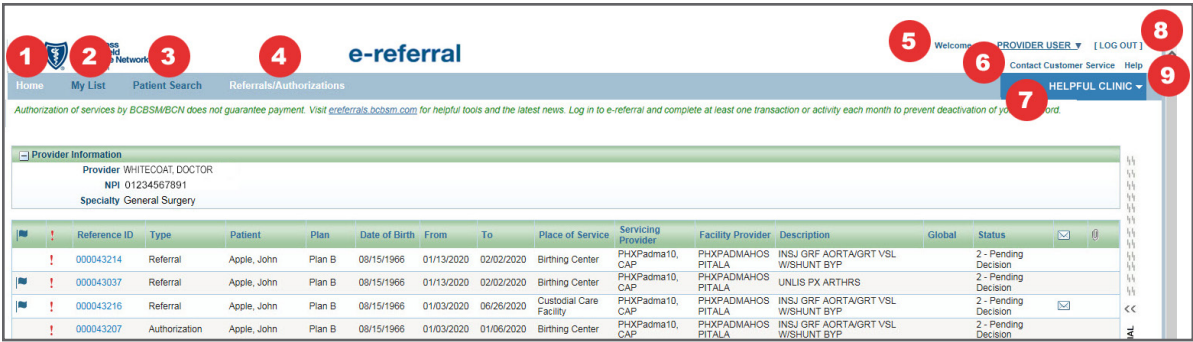
After logging in, click any of the e-referral links.



Section III: Navigating the Dashboard

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

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



1. **In Focus** — The Provider In Focus bar is located at the top right of the screen. See the next page for more detail.
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.
2. **Home** — The "Home" link returns you to the provider "dashboard" for the provider "In Focus".
3. **Patient Search** — The Patient Search link allows you to search for a member and view eligibility. NOTE: Rather than using this feature, Blue Cross recommends that you search for eligibility and benefit information in web-DENIS 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 referrals or authorizations 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. **Log Out** — Click here to log off the application.
7. **Help** — A CareAdvance Provider online help resource center. If the question is Blue Cross-specific, please use this guide instead.
8. **Contact Us** — Key Blue Cross and BCN contact information can be found here.
9. **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 [erefferrals.bcbsm.com](#) for an FAQs document as well.

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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'. A 'Change' link is visible. Below the bar is a table of referrals with columns: Reference ID, Type, Patient, Plan, Date of Birth, From, To, Place of Service, and Servicing Provider. The table lists several referrals for 'Apple, John' with various dates and statuses.

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 fill out the [Request for Group ID Changes \(PDF\)](#) form found on [ereferrals.bcbsm.com](#) at the bottom of the [Sign Up or Change a User](#) page.

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 'REMOVE SELECTED ROWS' button is highlighted with a red circle. Below the button is a table of referrals with columns: Reference ID, Type, Patient, Plan, Date of Birth, From, To, Place of Service, Servicing Provider, Facility Provider, Description, Global, Status, and Action. The table lists several referrals for 'Apple, John' with various dates and statuses. A 'Message from webpage' dialog box is open, asking 'Are you sure you want to remove these rows from your list?' with 'OK' and 'Cancel' buttons.

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

Navigating the dashboard, cont.

Provider In Focus: You will only have access to submit referrals 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 Set 01234', 'Provider HELPFUL CLINIC', 'NPI 01234567891', 'Type Provider Group', 'Specialty Outpatient Psychiatric Fac', and 'Address'. A 'Change' link is highlighted with a red circle.

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 'Filter Associated Providers' section with 'Provider Set' (01234 - Medical Clinic), 'Provider Name', and 'Provider ID' fields, and a 'SEARCH' button. Below is a table of providers with columns: Provider Name, NPI, Type, and Specialty. The table lists several providers, including 'HELPFUL CLINIC', 'HELPFUL HOSPITAL', 'HELPFUL DOCTOR', 'HELPFUL COMMUNITY CLINIC', and 'HELPFUL COMMUNITY HOSPITAL'. A red box highlights the 'HELPFUL COMMUNITY CLINIC' and 'HELPFUL COMMUNITY HOSPITAL' rows, with a red arrow pointing to the 'HELPFUL COMMUNITY CLINIC' row.

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Navigating the dashboard, cont.

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

e-referral																
Welcome PROVIDER USER [LOG OUT]																
Home My List Patient Search Referrals/Authorizations																
Authorization of services by BCBSM/BCN does not guarantee payment. Visit <a href="#">ereferalls.bcbsm.com</a> 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																
Specialty General																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
!	000043214	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRV 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/GRV 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/GRV VSL WSHUNT BYP	2 - Pending Decision				
!	000043039	Referral	Apple, John	Plan B	08/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS	2 - Pending Decision				
!	000043032	Authorization	Apple, John	Plan B	08/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS	2 - Pending Decision				
!	000043479	Authorization	Apple, John	Plan B	08/15/1966	12/05/2019	12/10/2019	Custodial Care Facility	PhxQAProviderB-A, Mary	PHXPADMAHOS PITALA	DRG SUBDIPHRG/SUBPHRENIC ABSC OPN	2 - Pending Decision				
!	000043478	Authorization	Apple, John	Plan B	08/15/1966	12/05/2019	12/05/2019	Custodial Care Facility	PhxQAProviderB-A, Mary	PHXPADMAHOS PITALA	DRG SUBDIPHRG/SUBPHRENIC ABSC OPN	2 - Pending Decision				

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

Section IV:  
Searching for a Referral  
or Authorization

Before submitting a referral or authorization, 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.

**Note:** If you are a primary care doctor, 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.



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Searching for a referral, cont.

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 that you are allowed to see. \*Indicates a required field.

Home My List Patient Search Referrals/Authorizations

Find Referral/Authorization

Search Options

Reference ID Provider ID Patient

\*Reference ID

012345678 x

SEARCH

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

Home My List Patient Search Referrals/Authorizations

Find Referral/Authorization

Search Options

Reference ID Provider ID Patient

Type From (mm/dd/yyyy) To (mm/dd/yyyy)

Provider or Facility ID

0123456789 Select

Associated Providers 1

SEARCH

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.

Searching for a referral, cont.

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.

Provider or Facility ID Patient ID

23456789 Select

Associated Providers All

SEARCH

Select Associated Providers

Filter Associated Providers

Provider Name Provider ID

SEARCH

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

Provider Name	NPI	Type	Specialty
<input checked="" type="checkbox"/> HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
<input type="checkbox"/> HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
<input type="checkbox"/> HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
<input type="checkbox"/> HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
<input type="checkbox"/> HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
<input type="checkbox"/> HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
<input type="checkbox"/> HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
<input type="checkbox"/> HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
<input type="checkbox"/> HELPFUL COMMUNITY CLINIC	0123456789	Facility	

Page 1 of 1 25

View 1 - 14 of 14

1 of 14 associated providers selected

CANCEL OK

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.

Home My List Patient Search

Find Referral/Authorization

Search Options

Reference ID Provider ID

Type

All Authorization Referral Incomplete

From (mm/dd/yyyy)

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Searching for a referral, cont.

You can search by **Patient**

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
012345678	Authorization	TEST, MARYBETH	BCBSM	05/05/1971	02/20/2015	02/21/2015	Inpatient Hospital	BRONSON	BATTLE CREEK	Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)	6 -	Voided
012345678	Authorization	TEST, MARYBETH	BCBSM	05/05/1971	02/03/2015	02/04/2015	Inpatient Hospital	BRONSON	BATTLE CREEK	Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)	6 -	Voided

Here, you can enter the Patient ID (if known) 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).

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
012345678	Authorization	TEST, MARYBETH	BCBSM	05/05/1971	03/01/2018	03/09/2018	Outpatient Hospital	PINELIS, SUSANNA		Complete removal of nasal sinus using an endoscope (CPT, 31255)	6 -	Voided
012345678	Authorization	TEST, MARYBETH	BCBSM	05/05/1971	02/06/2018	02/28/2018	Outpatient Hospital	PINELIS, SUSANNA		Sleep monitoring of patient (6 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube (CPT, 95811)	6 -	Voided
012345678	Authorization	TEST, MARYBETH	BCBSM	05/05/1971	02/05/2018	03/04/2018	Home	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 (HGPCS, S1034)	6 -	Voided
012345678	Authorization	TEST, MARYBETH	BCBSM	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	BCBSM	05/05/1971	01/22/2018	02/02/2018	Outpatient Hospital	PINELIS, SUSANNA		Sleep monitoring of patient (6 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube (CPT, 95811)	6 -	Voided
012345678	Authorization	TEST, MARYBETH	BCBSM	05/05/1971	01/22/2018	11/30/2018	Office	SIEGEL, DAVID M.		Established patient office or other outpatient visit, typically 15 minutes (CPT, 99213)	6 -	Voided

Click the Reference ID to view the case details.

**NOTE TO FACILITY PROVIDERS:** Since July 31, 2017, select surgical procedures that required authorization and were previously entered in the prenotification system should now be submitted in e-referral. Please use the Submit Inpatient Authorization option from the Referrals/Authorizations drop-down menu. See the [Submitting an inpatient authorization](#) section of this guide for instructions.

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.

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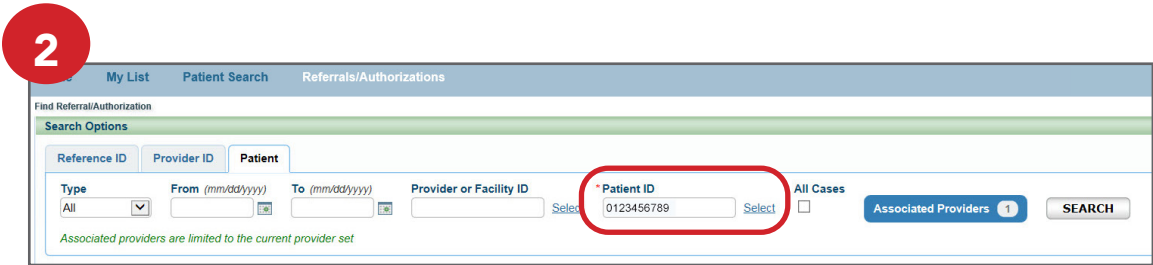
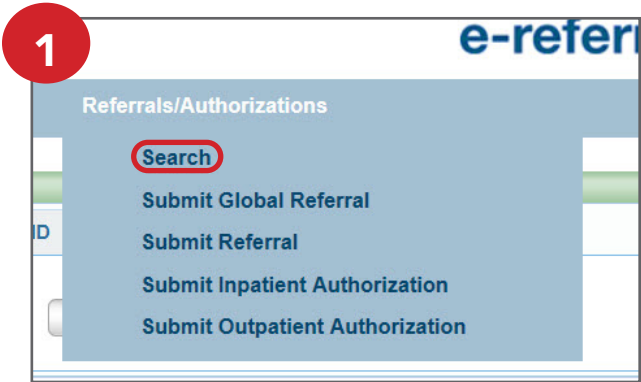
Behavioral Health



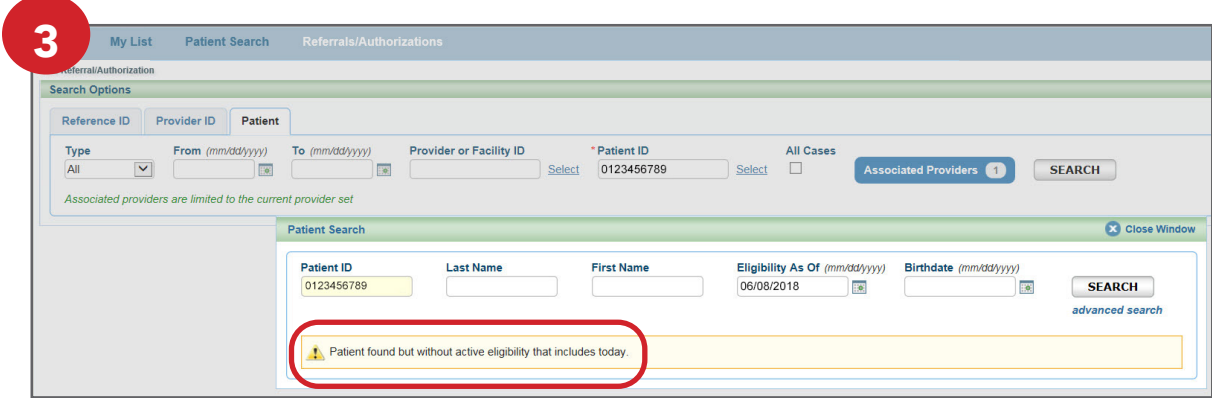
Searching for a referral or authorization, cont.

Searching for a terminated member

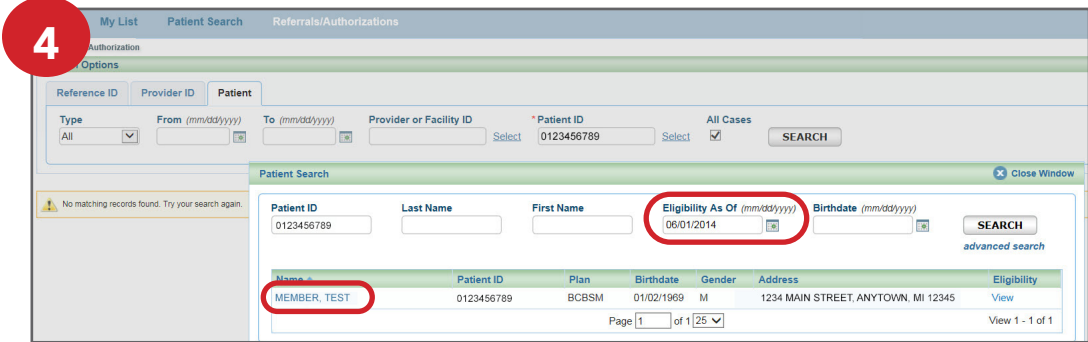
When searching for a member that has been terminated, start your search with the Patient ID.



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.

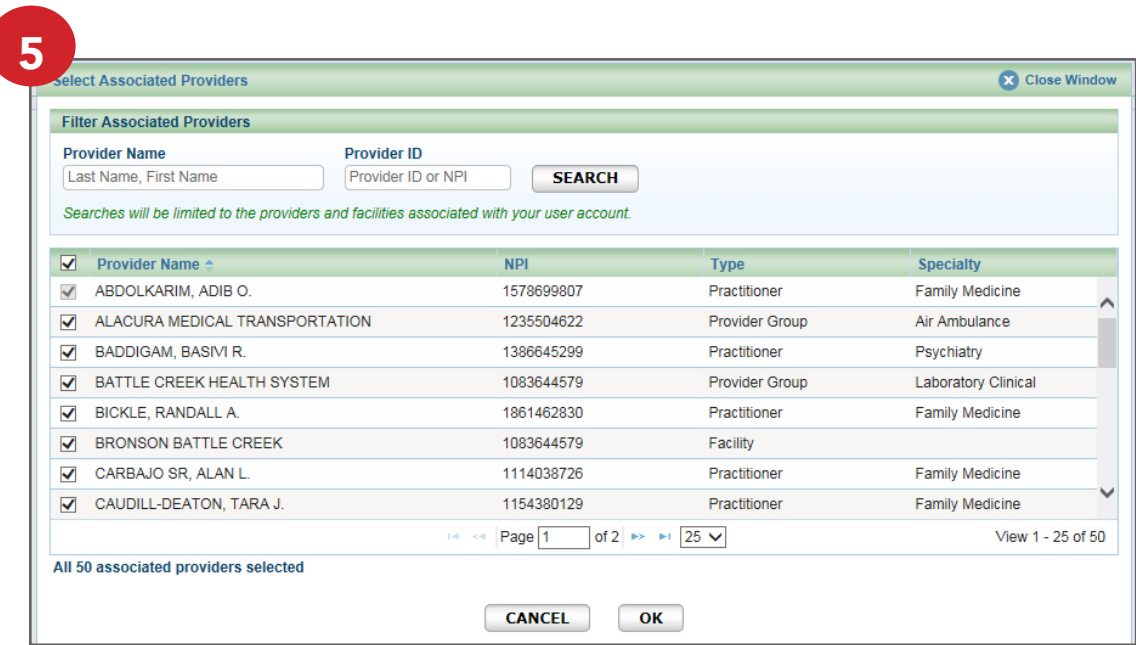


The terminated member appears when the Eligibility As Of date is changed to a date prior to their termination.

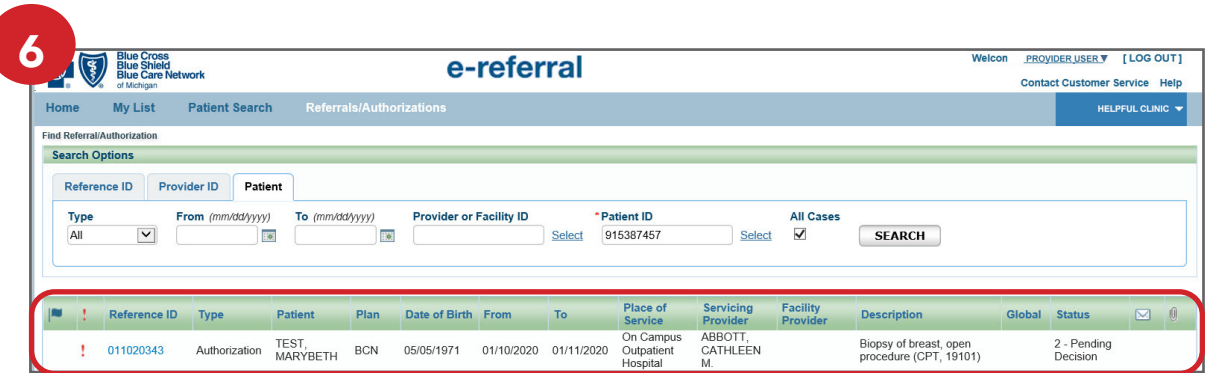
Searching for a referral or authorization, cont.

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.



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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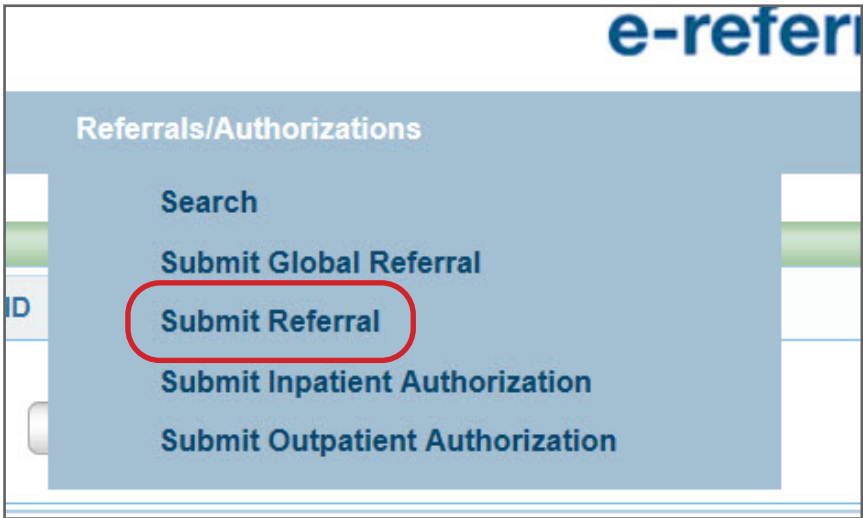
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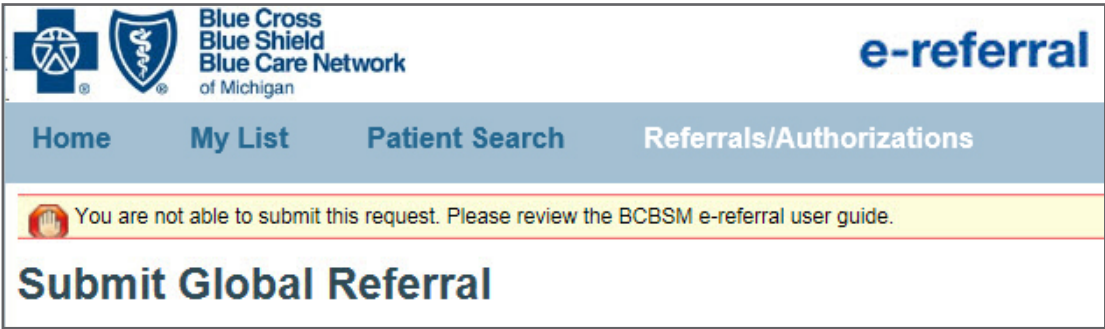
# Section V: Submitting a Referral

When you submit a referral in the e-referral system for Physician Choice PPO members, it determines the member's out-of-pocket costs. Unlike BCN referrals, it doesn't determine approval or denial of services. To determine approval or denial of services, please submit an authorization. See the [Submitting an inpatient authorization](#) section of this guide for instructions.

To start your Referral submission, choose Submit Referral from the Referrals/Authorizations drop-down menu.

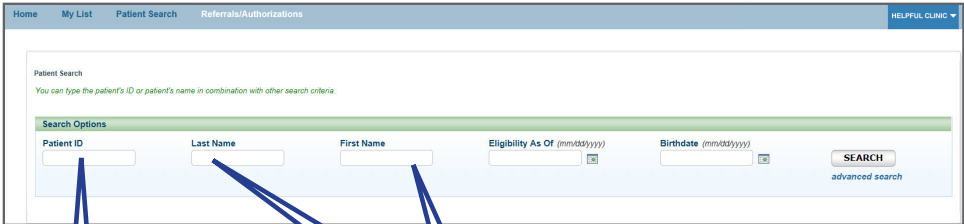


**Note:** Please do not use the Submit Global Referral option or you will receive an error message. You must start over using the Submit Referral option.



You will first 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.

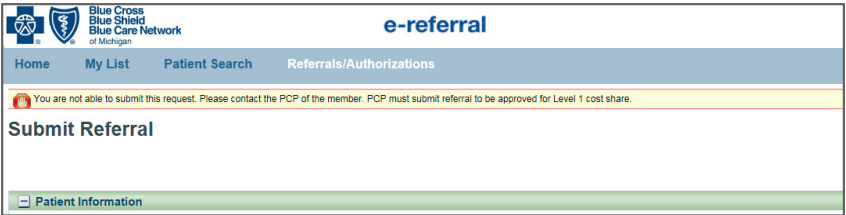
## Submitting a referral, cont.



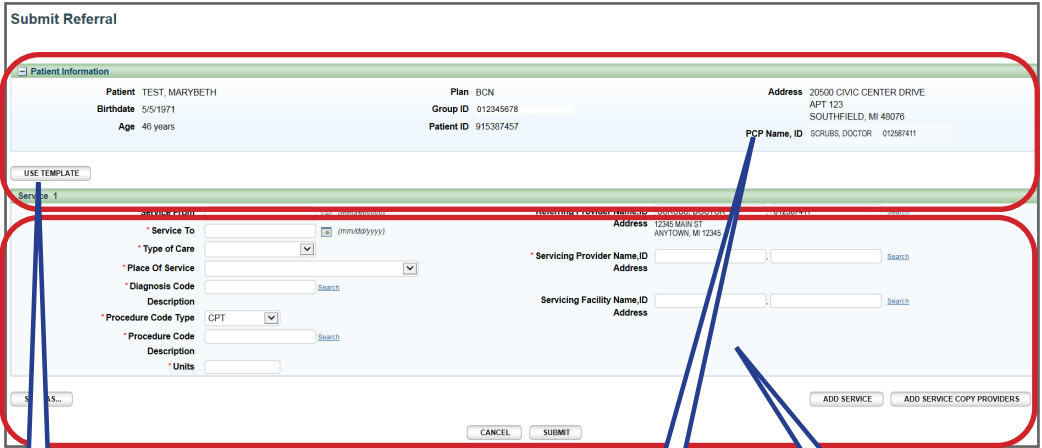
Enter the patient's ID here. This is the patient's ID number minus the alpha prefix found on the front of their BCBSM identification card.

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

Once your patient is selected, complete all the required fields (indicated with \*) on the Submit Referral screen. **Note:** You must be the member's primary care doctor in order to submit the referral or you will see an error message:



**Service From/To.** Enter the beginning date and end date of the referral.



**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, primary care doctor name and NPI displayed, if available.

**Service 1 section**  
Enter the case information here.

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Submitting a 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. Referrals routinely use Office for 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 (please see the next page). For instruction on how to bookmark codes, please see the [Bookmarks](#) section.

Diagnosis Code Search

Close Window

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

Submitting a 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 Referral submission.

Diagnosis Code Search

Close Window

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

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

Close Window

Search

Bookmarks

Select a Diagnosis code from the bookmarks below

Filter by Category

Filter by Usage Type

SEARCH

All

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

\*CPT Copyright 2021 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

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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 Diagnosis 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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- 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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Submitting a referral, cont.

Units

Enter the number of requested units here.

Referring Provider Name, ID

Here, you can search for providers that you are provisioned to view. The Referring Provider must match the primary care doctor submitting the referral.

Submit Referral

Patient Information: Patient: TEST, MARYBETH Birthdate: 5/5/1971 Age: 46 years Plan: BCBSM Group ID: 012345678 Patient ID: 915387457 Address: 20500 CIVIC CENTER DRIVE APT 123 SOUTHFIELD, MI 48076 PCP Name, ID: SCRUBS, DOCTOR 012587411

USE TEMPLATE

Service 1: \*Service From: 03/14/2018 \*Service To: 07/13/2018 \*Type of Care: Elective \*Place Of Service: Office \*Diagnosis Code: I10 Description: Essential (primary) hypertension (ICD10, I10) \*Procedure Code Type: CPT \*Procedure Code: 99213 Description: Units: 100

\*Referring Provider Name, ID: SCRUBS, DOCTOR 012587411 Address: 12345 MAIN ST ANYTOWN, MI 12345

\*Servicing Provider Name, ID: Address: 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 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 Referral

Patient Information: Patient: TEST, MARYBETH Birthdate: 5/5/1971 Age: 46 years Plan: BCBSM Group ID: 012345678 Patient ID: 915387457 Address: 20500 CIVIC CENTER DRIVE APT 123 SOUTHFIELD, MI 48076 PCP Name, ID: SCRUBS, DOCTOR 012587411

USE TEMPLATE

Service 1: \*Service From: 03/14/2018 \*Service To: 07/13/2018 \*Type of Care: Elective \*Place Of Service: Office \*Diagnosis Code: I10 Description: Essential (primary) hypertension (ICD10, I10) \*Procedure Code Type: CPT \*Procedure Code: 99213 Description: Units: 100

\*Referring Provider Name, ID: SCRUBS, DOCTOR 012587411 Address: 12345 MAIN ST ANYTOWN, MI 12345

\*Servicing Provider Name, ID: Address: Servicing Facility Name, ID: Address:

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

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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 PHYSICIAN & C	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	4800 S SAGINAW ST, STE 1815, FLINT, MI, USA, 48507	JAWAD A SHAH MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	21230 DEQUINDRE RD, WARREN, MI, USA, 48091	MICHIGAN SURGICAL HOSPITAL SPECIALTY CLINIC	Practitioner	Physical Medicine & Rehab	Bookmark
In	WHITECOAT, DOCTOR	0123456789	2609 METROPOLITAN PKWY, STE 300, STERLING HEIGHTS, MI, USA, 48310	ESSENTIAL SPINE INTERVENTIONS PLLC	Practitioner	Physical Medicine & Rehab	Bookmark

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

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

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

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

Submitting 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 is available on [ereferrals.bcbsm.com](#) under [Provider Search](#).

Submit Referral

Patient Information

Patient: TEST, MARYBETH  
Birthdate: 5/5/1971  
Age: 46 years  
Plan: BCBSM  
Group ID: 012345678  
Patient ID: 915387457  
Address: 20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076  
PCP Name, ID: SCRUBS, DOCTOR, 012587411

USE TEMPLATE

Service 1

\*Service From: 03/14/2018  
\*Service To: 07/13/2018  
\*Type of Care: Elective  
\*Place Of Service: Office  
\*Diagnosis Code: I10  
\*Procedure Code Type: CPT  
\*Procedure Code: 99213  
\*Units: 100

\*Referring Provider Name, ID: SCRUBS, DOCTOR, 012587411  
\*Address: 12345 MAIN ST, ANYTOWN, MI 12345

\*Servicing Provider Name, ID:   
\*Address:   
\*Servicing Facility Name, ID:   
\*Address:

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

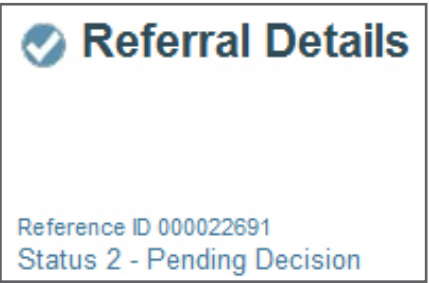
Once finished, click Submit to process or Cancel to delete without processing.

Submitting a referral, cont.

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

The screenshot shows the 'Referral Details' form. Callout 1 points to the 'Reference ID 01996043' and 'Status 2 - Pending Decision'. Callout 2 points to the 'My List' tab. Callout 3 points to the 'Printer-Friendly' link. Callout 4 points to the 'EDIT' button. Callout 5 points to the 'CREATE NEW' button in the 'Case Communication' section. Callout 6 points to the 'CREATE NEW' button in the 'Notes' section. Callout 7 points to the 'NEW REFERRAL' button.

**1. Reference ID and case status** The check mark indicates you have successfully submitted or updated a referral.



**2. My List** Check this box to watch this 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.

**5. Create New (communication) – preferred** This feature allows you to create a communication to Blue Cross on this referral case. Blue Cross will review the communication and respond in a timely manner. You can add an attachment to the communication. See the next page for more details.

**6. Create New (note)** Creates a simple note to Blue Cross on this referral case (for example, person submitting, contact info).

**7. New Referral/Global Referral/Inpatient/Outpatient** Use the New Referral button to create multiple cases for one patient.

Submitting 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.

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 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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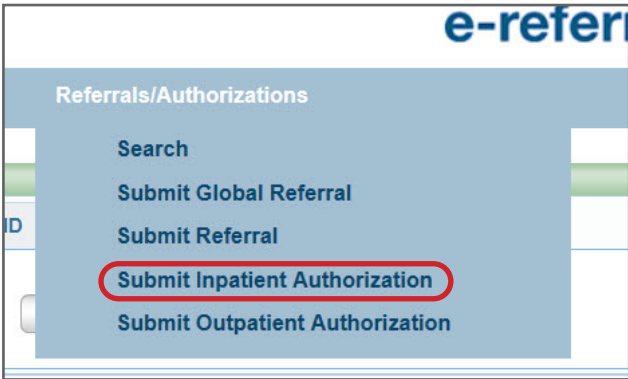
Behavioral Health



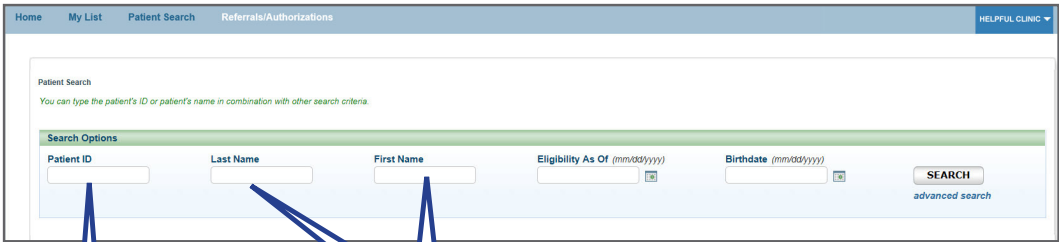
# Section VI: Submitting an Inpatient Authorization

Authorizations are not impacted by the Physician Choice PPO product and remain **required** for certain services in order to determine approval or denial. Use Submit Inpatient Authorization for all inpatient services. An inpatient authorization may also be referred to as precertification or recertification.

**NOTE TO FACILITY PROVIDERS:** Since July 31, 2017, select surgical procedures that required authorization and were previously entered in the prenotification system should now be submitted in e-referral. Please use the Submit Inpatient Authorization option from the Referrals/Authorizations drop-down menu.



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.



Enter the patient's ID here. This is the patient's ID number minus the alpha prefix found on the front of his or her the identification card.

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

## Submitting an inpatient authorization, cont.

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

A screenshot of the 'Submit Inpatient Authorization' form. The 'Patient Information' section includes fields for Patient (TEST, MARYBETH), Birthdate (5/5/1971), Age (44 years), Plan (BCBSM), Group ID (00000001), Patient ID (842108197), Address (06012011 date, Flint, MI 48503), and PCP Name, ID (SAEED, SEIF, 1598753568). The 'Confinement Information' section includes fields for Admission Date (calendar icon), Length of Stay (days), Type of Care (dropdown), Place Of Service (dropdown), Primary Diagnosis Code (search), Primary Procedure Code Type (CPT dropdown), Primary Procedure Code (search), Referring Provider Name, ID, Address (search), Servicing Provider Name, ID, Address (search), Servicing Facility Name, ID, Address (search), and Admitting Provider Name, ID, Address (search).

### Admission Date

Select the admission date from the calendar.

### Length of Stay

Enter the length of stay in days. Refer to [ereferrals.bcbsm.com](http://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.

**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 Custodial Care Facility, Inpatient Hospital, Inpatient Psychiatric Facility, Psychiatric Residential Treatment Center, Residential Substance Abuse Treatment Facility, or Skilled Nursing Facility.

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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

Page 1 of 2 25 View 1 - 25 of 45

- **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

Page 1 of 5 25 View 1 - 25 of 107

Submitting 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:

- Urgent/Emergent Admissions**  
\*99222\*\*

**Inpatient hospital care**  
\*99221 – \*99239

**Inpatient Consultation**  
\*99251 – \*99255

**Critical Care Services**  
\*99291 – \*99292

**Newborn Care Services**  
\*99460 – \*99465
- Initial and Consultation Service**  
\*99477 – \*99480

**Inpatient Neonatal and Pediatric Critical Care Services**  
\*99466 – \*99482

**Inpatient medical rehab**  
\*97150

**Skilled Nursing Facility**  
\*99304 – \*99306

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 Code or Description

CPT

SEARCH

- **Procedure Code** – Search by **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 Code or Description

CPT 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
01382	Anesthesia for closed procedure on knee joint (CPT, 01382)		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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\*CPT Copyright 2021 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.  
\*\*Recommended code for Blue Cross members.



Submitting an inpatient authorization, cont.

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

Procedure Code Search

Search Bookmarks

Select a Procedure code from the bookmarks below

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

Code	Description	Category	Owner	Usage Type	Action
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**  
This field is pre-populated with the provider you’re logged in under (shown at the top).

Home Patient Search Referrals/Authorizations HELPFUL CLINIC

Submit Inpatient Authorization

Patient Information

Patient: TEST, MARYBETH Plan: BCBSM Address: 06012011 date  
Birthdate: 5/5/1971 Group ID: 00000001 Flint, MI 48503  
Age: 44 years Patient ID: 842108197 PCP Name, ID: SAEED, SEIF, 1598753568

USE TEMPLATE

Confinement Information

\*Admission Date: (mm/dd/yyyy)  
\*Length of Stay: days  
\*Type of Care:   
\*Place Of Service:   
\*Primary Diagnosis Code:   
\*Procedure Code Type: CPT  
\*Primary Procedure Code:   
\*Referring Provider Name, ID: HELPFUL CLINIC 012345678  
\*Referring Provider Address:   
\*Servicing Provider Name, ID:   
\*Servicing Facility Name, ID:   
\*Admitting Provider Name, ID:   
\*Admitting Provider Address:

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

Home My List Patient Search Referrals/Authorizations HELPFUL CLINIC

Submit Inpatient Authorization

Patient Information

Patient: TEST, MARYBETH Plan: BCBSM Address: 06012011 date  
Birthdate: 5/5/1971 Group ID: 00000001 Flint, MI 48503  
Age: 44 years Patient ID: 842108197 PCP Name, ID: SAEED, SEIF, 1598753568

USE TEMPLATE

Confinement Information

\*Admission Date: (mm/dd/yyyy)  
\*Length of Stay: days  
\*Type of Care:   
\*Place Of Service:   
\*Primary Diagnosis Code:   
\*Procedure Code Type: CPT  
\*Primary Procedure Code:   
\*Referring Provider Name, ID: HELPFUL CLINIC 012345678  
\*Referring Provider Address:   
\*Servicing Provider Name, ID:   
\*Servicing Facility Name, ID:   
\*Admitting Provider Name, ID:   
\*Admitting Provider Address:

Submitting an inpatient 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 & C	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	4800 S SAGINAW ST, STE 1815, FLINT, MI, USA, 48507	JAVAD 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

**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	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

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Checking member eligibility & benefits

Accessing e-referral

Navigating the dashboard

Searching for a referral or authorization

Submitting a referral

Submitting an inpatient authorization

Bookmarks

Templates

Behavioral Health

Submitting 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.

Home My List Patient Search Referrals/Authorizations HELPFUL CLINIC

Submit Inpatient Authorization

Patient Information

Patient TEST, MARYBETH Birthdate 5/5/1971 Age 44 years Plan BCBSM Group ID 00000001 Patient ID 042108197 Address 06012011 date Flint, MI 48503 PCP Name, ID SAEED, SEIF, 1598753568

USE TEMPLATE

Confinement Information

\*Admission Date 05/18/2016 (mm/dd/yyyy) \*Length of Stay 3 days \*Type of Care Direct \*Place Of Service Inpatient Hospital \*Primary Diagnosis Code E86.0 Dehydration (ICD10, E86.0) \*Procedure Code Type CPT \*Primary Procedure Code 0358T Whole body composition tissue and fluid measure...

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

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.

Home My List Patient Search Referrals/Authorizations HELPFUL CLINIC

Submit Inpatient Authorization

Patient Information

Patient TEST, MARYBETH Birthdate 5/5/1971 Age 44 years Plan BCBSM Group ID 00000001 Patient ID 042108197 Address 06012011 date Flint, MI 48503 PCP Name, ID SAEED, SEIF, 1598753568

USE TEMPLATE

Confinement Information

\*Admission Date 05/18/2016 (mm/dd/yyyy) \*Length of Stay 3 days \*Type of Care Direct \*Place Of Service Inpatient Hospital \*Primary Diagnosis Code E86.0 Dehydration (ICD10, E86.0) \*Procedure Code Type CPT \*Primary Procedure Code 0358T Whole body composition tissue and fluid measure...

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

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

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.

\*Admission Date 05/18/2016 (mm/dd/yyyy) \*Length of Stay 3 days \*Type of Care Direct \*Place Of Service Inpatient Hospital \*Primary Diagnosis Code E86.0 Dehydration (ICD10, E86.0) \*Procedure Code Type CPT \*Primary Procedure Code 0358T Whole body composition tissue and fluid measure...

SAVE AS...

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

Submitting an inpatient authorization, cont.

Your submitted authorization will look like this:

Inpatient Authorization Details My List

Reference ID 01098647 Status 2 - Pending Decision

Printer-Friendly

EDIT

Patient Information

Patient TEST, MARYBETH Birthdate 5/5/1971 Age 44 years Plan BCBSM Group ID 00000001 Patient ID 123456789 Address 06012011 date Flint, MI 48503 PCP Name, ID SCRUBS, DOCTOR, 012567411

NEW REFERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT

Case Communication

From To Subject Date

Page 1 of 0

CREATE NEW

Confinement Information-Pending

Admission Date: 04/03/2016 Length of Stay: 3 days Type Of Care: Direct Place Of Service: Inpatient Hospital Primary Diagnosis Code: J09.X1 Description: Influenza due to identified novel influenza A v... Procedure Code Type: CPT Primary Procedure Code: 90222 Description: Initial hospital inpatient care, typically 50 m...

Referring Provider Name, ID: WHITECOAT, DOCTOR 012345678 Address: 1255 MAIN ST, STE 104 ANYTOWN, MI 48006

Servicing Provider Name, ID: SCRUBS, DOCTOR 012345678 Address: 1255 MAIN ST, STE 104 ANYTOWN, MI 48006

Servicing Facility Name, ID: ANY HOSPITAL 01234567 Address: 7774 MAIN ST, STE 104 ANYTOWN, MI 48006

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

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.

Inpatient Authorization Details

Reference ID 000022719 Status 2 - Pending Decision

2. My List

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

3. Printer-Friendly

Click this to print your authorization to 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. If you need to extend a stay on a closed case, please contact Blue Cross. You may also see an error message that says, “The case is unavailable because it’s being reviewed. Please try again later.” 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.

5. Create New (communication) – preferred

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

6. Create New (note)

Creates a simple note to Blue Cross on this authorization case (for example, person submitting, contact info).

7. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

Checking member eligibility & benefits

Accessing e-referral

Navigating the dashboard

Searching for a referral or authorization

Submitting a referral

Submitting an inpatient authorization

Bookmarks

Templates

Behavioral Health



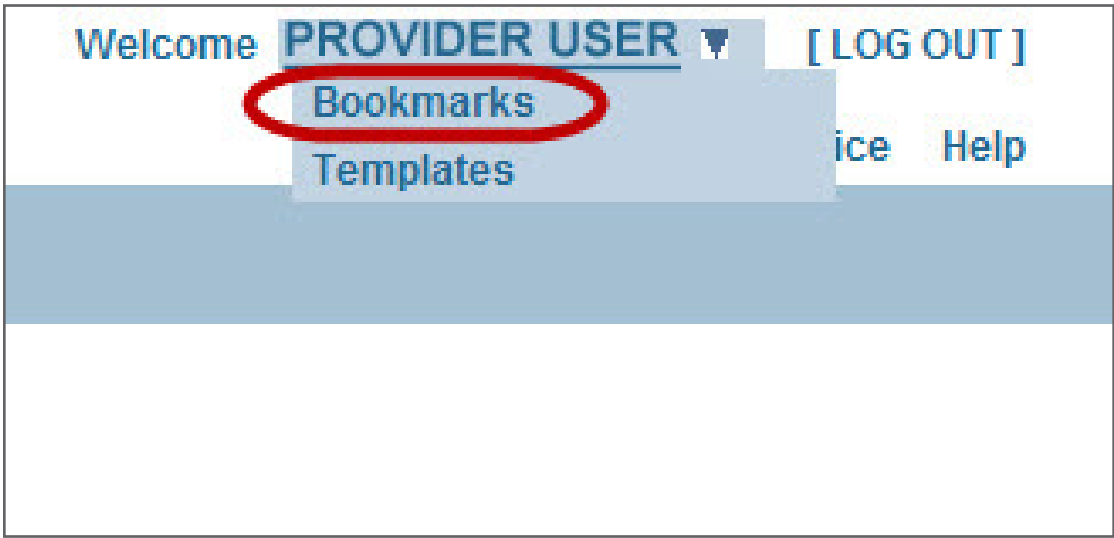
# Section VII: Bookmarks

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 entries.

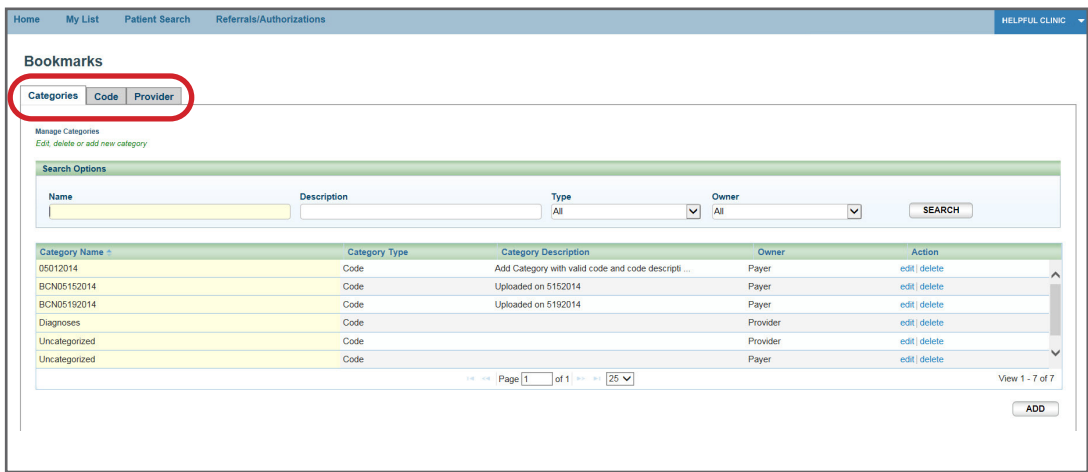
There are two ways to create a bookmark. Choose Bookmarks from the drop-down menu at the top of the Home page or create them from within a patient’s record.

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

Choose Bookmarks



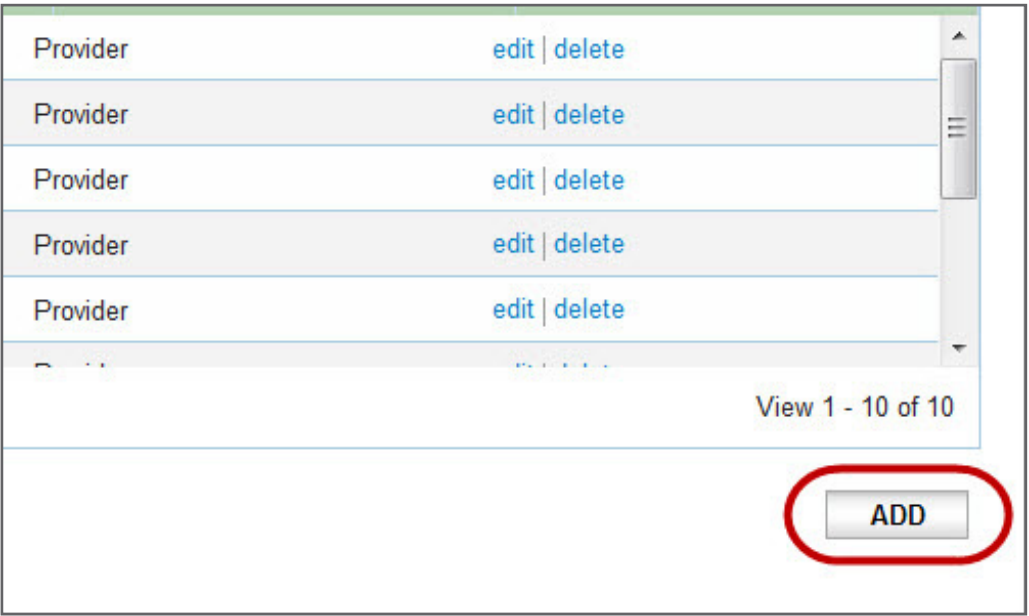
Select the bookmark type you’d like to manage from this screen. Your choices are Categories, Code and Provider.



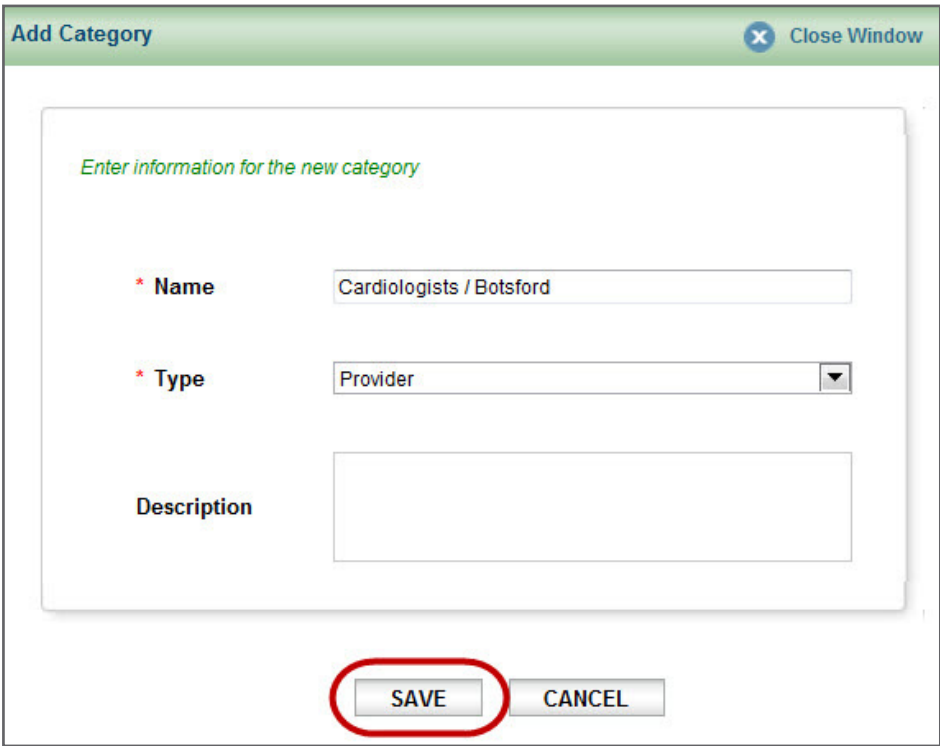
## Bookmarks, cont.

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:

The screenshot shows the 'Bookmarks' section with tabs for 'Categories', 'Code', and 'Provider'. The 'Code' tab is active. Below the tabs is a 'Search Options' section with five numbered red circles indicating search criteria: 1. Code, 2. Description, 3. Category, 4. Owner, and 5. Usage Type. A 'SEARCH' button is to the right. Below the search options is a table of existing bookmarks with columns: Code, Description, Category, Category Owner, Usage Type, and Action. The table lists several medical conditions like Meningococcal Carditis, Meningococcal Pericarditis, Unspecified Septicemia, etc. At the bottom, there are 'ADD DIAGNOSIS' and 'ADD PROCEDURE' buttons.

- 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.

Under the Usage Type drop-down menu, you can sort from various diagnosis code types. BCN recommends selecting “All”.

The screenshot shows a dropdown menu titled 'Usage Type'. The menu is open, showing options: All, CPT, Diagnosis, HCPCS, ICD9 Procedure, and ICD10 Procedure. The 'All' option is highlighted in blue.

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.

The screenshot shows a list of 'Diagnosis' items, each with a 'copy' and 'delete' link. Below the list, there are two buttons: 'ADD DIAGNOSIS' and 'ADD PROCEDURE', which are circled in red.

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

The screenshot shows the 'Diagnosis Code Search' window. It has a 'Search' tab and a 'Bookmarks' tab. Below the tabs, there is a text input field for 'Code' and a text input field for 'Description'. A 'SEARCH' button is to the right. Below the input fields, there is a checkbox labeled 'Include decimal if applicable (e.g. 250.01)'.

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

The screenshot shows the 'Diagnosis Code Search' window with the 'Search' tab active. The search term 'asthma' is entered in the 'Code or Description' field. The 'SEARCH' button is clicked. Below the search bar, there is a table of search results with columns: Code, Description, Inactive, and Action. The table lists several asthma-related codes and descriptions. The 'Inactive' column has a red circle around the word 'Yes' for the code J45.2. The 'Action' column has a 'Bookmark' link for each row. At the bottom, there is a 'Page 1 of 2' indicator and a 'View 1 - 25 of 45' indicator.



Bookmarks, cont.

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

Add Bookmark

Close Window

Select categories for J45.21 Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)

Select	Category	Category Description	Owner
<input checked="" type="checkbox"/>	Uncategorized		Provider
<input type="checkbox"/>	Uncategorized		Payer
<input type="checkbox"/>	05012014	Add Category with valid code and code description	Payer
<input type="checkbox"/>	BCN05152014	Uploaded on 5152014	Payer
<input type="checkbox"/>	BCN05192014	Uploaded on 5192014	Payer
<input type="checkbox"/>	BCN05192014	testing	Provider
<input type="checkbox"/>	Bookmarks for quick guide		Provider
<input type="checkbox"/>	Cardiology		Provider

Page 1 of 1

25

View 1 - 11 of 11

CANCEL

SAVE

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

Diagnosis Code Search

Close Window

Search

Bookmarks

Enter a full or partial diagnosis code or description

Include decimal if applicable (e.g., J45.21)

Code or Description

J45.21

OK

Confirmation

Bookmark J45.21 Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21) was successfully created in categories Uncategorized

Code

Description

Action

| J45.21 | Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21) | Bookmark |

Page 1 of 1

25

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:

Bookmarks

Categories

Code

Provider

Manage Bookmarks

Search for an existing bookmark or add new

Search Options

NPI

Provider Name

Category

Usage Type

SEARCH

Provider Name

NPI

Specialty

Address

Category

Usage Type

Action

HELPFUL CLINIC

012345678

1234 Happy St.

Uncategorized

Servicing Facility

copy | delete

Page 1 of 1

25

View 1 - 1 of 1

ADD BOOKMARK

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

4

Usage Type

All

All

Admitting

Referring

Servicing

Servicing Facility

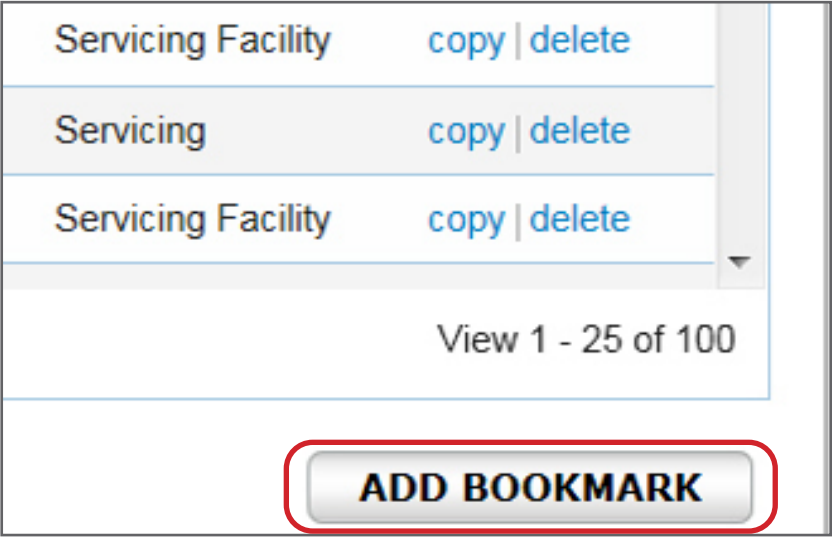
ZSIT CP4



Bookmarks, cont.

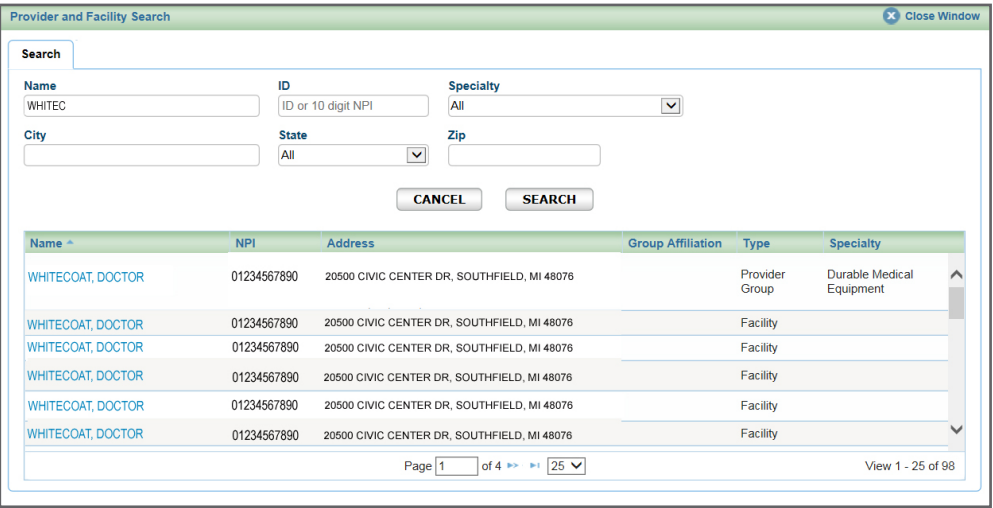
To add a new bookmark:

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



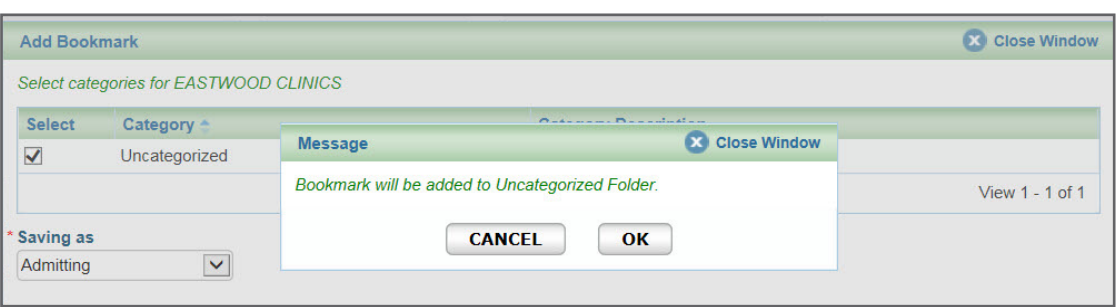
The Advanced Search option allows you to also search by ID and Specialty.  
**Note:** If you receive multiple listings for a provider with the same information (for example, ID, Address), you must enter the provider’s NPI to narrow your results.

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



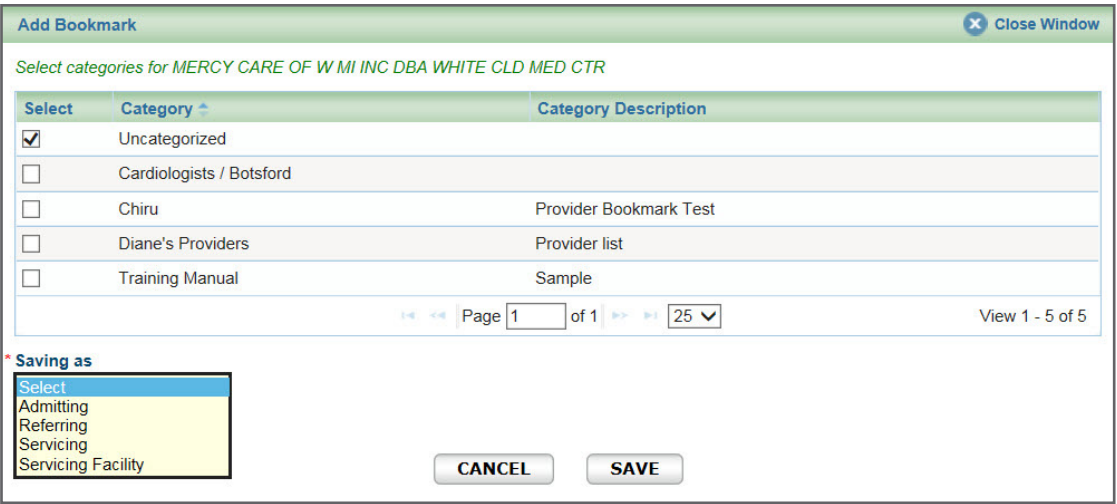
Bookmarks, cont.

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



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

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





Bookmarks, cont.

To create a bookmark from within a case:

When you're in a case and ready to submit the referral, search for the Servicing Provider or Servicing Facility you wish to save as a bookmark.

The screenshot shows the 'Submit Referral' interface. On the left, the 'Patient Information' section is highlighted with a red circle '1'. The main area is the 'Servicing Provider Search' window. The search bar is highlighted with a red circle '2'. Below the search bar is a table of search results. The 'Bookmark' button in the 'Action' column of the first row is highlighted with a red circle '3'.

1. Start by submitting a referral.
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.

The top screenshot shows the 'Servicing Provider Name, ID' field with 'help' entered. A dropdown menu is open, showing '0123456789 - HELPFUL CLINIC'. The bottom screenshot shows the same field with 'HELPFUL CLINIC' entered. A dropdown menu is open, showing '1255 MAIN ST, STE 104 ANYTOWN, MI 48006'.

# Section VIII: Templates

E-referral allows you to create and use templates for your most used 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.

The screenshot shows the top navigation bar of the application. The 'Templates' link is circled in red.

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.

The screenshot shows the 'Manage Templates' screen. The 'Categories' tab is selected and circled in red. The 'Add New' button is highlighted.

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Templates, cont.

Complete all the required fields (indicated with \*). When finished, click 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. **Name:** Enter a name for your new category.

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

Templates, cont.

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

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

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

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

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Templates, cont.

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

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

Click **Save**. You will be then be able to Edit or Copy the same information if needed.

Templates, cont.

To create a template from within a case:

When you're in a case and ready to submit a Referral, 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, MARYBET

Birthdate

5/5/1971

Age

44 years

USE TEMPLATE

Use Template

configurable hint text here >>

Search Options

Name

Description

Category

Procedure Code

Diagnosis Code

OP MH

Eastwood

SEARCH

CLOSE

To use a template when outside a case:

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

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

- 3. 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

HELPFUL CLINIC

Description

Category

Form

Form Type

Procedure Code

Diagnosis Code

Created By

Active Status

Expired Status

SEARCH

advanced search

Name

Description

Category

Form Type

Active

Action

HELPFUL CLINIC

OP MH

Outpatient Auth

Active

Delete

Page 1 of 1

View 1 - 1 of 1

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 IX: Behavioral Health

Most, but not all, Blue Cross members have their behavioral health coverage managed by New Directions. You can use the New Directions WebPass tool online at [webpass.ndbh.com](http://webpass.ndbh.com)\*\* to request initial and concurrent reviews for inpatient, residential, partial hospitalization, applied behavior analysis and rTMS services and check the status of these requests. You can also call 1-800-762-2382. For Medicare Plus Blue<sup>SM</sup> members, please see the [Behavioral Health e-referral User Guide](#) at [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com) under the [Training Tools](#) and Blue Cross [Behavioral Health](#) pages.

For information about care management requirements for a customer group not managed by New Directions, contact a care manager using the toll-free number on the patient's card.

More information can be found in the Mental Health and Substance Abuse Managed Care Program Chapter of the *Blue Cross Blue Shield of Michigan Provider Manual*.

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\*\*Blue Cross Blue Shield of Michigan and Blue Care Network don’t own or control this website.



# e-referral contact information

## For password reset and technical help

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

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

To locate your provider consultant:

- Go to [bcbsm.com/providers](https://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* 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



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

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

[ereferrals.bcbsm.com](https://ereferrals.bcbsm.com)