e-referral User Guide FOR BLUE CROSS® PHYSICIAN CHOICE PPO

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



Blue Cross Blue Shield Blue Care Network of Michigan

Confidence comes with every card.®

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.

December 2023

ereferrals.bcbsm.com

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
- 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**.

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

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

Jonaa W. Lettol

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 <u>Accessing e-referral</u> 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.

To HIPAA View Option	Welcome to web-DENIS
Back to Provider Secured Home	Where you have instant access to claims, eligibility and benefits information, and more.
Broadcast Messages Subscriber Info. Provider Enrollment	Scheduled System Maintenance – April 16 and 17, 2016 (New) Delayed Medicare Advantage 277CA files (New) Medicare Plus Blue SM PPO type of bill 121 error (New) Delayed Medicare Part B 835 remittance files for check date 04/13/16 (New) Blue Exchange and Deductible Maximums system maintenance (New) Clear Claim Connection (New)
BCBSM Provider Publications	NASCO conducting payment recovery for FANUC America Corporation (New) Additional fee change schedule added to web_DENIS (New)

Checking member eligibility and benefits, cont.

Choose Eligibility/Coverage/COB

To HIPAA View Option	Subscriber Info
Back to Provider Secured Home	Eligibility/Coverage/COB Dis
Broadcast Messages	Medicare Eligibility - Displays information.
Subscriber Info.	Deductible/Maximums - Displated deductible/maximums amount
Medicare Eligibility	Benefit Search - Allows acces package and contract number
Deductible/Maximums Benefit Search	Name Search - Allows you to subscriber's name.
Name Search	
Provider Enrollment	
BCBSM Provider Publications and Resources	
BCN Provider Publications and	

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

To HIPAA View Option	Eligibility/Covera
Back to Provider Secured Home	Please Enter/Sele
nome	Contract Number:* 012345678
Broadcast Messages	Line of Business:* O BCBSM,
Subscriber Info.	ADV PF
Eligibility/	O Blue Car
Coverage/COB	Federal I Medicare
Medicare Eligibility	O Medicaio
Deductible/Maximums	O Other BO
	Enter
Benefit Search	
Name Search	* All items marked with asteris
Provider Enrollment	** Contract Number is not requ
BCBSM Provider Publications	(Blue Exchange) is selected.
and Resources	*** Entering a contract number
BCN Provider Publications and	radio button will not carry over

4

ormation

isplays subscriber/member contract

s Medicare subscriber/member contract

olays patient's remaining nts.

ess to benefit information based on benefit er.

o search for contract information by the



risks are required.

quired if LOB Medicaid or Other BCBS Plans

er for Medicaid and selecting the Medicaid er to the Medicaid Eligibility Benefit Inquiry to re-enter the contract number on the



Checking member eligibility & benefits

Accessing e-referral

Navigating the dashboard

Searching for a referral or authorization

> Submitting a referral

Submitting an inpatient authorization

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Templates

Behavioral Health

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

Print To HIPAA View Option Eligibility/Coverage Physician Choice PPO 1 Billing Status: Active Back to Provider Secured Control Plan Code: 710 Emp. Pay Code: Active Broadcast Messages Current Coverage Dates Start: 01-01-2016 Expires 02-01-2016 012345678 Alpha Prefix Lookup Subscriber Info. GROUP/DIV: COVERAGE CODE: 01234567 05VB6 Office Visit/ER Copay Eligibility/ Coverage/COB ENROLLEE NAME: NAME HUSBAND 2 Medicare Eligibility Remember to address open diagnosis or treament opportunity g Document the diagnosis codes in the patient's medical record foll Health e-BlueSM. unity gaps at a face-to-face visit with your patient ord following CMS guidelines and close the gap in Deductible/Maximums Benefit Search This contract has tiered network Physician Choice PPO product which has varying levels of cost share 3 requirements and in some cases requires a referral Current Coverage Member Information: Name Search Provider Enrollment mber Relationship Birth Date Program Detailed Benefits COB Deductible/Maximums MemberCareAl BCBSM Provider Publications and Resources 06 20 2016 🗸 scribe 1-23-19 Choice BCN Provider Publications and ular Deductible / Maxin erage Claim Submission 4 74- Femal 06 20 2016 🗸 Regular overage Choice PPO Facility Claims 12-08-198 Professional Claims **Hospital Prenotification** Male SP MED DRU 03-04-20 Choice 06 20 2016 🗸 gular BCBSM Contact Us.

- 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)

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.

To HIPAA View Option Member Primary Care	
To HIPAA View Option Member Primary Care	Ph
Back to Provider Secured Home Physician Choice PPO	
Broadcast Messages	
Subscriber Info.	
Eligibility/ PATIENT: PATIENT DOB:	
Coverage/COB HUSBAND 08-18-1954	
Medicare Eligibility	
Deductible/Maximums	
Benefit Search Current PCP Information	
Name Search PCP Name PCP# NPI#	
Provider Enrollment 4. MHITECOAT DOCTOR 0123456 0123456	789
BCBSM Provider Publications and Resources	_
BCN Provider Publications and Resources Historical PCP Information	
No Historical PCP information available.	

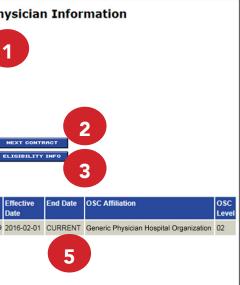
- 1. The member's product type is Physician Choice PPO
- 2. Next Contract redirects user back to Contract input page
- 3. Eligibility Info redirects user to Eligibility Information page
- 4. PCP Name Redirects user to the **bcbsm.com** Find a Doctor page
- 5. End Date Displayed as CURRENT for current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

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

Benefit Search	Current PCP Infor	mation)						
Name Search	PCP Name	PCP#	NPI#	Effective Date	End Date	OSC Affiliation	n		OSC Level
Provider Enrollment	WHITECOAT DOCTOR	01234567	0123456789	2016-02-01	CURRENT	General Hospi	tal Organizatior	n	02
BCBSM Provider Publications and Resources									
BCN Provider Publications and Resources	Historical PCP Inf	ormatio	n						
Claim Submission		CP#	NPI#	Effecti Date	ive End I	Date OSC Affiliatio		OSC Level	
	PCP NAME 1	2345678901	234 123456	789 2015-0	08-01 2015	08-31 HENRY F	ORD	01	
Facility Claims	PCP NAME 2	2345678901	234 123456	789 2015-0	04-01 2015	07-31 HENRY F	ORD	02	
	PCP NAME 3	2345678901	234 123456	789 2015-0	01-01 2015-	03-31 HENRY F	ORD		
Professional Claims									

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

Benefit Search	Current PCP Information						
Name Search	No Current PCP information available.						
Provider Enrollment	Historical PCP	Information	D				
BCBSM Provider Publications	PCP Name	PCP#		Effective Date		OSC Affiliation	OSC Level
and Resources	WHITECOAT DOCTOR	2015-08-31	GENERAL HOSPITAL	01			
BCN Provider Publications and Resources	SCRUBS DOCTOR	0123456789102	0123456780	2015-04-01	2015-07-31	GENERAL HOSPITAL	02







Checking member eligibility & benefits

Accessing e-referral

Navigating the dashboard

Searching for a referral or authorization

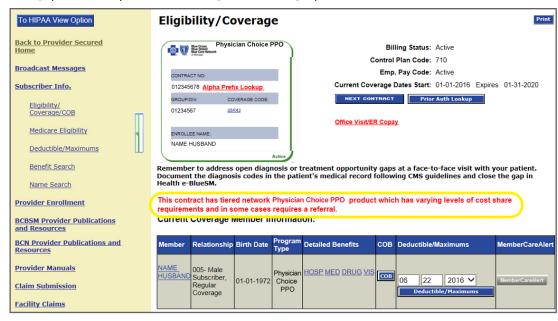
> Submitting a referral

Submitting an inpatient authorization

Bookmarks

Templates

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



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 gualifies for Level 1 cost sharing.
- "Yes" plus a date range indicates that the member is in a Level 1 provider movement exemption and gualifies 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) 0
- Is no longer participating in the PPO network Ο
- Becomes a specialist Ο

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** 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:

To LUDA A More Ontion		
To HIPAA View Option Back to Provider Secured Home Broadcast Messages Subscriber Info. Eligibility/ Coverage/COB Medicare Eligibility Deductible/Maximums Benefit Search Name Search Provider Enrollment BCGSM Provider Publications and Resources	diagnosis codes in the patie	member
BCN Provider Publications and	This contract has tiered ne some cases requires a refe	etwork Physician Choice PPO erral.
BCN Provider Publications and Resources		erral.
BCN Provider Publications and	some cases requires a refe	erral. ber Information:
BCN Provider Publications and Resources Provider Manuals	some cases requires a refe Current Coverage Mem Member Relationship Birth NAME 005-Male	erral. ber Information:
Claim Submission Eacility Claims Professional Claims	some cases requires a refe Current Coverage Mem Member Relationship Birth NAME 005- Male HUSBANE Subscriber, Regular 09-0 NAME 074- Female	erral. ber Information: Date Program Type Detailed Bene 8-1970 Choice HOSP MED D

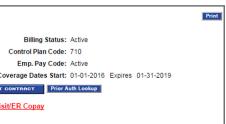
Here, this Physician Cl lives outside the marke exempt from all produce member is eligible for the lowest out-of-pocket costs.

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

<u>k to Provider Secured</u> <u>ne</u>		Phy: Bits Cross Bits Care Network	sician Choice	PPO		Bi	Iling Status: Active	•		
dcast Messages		of Michigan		- 1		Control	Plan Code: 710			
criber Info.	CONTR	RACT NO:				Emp	. Pay Code: Active	9		
	012345	5678 Alpha	Prefix Loo	kup	Current Co	verage l	Dates Start: 01-01	-2016 Ex	pires 01-31-2019	
Eligibility/ Coverage/COB	GROU	P/DIV: C	OVERAGE CO	DDE:	NEXT O	ONTRAC	T Prior Auth Loc	kup		
Medicare Eligibility	01234	567 0	15Q5D	_						
Deductible/Maximums				- 1	Office Visi	t/ER Co	opay			
Benefit Search		LLEE NAME:								
lame Search	NAME	HUSBAND								
der Enrollment	<u> </u>			Active						
					eatment opportunity ecord following CMS of					nent the
<u>M Provider Publications</u> esources										
				k Physicia	an Choice PPO produ	ct whic	h has varying lev	els of co	st share requirem	ents and i
Provider Publications and	some ca	ses requires	a referral.			ct whic	h has varying lev	els of co	st share requirem	ents and ii
Provider Publications and urces	some ca		a referral.			ct whic	h has varying lev	els of co	st share requirem	
Provider Publications and Irces der Manuals	some ca Current	ses requires	a referral. Member I		ion:	ct whic COB	h has varying lev Deductible/Maxin		st share requireme MemberCareAlert	Lovel 1
Provider Publications and urces der Manuals 1 Submission	some ca Current Member	ses requires Coverage Relationship 006- Female	a referral. Member I	nformat Program Type	ion: Detailed Benefits	СОВ	Deductible/Maxim	nums		Level 1
Provider Publications and urces der Manuals 1 Submission ty Claims	Some ca Current	ses requires Coverage Relationship 006- Female Subscriber,	a referral. Member I	nformati Program Type Physician Choice	ion: Detailed Benefits	СОВ	Deductible/Maxim	nums 2016 ▼		Level 1
rovider Publications and urces der Manuals 1 Submission ty Claims ssional Claims	Some ca Current	ses requires Coverage Relationship 006- Female	a referral. Member I Birth Date	nformati Program Type Physician	ion: Detailed Benefits	СОВ	Deductible/Maxim	nums 2016 ▼	MemberCareAlert	Level 1
Provider Publications and urces der Manuals 1 Submission ty Claims ssional Claims tal Prenotification	some ca Current Member NAME HUSBAND	ses requires Coverage Relationship 006- Female Subscriber, Regular	a referral. Member I Birth Date	nformati Program Type Physician Choice PPO	Detailed Benefits	СОВ	Deductible/Maxim	nums 2016 ▼	MemberCareAlert	Level 1
Provider Publications and urces der Manuals 1 Submission ty Claims ssional Claims ital Prenotification M Contact Us.	Some ca Current Member HUSBAND	ses requires Coverage Relationship 006- Female Subscriber, Regular Coverage 073- Male Spouse,	a referral. Member I Birth Date	nformati Program Type Physician Choice PPO Physician	ion: Detailed Benefits	СОВ	Deductible/Maxim	nums 2016 ▼	MemberCareAlert	Level 1
Provider Publications and provider Publications and provider Publications and submission ty Claims ssional Claims tal Prenotification M Contact Us. Contact Us.	Some ca Current Member NAME HUSBAND	ses requires coverage Relationship 006- Female Subscriber, Regular Coverage 073- Male Spouse, Regular	a referral. Member I Birth Date	nformati Program Type Physician Choice PPO Physician	Detailed Benefits	СОВ	Deductible/Maxim 06 22 Deductible/Maximum	2016 T	MemberCareAlert	Level 1
Provider Publications and urces der Manuals 1 Submission ty Claims ssional Claims tial Prenotification M Contact Us. Contact Us. Contact Us.	NAME WIFE	ses requires Coverage Relationship 006- Female Subscriber, Regular Coverage 073- Male Spouse,	a referral. Member I Birth Date	nformati Program Type Physician Choice PPO Physician Choice	Detailed Benefits	СОВ	Deductible/Maximu 06 22 Deductible/Maximur 06 22	2016 T	MemberCareAlert	Level 1 Exemption
Provider Publications and provider Publications and press der Manuals 1 Submission ty Claims ssional Claims tal Prenotification M Contact Us. Contact Us. Contact Us. DENIS mentation	NAME NAME NAME NAME NAME SON	ses requires Coverage Relationship 006- Female Subscriber, Regular Coverage 073- Male Spouse, Regular Coverage 049- Male	a referral. Member I Birth Date	nformati Program Type Physician Choice PPO Physician Choice PPO	Detailed Benefits HOSP MED DRUG VIS HOSP MED DRUG VIS	СОВ СОВ СОВ СОВ	Deductible/Maximu 06 22 Deductible/Maximur 06 22 Deductible/Maximur	2016 ¥	MemberCareAlert	Level 1 Exemption
Provider Publications and urces der Manuals s Submission tv Claims ssional Claims ital Prenotification M Contact US. Contact US. Contact US. DENIS mentation emulation	NAME NAME NAME NAME VIFE	ses requires Coverage Relationship 006-Female Subscriber, Regular Coverage 073-Male Spouse, Regular Coverage 049-Male Dependent,	a referral. Member I Birth Date	nformati Program Type Physician Choice PPO Physician Choice PPO Physician Choice	Detailed Benefits	СОВ	Deductible/Maximu 06 22 Deductible/Maximur 06 22 Deductible/Maximur 06 22	2016 • 2016 • 2016 • 2016 •	MemberCareAlert	Level 1 Exemption Yes Yes
Provider Publications and urces ider Manuals n Submission ity Claims essional Claims ital Prenotification SM Contact Us. Contact Us. Contact Us. -DEMIS emulation ut	Member NAME HUSBAND NAME WIFE NAME SON	ses requires Coverage Relationship 006- Female Subscriber, Regular Coverage 073- Male Spouse, Regular Coverage 049- Male Descedent	Birth Date	nformati Program Type Physician Choice PPO Physician Choice PPO	Detailed Benefits HOSP MED DRUG VIS HOSP MED DRUG VIS	СОВ СОВ СОВ СОВ	Deductible/Maximu 06 22 Deductible/Maximur 06 22 Deductible/Maximur	2016 • 2016 • 2016 • 2016 •	MemberCareAlert MemberCareAlert MemberCareAlert	Level 1 Exemption

BC <u>We</u> Doo <u>327</u> dicates this Physician Choice PPO is in a Level 1 provider ent exemption and is for Level 1 Cost Share, the out-of-pocket costs, during period.

s	СОВ	Deductible/Maximums	MemberCareAlert	Level Exemution
<u>JG VIS</u>	СОВ	06 22 2016 V Deductible/Maximums	MemberCareAlert	Yes Grace Period: 03-03-2016 to 06-03-2016
<u>JG VIS</u>	СОВ	06 22 2016 Deductible/Maximums	MemberCareAlert	
<u>JG VIS</u>	СОВ	06 22 2016 T Deductible/Maximums	MemberCareAlert	Yes
et i ict	reg rule	PPO membe ion and is es. The 1 Cost Shar		



12/21/2023



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Accessing e-referral

Navigating the dashboard

Searching for a referral or authorization

> **Submitting** a referral

Submitting an inpatient authorization

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Templates

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	СОВ	Deductible/Maximums	MemberCareAlert	Level 1 Exemption
HUSBAND	006- Female Subscriber, Regular Coverage	08-01-1973	Physician Choice PPO	HOSP MED DRUG VIS	СОВ	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:

To HIPAA View Option	Deductible/Maximums
Back to Provider Secured	Please Enter/Select Information:
<u>Home</u> Broadcast Messages	Contract Number:
Subscriber Info.	Benefit Date: mm 06 dd 23 yyyy 2016 ▼
Eligibility/ Coverage/COB	Line of Business: BCBSM
Medicare Eligibility	Blue Care Network Enter Reset
Deductible/Maximums	Enter
Benefit Search	
<u>Name Search</u>	Please select the radio button for the appropriate type of coverage to ensure you obtain the most accurate information for the member.
Provider Enrollment	Note:
BCBSM Provider Publications	Note: Deductible/Maximums amounts remaining are not available for Medicare
and Resources	
BCN Provider Publications and Resources	Advantage/Medicare Plus Blue contracts. Please go to Eligibility/Coverage and
the second second second	check your patients' benefits
Provider Manuals	Blue Cross Complete Members do not have co-pays or deductibles.
Claim Submission	

Then click their name.

To HIPAA View Option	Deductible/Maximums
Back to Provider Secured Home	Coverage Dates: 01-01-2016 Expires 09-16-2029
Broadcast Messages	
Subscriber Info.	CONTRACT NO:
	012345678
Eligibility/ Coverage/COB	GROUP/DIV: COVERAGE CODE:
Medicare Eligibility	01234567
Deductible/Maximums	ENROLLEE NAME:
Benefit Search	NAME WIFE
Name Search	Active Active ELIGIBILITY INFO
Provider Enrollment	Patient Selection
BCBSM Provider Publications	
and Resources	First Name Patient Birth Year Relationship Code
BCN Provider Publications and Resources	WIFE 1972 006 - Female Subscriber, Regular Coverage
Provider Manuals	HUSBAND 1980 073 - Male Spouse, Regular Coverage

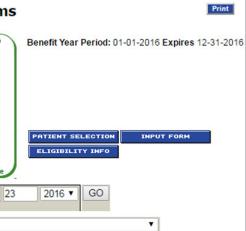
Checking member eligibility and benefits, cont.

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.

To HIPAA View Option	Deductible/Ma	aximums			Print
Back to Provider Secured Home	Blue Cross Blue Cross Blue Cross Blue Cross Blue Cross	Choice PPO Benefit Y	ear Period: 01-0)1-2016 Ex	pires 12-31-2016
Broadcast Messages	a di Metrigan				
Subscriber Info.	CONTRACT NO:				
	012345678				
Eligibility/ Coverage/COB	PATIENT: PATIE	NT DOB:			
Medicare Eligibility	LADY 02-01-	1972	23		
Deductible/Maximums	SUBSCRIBER:	PATIENT	SELECTION	INPUT F	ORM
Benefit Search	JANE	ELIGIB	ILITY INFO		
Name Search		Active			
Provider Enrollment	Benefit Year (MM DD YYY	Y): 06 23 2016	▼ GO		
BCBSM Provider Publications					
and Resources	Benefit Type: Select serv	vice		•	
BCN Provider Publications and Resources					
Provider Manuals	Totals For Patient: L	LADY			
Claim Submission	Accumulation	Network	laximum	Used	Remaining
Facility Claims	COINSURANCE	In Network-L1	1500.00	0.00	1500.00
Professional Claims	COINSURANCE	In Network-L2	2500.00	0.00	2500.00
Hospital Prenotification	DEDUCTIBLE	In Network-L1	250.00	51.17	198.83
	DEDUCTIBLE	In Network-L2	1250.00	51.17	1198.83
BCBSM Contact Us.	DEDUCTIBLE	Out Of Network-L3	2500.00	0.00	2500.00
BCN Contact Us.	OUT OF POCKET	In Network	6600.00	51.17	6548.83
Web-DENIS Documentation	OUT OF POCKET	Out Of Network-L3	13200.00	0.00	13200.00
3270 emulation					
Logout	Totals For Contract:	012345678			
Logoat	Accumulation	Network	Maximum	Used	Remaining
A3 (\$)	COINSURANCE	In Network-L1	3000.00	0.00	3000.00
	COINSURANCE	In Network-L2	5000.00	0.00	5000.00
Blue Cross	DEDUCTIBLE	In Network-L1	500.00	132.98	367.02
Blue Cross Blue Shield	DEDUCTIBLE	In Network-L2	2500.00	51.17	2448.83
Blue Care Network of Michigan	DEDUCTIBLE	Out Of Network-L3	5000.00	0.00	5000.00
e	OUT OF POCKET	In Network	13200.00	132.98	13067.02
	OUT OF POCKET	Out Of Network-L3	26400.00	0.00	26400.00





Checking member eligibility & benefits

Accessing e-referral

Navigating the dashboard

Searching for a referral or authorization

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Submitting an inpatient authorization

Bookmarks

Templates

Behavioral Health

To continue checking benefits, click MED under Detailed Benefits.

To HIPAA View Option	Eligibility/Coverage	Pr
Back to Provider Secured Home	Physician Choice PPO	Billing Status: Active Control Plan Code: 710
Broadcast Messages	CONTRACT NO:	Emp. Pay Code: Active
	012345678 Alpha Prefix Lookup	Current Coverage Dates Start: 01-01-2016 Expires 02-01-201
Subscriber Info.	GROUP/DIV: COVERAGE CODE: 01234567 05VB6	NEXT CONTRACT Prior Auth Lookup
<u>Eligibility/</u> Coverage/COB	ENROLLEE NAME:	Office Visit/ER Copay
Medicare Eligibility	NAME HUSBAND)
Deductible/Maximums		 or treatment opportunity gaps at a face-to-face visit with your patien patient's medical record following CMS guidelines and close the gap in
Benefit Search		
<u>benefic ocdren</u>		sician Choice PPO product which has varying levels of cost share
Name Search	This contract has tiered network Phys requirements and in some cases requirements Coverage Member Inform	uires a referral.
	requirements and in some cases requirements and in some cases requirements coverage Member Inform	sires a referral. nation: gram Detailed Renefite_COB_Deductible/MaximumsMemberCareA
Name Search Provider Enrollment BCBSM Provider Publications	requirements and in some cases requirements Current Coverage Member Inform Member Relationship Birth Date Pro Type	uires a referral. mation: gram ge Detailed Benefits COB Deductible/Maximums MemberCareA
Name Search Provider Enrollment	Member Relationship Birth Date Pro Typ NAME 005- Male 11-23-1976 Ch	sires a referral. nation: gram Detailed Renefite_COB_Deductible/MaximumsMemberCareA
Name Search Provider Enrollment BCBSM Provider Publications and Resources BCN Provider Publications and Resources	requirements and in some cases requirements and in some cases requirements Current Coverage Member Inform Member Relationship Birth Date Pro Typ NAME 005- Male 11-23-1976 Phy Ch HUSBAND Subscriber, Regular 11-23-1976 Phy Phy	areferral. gram betailed Benefits COB Deductible/Maximums MemberCareA sician HOS Image: Cost Deductible (Maximums) MemberCareA
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Depending on the member's benefits, a pop-up window will appear launching Benefit Explainer or NASCO Benefits.

Benefit Explainer

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.

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Checking member eligibility & benefits

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Searching for a referral or authorization

> Submitting a referral

Submitting an inpatient authorization

Bookmarks

Templates



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

Benefit Package BPD: Date: 08/03/2017 Topic Services and procedures Quickwew Report Benefit Package Report Quickwew Report Contractual Documents Services and procedures (T11987) - Code effective 01/02/1941 To Present • Topic Details • Included Codes • Coverage Status • Coverage Status • Authorization Assignment • Member Cost Share	€ Form.
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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
Psychiatric	
General Practice	
Podiatrist	
Chiropractic	Benefits Info
DME or Prosthetic & Orthotic	Member Information
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All other providers	Member Name Subscriber Last Name
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	Member Relationship Code
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OUTPAT	IENT CONSULTATIONS, WHEN RELATED TO A MEDICAL
	12/21/2023

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

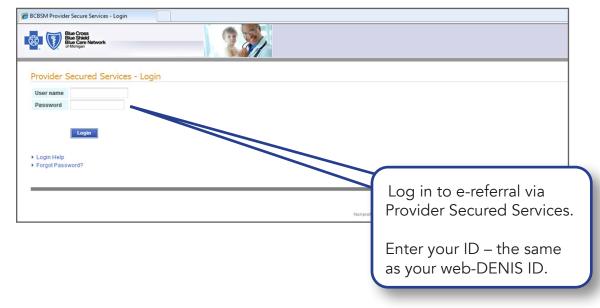
Keep your account active

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** 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 **<u>ereferrals.bcbsm.com</u>**.



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**. 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****.

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 rightclick 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.

Checking member eligibility & benefits



Accessing e-referral

Navigating the dashboard

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> Submitting a referral

Submitting an inpatient authorization

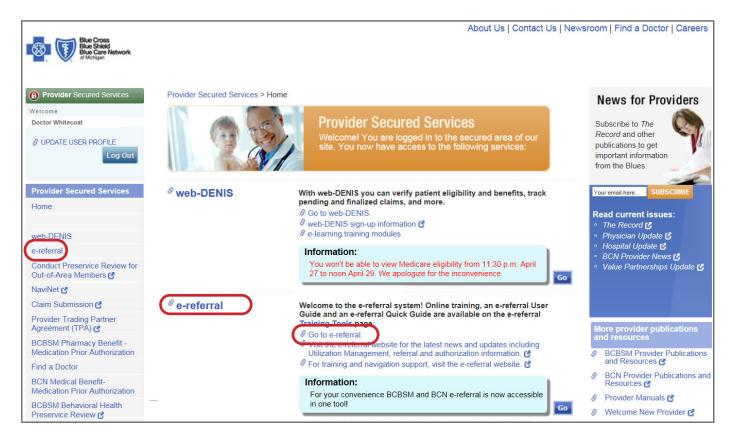
Bookmarks

Templates



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.

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- 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.
- **Referrals/Authorizations** You can search for or submit referrals or authorizations 4. 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 quide 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 ereferrals.bcbsm.com for an FAQs document as well.

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Submitting an inpatient authorization

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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 $lacksquare$ to expand the
Provider information (see the
next page for an expanded
view)
Provider information (see the next page for an expanded

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	1	000043216	Referral	Apple, John	Plan B	08/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP		INSJ GRF AORTA/GRT VSL W/SHUNT BYP	2 - Pending Decision		<
	1	000043207	Authorization	Apple, John	Plan B	08/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP		INSJ GRF AORTA/GRT VSL W/SHUNT BYP	2 - Pending Decision		-
	1	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		
	1	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		
	1	000043479	Authorization	Apple, John	Plan B	08/15/1966	12/05/2019	12/10/2019	Custodial Care Facility	PhxQAProviderB- A, Mary		DRG SUBDIPHRG/SUBPHRENIC ABSC OPN	2 - Pending Decision		
									Oustadial Ossa	Disco & Descriptor D	DUVDADMAUOO		O Deading		

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.

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V	1	004402438	Referral/PreAuth	Apple, John	BCN	02/26/1930	02/29/2016	08/29/2016	On Campus Outpatient Hospital	DIMON, CAIN E.	BEAUMONT HOSPITAL - ROYAL OAK	Injections of substances into lower or sacral spine (CPT, 62311)		Fully Approved		
	!	011012643	Referral/PreAuth	Apple, John	BCN	04/18/1968	Message from v	vebpage	t to remove these rows f	rom your list ?		Fusion of lower spine bones with removal of disc, lateral approach (CPT, 22533)		Pending Decision		
	1	011012646	Referral/PreAuth	Apple, John	BCN	04/18/1968	00/10/2010	00/14/2010	ОК правет поэрная	Cancel BATTLE CREEK	BRONSON BATTLE CREEK	Insertion of artificial upper spine disc, anterior approach (CPT, 22856)		Pending Decision		

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.

<u>Provider In Focus</u>: 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.

PROVIDER IN FOCUS	
Provider Set	01234
Provider	HELPFUL CLINIC
NPI	01234567891
Туре	Provider Group
Specialty	Outpatient Psychiatric Fac
Address	

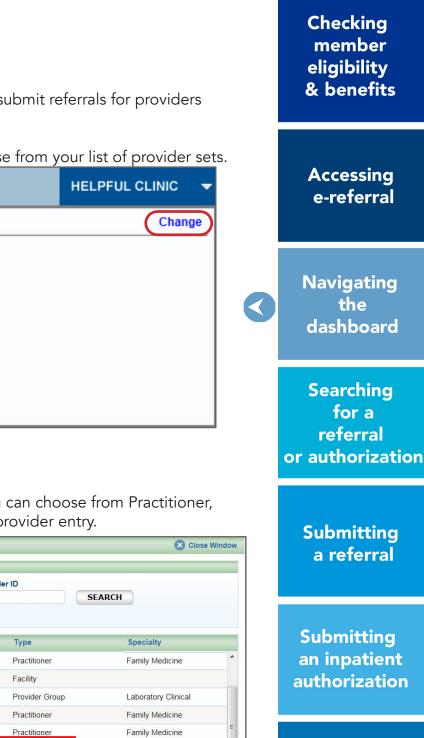
When searching for an associated provider, you can choose from Practitioner, Provider Group or Facility for a more accurate provider entry.

Provider Set	Provider Name	Provid
01234 - Medical Clinic		
Searches will be limited to the provi	ders and facilities associated with your user	account.
Provider Name 🔶	NPI	
HELPFUL CLINIC	0123456789	
HELPFUL HOSPITAL	0123456789	
HELPFUL HOSPITAL	0123456789	
HELPFUL CLINIC	0123456789	
HELPFUL, DOCTOR	0123456789	
HELPFUL COMMUNITY CLINIC	0123456789	
HELPFUL COMMUNITY HOSPITAL	0123456789	

Provider Group

25 💌

Facility



Bookmarks

Templates

Behavioral Health



Ambulatory Infusion Therapy

View 1 - 9 of 9

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

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		My List P	atient Search												HELPFU	
Ithoriz	tation	of services by BC	CBSM/BCN does no	ot guarantee payme	ent. Visit <u>erefe</u>	errals.bcbsm.com	for helpful too	ols and the late	est news. Log in to e	-referral and comple	ete at least one trans	action or activity each month to prev	vent deactiv	ation of your pass	word.	
Pro	vider	Information														
-			TECOAT, DOCTOR													
	2		2345679 neral 4	5	6	7	8		9	10	11	12	13	14	15	16
	!	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status		0
	1	000043214	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRT VSL W/SHUNT BYP		2 - Pending Decision		
1	1	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		
1	1	000043216	Referral	Apple, John	Plan B	08/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRT VSL W/SHUNT BYP		2 - Pending Decision		1
	1	000043207	Authorization	Apple, John	Plan B	08/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRT VSL W/SHUNT BYP		2 - Pending Decision		
	1	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		
	1	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		
	1	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		
	Ĭ.	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.
- This symbol indicates there is some action you must take to complete the case. 2.
- **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.
- **Patient** The patient's name. 5.
- 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
 - 4. Partially Approved 5. – Denied 2. – Pending Decision
 - 3. Fully Approved 6. – Voided
- 15. \square This icon indicates there is a message from Blue Cross to you on this case.
- 16. \bigcirc This icon indicates that there is an attachment/documentation associated with this case.
- 17. Site Tutorial The tutorial provides answers to questions you might have about working with patient information, referrals and authorizations, or any number of frequently asked questions. Check ereferrals.bcbsm.com for a Blue Cross FAQs document under the Training Tools page as well.

Section IV: 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.

	st Patient	Search	Referrals/Authorization
ind Referral/Authorizati	on		
Search Options			
Reference ID	Provider ID	Patient	
*Reference ID			
012345678	×	SEARCH	

You can search by Provider ID (National Provider ID)

Home	My List	Patient Search	Referrals/Authorizations	ABBOTT, CATHLEEN M. 🔫
Find Referral	Authorization			
Search C	ptions			
Refere	ence ID Pr	rovider ID Patient		
Type All	~	From (mm/dd/yyyy)	To (mm/dd/yyyy) Provider or Facility ID Patient ID Ditable Select Dissociated Providers SEARCH	

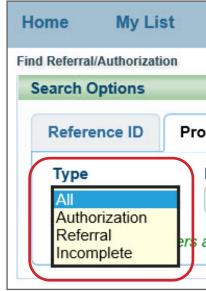
A Provider or Facility ID is the 10-digit National Provider ID assigned to the provider performing the patient's service(s). You must know the NPI in order to search by Provider or Facility ID. Your results will only contain specific referrals/authorizations that you are allowed to see.

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.

						_
vider or Facility ID	Colort	Patient ID			C	-
23436789	Select				Select	
elect Associated Providers						
Filter Associated Providers						
Provider Name	Provide	r ID				
	Provide	r ID or NPI		SEAR	СН	
Provider Name			012	3456789		
HELPFUL CLINIC				3456789		
HELPFUL CLINIC			0123	3456789		
HELPFUL CLINIC			0123	3456789		
HELPFUL CLINIC			0123	3456789		
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HELPFUL CLINIC			0123	3456789		
HELPFUL COMMUNITY CLINIC			0123	3456789		
		14 44	Page	e 1 o	of 1 🖻 🖻	2
of 14 associated providers selected						
						_
			CAI	NCEL	ок	

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.





	Close Window
Туре	Specialty
Provider Group	Outpatient Psychiatric Fac
Facility	~
	View 1 - 14 of 14

Patient :
ovider ID
From (mm/c
are limited to

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You can search by **Patient**

Home	e My List	Patient Search													
Find Rel	ferral/Authorization														
Sear	ch Options														
Re	eference ID F	Provider ID Patie	nt												
A		From (mm/dd/yyyy)		Provide	er or Facility ID	Select	Patient ID 012345678			II Cases	sociated Providers	SEARCH			
_	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	Place of Service	S	vicing Provider	Facility Provider	Description	Global	Status	0
10									0.0	DNSON	BRONSON	Initial hospital inpatient care, typically			
10	012345678	Authorization	TEST, MARYBETH	BCBSM	05/05/1971	02/20/2015	02/21/2015	Inpatient Hospit	BA	TLE CREEK	BATTLE CREEK	50 minutes per day (CPT, 99222)		6 - Voided	
:•	012345678 012345678	Authorization Authorization	TEST, MARYBETH TEST, MARYBETH		05/05/1971 05/05/1971	02/20/2015 02/03/2015	02/21/2015 02/04/2015		BF	TTLE CREEK DNSON				6 - Voided 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).

Hom	e My List	Patient Searc	ch Referrals/Au											HELPFUL C	
d Re	ferral/Authorization														
Sear	rch Options														
R	eference ID P	Provider ID Pat	tient												
				_		_									
	ype All 🗸	From (mm/dd/yyy		Prov	ider or Facility I	Select	*Patient ID 012345678	9 Selec	All Cases	SEARCH					
Ċ	-01					2010/1	012343070	<u>36161</u>		SEARCH					
				1		1	1			1					
	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	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		
											Sleep monitoring of patient (6 years or				
	012345678	Authorization	TEST, MARYBETH	BCBSM	05/05/1971	02/06/2018	02/28/2018	Outpatient Hospital	PINELIS, SUSANNA		older) in sleep lab with continued pressured respiratory assistance by		6 - Voided		
											mask or breathing tube (CPT, 95811)				
											Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature)				
	012345678	Authorization	TEST, MARYBETH	BCBSM	05/05/1971	02/05/2018	03/04/2018	Home	PINELIS,		Including Continuous Glucose		6 - Voided		
									SUSANNA		Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm				
											That (HCPCS, S1034)				
										ST JOHN MACOMB					
	012345678	Authorization	TEST, MARYBETH	BCBSM	05/05/1971	01/29/2018	02/28/2018	Inpatient Hospital	SIEGEL, DAVID M.	OAKLAND HOSPITAL -	Stomach reduction procedure with partial removal of stomach using an		6 - Voided		
										OAKLAND	endoscope (CPT, 43775)				
										CENTER	Olean and the state of a still state (O				
	012345678	Authorization	TEST, MARYBETH	DODOM	05/05/1971	01/22/2018	02/02/2010	Outpatient Hospital	PINELIS,		Sleep monitoring of patient (6 years or older) in sleep lab with continued		6 - Voided		
	012340070	Autronzauon	TEST, WARTBETH	DCD2IM	03/03/18/1	01/22/2010	02/02/2010	Outpatient Hospital	SUSANNA		pressured respiratory assistance by mask or breathing tube (CPT, 95811)		0 - Volueu		
											Established patient office or other				
	012345678	Authorization	TEST, MARYBETH	BCBSM	05/05/1971	01/22/2018	11/30/2018	Office	SIEGEL, DAVID M.		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.

1)	e-re	eferi
R	Referrals/Authorizations	
D	Search Submit Global Referral Submit Referral Submit Inpatient Authorization Submit Outpatient Authorization	



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is	th
cr	~~~

3	My List	Patient Sear	h Referrals/.	Authorizatio	ns				1
Ind Re	ferral/Authorization								
Sea	rch Options								
R	eference ID	Provider ID Pa	ient						
	teference ID 0123456789	× SEA	RCH						
	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	Place of Service	Servicing Provid
•	Reference ID 0123456789	Type Authorization	Patient CHURHILL, WINSTONE	Plan BCN	Date of Birth 03/04/2018	From .5/30/2018	To 05/31/2018	Place of Service Inpatient Hospital	Servicing Provid WHITECOAT, DOCTOR

The Date of Birth indicates a newborn.

ne My List	Patient Search							
1 Referral/Authorization								
earch Options								
Reference ID Prov	vider ID Patient							
Type F	rom (mm/dd/yyyy)	To (mm/dd/yyyy)	Provider or Facility ID	*Patient II	1	All Cases		
All				Select 0123456	789 <u>Sele</u>	<u>ct</u>	Associated Providers 1	SEARCH
		Patient Search		<u>Select</u> 0123458	789 <u>Sele</u>	<u>ct</u>	Associated Providers 1	SEARCH
All			Last Name	Select 0123456	,	ility As Of (mm/dd/	yyyy) Birthdate (mm/dd/yyyy)	
All		Patient Search Patient ID	Last Name Patie	First Name	Eligib 06/05	ility As Of (mm/dd/ /2018	yyyy) Birthdate (mm/dd/yyyy)	Close W SEARCH

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.

My List	Patien	t Search	Referrals/Au
erral/Authorization	1		
ch Options			
erence ID I	Provider ID	Patient	
erence ID			
2345678		SEARCH	1
2345678		SEARCH	

Search by Reference ID. A Reference ID e case number assigned to a cific patient or service.

				THE C	FUL CLI	
r	Facility Provider	Description	Global	Status		Ú
	Facility Provider MCLAREN FLINT	Description Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)	Global	Status 3 - Fully Approved		Ú

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Searching for a terminated member

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

Referrals/Authorizations Submit Global Referral Submit Referral Submit Inpatient Authorization Submit Outpatient Authorization Search Options Find Referral/Authorization Search Options Reference ID Provider ID Patient D Select * Patient D Select * Patient D Select	1	e-re	eferi
Submit Global Referral Submit Referral Submit Inpatient Authorization Submit Outpatient Authorization Submit Outpatient Authorization My List Patient Search Referrals/Authorizations Find Referral/Authorization Search Options Reference ID Provider ID Patient Search Options Search	Re	eferrals/Authorizations	
Submit Referral Submit Inpatient Authorization Submit Outpatient Authorization Submit Outpatient Authorization Ny List Patient Search Referral/Authorizations Find Referral/Authorizations Search Options From (mm/dd/yyyy) Provider or Facility ID Search Options All From (mm/dd/yyyy) Provider or Facility ID Select O123456728 Select		Search	
Submit Inpatient Authorization Submit Outpatient Authorization Submit Outpatient Authorization My List Patient Search Referrals/Authorizations Find Referrals/Authorizations Search Options Reference ID Provider ID Patient Type From (mm/dd3/yyy) To (mm/dd3/yyy) Provider or Facility ID Search Options All Cases Autocasted Providers 1 SEAR	_	Submit Global Referral	
Submit Outpatient Authorization Ny List Patient Search Referrals/Authorizations Find Referrals/Authorizations Find Reference ID Provider ID Patient Type From (mm/dd/)yyy) To (mm/dd/)yyy) Provider or Facility ID Sete: Patient ID 1/23456789 Sete: All Cases All Case A	D	Submit Referral	
2 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 Select Providers () SEA		Submit Inpatient Authorization	
My List Patient Search Referrals/Authorizations Find Referrals/Authorizations Search Options Reference ID Provider ID Patient Type From (mm/dd/yyyy) To (mm/dd/yyyy) Provider or Facility ID Select Provider Of Patient ID All Cases Associated Providers ① SEA		Submit Outpatient Authorization	
My List Patient Search Referrals/Authorizations Find Reternal Authorization Search Options Search Options Forwider ID Provider ID Patient Type From (mm/dd/yyy) To (mm/dd/yyy) Provider or Facility ID Select 0123456789 Select Select			
My List Patient Search Referrals/Authorizations Find Referral/Authorization Search Options Search Options Provider ID Patient Provider ID Patient Provider ID All To (mm/tddyyyy) To (mm/tddyyyy) Provider or Facility ID Select Patient ID O123456789 Select			
Find Referral/Authorization Search Options Reference ID Provider ID Patient Type From (mm/dd/yyy) To (mm/dd/yyy) Provider or Facility ID Patient ID All Cases All Image: Select Disade the select Disade the select	2		
Search Options Reference ID Provider ID Type From (mm/6dd/yyy) All Im Select 0123456789 Select Select			
Type From (mm/dd/yyy) To (mm/dd/yyy) Provider or Facility ID *Patient ID All Cases All Image: Comparison of the second secon			
All V Associated Providers 1 SEA	Reference	ce ID Provider ID Patient	
	Tuno		
Associated providers are limited to the current provider set			

Click Select after entering the Patient ID.

eferral/Authorization					_			_		
eference ID	Provider ID	Patient								
Гуре	From (mr	n/dd/yyyy)	To (mm/dd/yyyy)	Provider or Facility ID		* Patient ID	All Cases	_		
All			nt provider set		Select	0123456789	Select	Associa	ted Providers 1	SEARCH

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.

My List Patient Sear	h Referrals/Authorization					
Options						
Reference ID Provider ID Pat	ent					
Type From (mm/dd/yy) All	() To (mm/dd/yyyy) Prov	rider or Facility ID	* Patient ID 0123456789	All Cas Select 🗹	SEARCH	
	Patient Search					😢 Close Wir
No matching records found. Try your search aga	n. Patient ID 0123456789	Last Name	First Name	Eligibility As Of 06/01/2014	(mm/dd/yyyy) Birthdate (mm/dd/yyyy)	SEARCH advanced search
	Name *	Patient ID	Plan	Birthdate Gender	Address	Eligibility
	MEMBER, TEST	0123456789	BCBSM	01/02/1969 M	1234 MAIN STREET, ANYTOWN, MI 12345	View
			De	ge 1 of 1 25 🗸		View 1 - 1 of 1

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.

Filter Associated Provider	S			
Provider Name	Provider ID			
Last Name, First Name Provider ID or NPI		NPI SEARCH		
Searches will be limited to t	he providers and facilities asso	ciated with your user account.		
Provider Name 🔶		NPI	Туре	Specialty
ABDOLKARIM, ADIB).	1578699807	Practitioner	Family Medicine
ALACURA MEDICAL	RANSPORTATION	1235504622	Provider Group	Air Ambulance
BADDIGAM, BASIVI R		1386645299	Practitioner	Psychiatry
BATTLE CREEK HEA	TH SYSTEM	1083644579	Provider Group	Laboratory Clinical
BICKLE, RANDALL A.		1861462830	Practitioner	Family Medicine
BRONSON BATTLE C	REEK	1083644579	Facility	
CARBAJO SR, ALAN		1114038726	Practitioner	Family Medicine
CAUDILL-DEATON, T.	ARA J.	1154380129	Practitioner	Family Medicine
		I ≤ < Page 1 of 2 ■	> > 25 🗸	View 1 - 25 of

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.

2	_	a and	Blue Cross Blue Shield Blue Care Netv	vork			e-	refer	ral				v		<u>VIDER USER</u> ▼ act Customer S	[LOG C
	Hor	me		Patient Search	Referra	ils/Autho	rizations								HELF	FUL CLIN
F	ind F	Referral/	Authorization													
	Se	arch O	ptions													
		Refere	nce ID Provi	der ID Patie	nt											
		Type		om (mm/dd/yyyy)	To (mm/de		Provider or	Facility ID		atient ID		All Cases				
									Select 9	15387457	Select	\checkmark	SEARCH			
		All	~	B		HØ:			<u>Sciect</u>	1000/407	<u>Ocicci</u>		SLARCH			
		All	~						50000	13301401	00000		JEARCH			
		All		3					<u>Scieur</u>	13307 437	<u></u>		JEARCH			
		All	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	Place of Service		Facility Provider	Description	Global	Status	

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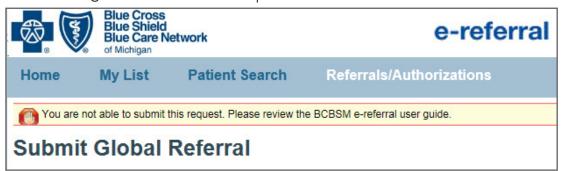
Section V: Submitting a Referral

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.

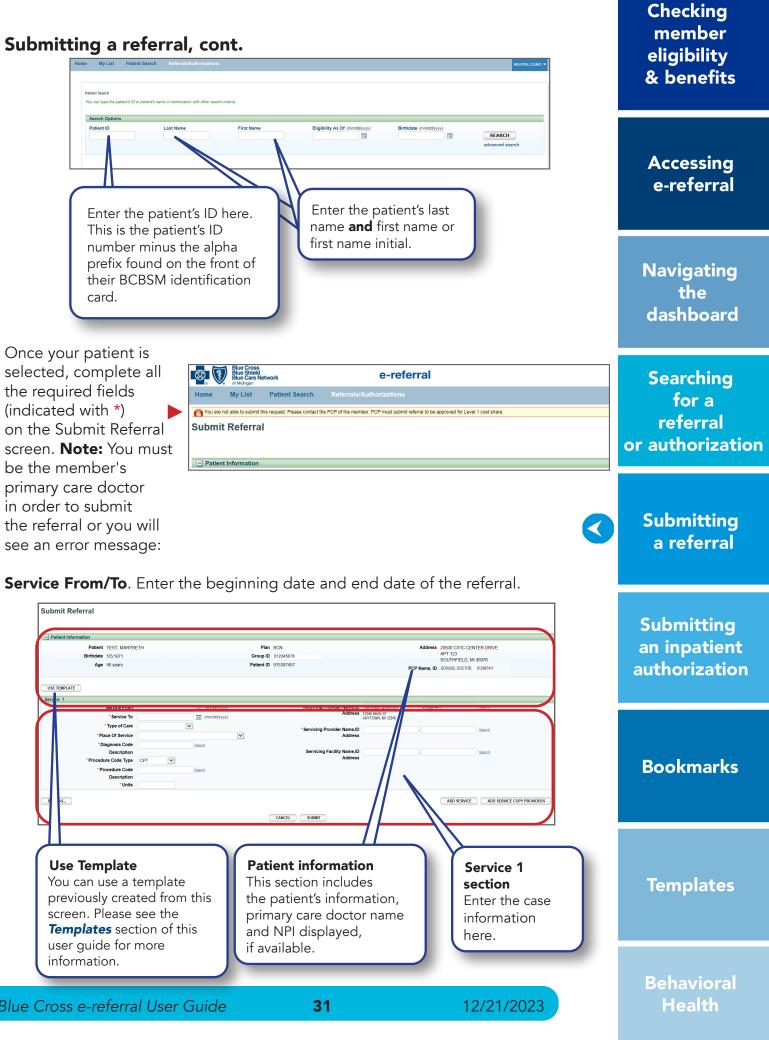
To start your Referral submission, choose Submit Referral from the Referrals/Authorizations drop-down menu.



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.



Patient Information						
Patient	TEST, MARYE	ЕТН			Plan	BCN
Birthdate	5/5/1971				Group ID	012345678
Age	46 years				Patient ID	915387457
USE TEMPLATE						
Service 1			1.104			Referring Fronce
	* Service To			(mm/dd/yyyy)		
	• Type of Care		~			* Servicing Provide
*Pla	ce Of Service				~	servicing Provide
*Di	agnosis Code		Sea	nch		
	Description					Servicing Facilit
	ire Code Type	CPT N				
"Pr	ocedure Code Description		Sea	rch		
	"Units					
Use Tem	plate				Pati	ient inform
	-					
You can u	se a 1	empia	ite		Inis	section inc
previously	/ crea	ited fro	om th	nis	the	patient's in [.]
previously						•
	0200	see th	е		prim	hary care do
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	00.00	tion of	thie		and	
Template	s sec		fthis			NPI display
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Template user guide	s sec e for		this			2
Template	s sec e for		this			NPI display
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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	Independent Laboratory
Ambulance - Land	Nursing Facility
Ambulatory Surgical Center	Off Campus Outpatient Hospital
Custodial Care Facility	Office
Emergency Room	On Campus Outpatient Hospital
End-Stage Renal Disease Treatment	Other Unlisted Facility (do not use)
Facility	Telehealth (do not use)
Home	Urgent Care Facility

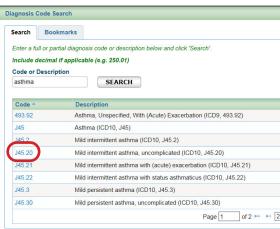
Diagnosis Code •

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 fu	III or partial diagnosis code or description below and click 'Search'.	
Include o	lecimal if applicable (e.g. 250.01)	
Code or l	Description SEARCH	
	SERICI	

Submitting a referral, cont.

Diagnosis Code – Search by **Description.** Choose an active code. 0 Click on the code's link to populate the Diagnosis Code field for your Referral submission.



Diagnosis Code – Search by **Bookmarks** Ο Select a diagnosis code from the list of your saved bookmarks.

earch	Bookmarks						
elect a Dia	agnosis code from the bookmarks b	elow					
ilter by Ca	ategory	Filter by Usage Type					
All	\checkmark	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 Bronch	us And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete	
174.9	Malignant Neoplasm Of Breast	(Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete	
200.00	Reticulosarcoma, Unspecified S Sites (ICD9, 200.00)	ite, Extranodal And Solid Organ	Test	Payer	Diagnosis	Delete	
211.3	Benign Neoplasm Of Colon		BCN05152014	Payer	Diagnosis	Delete	~
218.9	Leiomyoma Of Uterus, Unspecif	fied	BCN05152014	Payer	Diagnosis	Delete	

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

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	Clos	e Wind
Inactive	Action	
Yes	Bookmark	
Yes	Bookmark	
Yes	Bookmark	
	Bookmark	
	Bookmark	
	Bookmark	
Yes	Bookmark	
	Bookmark	~

For more information on Bookmarks, please see the **Bookmarks** section.

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> Submitting a referral

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Submitting an inpatient authorization

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Submitting a referral, cont.

Procedure Code

If a procedure code is unknown, you can search for it by a partial (or full) code number or English description. E-referral will search your bookmarks first and if no results are found, use the Search link. Under the Search link, you can look for codes by number, description (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.

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				
Include decimal if applicable (e.g. 250.01) Procedure Code Type Code or Description			Bookmarks	earch
Procedure Code Type Code or Description	click 'Search'.	e code or description below an	ll or partial procedur	Enter a full
		(e.g. 250.01)	ecimal if applicable	nclude de
CPT		Code or Description		Procedure
SEARCH	SEARCH		•	CPT

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

Search Boo	pokmarks		
Enter a full or pa	partial procedure code or description below and click 'Search'.		
Include decima	nal if applicable (e.g. 250.01)		
Procedure Cod	de 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, 01	320)	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
	Page 1 of 4 🕨 🕨 25 🗸		View 1 - 25 of 100

Procedure Code – Search by **Bookmarks** Ο

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

iearch	Bookmarks							
Select a Pro	ocedure code from the bookmarks ategory	below Filter by Usage Type						
All		All	SE SE	ARCH				
Code *	Description		Category		Owner	Usage Type	Action	
21501	Incision and drainage of absce tissues of neck or chest (CPT,	ss or blood accumulation in soft 21501)	Test		Payer	CPT	Delete	/
22533	Fusion of lower spine bones wi approach (CPT, 22533)	th removal of disc, lateral	Uncategorized		Provider	CPT	Delete	
23605	Closed treatment of broken up (CPT, 23605)	per arm bone with manipulation	Uncategorized		Provider	CPT	Delete	
29877	Removal or shaving of knee joi (CPT, 29877)	nt cartilage using an endoscope	BCN05192014		Provider	CPT	Delete	
43775	Laparoscopy, surgical, gastric gastrectomy (ie, sleeve gastrect	estrictive procedure; longitudinal tomy)	Uncategorized		Provider	CPT	Delete	
47562	Removal of gall bladder using	an endoscope	BCN05152014		Payer	CPT	Delete	Ξ.
49310	Laparoscopy, Surg.;cholecyste	ctomy (CPT, 49310)	Uncategorized		Provider	CPT	Delete	

Submitting a referral, cont.

eligibility & benefits Accessing e-referral Address 20500 CIVIC CENTER DRIVE APT 123 SOUTHFIELD, MI 48076 Navigating PCP Name, ID SCRUBS, DOCTOR 01258741 the dashboard Address 12345 MAIN ST Provider Name,ID Address Facility Name,ID Searching for a referral ADD SERVICE ADD SERVICE COPY PROVIDERS or authorization Submitting a referral Submitting Address 20500 CIVIC CENTER DRIVE APT 123 SOUTHFIELD, MI 48076 an inpatient PCP Name ID SCRUBS DOCTOR 0125874 authorization ovider Name,ID SCRUBS, DOCTOR Address 12345 MAIN ST ANYTOWN, MI 12345 0125874 vider Name,ID Address acility Name,ID **Bookmarks** ADD SERVICE ADD SERVICE COPY PROVIDERS Templates

Patient Information					
Patient TEST, MARYE	ETH		Plar	BCBSM	
Birthdate 5/5/1971			Group II	012345678	
Age 46 years			Patient II	915387457	
JSE TEMPLATE					
ervice 1					_
* Service From	03/14/2018	💽 (mm/dd/yyyy)		(*Ref
* Service To	07/13/2018	📧 (mm/dd/yyyy)		•	_
* Type of Care	Elective	\checkmark			* Ser
*Place Of Service	Office		~		
*Diagnosis Code	110	Search			
Description	Essential (primary) hypertens	on (ICD10, I10)			Se
* Procedure Code Type	CPT 🔽				
* Procedure Code	99213	Search			
Description					
* Units	100				

• 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. • 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.

Patient Information					
Patient TEST, MARYB	ETH		Plan	BCBSM	
Birthdate 5/5/1971			Group ID	012345678	
Age 46 years			Patient ID	915387457	
USE TEMPLATE					
ervice 1					
* Service From	03/14/2018	(mm/dd/yyyy)			°R
* Service To	07/13/2018	(mm/dd/yyyy)			
* Type of Care	Elective	~		1	• Si
*Place Of Service	Office		~	- L	
*Diagnosis Code	110	Search			
Description	Essential (primary) hypertensio	on (ICD10, I10)			
* Procedure Code Type	CPT				
*Procedure Code	99213	Search			
Description					
* Units	100				

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Checking member

• 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:

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

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

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	Туре	Specialty	Action
Ø Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmarl
O In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmar
O In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmar
O In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitio	2 sical licine & hab	Bookmar
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practioner	Physical Medicine & Rehab	Bookmar
Ø Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmar
O In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL	Practitioner	Physical Medicine & Rehab	Bookmar
			1000 O OLONUM OT OTE 1015 FUNT M			Physical	

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
Ø Out	WHITECOAT, DOCTOR	0123456789	30055 NORTHWESTERN HWY, STE 101, FARMINGTN HLS, MI, USA, 48334	
0 Out	WHITECOAT, DOCTOR	0123456789	30055 NORTHWESTERN HWY, STE 101, FARMINGTN HLS, MI, USA, 48334	MICHIGAN EAR
Pref	WHITECOAT, DOCTOR	0123456789	21000 E 12 MILE RD, STE 111, ST CLR SHORES, MI, USA, 48081	SJPHS LAKESHORE ENT
			Page 1 of 1 25 🗸	

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.

ient Information											
Patier	t TEST, MARYB	ETH				Plan BCBSM				500 CIVIC CENTE	ER DRIVE
Birthdat	e 5/5/1971				Grou	pID 012345678				PT 123 OUTHFIELD, MI 4	0070
Ag	e 46 years				Patier	nt ID 915387457			PCP Name, ID S		
EMPLATE											
e 1											
	* Service From	03/14/2018		(mm/dd/yyyy)			* Referring Provider Name,ID	SCRUBS, DOCTOR 12345 MAIN ST	, 012587411		Search
	* Service To	07/13/2018		(mm/dd/yyyy)			Address	ANYTOWN, MI 12345			
	* Type of Care	Elective	~	•			* Servicing Provider Name,ID				Search
- F	Place Of Service	Office			~		Address				
1	Diagnosis Code	110		Search							
		Essential (primary		CD10, I10)			Servicing Facility Name,ID Address)[Search
	dure Code Type		~				Address				
-	Procedure Code	99213		Search							
	Description *Units	100									

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 Address	, 1558535245	Search
ity Name,ID Address		Search
	ADD SERVICE	ADD SERVICE COPY PROVIDERS

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

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> Submitting a referral

Submitting an inpatient authorization

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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:

testing deid, willey 3/11055 63 years To To From 4/3/2018	St	Grou Patier ubject	Plan BCBSM up ID 00000001 nt ID 123450789 7	NEW REFERRAL	. New		06012011 da Flint, MI 4850 SCRUBS, DC NEW INP	13 DCTOR, 01258 ATIENT	NEW O	4 C
3117855 63 years To From 4/3/2018	Şi	Grou Patier ubject	ap ID 00000001 nt ID 123456789		NEW	PCP Name, II	Flint, MI 4850 SCRUBS, DO	13 DCTOR, 01258 ATIENT	NEW O	
3117855 63 years To From 4/3/2018	Si	Grou Patier ubject	ap ID 00000001 nt ID 123456789		. NEW	PCP Name, II	Flint, MI 4850 SCRUBS, DO	13 DCTOR, 01258 ATIENT	NEW O	
To From 4/3/2018	\$i	ubject	7		. NEW			ATIENT	NEW O	
From 4/3/2018	\$i		7		NEW	GLOBAL REFERRAL	NEW INP	ſ	Date 🖕	
From 4/3/2018	St		Page 1	of 0 ⊨ ⊨ 25 ¥						REATE N
From 4/3/2018	St		Page 1	of 0 🕬 🖬 🗵 🗸						REATE N
From 4/3/2018			Page 1	of 0 🕨 🖬 🛛 🔽						REATE N
									5 a	REATE N
				Referring Provi	ider Name, ID: Address:	WHITECOAT, DOCTOR 0 1255 MAIN ST, STE 104 ANYTOWN, MI 48006	123456789			
Care: Elective										
				Servicing Prov	ider Name, ID:	SCRUBS, DOCTOR 9876	54321			
Code M54.5					Address:	20500 CIVIC CENTER DR SOUTHFIELD, MI 48076				
iption Low back pain (ICD10, I	M54.5)									
Type: CPT				Servicing Fac	cility Name, ID					
Code 99213					Address:					
iption Established patient offic	e or other outpatient									
Units 4										
									_	_
Subject		Sup	porting Information							
	ervice Office Code MI54.5 Low back pain (ICD10, Type: CPT Code 99213 (Felon Established patient offic Units 4	ervice Office Code M64.5 Type: De Dark pam (ICD10, M54.5) Type: OPT Code 99213 Type: Established patient office or other outpatient	ervice Office Code M64.5 (pation Low back pain (ICD10, M54.5)) Type: CPT Code 90213 (pation Established patient office or other outpatient Units 4	ervice Office Code M64.5 (pation Low back pain (ICD10, M54.5) Type: CPT Code 99213 (pation Established patient office or other outpatient Units 4	enrice Office Servicing Prov Code M5.45 Ippton Low back pan (ICD10, M54.5) Type: CPT Servicing Pa Code 69213 Ippton Established patient office or other outpatient Units 4	ervice Office Servicing Provider Name, ID Code M6.45 spotion Low back pair (ICD10, M54.5) Type: CPT Servicing Pacility Name, ID Code 60213 Code 60213 Established patient office or other outpatient Units 4	ervice Office Servicing Provider Name, Dis Southals, Doction Servicing Provider Name, Dis Southals, Doction Servicing Provider Name, Dis SouthField, Mi 48076 Spatin Low back, pain (IDD10, M54.5) Type: CPT Servicing Facility Name, ID Code 60213 Address: Spatient Stabilished patient office or other outpatient	entice Office Servicing Provider Name, D. Scrubs DoctOR 19764/21 Code M6.4.5. Spotin Low back pain (ICO10, M54.5.) Type: CPT Servicing Pacility Name, ID Code 50213 Address: proton Established patient office or other outpatient Units 4	ervice Office Servicing Provider Name, D: SOUNDS DOCTOR SORDS321 Code M64.5 SOUTHFIELD, M146778 SOUTHFIELD, M147878 SouthFIELD, M1478788 SouthFIELD, M147878 SouthFIELD, M1478788 SouthFIE	ervice Office Servicing Provider Name, Dr. Servicing Provider Name, Dr. Servicing Provider Name, Dr. Servicing Provider Name, Dr. Servicing Pacifity Name, Dr. Se

Referral Details

Reference ID 000022691

Status 2 - Pending Decision

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.

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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.

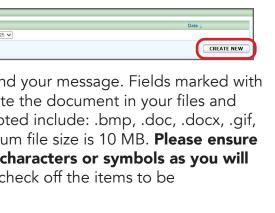
) () (From	То	Subject		
				📧 < Page 1	of 0 🕨 💌 2
				Page 1	of 0 🕨

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

Case Communication To create new communication, enter the subject, text and select the applicable	Close Window	requests.		referral or authorization
review the communication and respond within a timely manner. To Utilization Management Utilization Management WHITECOAT, DOCTOR Subject				
Attachments Attach FILE *Message Type message here	Case Communication To From Utilization Management WHITE Subject Clinical documentation Attachments	COAT, DOCTOR	9 Window	Submitting a referral
Select items to be reviewed Procedure 'Stablished patient office or other outpatient visit, typically 15 minutes' (CPT, 99213) is a Page 1 of 1 as a CANCEL SENI	Cilnical documentation.pdf 335 Original Message please see the attached	Dates Unit/ day (CPT, 99222) 5/3/2016-5/8/2016 5	Days	Submitting an inpatient authorization
		ANCEL	- 1 of 1	Bookmarks
ay also see an envelope icc This icon indicates there is a Once you read the message e it back to unread by click	an unread message fro e, the blue dot disapp	m Blue Cross to you ears. You may choos	u on this	Templates
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Case Communication To create new communication, enter the subject, text and select the app	Close Window	ineu requests.		referral or authorization
review the communication and respond within a timely manner. To From				
Utilization Management WHITECOAT, DOC *Subject	IUR			
Attachments				Calendation
	Case Communication	From	Close Window	Submitting a referral
ATTACH FILE	Utilization Management	WHITECOAT, DOCTOR		
* Message Type message here	Clinical documentation Attachments Clinical documentation.pdf 33K			
				Submitting
* Select items to be reviewed Procedure Procedure Total of the original of	Original Message please see the attached			an inpatient
CANCEL S	END Procedure *	Dates ninutes per day' (CPT, 99222) 5/3/2016-5/8/2016	Unit/Days 5	authorization
L	14 -0	Page 1 of 1 >> >> 10 V	View 1 - 1 of 1	
				Bookmarks
nmunication				
From To Sender Name Receiver Name	Subject approved		Date 🖕 2/18/2016 10:06:58 AM	
	Page 1 of 1 -> + 25 V		View 1 - 1 of 1	
I · ·			• .•	
nay also see an envelope i This icon indicates there is				Templates
Once you read the message			2	
ge it back to unread by clic	•			
-				
				Behavioral
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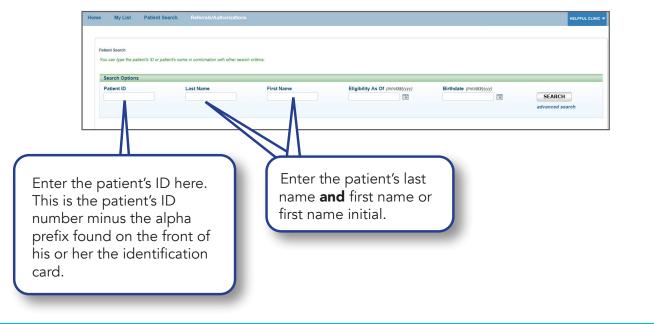
Section VI: Submitting an Inpatient Authorization

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.



Submitting an inpatient authorization, cont.

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

ubm	it Inpatient	Authorizati	on				
Patie	nt Information						
	Patient	TEST, MARYBETH	l.		Plan	BCBSM	
	Birthdate	5/5/1971			Group ID	00000001	
	Age	44 years			Patient ID	842108197	
	*Admission	Date		(mm/dd/yyyy)			*Ref
	*Length of	Stay		days			
	*Type of	Care	•				
	"Place Of Ser	rvice			•		*Ser
		Code		Search			
*P	rimary Diagnosis (
*P	rimary Diagnosis (Descrip						*Se
		otion	T				*Se
	Descrip	Type CPT		Search			*Se *Adm

٠ Admission Date

Select the admission date from the calendar.

• Length of Stay

Enter the length of stay in days. Refer to ereferrals.bcbsm.com, select Blue Cross at the top, then click the Authorization Requirements & Criteria in the left navigation to find guidelines for length of stay entry.

• **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.

			HELPFUL CLINIC
		Address 06012011	
		Flint, MI 48	
		PCP Name, ID SAEED, S	EIF, 1598753568
der Name,ID	HELPFUL CLINIC	, 012345678	Search
der Name,ID Address	HELPFUL CLINIC)[012345678	Search
	HELPFUL CLINIC) 012345678	Search
Address	HELPFUL CLINIC) 012345678	Search
Address	HELPFUL CLINIC)[012345678 }[
Address	HELPFUL CLINIC) 012345678	
Address der Name,ID Address	HELPFUL CLINIC) 012345678	Search
Address der Name,ID Address	HELPFUL CLINIC) 012345678	
Address der Name,ID Address lity Name,ID	HELPFUL CLINIC) (012345678	Search
Address der Name,ID Address lity Name,ID Address	HELPFUL CLINIC) 012345678	Search Search
Address rider Name,ID Address cility Name,ID	HELPFUL CLINIC) (012345678	Search

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> **Submitting** a referral

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Bookmarks

Templates

• 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.

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	e Window		gnosis Code Search						
Include decimal if applicable (e.g. 250.01) Code or Description			Bookmark	earch					
Code or Description		nosis code or description below and click 'Search'.	full or partial dia	inter a ful					
		cable (e.g. 250.01)	e decimal if app	nclude de					
SEARCH			or Description	ode or D					
		SEARCH							

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

earch Boo	okmarks		
Enter a full or pa	artial diagnosis code or description below and click 'Search'.		
nclude decima	l if applicable (e.g. 250.01)		
Code or Descri			
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 4

Diagnosis Code – Search by **Bookmarks** Ο

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

Search	Bookmarks					
Select a Dia	agnosis code from the bookmarks b	pelow				
Filter by Ca	ategory	Filter by Usage Type				
All	\checkmark	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 Bronch	us And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete
174.9	Malignant Neoplasm Of Breast	(Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete
200.00	Reticulosarcoma, Unspecified S Sites (ICD9, 200.00)	ite, Extranodal And Solid Organ	Test	Payer	Diagnosis	Delete
211.3	Benign Neoplasm Of Colon		BCN05152014	Payer	Diagnosis	Delete
218.9	Leiomyoma Of Uterus, Unspeci	fied	BCN05152014	Payer	Diagnosis	Delete

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 Initial and Consultation Service *99222** *99477 - *99480 Inpatient hospital care Inpatient Neonatal and *99221 - *99239 Pediatric Critical Care Services *99466 - *99482 Inpatient Consultation *99251 - *99255 Inpatient medical rehab *97150 Critical Care Services *99291 - *99292 **Skilled Nursing Facility** *99304 - *99306 Newborn Care Services *99460 - *99465

• Procedure Code Type

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

Primary Procedure Code

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

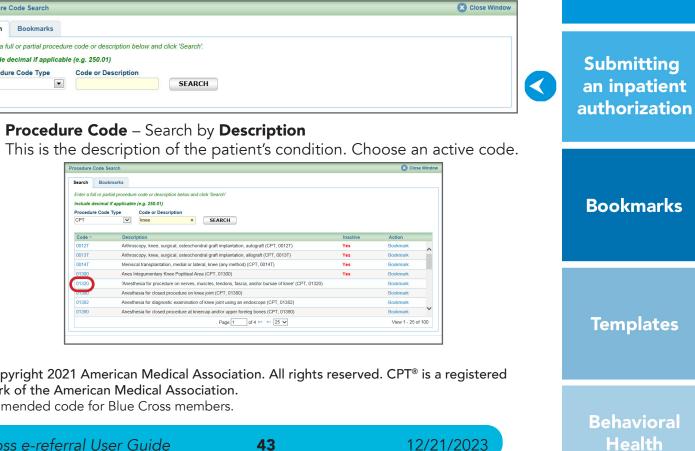
Search	Bookmarks		
Catao e f	Il or portial propod	ure code or description below ar	nd click 'Search'
Enter a n	in or partial proced	ure code or description below at	
	lecimal if applical		na ciek ocaren.
Include o			

Procedure Code – Search by **Description** Ο

Search Enter a fi	Bookmarks	e code or description be	low and	click 'Search'.
	decimal if applicabl re Code Type	(c.g. 250.01) Code or Description		
CPT		knee	×	SEARCH
Code *	Desc	iption		
0012T	Arthro	scopy, knee, surgical, os	teochor	ndral graft implantation, autograft (CPT, 00
0013T	Arthro	scopy, knee, surgical, os	teochor	ndral graft implantation, allograft (CPT, 001
0014T	Menis	al transplantation, medi	al or late	eral, knee (any method) (CPT, 0014T)
01300	Anes	ntegumentary Knee Pop	liteal Ar	ea (CPT, 01300)
01320	'Anest	nesia for procedure on n	erves, n	nuscles, tendons, fascia, and/or bursae of
01380	Anest	Anesthesia for closed procedure on knee joint (CPT, 01380)		
01382	Anest	Anesthesia for diagnostic examination of knee joint using an endoscope (CPT, 0		
01390	01390 Anesthesia for closed procedure at kneecap and/or upper foreleg bones (CP'			
				Page 1 of 4 🕨 🕨 25 🔹

*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.

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O 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.

Search	Bookmarks						
Select a Pr	ocedure code from the bookmarks t	elow					
Filter by C	ategory	Filter by Usage Type					
All	~	All	SEARCH				
Code *	Description		Category	Owner	Usage Type	Action	
21501	Incision and drainage of absces tissues of neck or chest (CPT, 2		Test	Payer	CPT	Delete	
22533	Fusion of lower spine bones with approach (CPT, 22533)	removal of disc, lateral	Uncategorized	Provider	CPT	Delete	
23605	Closed treatment of broken upp (CPT, 23605)	er arm bone with manipulation	Uncategorized	Provider	CPT	Delete	
29877	Removal or shaving of knee join (CPT, 29877)	t cartilage using an endoscope	BCN05192014	Provider	CPT	Delete	
43775	Laparoscopy, surgical, gastric re gastrectomy (ie, sleeve gastrect		Uncategorized	Provider	CPT	Delete	
47562	Removal of gall bladder using a	n endoscope	BCN05152014	Payer	CPT	Delete	
49310	Laparoscopy, Surg.;cholecystec	tomy (CPT, 49310)	Uncategorized	Provider	CPT	Delete	
		Page 1	of 6 🍉 🕨 25 🗸		10-11	/ 1 - 25 of 1	

• Referring Provider Name, ID

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

	uthorization								
int inputient At									
atient Information									_
	ST. MARYBETH		Plan	BCBSM			Address	06012011 date	
Birthdate 5/5	5/1971		Group ID	00000001				Flint, MI 48503	
Age 44	vears		Patient ID	842108197			PCP Name, ID	SAEED, SEIF, 1598753568	8
finement Information									-
*Admission Dat	•	(mm/dd/yyyy)			*Referring Provider Name,ID	HELPFUL CLINIC	, 01234567	8 Search	
*Admission Dat *Length of Sta		💽 (mm/dd/yyyy) days			*Referring Provider Name,ID Address	HELPFUL CLINIC	, 01234567	8 Search	
	у				Address	HELPFUL CLINIC	, 01234567		
*Length of Sta	•	days				HELPFUL CLINIC) 01234567) [8 Search	
*Length of Sta *Type of Car	y	days			Address Servicing Provider Name,ID Address	HELPFUL CLINIC) 01234567		
"Length of Sta "Type of Car "Place Of Servic	e	days •	×		Address "Servicing Provider Name,ID Address "Servicing Facility Name,ID	HELPFUL CLINIC	01234567		
*Length of Sta *Type of Car *Place Of Servic *Primary Diagnosis Cod	y	days •			Address Servicing Provider Name,ID Address	HELPFUL CLINIC) (01234567) []	Search	
*Length of Sta *Type of Car *Place Of Servic *Primary Diagnosis Cod Descriptio	• CPT •	days •			Address "Servicing Provider Name,ID Address "Servicing Facility Name,ID	HELPFUL CLINIC	01234567	Search	

• Servicing Provider Name, ID

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

Home	My List	Patient Sear	ch Referrals//	Authorizations							HELPFUL CLINIC 👻
Submi	t Inpatient	Authori	zation								
- Patier	t Information										
	Patient	TEST, MAR	/BETH		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, 159875356	8
USE TEM											
Confinem	ent Information							-			
	*Admission			(mm/dd/yyyy)			"Referring Provider Name,ID Address	HELPFUL CLINIC	, 01234567	8 Search	
	"Length o	Stay		days							
	*Type of	Care		•			*Servicing Provider Name,ID		1	Search	1
	*Place Of Se	rvice			•		Address				
*Pr	mary Diagnosis	Code		Search							
	Descr						*Servicing Facility Name,ID Address		JL	Search	
	Procedure Code		•				Address				
*Pri	mary Procedure			Search			*Admitting Provider Name, ID			Search	
	Descr						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 <u>where</u> the member is going to see the provider. In this example, the provider has the same NPI but different address locations.

Network	Name 🔺		Address	Group Affiliation	Туре	Specialty	Action
Ø Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
O 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
Ø Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL	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
O In	WHITECOAT, DOCTOR	0123456789	21230 DEQUINDRE RD, WARREN, MI, USA, 48091	MICHIGAN SURGICAL HOSPITAL SPECIALTY CLINIC	Practitioner	Physical Medicine & Rehab	Bookmark
oIn	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.

	5		5 1				
Network	Name 🔺	NPI	Address	Group Affiliation	Туре	Specialty	Action
Ø Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitio	2 sical licine &	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practioner	Physical Medicine & Rehab	Bookmark
Ø Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL	Practitioner	Physical Medicine & Rehab	Bookmark
			1000 C CACINANIOT OTE 1015 ELINT MI			Physical	

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
 Pref 	WHITECOAT, DOCTOR	0123456789	21000 E 12 MILE RD, STE 111, ST CLR SHORES, MI, USA, 48081	SJPHS LAKESHORE EN
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Submitting an inpatient authorization

 \checkmark

Bookmarks

Templates

• 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.

ome My List Patien	nt Search Refe								HELPFUL C
ubmit Inpatient Aut	horization								_
Patient Information									
Patient TEST	MARYBETH		Plan	BCBSM			Address	06012011 date	
Birthdate 5/5/1			Group ID	00000001				Flint, MI 48503	
Age 44 ye	ars		Patient ID	842108197			PCP Name, ID	SAEED, SEIF, 1598753	568
USE TEMPLATE									
USE TEMPLATE onfinement Information *Admission Date	1	(mm/dd/			"Referring Provider Name,ID	HELPFUL CLINIC	01234567	78 Search	
onfinement Information *Admission Date	1	davs	9999)		"Referring Provider Name,ID Address	HELPFUL CLINIC	. 01234567	78 Starth	
onfinement Information "Admission Date "Length of Stay	1	days	9997		Address	HELPFUL CLINIC)(01234567		
onfinement Information Admission Date Length of Stay Type of Care					Address Servicing Provider Name,ID	HELPFUL CLINIC)(01234567	76 Search Search	
onfinement Information "Admission Date "Length of Stay "Type of Care "Place Of Service		days)))) T		Address	HELPFUL CLINIC)(01234567		
onfinement Information "Admission Date "Length of Stay "Type of Care "Place Of Service "Primary Diagnosis Code		days			Address "Servicing Provider Name,ID Address)(01234567	Search	
onfinement Information "Admission Date "Length of Stay "Type of Care "Place Of Service	CPT •	days			Address Servicing Provider Name,ID)(01234567		
onfinement Information "Admission Date "Length of Stay "Type of Care "Place Of Service "Primary Diagnosis Code Description		days			Address "Servicing Provider Name,ID Address "Servicing Facility Name,ID)(01234567)()(Search	

Admitting Provider Name, ID

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

me My List F	Patient Search								HELPFUL
bmit Inpatient	Authorizati	on							
Patient Information									
Patient	TEST, MARYBETH			Plan	BCBSM			Address	06012011 date
Birthdate				Group ID	00000001				Flint, MI 48503
Age	44 years				842108197			PCP Name, ID	SAEED, SEIF, 1598753568
nfinement Information	Date		(mm/dd/yyyy)			"Referring Provider Name,ID	HELPFUL CLINIC	. 0123456	78 Search
"Length of	Stay		days			Address			
*Type of 0	Care		1			*Servicing Provider Name,ID			Search
"Place Of Ser	vice			•		Address			Service
Primary Diagnosis C	Code		Search						
Descrip						*Servicing Facility Name,ID Address)()	Search
	Type CPT					Address			
*Procedure Code 1									
Procedure Code 1 Primary Procedure C Descrip			Search			Admitting Provider Name, ID			Search

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.

Address	1255 MAIN ST, STE 208 ANYTOWN, MI 48006			
Admitting Provider Name, ID		, 456789101	Search	
Address	7774 MAIN ST, STE 104 ANYTOWN, MI 48006			
*Servicing Facility Name,ID		987654321	Search	
Address	1255 MAIN ST, STE 104 ANYTOWN, MI 48006			
Servicing Provider Name.ID	ANYTOWN, MI 48006 SCRUBS, DOCTOR	012345678	Search	
Address	WHITECOAT, DOCTOR 1255 MAIN ST, STE 104	, 012345678		

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"Length of Stay 3 days "Type of Care Direct Impatient Hospital "Primary Diagnosis Code E88.0 Search Description Dehydration (ICO10, E80.0) Privoration (ICO10, E80.0) "Procedure Code Type CPT Impatient Hospital	*Admission Date	05/18/2016	💽 (mm/dd/yyyy)
*Place Of Service Inpatient Hospital *Primary Diagnosis Code E86.0 Description Dehydraton (ICD10, E96.0) *Procedure Code Type CPT	"Length of Stay	3	days
*Primary Diagnosis Code E680 Search Description Dehydraton (CD10, E98.0) *Procedure Code Type CPT V	*Type of Care	Direct	
Description Dehydration (ICD10, 586.0) "Procedure Code Type CPT V	*Place Of Service	Inpatient Hospital	
*Procedure Code Type CPT	*Primary Diagnosis Code	E86.0	Search
	Description	Dehydration (ICD10, E86.0)	
*Primary Procedure Code 0358T Search	*Procedure Code Type	CPT 🔽	
	*Primary Procedure Code	0358T	Search
Description Whole body composition tissue and fluid measure	Description	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.



Your submitted authorization will look like this:

Refer Stati	rence ID 011096847 us 2 - Pending Decision	1			
=	Patient Information				
	Patient	TEST, MARYBETH	Plan	BCBSM	
	Birthdate		Group ID	00000001	
	Age	44 years	Patient ID	123456789	
			- (7 NEW	REFERRAL
Case	Communication				
	() From	То	Subject	L	
				e ee Page 1	of 0 🍉
Confi	nement Information-Pe	inded			
Confi	nement Information-Pe Admission Date				Referring F
Confi	Admission Date	: 04/03/2018			Referring F
Confi		: 04/03/2018 : 3 days	_	_	
Confi	Admission Date Length of Stay Type Of Care	: 04/03/2018 : 3 days			Referring F Servicing F
	Admission Date Length of Stay Type Of Care	: 04/03/2018 : 3 days : Direct • Inpatient Hospital	_	_	
	Admission Date Length of Stay Type Of Care Place Of Servic rimary Diagnosis Code	: 04/03/2018 : 3 days : Direct • Inpatient Hospital	_		
Pr	Admission Date Length of Stay Type Of Care Place Of Servic rimary Diagnosis Code	c 0403/2018 ; 3 days ; Direct inpatient Hospital ; 000 X1 influenza due to identified novel influenza A v			Servicing F
Pr	Admission Date Length of Stay Type Of Care Place Of Servic rimary Diagnosis Code Description	c 04032018 2 3 days Direct Inpatient Hospital c J00 X1 Influenza due to identified novel influenza A v c CPT			Servicing F Servicing
Pr	Admission Date Length of Stay Place Of Servic rimary Diagnosis Code Description Procedure Code Type rimary Procedure Cod	c 04032018 2 3 days Direct Inpatient Hospital c J00 X1 Influenza due to identified novel influenza A v c CPT	_		Servicing F
Pr	Admission Date Length of Stay Place Of Servic rimary Diagnosis Code Description Procedure Code Type rimary Procedure Cod	c 64032018 3 days 2 Direct I Impatient Hospital c J00 X1 I Imfluenza due to identified novel influenza A v c OPT 9 69222			Servicing F Servicing
Pr	Admission Date Length of Stay Place Of Servic rimary Diagnosis Code Description Procedure Code Type rimary Procedure Cod	c 64032018 3 days 2 Direct I Impatient Hospital c J00 X1 I Imfluenza due to identified novel influenza A v c OPT 9 69222			Servicing F Servicing
Pr	Admission Date Length of Stay Place Of Servic rimary Diagnosis Code Description Procedure Code Type rimary Procedure Cod	c 64032018 3 days 2 Direct I Impatient Hospital c J00 X1 I Imfluenza due to identified novel influenza A v c OPT 9 69222			Servicing F Servicing
Pr	Admission Date Length of Stay Type Of Care Place Of Servic irimary Diagonals Code Description Procedure Code Type rimary Procedure Cod	c 64032018 3 days 2 Direct I Impatient Hospital c J00 X1 I Imfluenza due to identified novel influenza A v c OPT 9 69222			Servicing F Servicing

1. Reference ID and case status

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

2. My List

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

3. Printer-Friendly

Click this to print your authorization to 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.



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Bookmarks

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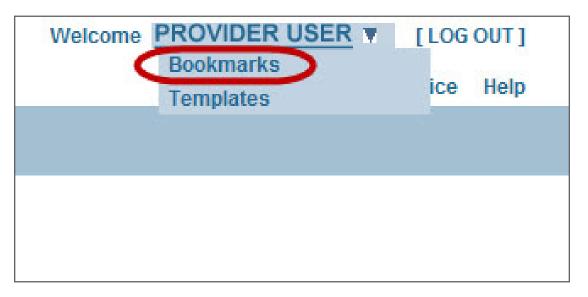
Section VII: Bookmarks

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.

Ategories Code Provider					
Edit, delete or add new category Search Options Name	Description	Type All	Owner All	▼ SEARCH	
Category Name 🔶	Category Type	Category Description	Owner	Action	
05012014	Code	Add Category with valid code and code descripti	i Payer	edit delete	
BCN05152014	Code	Uploaded on 5152014	Payer	edit delete	
BCN05192014	Code	Uploaded on 5192014	Payer	edit delete	
Diagnoses	Code		Provider	edit delete	
Uncategorized	Code		Provider	edit delete	
	Code		Payer	edit delete	
Uncategorized					

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."

Provider	edit de
Provider	edit de
	P. 1. 1

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.

Enter information for the	a new category
* Name	Cardiologists / Bots
* Туре	Provider
Description	
	SAVE

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		+
	View 1 - 1	10 of 10
	C	ADD

🔀 Close Window

Checking member eligibility & benefits

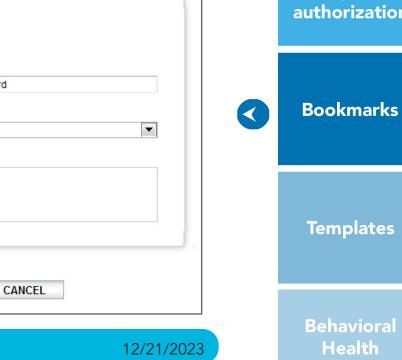
Accessing e-referral

Navigating the dashboard

Searching for a referral or authorization

> Submitting a referral

Submitting an inpatient authorization



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

To search for an existing bookmark by code:

tegories	Code Provider						
	sting bookmark or add new						
Code	Description 2	Category	Owner 4	Usage Type			
		All	All	All	~	SEARCH	
Code 🌲	Description		Category	Category Owner	Usage Type	Action	
036.40	Meningococcal Carditis		05012014	Payer	Diagnosis	copy delete	
036.41	Meningococcal Pericarditis		05012014	Payer	Diagnosis	copy delete	
038.9	Unspecified Septicemia		BCN05152014	Payer	Diagnosis	copy delete	
162.9	Malignant Neoplasm Of Bronchus And Lung, Unspecified		BCN05152014	Payer	Diagnosis	copy delete	
174.9	Malignant Neoplasm Of Breast (Female), Unspecified		BCN05152014	Payer	Diagnosis	copy delete	
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid O	rgan S	Test	Payer	Diagnosis	copy delete	
			Page 1 of 8 - 1 25 V			View 1 - 25	of

- 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".

Usage Type
All
All
CPT
Diagnosis
HCPCS
ICD9 Procedure
ICD10 Procedure

Bookmarks, cont.

To add a new bookmark:

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

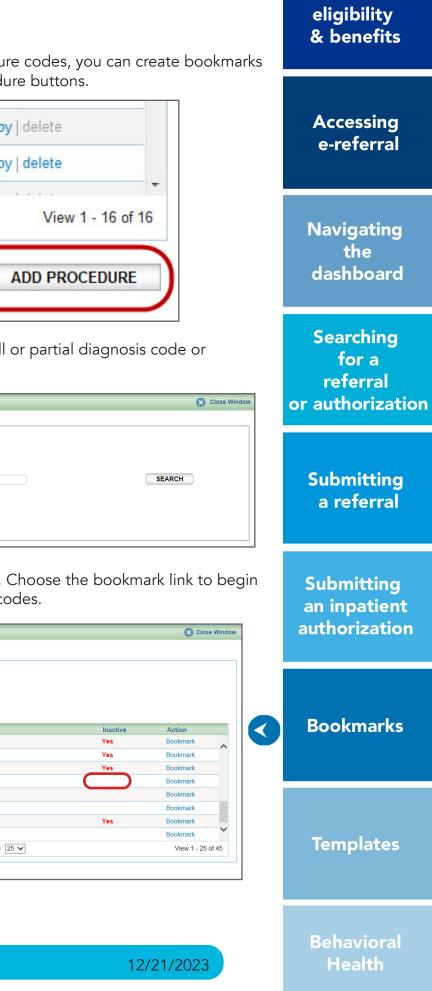
Diagno	sis	сор
Diagno	sis	сор
- -	•	
1		

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

earch	Bookmarks			
Enter a ful	l or partial diagnosi:	s code or description be	low and click 'Search'	
		able (e.g. 250.01)		
Code			Description	
1			•	

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

Search	Bookmarks
Include d	ll or partial diagnosis code or description below and click 'Search'. ecimal if applicable (e.g. 250.01)
Code or I asthma	SEARCH SEARCH
Code *	Description
493.92	Asthma, Unspecified, With (Acute) Exacerbation (ICD9, 493.92
J45	Asthma (ICD10, J45)
J45.2	Mild intermittent asthma (ICD10, J45.2)
J45.20	Mild intermittent asthma, uncomplicated (ICD10, J45.20)
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.
J45.22	Mild intermittent asthma with status asthmaticus (ICD10, J45.2
J45.3	Mild persistent asthma (ICD10, J45.3)
J45.30	Mild persistent asthma, uncomplicated (ICD10, J45.30)
	Page 1



Checking member

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

Select	Category 🚖	Category Description	Owner
✓	Uncategorized		Provider
	Uncategorized		Payer
	05012014	Add Category with valid code and code description	Payer
	BCN05152014	Uploaded on 5152014	Payer
	BCN05192014	Uploaded on 5192014	Payer
	BCN05192014	testing	Provider
	Bookmarks for quick guide		Provider
	Cardiology		Provider
		I ≪ Page 1 of 1 → → 25 V	View 1 - 11 of

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

iagnosis Code S	Search		🙁 Close Windo
Search Boo	okmarks		
	artial diagnosis co al if applicable (e	Confirmation	Close Window
Code or Descri J45.21	and the second second	Bookmark J45.21 Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21) was screated in categories Uncategorized	uccessfully
Code *	Descript	ОК	Action
J45.21	Mild inter	nittent asthma with (acute) exacerbation (ICD10, J45.21)	Bookmark
		Page 1 of 1 25 V	View 1 - 1 of 1

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

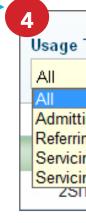
Bookmarks, cont.

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

To search for an existing bookmark:

tegories Code Provide	er					
lanage Bookmarks						
Search for an existing bookmark or ad	d new					
NPI 1	Provider Name	Category	Usage Type	V	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
					-	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.



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Health

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.

	ADD BOOKMARI	K
	View 1 - 25 of 1	100
Servicing Facility	copy delete	
Servicing	copy delete	
Servicing Facility	copy delete	

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.

ovider and Facility Search						X Clos	se Wi
Search	ID		Specialty				
WHITEC		10 digit NPI	All	~			
City	State		Zip				
Name *	NPI	Address	NCEL SEARCH	Group Affiliation	Туре	Specialty	
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER	R DR, SOUTHFIELD, MI 48076		Provider Group	Durable Medical Equipment	
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER	R DR, SOUTHFIELD, MI 48076		Facility		
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER	R DR, SOUTHFIELD, MI 48076		Facility		
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER	DR, SOUTHFIELD, MI 48076		Facility		
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER	R DR, SOUTHFIELD, MI 48076		Facility		
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER	DR, SOUTHFIELD, MI 48076		Facility		

Bookmarks, cont.

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

Add Book	mark			🗴 Close Windo
Select cate	gories for EASTWOO	D CLINICS		
Select	Category *	0-4		
	Uncategorized	Message	Close Window	
		Bookmark will be added to Uncategorized Fo	lder.	View 1 - 1 of 1
Saving as		CANCEL	ок	
Admitting	\checkmark			

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.

Select	Category *			Category Desc
~	Uncategorized			
	Cardiologists / Botsford			
	Chiru		1	Provider Bookm
	Diane's Providers		I	Provider list
	Training Manual		2	Sample
		H P	age 1	of 1 🕨 🕨
Saving as				
Select				

escription	
kmark Test	
≥ 25 ∨	View 1 - 5 of 5

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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.

Search Name Helpful City	Bookmarks	ID ID or 10 State All						INTER DRIVE	
			CANCE	L SEARCH				vii 48076	
Network	Name *	NPI	Address	Grou	p Affiliation	Туре	SpecialtyAction		
O In	HELPFUL CLINIC	0123456789	1234 Happy St., Ste	C, Southfield, MI, USA 48034		Facility	3 Bookmark	Search	
@ Out	HELPFUL CLINIC	0123456789	1234 Happy St., Ste	C, Southfield, MI, USA 48034		Facility	Bookmark		
oln	HELPFUL CLINIC	0123456789	1234 Happy St., Ste	C, Southfield, MI, USA 48034		Facility	Bookmark	Rearch	
O In	HELPFUL CLINIC	0123456789	1234 Happy St., Ste	C, Southfield, MI, USA 48034		Facility	Bookmark) 20201211	
O In	HELPFUL CLINIC	0123456789	1234 Happy St., Ste	C, Southfield, MI, USA 48034		Facility	Bookmark	Search	
oln	HELPFUL CLINIC	0123456789	1234 Happy St., Ste	C, Southfield, MI, USA 48034		Facility	Bookmark		
<u>A</u> la	HELPFUL CLINIC	0123456789				Eacilitu	View 1 - 24 of 24		
	oln oOut oln oln oln oln	O In HELPFUL CLINIC O Ut HELPFUL CLINIC O In HELPFUL CLINIC	O In HELPFUL CLINIC 012345789 O M HELPFUL CLINIC 012345789 O In HELPFUL CLINIC 0123456789 O In HELPFUL CLINIC 0123456789	Network Name - NPI Address Oln HELPFULCLINIC 0123456789 1234 Happy SL, Ste G O.M HELPFULCLINIC 0123456789 1234 Happy SL, Ste G O.In HELPFULCLINIC 012345678 1234 Happy SL, Ste G O.In HELPFULCLINIC 012345678 1234 Happy SL, Ste G	Network Name - NPI Address Grou OIn HELPFULCLINIC 0123456759 1234 Happy SL, Ste C, Southfield, MI, USA 48034 O.M HELPFULCLINIC 0123456759 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFULCLINIC 0123456769 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFULCLINIC 0123456779 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFULCLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFULCLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFULCLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFULCLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFULCLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFULCLINIC 012345678 1234 Happy SL, Ste C, Southfield, MI, USA 48034	Network Name - NPI Address Oroup Affiliation OIn HELPPUL CLINIC 012345678 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OM HELPFUL CLINIC 012345678 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFUL CLINIC 012345678 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFUL CLINIC 012345678 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFUL CLINIC 012345678 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFUL CLINIC 012345678 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFUL CLINIC 012345678 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFUL CLINIC 012345678 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFUL CLINIC 012345678 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFUL CLINIC 012345678 1234 Happy SL, Ste C, Southfield, MI, USA 48034 OIn HELPFUL CLINIC 012345678 1234 Happy SL, Ste C, Southfield, MI, USA 48034	Network Name - NPI Address Group Attiliation Type Oln HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Oln HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Oln HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Oln HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Oln HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Oln HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Oln HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Oln HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility	Network Name NPI Address Group Atfiliation Type Specialty Action 01n HELPFULCLINIC 0123456780 1234 Happy St., Ste C, Southfield, MI, USA 48034 Facility 3 Bookmark 0 0 01 HELPFULCLINIC 0123456780 1234 Happy St., Ste C, Southfield, MI, USA 48034 Facility Bookmark Bookmark 0 n HELPFULCLINIC 0123456780 1234 Happy St., Ste C, Southfield, MI, USA 48034 Facility Bookmark Bookmark 0 n HELPFUL CLINIC 0123456780 1234 Happy St., Ste C, Southfield, MI, USA 48034 Facility Bookmark Bookmark 01n HELPFUL CLINIC 0123456780 1234 Happy St., Ste C, Southfield, MI, USA 48034 Facility Bookmark 01n HELPFUL CLINIC 0123456780 1234 Happy St., Ste C, Southfield, MI, USA 48034 Facility Bookmark 01n HELPFUL CLINIC 0123456780 1234 Happy St., Ste C, Southfield, MI, USA 48034 Facility Bookmark 01n HELPFUL CLINIC 0123456780 124 Happy St., Ste C, Southfield, MI, USA 48034 Facility <	Network Name - NPI Address Group Affiliation Type Specialty Action 0 In HELPFUL CLINIC 012345679 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility 3 Bookmark 0 In HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Bookmark 0 In HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Bookmark 0 In HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Bookmark 0 In HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Bookmark 0 In HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Bookmark 0 In HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Bookmark 0 In HELPFUL CLINIC 0123456789 1234 Happy SL, Ste C, Southfield, MI, USA 48034 Facility Bookmark 0 In HELPFUL CLINIC

- 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.

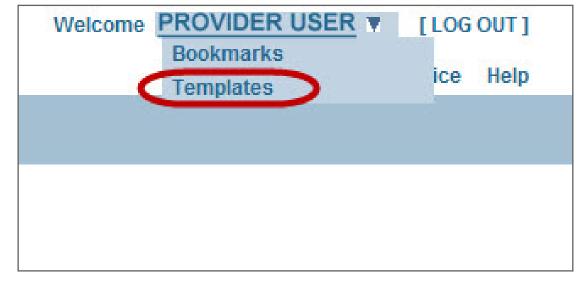
* Referring Provider Name Addre		, 012345678	Search
* Servicing Provider Name Addre		×). . CLINIC	Search
Servicing Facility Name Addre		,	Search
ferring Provider Name,IC Address		, 012345678	5
	HELPFUL CLINIC	, 012345678 , 012345678	

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.



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.

		0,		
Manage Templates Categories Templates You can search for an existing Template Category or create a new Template Category. Search Options			_	Bookmarks
Name Form	Form Type	* SEARCH		
		ADD NEW		Templates
				Behavioral
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Templates, cont.

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

Configurable hint text here >>		
*Form		
* Form Type	▼ 2	
* Name	3	
	_	

- 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.

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On Clic

mplates, cont. the Templates tab, you can search for an existing template or create a new one. ck the Add New button to begin creating your template.	Checking member eligibility & benefits
Manage Templates	Accessing e-referral
e New Template pop-up box will appear. Complete all the required fields dicated with *).	Navigating the dashboard
configurable hint text here >>	Searching for a referral or authorization
* Form Type 2 * Diagnosis Version 3	Submitting a referral
CANCEL CONTINUE Form: Choose UM from the drop-down menu. UM = Utilization Management. UM consists of referrals, inpatient and outpatient authorizations.	Submitting an inpatient authorization
Form Type: Choose Inpatient Auth, Outpatient Auth or Referral. Diagnosis Version: Choose ICD10. ck Continue or Cancel. After clicking Continue, you will be returned to the	Bookmarks
nage Templates screen.	Templates
e Cross e-referral User Guide 59 12/21/2023	Behavioral Health

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nplates, cont. the Templates tab, you can search for an existing template or create a new one. k the Add New button to begin creating your template.	member eligibility & benefits
anage Templates Categories You can search for an exating Template Category or create a new Template Category. Search Options Name Form Form Form Form ADD NEW	Accessing e-referral
New Template pop-up box will appear. Complete all the required fields icated with *).	Navigating the dashboard
configurable hint text here >> *Form 1	Searching for a referral or authorization
* Form Type 2 * Diagnosis Version 3	Submitting a referral
EXANCEL CONTINUE Form: Choose UM from the drop-down menu. UM = Utilization Management. UM consists of referrals, inpatient and outpatient authorizations.	Submitting an inpatient authorization
Form Type: Choose Inpatient Auth, Outpatient Auth or Referral. Diagnosis Version: Choose ICD10.	Bookmarks
k Continue or Cancel. After clicking Continue, you will be returned to the nage Templates screen.	Templates
	Behavioral

- 1.
- 2.
- 3.

Clic Mai

Templates, cont.

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

Manage Templates			
Categories Templates			
Referral			
Configurable hint text here >>			
Template Information			
*Category	- 1		*Effective Date 06/29/2016
		-	3
*Name		Description	Expiration Date
Diagnosis Version	ICD10		4 Active 💿 Inactive 💿
			•
Service 1 5			
Service 1 Service From			
Service To			
Type of Care			
Place Of Service		×	
Diagnosis Code	Search		
Description			
Procedure Code Type			
Procedure Code	Search		
Description			
			ADD SERVICE
		\frown	
		SAVE CANCEL	

- 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.
- *Effective Date/Expiration Date. Enter a date range for your new claim template. Leave the 3. 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.

Patient TEST, MARYI	ветн			BCBSM				20500 CIVIC CEN APT 123	ITER DRIVE
Birthdate 5/5/1971				012345678				SOUTHFIELD, MI	48076
Age 46 years			Patient ID	915387457			PCP Name, ID	SCRUBS, DOCTOR	012587411
2 * Service From * Service To	03/14/2018 07/13/2018	(mm/dd/yyyy)		*Referring P	Address	SCRUBS, DOCTOR 12345 MAIN ST ANYTOWN, MI 12345	, 01258741	1	Search
* Service To					Address	ANYTOWN, MI 12345			
* Type of Care		~		* Servicing P	rovider Name,ID)[Search
* Place Of Service			▼		Address				
*Diagnosis Code		Search			Facility Name,ID				
Procedure Code Type	Essential (primary) hypertensio	n (ICD10, I10)		Servicing	Address				Search
The state provider press and state and									
*Procedure Code Description		Search							
*Units									

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. Not

lote: you must create categories p		ir new template.	
Service 1			Submitting
* Service From	03/14/2018	(mm/dd/yyyy)	an inpatient
* Service To	07/13/2018	(mm/dd/yyyy)	authorization
* Type of Care	Elective	✓	autionzation
* Place Of Service	Office	\checkmark	
* Diagnosis Code	[110	Search	
Description	Essential (primary) hypertension	(ICD10, I10)	
* Procedure Code Type	CPT 🗸		Bookmarks
* Procedure Code	99213	Search	
Description			
* Units	100		
SAVE AS			Templates
			remplates
			Behavioral
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Templates, cont.

To use a template within a case:

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

Choose the Use Template button and begin your search.

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

Use Te	mplate			Close Window
	configurable hint text here >>			
	Search Options Name Procedure Code	Description Diagnosis Code	Category 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.

HELPFULCLINC OP.MH Outpatient Auth Active D	Categories Templates You can search for an existing Template or Search Options	r create a new Template.							
HELPFULCLINIC OP MH Outpatient Auth Active D	HELPFUL CLINIC				Active Status				
View 1			Description	😽 🛹 Page 1	of 1 👀 🖬 25 🗸		h	Active	Action Delete View 1 - 1 of 1

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**** 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 BlueSM members, please see the **Behavioral Health e-referral**. **User Guide** at **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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Behavioral Health



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
- 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



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ereferrals.bcbsm.com