



A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Inpatient authorization requests: Tips

For Blue Cross Blue Shield of Michigan PPO (commercial) and Blue Cross Medicare Plus BlueSM PPO

Updated December 2020

Acute inpatient admissions

We're changing our process for reviewing the medical necessity of acute inpatient admissions for Blue Cross PPO (commercial) members which began July 2018. This is an expansion of the existing Medicare Plus Blue PPO process that exists today.

What does this mean to you?

When a Blue Cross PPO (commercial) member is admitted to your facility, you should submit an authorization request through the e-referral system and the case pends for review. Be sure to include pertinent clinical information and admission details associated with the member.

Behavioral health admissions

Behavioral health authorization requests and clinical reviews will continue according to the current established process with the assigned behavioral health management vendor. Admission authorization requests processed through New Directions may be subject to full clinical review from the first day of admission and subject to non-approval.

Upon admission

If...	Then ...
The request is approved	<ul style="list-style-type: none"> • If you're reimbursed on the basis of diagnosis-related groups (DRG), this approval confirms the admission was appropriate for inpatient setting. <ul style="list-style-type: none"> ○ Additional days are required for submission if the stay is extended. No additional clinical documentation is required. This is for Blue Cross to determine any case management needs the member may have. • If you're reimbursed on the basis of percent of charge (Non-DRG) (applies to commercial PPO only), this approval confirms the admission was appropriate for inpatient setting and the number of days that were approved. <ul style="list-style-type: none"> ○ Additional days are required for submission if the stay is extended and additional clinical documentation <i>is required.</i> .
Your case is pending	<ul style="list-style-type: none"> • Blue Cross needs to determine if the inpatient setting is appropriate. Days can't be considered for approval until you submit clinical information. <ul style="list-style-type: none"> ○ We have a standard form you can use or you can provide the information necessary for consideration by attaching it to the e-referral case communication. ○ Acute Inpatient Fax Assessment Form ○ Blue Cross may need more information and will call or send a note in the Case Communication section of the e-referral system. • The following icons will display on the dashboard of the homepage at the case level: <ul style="list-style-type: none"> •  – This icon indicates there is a message from Blue Cross to you on this case. Note: If the case is on you're My List in e-referral, you will see a blue dot appear when Blue Cross has sent you a communication. •  – This icon indicates that there is an attachment/documentation associated with this case.

Admission dates don't need to be adjusted because Blue Cross is adding a tolerance for the admission date allowing plus or minus two days from the date on the case. You don't need to submit for any admission date changes unless the date is greater than a two-day difference from your approved case.



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Common questions or issues

If...	Then ...
The member is admitted to observation, is a maternity related admission or if Blue Cross is the secondary payer.	No precertification is required.
You're submitting an admission date change or an NPI change.	Submit an email request to: e-referralinquiries@bcbsm.com (Surgery date changes will be made up to 6 months from the date of admission.)
The member is not in the system because: <ul style="list-style-type: none"> • A sick newborn baby is not on contract • A Federal Employee Program member is not found • There are eligibility issues 	Fax to the Michigan Facility: 1-800-482-1713
An action appears asking you to complete a questionnaire for a Blue Cross PPO or Medicare Plus Blue PPO member for a surgical request when the inpatient setting code is not used.	Complete and submit the questionnaire. This helps to speed up the process for the authorization.
You can't find a case in e-referral.	Here are a couple options: <ul style="list-style-type: none"> • If you can't find the case under the main NPI, and if the provider listed in the e-referral system has many associated practitioners, try changing the provider in focus to a different NPI for your facility. • If you're trying to view a retroactive authorization and are searching by the subscriber's ID number, go to the Search field and change the eligibility date to the date of service. The system is set to default to the member's current eligibility when searching. See the e-referral User Guide or additional instructions on searching for referrals and authorizations.
The authorization is good but the claim can't pay.	Contact Provider Inquiry at: <ul style="list-style-type: none"> • 1-800-344-8525 (professional providers) • 1-800-249-5103 (facility providers) They're available 8 a.m. to 5 p.m. (closed noon to 1 p.m.), Monday through Friday (except holidays).
You believe you received a sanction incorrectly.	Contact Provider Inquiry at: <ul style="list-style-type: none"> • 1-800-344-8525 (professional providers) • 1-800-249-5103 (facility providers) They're available 8 a.m. to 5 p.m. (closed noon to 1 p.m.), Monday through Friday (except holidays).
The case didn't download into the claims system but an authorization number was assigned.	Submit an email request to: e-referralinquiries@bcbsm.com
You have an urgent after-hours request.	Contact the Blue Cross Utilization Management department at 1-800-851-3904.



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If...	Then ...
The case pends in e-referral.	Attach the required clinical information to the case in the e-referral system. Instructions for attaching a document from the member's medical record are outlined in the article How to attach clinical information to your authorization request in the e-referral system , in the November-December 2016 <i>BCN Provider News</i> , on page 44. These instructions are also in the e-referral User Guide, in the subsection titled "Create New (communication)."
The case pends for potential duplicates.	Review the duplicate authorization. Submit a new request only if the authorization already on file is for a separate admission. Do not submit a new request if you make an error.
You make an error on an existing case.	If the case does not have a decision, you can edit the existing authorization in e-referral. If the case has been decided, you will be unable to edit and must submit your changes. Fax to the Michigan Facility Fax: 1-800-482-1713.
You're having trouble logging in or general system issues.	Contact the Web Support Help Desk at 1-877-258-3932 from 8 a.m. to 8 p.m. Monday through Friday (except holidays).
The pended case is locked for editing.	The system is either processing or a nurse reviewer is working on the case.
A member is admitted to a medical bed for acute detoxification.	A medical diagnosis code must be submitted as the primary diagnosis to receive a medical inpatient admission authorization.
A member is admitted with an uncomplicated detoxification for substance use treatment	For BCBSM PPO members contact New Directions or the specific behavioral health vendor for authorization. For Medicare Plus Blue PPO members, contact 888-803-4960.
A member is going to be admitted for surgery, who should submit the inpatient stay authorization?	The provider's office can submit the authorization request on behalf of the hospital, or the hospital can submit the request with the proposed surgery date.
The member's Lumbar Spine surgery requires Prior Authorization from eviCore.	The Prior Authorization must be obtained in addition to the submission of an e-referral case for approval of the inpatient setting. Facilities should use "99222" as the procedure code when obtaining authorization for the setting when in conjunction with a Prior Authorization.
The service is an elective procedure for a Medicare Plus Blue PPO member that requires Prior Authorization.	See the "Services that require authorization" list found on this page . We require clinical information to support the need for the procedure. This information is generally best provided by the surgeon's office. Operative notes submitted by the facility typically do not contain adequate indications for the surgery.
<i>CPT codes, descriptions and two-digit numeric modifiers only are copyright 2018 American Medical Association. All rights reserved.</i>	

See also the document titled [Frequently Asked Questions](#) about the e-referral system.

For additional details, go to the updated [e-Learning module](#) and the [e-referral User Guide](#).



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Peer-to-Peer review

As of January 1, 2021, peer-to-peer requests will only be accepted by fax or email at peertopeer@bcbsm.com for Commercial PPO and Blue Care Network HMO members. For more information please refer to the [How to request a peer-to-peer review with a Blue Cross or BCN medical director](#). Peer-to-Peer requests must be requested within 7 days of the denial decision.

Requesting an appeal

All *facility appeals* must be requested in writing via fax or mail and submitted within 45 days of the initial nonapproval decision to Blue Cross Blue Shield of Michigan

Commercial PPO	Medicare Plus Blue PPO
Fax number: 1-877-261-4555 Blue Cross Blue Shield of Michigan Medical Records and Appeals P.O. Box 321095 Mail Code 510C Detroit, MI 48232-1095	Fax number: 1-877-495-3755 Email: medicareplusblueinpatientappeals@bcbsm.com

If you are submitting an appeal on behalf of a Blue Cross member for a non-behavioral health admission, you may submit the appeal to:

Blue Cross Blue Shield of Michigan
 600 E. Lafayette Blvd.
 Mail Code CS3A
 Detroit, MI 48226-2998
 Fax: 1-877-348-2210

To submit the appeal, please complete the [Member Appeal Form](#) and include the [Designation of Authorized Representative for Appeal](#) form. Include clinical information and any medical records that will assist us in making a decision on the member appeal.

If you are submitting a New Directions appeal regarding or on behalf of a Blue Cross member for a behavioral health admission, you may submit the appeal to appeals@ndbh.com.