





Confidence comes with every card.®

September 2017

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

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

To get up and running on the e-referral application, you must have a Blue Cross and BCN 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 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's CareAdvance Provider. Here's how to sign up:

- 1. Go to bcbsm.com/providers and click on the Provider Secured Services link
- 2. Click on the link that best describes your provider type
- 3. Click on the link to download the Secured Access Application (PDF) for your provider type and the Use and Protection Agreement (PDF) for your provider type, then follow the instructions to submit the completed forms to us.

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

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

- When making changes to an existing referral, other than extending the date of the referral
- For urgent requests in the event of a life threatening situation
  - For BCN members, please call 1-800-482-5982
  - For BCN Advantage<sup>SM</sup> members, please call 1-800-431-1059
  - For Blue Cross Medicare Plus Blue<sup>SM</sup> PPO (Medicare Advantage PPO) members, please call 1-888-803-4960
- For out-of-state authorizations

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

If you have technical concerns, call the Web Support Help Desk at 1-877-258-3932 or contact your provider consultant. Your provider consultant would be happy to visit your office to train your e-referral users.

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.

Daniel M. Monto

Daniel N. Martin, Director Provider Outreach

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# Section I: Checking Member Eligibility and Benefits

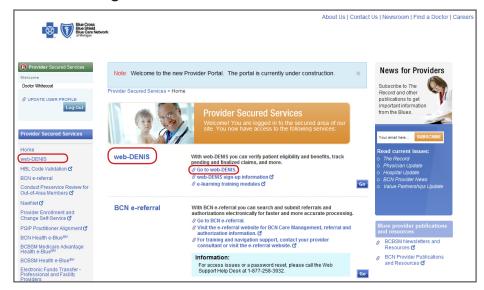
You can access **both** e-referral and web-DENIS in one location. Just log in to Provider Secured Services and select web-DENIS to check member eligibility and benefits, or e-referral for referrals and authorizations. See the Accessing e-referral section in this guide for login instructions.

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

- web-DENIS
- PARS IVR automated telephone system
- 270/271 electronic standard transaction
- Provider Inquiry

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

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



2. 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 BCBSM Provider Publications	Scheduled System Maintenance – April 16 and 17, 2016 New     Delayed Medicare Advantage 277CA files New     Medicare Plus Blue <sup>SM</sup> 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     NASCO conducting payment recovery for FANUC America Corporation New     Additional fee change schedule added to web_DENIS (New

### Checking member eligibility and benefits, cont.

3. 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	Name Search - Allows you to subscriber's name.
Name Search	
Provider Enrollment	
BCBSM Provider Publications and Resources	
BCN Provider Publications and	

4. Enter the member's Contract Number, select the Blue Care Network button and click Enter.

To HIPAA View Option	Eligibility/Covera
Back to Provider Secured Home	Please Enter/Sele
Broadcast Messages	Contract Number:* 01234567
Subscriber Info.	Line of Business:* O BCBSM, ADV PF
Eligibility/ Coverage/COB	Blue Car     Federal I
Medicare Eligibility	<ul> <li>○ Medicare</li> <li>○ Medicaid</li> </ul>
Deductible/Maximums	O Other BC
Benefit Search	Enter
Name Search	* All items marked with asteris
Provider Enrollment	** Contract Number is not requ (Blue Exchange) is selected.
BCBSM Provider Publications and Resources	*** Entering a contract number
BCN Provider Publications and Resources	radio button will not carry over screen. You will be required to



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### **Bookmarks**

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#### ormation

isplays subscriber/member contract

s Medicare subscriber/member contract

plays patient's remaining nts.

ess to benefit information based on benefit

o search for contract information by the



sks are required.

uired if LOB Medicaid or Other BCBS Plans

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

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### Checking member eligibility & benefits, cont.

5. Make sure they have Active eligibility. Click that member's name.

To HIPAA View Option	Eligibility/0	Cover	age				
Back to Provider Secured Home Broadcast Messages	Real Real Control		BCN HMO				
Subscriber Info.	CONTRACT NO:	GRO	UP:				
Eligibility/ Coverage/COB Medicare Eligibility	012345678	0123 . <mark>Ipha Prefi</mark>	x Lookup Billing S	tatus: Active			
Deductible/Maximums			DEDUCT	TIBLE/MAXI			
Name Search			iagnosis or treatment o he diagnosis codes in 1				
Provider Enrollment	CMS guidelines and	close the	gap in Health e-BlueSl	И.		-	
BCBSM Provider Publications and Resources	Member Selection	on					
BCN Provider Publications and Resources	Member	Status	Relationship/Gender	Birth Date	PCP Name	BCN COB	MemberCareAle
<u>Claim Submission</u> Facility Claims	NAME HUSBAND	Active	01 - Subscriber,M	11-13- 1954	WHITECOAT DOCTOR	BCN COB	MemberCareAlert
Professional Claims	NAME WIFE	Active	02 - Wife,F	05-15- 1958	WHITECOAT DOCTOR	BCN COB	MemberCareAlert
Hospital Prenotification	NAME DAUGHTEF	Inactive	03 - Daughter,F	11-09-	WHITECOAT	BCN COB	Inactive
BCBSM Contact Us.				1986	DOCTOR		

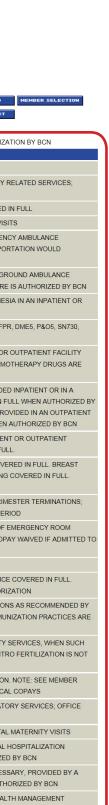
6. Choose Medical Benefits. A list will open.

Member Elig	jibility/Cov	/erage	
Bin Cross Bine Cross Bine Cross	BCN HMO	Relation:	Subscriber
and a Vice of Merique		PCP Copay:	\$ See Medical Benefits Below
CONTRACT NO:	GROUP NO:	Billing Status:	Active
012345678	01234567	Coverage dates	: 01-01-2016 Expires 12-31-9999
MEMBER NAME:		Sex:	M
NAME HUSBAND	Active	Birth Date:	11-13-1954
BCBSM Coverage	ember Selection	lext Contract Pr	rovider Network
Medical Benefits Vision Benefits	Deductible/Maximun MemberCareAlert	BCN COB	mm:         dd:         yyyy:           04         -         15         -         2016
Select date to view Ber current coverage.	nefits and Deductible/	Maximums. COB in	formation is only applicable for

### Checking member eligibility and benefits, cont.

7. Scroll down through the list to see copays and coinsurance for all services.

	CONTRACT: FOR THE	1
	Controlot. Forthie	DATE OF:
	012345678 04-15-201	
	MEMBER NAME:	
	NAME HUSBAND	Active MEMBER INF
		NEXT CONTRA
		PROPRIATE REFERRAL OR AUTHOR
	Description	Coverage
		Custom Drug List
	ALLERGY EVAL/SERUM/TESTING	NO COPAY REQUIRED FOR ALLERG OFFICE VISIT COPAY MAY APPLY
	ALLERGY INJECTIONS	ALLERGY INJECTIONS ARE COVER
	ALLERGY OFFICE VISIT	\$15 COPAY FOR ALLERGY OFFICE
		NO COPAY REQUIRED FOR EMERG
		TRANSPORT WHEN OTHER TRANSP
		ENDANGER MEMBER'S LIFE.
	AMBULANCE NON-	NO COPAY FOR NON-EMERGENCY
	EMERGENT	TRANSPORTATION WHEN SUCH CA
П	ANESTHESIA	NO COPAY REQUIRED FOR ANESTH OUTPATIENT SETTING
4	CERTIFICATE / RIDER	BCN5, 50V15, ER50, UR15, AS5, 100 MHP10, ASDLT, HCRMNS
Ľ	CHEMOTHERAPY	CHEMOTHERAPY IN AN INPATIENT SETTING IS COVERED IN FULL. CHE COVERED IN FULL.
	DETOX - SUB ABUSE	DETOXIFICATION SERVICES PROVI RESIDENTIAL SETTING COVERED II BCN. DETOXIFICATION SERVICES F SETTING \$10 COPAY PER VISIT WH
	DIALYSIS	DIALYSIS TREATMENT IN AN INPAT FACILITY SETTING IS COVERED IN
	DURABLE MEDICAL	DURABLE MEDICAL EQUIPMENT CO
	EQUIPMENT	PUMP TO SUPPORT BREAST FEED AUTHORIZATION REQUIRED.
	ELECTIVE ABORTIONS	NO COPAY FOR ELECTIVE FIRST TH ONE PROCEDURE PER 24 MONTH F
	EMERGENCY ROOM	\$50 COPAY OR 50% OF THE COST ( SERVICES, WHICHEVER IS LESS; C THE HOSPITAL
	HOME CARE VISITS	\$15 COPAY PER HOME CARE VISIT
	HOSPICE	INPATIENT AND OUTPATIENT HOSE INPATIENT CARE REQUIRES AUTHO
	IMMUNIZATIONS	PEDIATRIC AND ADULT IMMUNIZAT THE ADVISORY COMMITTEE ON IM COVERED IN FULL
	INFERTILITY CARE (CRITERIA REQUIRED)	50% COINSURANCE FOR INFERTILI CARE IS AUTHORIZED BY BCN; IN V COVERED
	INPATIENT HOSPITAL	NO COPAY FOR HOSPITAL ADMISS CERTIFICATE FOR SPECIFIC SURG
	LAB	NO COPAY REQUIRED FOR LABOR
	MATERNITY	\$15 COPAY FOR PRE AND POSTNA
	MENTAL HEALTH	INPATIENT MENTAL HEALTH/PARTI COVERED IN FULL WHEN AUTHORI
	MENTAL HEALTH	UNLIMITED WHEN MEDICALLY NEC
	INPATIENT DAYS	PARTICIPATING PROVIDER AND AU
	MENTAL HEALTH	COORDINATED BY BEHAVIORAL HI
	INPATIENT TIME PERIOD	



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# Section II: Accessing e-referral

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

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

- Computer processor: computer with a 3.3 GHz Intel Core i3 processor or higher (or comparable)
- 4 GB memory (RAM)
- 10 GB hard drive space
- Monitor able to display 1024x768 pixels or higher
- Browser requirements: Microsoft Internet Explorer 9.0, and the latest versions of Firefox and Google Chrome

#### Keep your account active

Once you have completed the Provider Secured Services application process and received your account, access the account immediately to set up your password. 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 **ereferrals.bcbsm.com**.

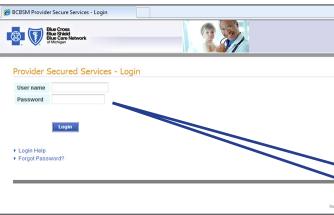
The e-referral User Guide is available in full color in Adobe PDF file format on the e-referral home page at **ereferrals.bcbsm.com**. You can refer to it or download it as needed. It can be opened, viewed and printed using the Adobe Acrobat Reader<sup>®</sup> available free at **get.adobe.com/reader\***.

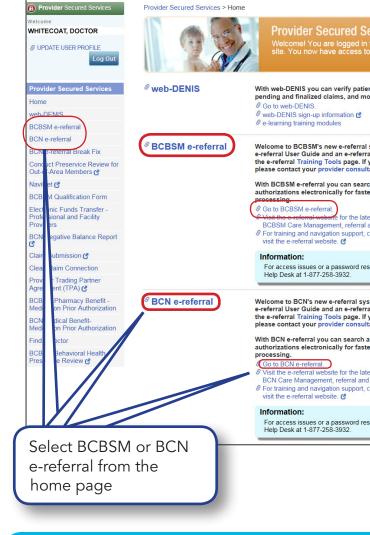
Once Adobe Reader is installed on your system, the PDF file will automatically open and display the document. Depending on the type of Internet connection and the computer hardware you have, the file will open in a matter of seconds or a few minutes.

You can also download the user guide to your hard drive. Just right-click on the link to the document and select "Save Target As" from the menu. Choose a location on your computer and select "Save." If you save it to your hard drive or print a copy, be sure to check back for updates. The date the publication was last updated is shown at the bottom of each page.

\*\*Blue Cross Blue Shield of Michigan and Blue Care Network do not control this website. While we recommend this site, we aren't responsible for its content. It may have different terms, conditions and privacy policies that you'll need to follow.

eligibility & benefits Accessing e-referral, cont. If you experience any login issues, please contact the Web Support Accessing Help Desk at 1-877-258-3932. e-referral 🟉 BCBSM Provider Secure Services - Login 281 Navigating Blue Cross Blue Shield Blue Care Network the dashboard Provider Secured Services - Login User name **Authorizations** overview Login Help
Forgot Pass Log in to e-referral via Submitting Provider Secured Services. an outpatient authorization Enter your ID – the same as your web-DENIS ID. Extending an outpatient authorization Provider Secured Services Provider Secured Services > Home **News for Providers** VHITECOAT. DOCTOR Provider Secured Services Subscribe to The Submitting Record and other e! You are logged in to the securion to have access to the following UPDATE USER PROFIL publications to get important information **Higher Levels of Care** from the Blues. Inpatient <sup>®</sup> web-DENIS With web-DENIS you can verify patient eligibility and benefits, track pending and finalized claims, and more. authorizations remail here ... @ Go to web-DENIS ead current issues web-DENIS sign-up information Submitting ord 🛃 @ e-learning training modules Go Physician Update 🕻 Hospital Update 🕻 BCN Provider News 🕻 CBSM e-refe Higher Levels of Care CN e-referra Welcome to BCBSM's new e-referral system! Online training, an e-referral User Guide and an e-referral Quick Guide are available on the e-referral <u>Training Tools</u> page. If you need additional assistance, BCBSM e-referral reak Fix Outpatient please contact your pro ea Members 🕑 authorizations With BCBSM e-referral you can search and submit referrals and authorizations electronically for faster and more accurate Qualification Form Submitting ic Funds Transfe Go to BCBSM e-referral nal and Facility for the latest news and updates including Electroconvulsive BCBSM Care Management referral and authorization information BCBSM Provider Publication For training and navigation support, contact your provider consultant visit the e-referral website. ative Balance Repo Therapy BCN Provider Publications Resources G Information: ssion 😭 authorizations Ø Provider Manuals C For access issues or a password reset, please call the Web Suppo m Connection Help Desk at 1-877-258-3932. Trading Partne Submitting t (TPA) 🛃 Welcome to BCN's new e-referral system! Online training, an e-referral User Guide and an e-referral Quick Guide are available on the e-referral Training Tools page. If you need additional assistance armacy Benefit Prior Authorizati BCN e-referral **Transcranial Magnetic** Michigan Center for Effective IT Adoption (M-CEITA) lical Benefit please contact your provider Stimulation Michigan State Medical Soc (MSMS) C Prior Authori With BCN e-referral you can search and submit referrals and authorizations electronically for faster and more accurate authorizations processing. ite for the latest news and updates including BCN Care Management referral and authorization information Searching for an Information: authorization For access issues or a password reset, please call the Web Suppor Help Desk at 1-877-258-3932. Go





#### **Bookmarks**

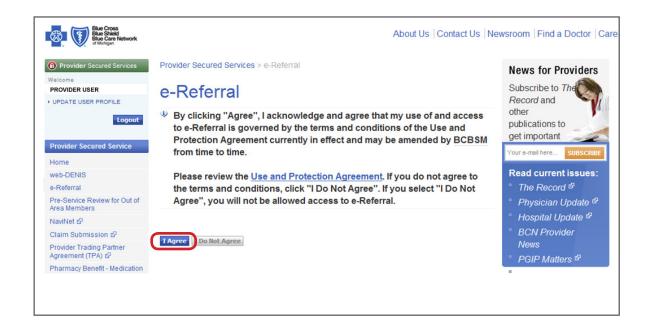
Checking member

**Templates** 

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### Accessing e-referral, cont.

You will be asked to "Agree" to the Use and Protection Agreement.



# Section III: Navigating the Dashboard Home Page

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  $\triangleleft$ permission to view and submit referrals.

The list you see is a quick list of all your open cases. 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.

2	Network of Michigan		4		e-	refe	ral				5 Welco	Contact C		[LOG OI Service H
lom	e Patient S	Search F	Referrals/Aut	horizations								- (	1	BI, MONIC
	der: authorization of insaction or activity (				ee payment. Vis	it ereferrals.bcb	sm.com for the B	CN Referral/Clinical F	Review Program, othe	r Care Management resources and the	ə latest news. I	.og in to e-referral a	nd complet	e at least
ie ua	insaction or activity (	sach month to pr	event deactivatio	n or your password										
-I Pi	rovider Informati	on												
		WHITECOAT, DOCT	DR											
	NPL	01234567891												
	Specialty	Obstetrics & Gyner	ology											
÷	Reference ID	Туре	Patient	Date of Birth	From	То	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status		Û
	002667321	Authorizatio n	DUCK, DONALD	05/19/1957	06/12/2015	06/18/2015	Home	WHITECOAT, DOCTOR		Removal of one knee cartilage using an endoscope (CPT, 29881)		2 - Pending Decision		
	002664568	Authorizatio n	MOUSE, MINNIE	04/02/2013	06/01/2015	07/31/2015	Office	SCRUBS, DOCTOR		Psychiatric diagnostic evaluation (CPT, 90791)		2 - Pending Decision		
	002662051	Authorizatio	MOUSE, MICKEY	02/11/1925	05/20/2015	05/21/2015	Inpatient Hospital	WHITECOAT, DOCTOR	MICHIGAN ENDOSCOPY CENTER AT PROVIDENCE	Release of scar tissue and repair of rectum (CPT, 45500)		2 - Pending Decision		0

- 1. In Focus The Provider In Focus bar has been moved from the left to the top right of the screen. 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 and BCN recommend that you search for eligibility and benefit information in web-DENIS prior to referral authorization activities. See the **Checking member eligibility and benefits** section in this guide for more information.
- 4. Referrals/Authorizations You can search for or submit a referral/authorization here.
- 5. Logged in user name The logged in user's name is found in the upper right hand corner of the screen. The user's name includes a drop down menu of Bookmarks and Templates. See the **Bookmarks** and **Templates** sections in this guide for more detail.
- 6. Log Out Click here to log off the application.
- 7. Help A CareAdvance Provider online help resource center. If the question is Blue Cross- or BCN-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.

e-referral

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### Navigating the dashboard, cont.

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word. Additional informa	ICN does not guarantee pay tion for out-of-state provider ith commercial coverage ca	rs associated with	other Blue Cross	for the BCN Rei s plans: The stat	ferral/Clinical Review Pro lus of authorization reque	gram, other Care Manageme ests will be communicated to	ent resources and the late the requesting provider b	est news. Log in to e-referral and o by phone or you may call to reque	PROVIDER IN FOCU				CI
	HELPFUL CLINIC								NF	r HELPFUL 1 0123456 Provider	7891		
NPI									NF Typ	Provider Outpatier	7891		
Provider NPI	HELPFUL CLINIC 01234567891	Date of Birth	From	То	Place of Service	Servicing Provider	Facility Provider	Description	NF Typ Specialt Addres	Provider Outpatier	7891 Group		0
Provider NPI Specialty	HELPFUL CLINIC 01234567891 Outpatient Psychiatric Fac	Date of Birth 04/13/1975	From 09/01/2016	To 12/31/2016	Place of Service Outpatient Hospital	Servicing Provider HELPFUL CLINIC	Facility Provider	Description Psychiatric diagnostic eval 90791)	NF Typ Specialt Addres	Provider Outpatier	7891 Group nt Psychiatric Fac		Û
Provider NPI Specialty Reference ID	HELPFUL CLINIC 01234567891 Outpatient Psychiatric Fac Patient DUCK,		09/01/2016	12/31/2016		HELPFUL	Facility Provider	Psychiatric diagnostic eval	NF Typ Specialt Address uation (CPT,	Provider Outpatier	7891 Group nt Psychiatric Fac Status		0
Provider NPI Specialty Reference ID 012345678	HELPFUL CLINIC 01234567891 Outpatient Psychiatric Fac Patient DUCK, DONALD MOUSE,	04/13/1975	09/01/2016 02/01/2016	12/31/2016	Outpatient Hospital	HELPFUL CLINIC HELPFUL	Facility Provider	Psychiatric diagnostic eval 90791) Psychiatric diagnostic eval	NF Typ Specialt Addres uation (CPT, uation (CPT, or other	l 0123456 Provider of Outpatier Slobal	7891 Group nt Psychiatric Fac Status 2 - Pending Decision		0
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Provider NPI Specialty 012345678 012345678 012345678	HELPFUL CLINIC 01234567891 Outpatent Psychiatric Fac DUCK, DUCK, DUCK, MOUSE, MINNIE MOUSE, MICKEY WHITE,	04/13/1975 05/26/1981 05/13/1967	09/01/2016 02/01/2016 02/01/2016	12/31/2016 01/31/2017 04/30/2016 01/01/2017	Outpatient Hospital Outpatient Hospital Office	HELPFUL CLINIC HELPFUL CLINIC HELPFUL CLINIC HELPFUL CLINIC LHICC HELPFUL CLINIC CLINIC	Facility Provider	Psychiatric diagnostic eval 90791) Psychiatric diagnostic eval 90791) 'Established patient office o outpatient visit, typically 15 99213) Psychiatric diagnostic eval	NF Typ Specialt Address uation (CPT, uation (CPT, or other minutes' (CPT, uation (CPT,	l 0123456 Provider of Outpatier Slobal	7891 Group nt Psychiatric Fac Status 2 - Pending Decision 2 - Pending Decision		0
Provider NPI Specialty Reference ID 012345678 012345678 012345678	HELPFUL CLINIC 01234567891 Outpatient Psychiatric Fac Patient DUCK, DONALD MOUSE, MOUSE, MOUSE, MINNIE WHITE, SNOW CHARMING,	04/13/1975 05/26/1981 05/13/1967 10/01/1989	09/01/2016 02/01/2016 02/01/2016 01/02/2016	12/31/2016 01/31/2017 04/30/2016 01/01/2017	Outpatient Hospital Outpatient Hospital Office Outpatient Hospital Outpatient Hospital	HELPFUL CLINIC HELPFUL CLINIC - HELPFUL CLINIC - HELPFUL	Facility Provider	Psychiatric diagnostic eval 90791) Psychiatric diagnostic eval 90791) Testablished patient office ( outpatient visit, typically 15 99213) Psychiatric diagnostic eval 90791) Psychiatric diagnostic eval	NF Typ Specialt Address uation (CPT, uation (CPT, uation (CPT, uation (CPT, uation (CPT, uation (CPT,	l 0123456 Provider of Outpatier Slobal	7891 Group nt Psychiatric Fac Status 2 - Pending Decision 2 - Pending Decision 2 - Pending Decision 3 - Fully Approved		0

The IN FOCUS bar will default to one of the providers you have been provisioned to view and/or for whom you can submit referrals/authorizations.

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.

### Navigating the dashboard, cont.

<u>Provider IN FOCUS:</u> You will only have access to for providers for whom you are provisioned to a

Clicking on the change link allows you to choose

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

When searching for an associated provider, you Practitioner, Provider Group or Facility for a mo

Provider Set	Provider Name	Provid
01234 - Helpful Clinic	Last Name, First Name	Provid
Searches will be limited to the provide	ers and facilities associated with your use	er account.
Provider Name 🍵	NPI	
HELPFUL CLINIC	0123456789	
ELPFUL OLINIO	0120450709	
HELPFUL COMMUNITY CLINIC	0123456789	
HELPFUL COMMUNITY CLINIC	0123456789	$\rightarrow$
	Page 1	of 1

	eligibility & benefits
o submit referrals/authorizations do so.	Accessing e-referral
se from your list of provider sets.	
	Navigating the dashboard
Change	Authorizations overview
	Submitting an outpatient authorization
	Extending an outpatient authorization
u can now choose from pre accurate provider entry.	Submitting Higher Levels of Care Inpatient authorizations
Close Window	Submitting Higher Levels of Care Outpatient authorizations
Type     Specialty       Provider Group     Outpatient Psychiatric Fac       Provider Group     Outpatient Psychiatric Fac       Provider Group     Outpatient Psychiatric Fac	Submitting Electroconvulsive Therapy authorizations
Provider Group Outpatient Psychiatric Fac Provider Group Outpatient Psychiatric Fac Provider Group Outpatient Psychiatric Fac Facility Provider Group Outpatient Psychiatric Fac	Submitting Transcranial Magnetic Stimulation authorizations
View 1 - 11 of 11	Searching for an authorization
	Bookmarks
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Checking membe

### Navigating the dashboard, cont.

The Authorizations and Referrals Dashboard is located below the Provider Information section of the main dashboard. The dashboard displays the most recent updated, open cases with provider actions, up to a maximum of 75 records per page. You can sort these cases by heading (Action items, Reference ID, Patient, From or To dates, Servicing Provider, Description, Status, Case Communication or Attachments).

	Blue Care Network				o-rot	ferral					Welcome F	PROVIDER USE	R [LOG O
	and independent learness				C-IC	Cirai					c	Contact Custor	ner Service
	Patient Sea	arch Referrals/	Authorizations									HEL	PFUL CLINI
uthoriza	tion of services by B	CN does not guarantee pa	yment. Visit erefer	rals.bcbsm.com	for the BCN Re	ferral/Clinical Review Pro	gram, other Care Manager	ent resources and the lat	est news. Log in to e-referral and complete at least c	one transaction	or activity each month to	prevent deactive	tion of your
		ion for out-of-state provide ith commercial coverage c			is plans: The sta	tus of authorization reque	sts will be communicated to	o the requesting provider t	by phone or you may call to request a status. For me	dical authoriza	ions call 1-800-392-2512	For behavioral	health
- Prov	vider Information	1											
_	Provider	HELPFUL CLINIC											
	NPI												
	2 ialty	OL 3 /chiatric Fac	4	5		6		8	9	10	(11)	12	13
•	Reference ID	Patient	Date of Birth	From	То	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status		0
	012345678	DUCK, DONALD	04/13/1975	09/01/2016	12/31/2016	Outpatient Hospital	HELPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		2 - Pending Decis	sion	
	012345678	MOUSE, MINNIE	05/26/1981	02/01/2016	01/31/2017	Outpatient Hospital	HELPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		2 - Pending Decis	sion	
	012345678	MOUSE, MICKEY	05/13/1967	02/01/2016	04/30/2016	Office	HELPFUL CLINIC		'Established patient office or other outpatient visit, typically 15 minutes' (CPT, 99213)	•	2 - Pending Decis	sion	
	012345678	WHITE, SNOW	10/01/1989	01/02/2016	01/01/2017	Outpatient Hospital	HELPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		3 - Fully Approve	d	
	012345678	CHARMING, PRINCE	06/13/1991	01/01/2016	12/31/2016	Outpatient Hospital	HELPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		2 - Pending Decis	sion	
	012345678	DUCK, DAISY	02/01/1980	01/01/2016	12/31/2016	Office	HELPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		4 - Partially Appro	oved	
	012345678	BARRINGTON, BEARY	12/05/1949	01/01/2016	01/31/2016	Office	HELPFUL		Psychiatric diagnostic evaluation (CPT, 90791)		3 - Fully Approve	d	

- 1. 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 and/or authorized service. Click the number to bring the case details into view.
- 3. **Patient** The patient's name.
- 4. Date of Birth The patient's date of birth.
- 5. 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.
- 6. Place of Service Location where service(s) will be provided.
- Servicing Provider Name of provider performing the patient's service(s). 7.
- 8. Facility Provider Facility that provided the service(s).
- 9. Description Captures the primary service on the request.
- 10. Global A check mark indicates a global referral has been made.
- 11. Status Here you will see one of the following messages:
  - 1. Incomplete
  - 2. Pending Decision
  - 3. Fully Approved
  - 4. Partially Approved
  - 5. Denied
  - 6. Voided
- 12.  $\square$  This icon indicates there is a message from Blue Cross or BCN to you on this case.
- 13. I This icon indicates that there is an attachment/documentation associated with this case.

# **Section IV:** Behavioral Health Authorizations overview

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

• BCN: Applied Behavioral Analysis authorization requests can continue

#### Things to remember:

- Medicare Plus Blue PPO and BCN's behavioral health benefits include mental health and substance abuse services.
- All Medicare Plus Blue PPO and BCN mental health and substance abuse inpatient, partial hospital, and intensive outpatient treatment, admissions or concurrent reviews require preauthorization.
- BCN requires authorization for above listed services and all outpatient services, **except** those performed by BCN-contracted psychiatrists. As of July 1, 2015, BCN has discontinued the authorization requirement for psychotherapy "add-on" codes for contracted psychiatrists and nurse practitioners. For more information, please see Page 21 of the May-June 2015 BCN Provider News.
- A referral from the BCN member's PCP is not required. Members can access behavioral health services directly by contacting a BCNcontracted behavioral health provider.
- Behavioral health providers are required to obtain an authorization prior to providing services to Medicare Plus Blue PPO and BCN members.
- Higher Level of Care outpatient services include Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization Substance Abuse, Domiciliary Partial Hospitalization Substance Abuse, Intensive Outpatient Substance Abuse, or Domiciliary Intensive Outpatient.

to be faxed to 1-866-364-7145 and/or called into 1-800-482-5982.

Checking member eligibility & benefits

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Submitting **Higher Levels of Care** Outpatient authorizations

Submitting Electroconvulsive Therapy authorizations

Submitting **Transcranial Magnetic Stimulation** authorizations

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**Bookmarks** 



# Section V: Submitting an Outpatient Authorization (BCN only)

Since May 1, 2016, BCN's behavioral health providers are required to submit initial requests for authorization using the e-referral system. This applies only to non-urgent outpatient (clinic / office) services. The Initial Outpatient Authorization Request Form is no longer be available online and requests for initial outpatient authorization requests are accepted only through the e-referral system. Requests to authorize extensions of outpatient treatment must also be submitted through the e-referral system.

Medicare Plus Blue PPO members only require authorization for Higher Level of Care outpatient services which includes Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization, Substance Abuse, Domiciliary Partial Hospitalization Substance Abuse, Intensive Outpatient Substance Abuse, or Domiciliary Intensive Outpatient. See the Submitting Higher Levels of Care Outpatient Authorizations **Submitting Higher Levels of Care Outpatient** Authorizations section in this guide for more information.

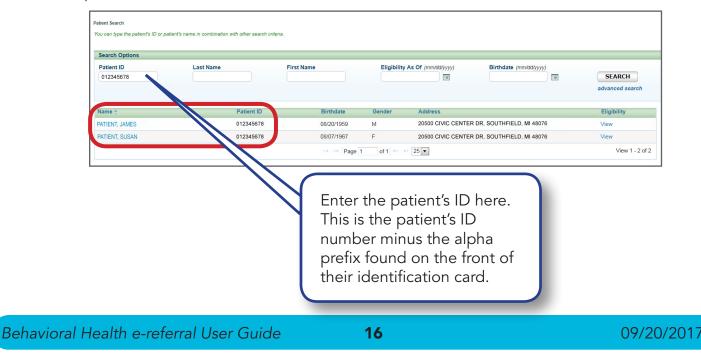
BCN Applied Behavioral Analysis authorization requests can continue to be faxed to 1-866-364-7145 and/or called into 1-800-482-5982.

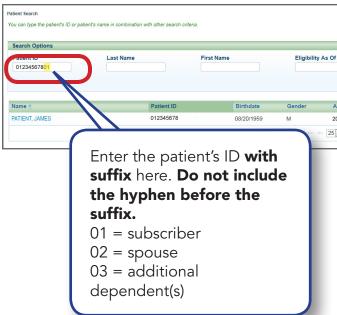
Start your submission by choosing Submit Outpatient Authorization from the Referrals/Authorizations drop-down menu.

In order to submit an Outpatient Authorization, 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.

#### Searching by Patient ID

Enter the patient's subscriber ID. Results will include all members under that contract.





Submitting an outpatient authorization, cont.	Checking member eligibility & benefits
Searching by <b>Patient ID with suffix</b> Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.	Accessing e-referral
Patient Search You can type the patient's ID or patient's name in combination with other search criteria. Search Options  Tast Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy) SEARCH advanced search	Navigating the dashboard
Name         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JAMES         012345578         08/20/1959         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           Image: Second Sec	Authorizations overview
suffix here. Do not include the hyphen before the suffix. 01 = subscriber	Submitting an outpatient authorization
02 = spouse 03 = additional dependent(s)	Extending an outpatient authorization
Searching by <b>First and Last Name</b> Enter the patient's last name and first name or first name initial. You must also include their birthdate.	Submitting Higher Levels of Care Inpatient authorizations
Search Options         Patient ID       Last Name         First Name       Eligibility As Of (mm/dd/yyyy)         05:05/1971       SEARCH         advanced search         Name       Patient ID         Birthdate       Gender         Address       Eligibility	Submitting Higher Levels of Care Outpatient authorizations
TEST, MARYBETH         012345878         05/05/1971         F         20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076         View           Image: Test, Marybeth         Image: Te	Submitting Electroconvulsive Therapy authorizations
The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.	Submitting Transcranial Magnetic Stimulation authorizations
Patient Search You can type the patient's name in combination with other search criteria.           Search Options           Patient ID         Last Name         Eligibility As Of (mm/d3/yyyy)         Birthdate (mm/d3/yyyy)           0128466789         01001/2012         Image: Comparison of Compa	Searching for an authorization
Name     Patient ID     Birthdate     Gender     Address     Eligibility       PATIENT, JEFF     012345678     03/21/1961     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       PATIENT, JEFF     012345678     03/21/1961     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       PATIENT, JEFF     012345678     03/21/1961     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       PATIENT, JOSHUA     012345678     07/07/1987     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View	Bookmarks
Behavioral Health e-referral User Guide <b>17</b> 09/20/2017	Templates

Submitting an outpatient authorization, cont.	Checking member eligibility & benefits
Searching by <b>Patient ID with suffix</b> Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.	Accessing e-referral
Patient Search You can type the patient's ID or patient's name in combination with other search criteria. Search Options User ID Last Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy) 01234567801	Navigating the dashboard
Name     Patient ID     Birthdate     Gender     Address     Eligibility       PATIENT, JAMES     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View                 25          View 1-1 of 1          View 1-1 of 1	Authorizations overview
suffix here. Do not include the hyphen before the suffix. 01 = subscriber	Submitting an outpatient authorization
02 = spouse 03 = additional dependent(s)	Extending an outpatient authorization
Searching by <b>First and Last Name</b> Enter the patient's last name and first name or first name initial. You must also include their birthdate.	Submitting Higher Levels of Care Inpatient authorizations
Search Options       First Name       Eligibility As Of (mm/dd/yyyy)       Birthdate (mm/dd/yyyy)       O SEARCH advanced search         Name *       Patient ID       Birthdate       Gender       Address       Eligibility	Submitting Higher Levels of Care Outpatient authorizations
TEST, MARYBETH         012345678         05/05/1971         F         20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076         View           If I I I I I I I I I I I I I I I I I I	Submitting Electroconvulsive Therapy authorizations
The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.	Submitting Transcranial Magnetic Stimulation authorizations
Patient Search You can type the patient's ID or patient's name in combination with other search oriteria.  Search Options Patient ID Last Name First Name Eligibility As Of (mm/83/yyy) 01/2012 SEARCH SEARCH	Searching for an authorization
Name         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JOSHUA         012345678         07/07/1987         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View	Bookmarks
Rehavioral Health e-referral User Guide <b>17</b> 09/20/2017	Templates

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

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

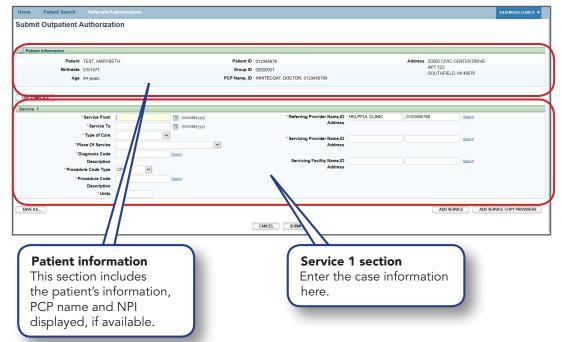
Search Options								
Patient ID	Last Name	First Name		Eligibility As	Of (mm/dd/yyyy)	Birthdate (mm/dd/yyyy		
	test	marybeth				05/05/1971		SEARCH
SSN (Numbers only)	Medicare ID	Medicaid ID						advanced search
Name 🕈 TEST, MARYBETH	Patient ID 012345678		Birthdate 05/05/1971	Gender F	Address 20500 CIVIC CEN	ITER DRIVE, APT 123, SOUT	HFIELD, MI 48076	Eligibility View
			I A CA Page	1 of 1 🕨 🕨	25 💌			View

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

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

#### Submitting an outpatient authorization, cont.

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



Note: Requests to authorize emergency and urgent services should always be submitted by phone, not through the e-referral system. Call BCN Behavioral Health at 1-800-482-5982.

#### • Service From/To

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

#### • Type of Care

Select Elective only from the drop-down menu.

#### • Place of Service

You will see several options to choose from in the drop-down menu. Please only choose from these selections: Ambulatory Surgical Center **Custodial Care Facility Emergency Room** End-Stage Renal Disease Treatment Facility Home Independent Laboratory Nursing Facility Office **Outpatient Hospital** Urgent Care Facility

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**Bookmarks** 



#### • Diagnosis Code

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

- For mental health requests, you can use the default diagnosis code F43.20 until a more appropriate code becomes available.
- For substance abuse requests, you can use the default diagnosis code F19.10 until a more appropriate code becomes available.

Code Search		🙁 Close Window
Bookmarks		
	Bookmarks ull or partial diagno. decimal if applical	Bookmarks ull or partial diagnosis code or description below and click 'Search'. decimal if applicable (e.g. 250.01) Description

#### **Diagnosis Code** – Search by **Description**

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

agnosis Code S	earch		Close	e Wind
Search Boo	kmarks			
Enter a full or pa	rtial diagnosis code or description below and click 'Search'.			
Include decima	l if applicable (e.g. 250.01)			
Code or Descrij	ption			
adjustment	SEARCH			
				_
Code *	Description ,	Inactive	Action	
F43	Reaction to severe stress, and adjustment disorders (ICD10, F43)	Yes	Bookmark	^
F43.2	Adjustment disorders (ICD10, F43.2)	Yes	Bookmark	
F43.20	Adjustment disorder, unspecified (ICD10, F43.20)		Bookmark	
F43.21	Adjustment disorder with depressed mood (ICD10, F43.21)		Bookmark	
F43.22	Adjustment disorder with anxiety (ICD10, F43.22)		Bookmark	
F43.23	Adjustment disorder with mixed anxiety and depressed mood (ICD10, F43.23)		Bookmark	
F43.24	Adjustment disorder with disturbance of conduct (ICD10, F43.24)		Bookmark	~
F43 25	Adjustment disorder with mixed disturbance of emotions and conduct (ICD10_E43.25)		Bookmark	
	Page 1 of 4 🕨 🕨 25 🗸		View 1 - 25 of	f 100

#### Submitting an outpatient authorization, cont.

#### **Diagnosis Code** – Search by **Bookmarks**

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

	Search					Close Wi
arch Bo	ookmarks					
elect a diagno	sis code from the bookmarks below					
Filter by Cat		Filter by Usage Type				
Uncategorize	ed 💌	Diagnosis		SEARCH		
Code 🚖	Description	Category	Category Owner	Usage Type	Action	
	Contraction and the second					
6.34	Major Depressive Disorder, Recu	Irrent Episode, S Uncategorized	Provider	Diagnosis	delete	
96.34	Major Depressive Disorder, Recu	Irrent Episode, S Uncategorized	Provider	Diagnosis	delete	
96.34	Major Depressive Disorder, Recu	urrent Episode, S Uncategorized	Provider	Diagnosis	delete	
96.34	Major Depressive Disorder, Recu	urrent Episode, S Uncategorized	Provider	Diagnosis	delete	
296.34	Major Depressive Disorder, Recu	urrent Episode, S Uncategorized	Provider	Diagnosis	delete	
296.34	Major Depressive Disorder, Recu		Provider	Diagnosis	delete	View 1 - 1 of

#### • Procedure Code Type

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

#### • Procedure Code

The procedure code for all psychotherapy requests (including a psychiatric diagnostic evaluation) is \*90791. If you have this code bookmarked, e-referral will begin to populate this field. If not, you must use the **Search** link to locate it.

* Service From		(mm/dd/yyyy)
* Service To		(mm/dd/yyyy)
* Type of Care		~
* Place Of Service		
* Diagnosis Code		Search
Description		
* Procedure Code Type	CPT 🗸	
* Procedure Code	90791	× Search
Description	Psychiatric Diagnostic E	valuation
* Units		

\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2016 American Medical Association. All rights reserved.

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**Bookmarks** 

#### Procedure Code – Search by Code or Description

This is the description of the service provided for the patient's condition. The procedure code for all psychotherapy requests (including a psychiatric diagnostic evaluation) is \*90791.

earch	Close Wind
kmarks	
tial procedure code or description below and click 'Search'.	
Description	Action
Psychiatric diagnostic evaluation (CPT, 90791)	Bookmark
Page 1 of 1 25 💌	View 1 - 1 of 1
	Description Psychiatric diagnostic evaluation (CPT, 90791)

#### 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.

earch	Bookmarks					
Select a Pr	ocedure code from the bookmarks below					
ilter by C	ategory Filter by Usage Type					
All	All	▼ SEARCH				
Code 🍵	Description	Category	Owner	Usage Type	Action	
90791	Psychiatric Diagnostic Evaluation	BH Codes	Provider	CPT	Delete	•
90791	Psychiatric diagnostic evaluation	BCN05152014	Payer	CPT	Delete	
90792	Psychiatric diagnostic evaluation with medical services	BCN05152014	Payer	CPT	Delete	E
90862	Pharmacologic Management,W/Minimal Psych	Stephanie's Stuff	Provider	CPT	Delete	
92507	Treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete	
92508	Group treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete	
92526	Treatment of swallowing and/or oral feeding function	BCN05152014	Payer	CPT	Delete	Ŧ

\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2016 American Medical Association. All rights reserved.

### Submitting an outpatient authorization, cont.

• Units

* Service From	03/15/2016	) 💽 (mm/dd/yyyy)
* Service To	03/31/2016	) 醥 (mm/dd/yyyy)
* Type of Care	Direct	
* Place Of Service	Outpatient Hospital	
*Diagnosis Code	F43.20	Search
Description	Adjustment disorder, unspecified (IC	D10, F43.20)
* Procedure Code Type	CPT 🔽	
* Procedure Code	90791	Search
Description	Psychiatric Diagnostic Evaluation	
* Units	20 ×	

#### • Referring Provider Name, ID

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

T, DOCTOR, 0123456789			
*Referring Provider Name,ID Address	HELPFUL CLINIC	, 0123456789	Search
* Servicing Provider Name,ID Address			Search
Servicing Facility Name,ID		,	Search

#### • Servicing Provider Name, ID

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

Referring Provider Name,ID Address	HELPFUL CLINIC , 012345678	9 Search
Servicing Provider Name,ID Address	HELPFUL CLINIC, 012345678 12345 Happy St Southfield, MI, USA 48034	9 <u>Search</u>
Servicing Facility Name,ID Address	,,,,	Search

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Submitting Transcranial Magnetic Stimulation authorizations

> Searching for an authorization

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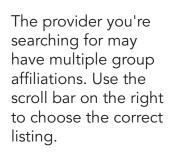
In the search results, the Network Status is displayed in the far left column. Double check the provider's address and verify they are in network. View the listing's Network Status label – Preferred, In or Out. BCN strongly encourages users to ALWAYS select providers with a "Preferred" Network status and have a Group Affiliation (if listed). If there is not a Preferred provider option, please choose the "In"

Search	Bookmarks								
Name		ID		Specialty					
City		State All	•	Zip					
		-		SEARCH					
	Name	NPI	Address	Detroit MI Suite 03	Group Affiliation	Type	Specialty	Action	-
• Pref	Name 🕈 Test, Doctor Test, Provider	NPI 1111111141 1211111111	1.00000	Detroit, MI Suite 03 Road, Suite 001	Group Affiliation MD Practice	Type Practitioner Practitioner	OB/GYN OB/GYN	Action Bookmark Bookmark	^
Pref	Test, Doctor	1111111141	1234 Bloomfield	Road, Suite 001		Practitioner	OB/GYN	Bookmark	* H
Pref     In	Test, Doctor Test, Provider	11111111141 1211111111	1234 Bloomfield 4321 Rochester I 2222 Southfield	Road, Suite 001		Practitioner Practitioner	OB/GYN OB/GYN	Bookmark Bookmark	• III
o In ⊘Out	Test, Doctor Test, Provider David, Provider	11111111141 1211111111 1311111111	1234 Bloomfield 4321 Rochester I 2222 Southfield	Road, Suite 001 Road, Suite 003 ove Road, Suite 10	MD Practice	Practitioner Practitioner Practitioner	OB/GYN OB/GYN OB/GYN	Bookmark Bookmark Bookmark	A III

provider. The status definitions for each of these labels are as follows:

Servicing Provider Search

Network Status		Definition
Preferred	●Pref	The provider is in the member's local network for tiered products or in the member's network for non-tiered narrow network groups.
In	Oln	The provider is in the member's BCN or BCN Advantage network, but not the local network for tiered products.
Out	⊘Out	The provider has NO direct affiliation with the member's product or affiliation with BCN.



#### For the NPI:

o If you are billing these services as an individual/solo provider, provide your individual (Type 1) NPI.

Name		ID		Specialty					
whitecoat		× ID or 10	digit NPI	All	$\checkmark$				
City		All		Zip					
Network	Name 🔦	NPI	CANC	SEARCH	Group Affiliation	Туре	Specialty	Action	
<b>O</b> In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTE MI 48076	R DR, SOUTHFIELD,	RED GROUP PSYCHOLOGICAL SERVICES	Practitioner	Clinical Psychol-Fully License	Bookmark	~
<b>O</b> In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTE MI 48076	R DR, SOUTHFIELD,	YELLOW PSYCHIATRIC SERVICES PLLC	Practitioner	Clinical Psychol-Fully License	Bookmark	Ì
Ø Out	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTE MI 48076	R DR, SOUTHFIELD,	GREEN PSYCHOLOGICAL SERVICES PC	Practitioner	Clinical Psychol-Fully License	Bookmark	
	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTE MI 48076	R DR, SOUTHFIELD,	RED COMPASSIONATE COUNSELING	Practitioner	Clinical Psychol-Fully License	Bookmark	
<b>O</b> In				R DR, SOUTHFIELD,	BLUE		Clinical		

### Submitting an outpatient authorization, cont.

#### Servicing Facility Name, ID

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

	Group ID	012345678 00000001 WHITECOAT, DOCTOR, 0123456789	Address 20500 CIVIC CI APT 123 SOUTHFIELD,	
(mm/dd/yyyy)		*Referring Provider Name,ID Address	1123456789	Search
	~	* Servicing Provider Name,ID Address		Search
Search		Servicing Facility Name,ID Address		Search
Search				

Once finished, click Submit to process or Cancel to delete without processing. If there is any possible overlapping information within your authorization when you click Submit, you may see this **Potential Duplicate Referral or** Authorization screen:

Potential Duplica	te Referral or	Authorizatio	n				🔀 Close Wind
displayed. <ul> <li>Click Prot</li> <li>Select the</li> </ul>	ceed to submi e Reference IE	t the request. ) to discard yo	ur request and view	the existing Refer		submitted. A maximum of 5 potential orization.	l duplicates will be
Reference ID	From	То	Place of Service	Servicing Provider	Facility Provider	Description	Status
012345678	05/03/2016	05/05/2016	Home	WHITECOAT, DOCTOR		'Established patient office or other outpatient visit, typically 15 minutes' (CPT, 99213)	3 - Fully Approved
012345678	03/31/2016	04/05/2017	Nursing Facility	WHITECOAT, DOCTOR		'Established patient office or other outpatient visit, typically 15 minutes' (CPT, 99213)	3 - Fully Approved
012345678	02/25/2016	12/31/2016	Office	WHITECOAT, DOCTOR		'Established patient office or other outpatient visit, typically 15 minutes' (CPT, 99213)	2 - Pending Decision
012345678	09/30/2015	05/11/2016	Outpatient Hospital	WHITECOAT, DOCTOR		'Established patient office or other outpatient visit, typically 15 minutes' (CPT, 99213)	2 - Pending Decision
			14. <	Page 1	of 1 🔛 🖭 25 🗸		View 1 - 5 of 5
				CANCEL	PROCEED		

Check your information and click Cancel or Proceed to complete the submission.

- Olf you are billing these services as an Outpatient Psychiatric Facility, provide your organizational (Type 2) NPI.
- O If you are billing these services as a group, provide your individual (Type 1) removing the group NPI (Type 2) information.

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If you are an LLP, the individual (Type 1) NPI you enter must be that of your supervisor.

🙁 Close Window

w

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Submitting **Transcranial Magnetic Stimulation** authorizations

> Searching for an authorization

#### **Bookmarks**

Your submitted authorization will look like this:

	Information					
r utent		T. MARYBETH	Patient ID 0	2345678	Address 20500 CIVIO	CENTER DRIVE
	Birthdate 05/0		Group ID 0		APT 123	
	Age 44 y	ears	PCP Name, ID V	HITECOAT, DOCTOR, 0123456789	SOUTHFIEL	.D, MI 48076
			6	NEW REFERRAL NEW GLOBAL R	EFERRAL NEW INPATIE	NEW OUTPATIENT
	munication					
<b>⊠</b> ()	From	То	Subject			Date 😄
			ia ka Pag	e 1 of 0 🔛 🖬 25 🗸		
						EASTWOOD CLINICS
Service 1-	Approved Service From Service To			Referring Provider Name, ID: Address:	HELPFUL CLINIC 0123456789 12345 Happy St Southfield, MI, USA 48034	CEASTWOOD CLINICS
Service 1-	Service From	3/31/2016		Referring Provider Name, ID: Address:	HELPFUL CLINIC 0123456789 12345 Happy St Southfield, MI, USA 48034	EASTWOOD CLINICS
Service 1-/	Service From Service To	3/31/2016 Direct		Address: Servicing Provider Name, ID:	12345 Happy St Southfield, MI, USA 48034 HELPFUL CLINIC 0123456769	EASTWOOD CLINES
Service 1-/	Service From Service To Type Of Care:	3/31/2016 Direct Office		Address: Servicing Provider Name, ID:	12345 Happy St Southfield, MI, USA 48034	EASTWOOD CLINICS
	Service From Service To Type Of Care: Place Of Service Diagnosis Code Description	3/31/2016 Direct Office F43.20 Adjustment disorder, unspecified (ICD10, F43.20)		Address: Servicing Provider Name, ID: Address:	12345 Happy St Southfield, MI, USA 48034 HELPFUL CLINIC 0123456789 12345 Happy St	EASTWOOD CLINES
	Service From Service To Type Of Care: Place Of Service Diagnosis Code	3/31/2016 Direct Office F43.20 Adjustment disorder, unspecified (ICD10, F43.20)	,	Address: Servicing Provider Name, ID:	12345 Happy St Southfield, MI, USA 48034 HELPFUL CLINIC 0123456789 12345 Happy St	EASTWOOD CLINICS
Service 1-/ Pra	Service From Service To Type Of Care: Place Of Service Diagnosis Code Description ocedure Code Type: Procedure Code	3/31/2016 Direct CMIce F43.20 Adjustment disorder, unspecified (ICD10, F43.20) CPT 907/91	,	Address: Servicing Provider Name, ID: Address: Servicing Facility Name, ID	12345 Happy St Southfield, MI, USA 48034 HELPFUL CLINIC 0123456789 12345 Happy St	EASTWOOD CLINICS
	Service From Service To Type Of Care: Place Of Service Diagnosis Code Description ocedure Code Type: Procedure Code Description	3/31/2016 Direct Cffice F43.20 Adjustment disorder, unspecified (ICD10, F43.20) CFT 90761 Psychiatric diagnostic evaluation (CPT, 60791)		Address: Servicing Provider Name, ID: Address: Servicing Facility Name, ID	12345 Happy St Southfield, MI, USA 48034 HELPFUL CLINIC 0123456789 12345 Happy St	EASTWOOD CLINICS
	Service From Service To Type Of Care: Place Of Service Diagnosis Code Description ocedure Code Type: Procedure Code	3/31/2016 Direct Cffice F43.20 Adjustment disorder, unspecified (ICD10, F43.20) CFT 90761 Psychiatric diagnostic evaluation (CPT, 60791)	,	Address: Servicing Provider Name, ID: Address: Servicing Facility Name, ID	12345 Happy St Southfield, MI, USA 48034 HELPFUL CLINIC 0123456789 12345 Happy St	EASTWOOD CLINICS
	Service From Service To Type Of Care: Place Of Service Diagnosis Code Description ocedure Code Type: Procedure Code Description	3/31/2016 Direct Cffice F43.20 Adjustment disorder, unspecified (ICD10, F43.20) CFT 90761 Psychiatric diagnostic evaluation (CPT, 60791)		Address: Servicing Provider Name, ID: Address: Servicing Facility Name, ID	12345 Happy St Southfield, MI, USA 48034 HELPFUL CLINIC 0123456789 12345 Happy St	EASTWOOD CLINICS

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1. Reference ID and case status

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

#### 2. Printer-Friendly

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

#### 3. Edit

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

#### 4. Create New (communication)

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

#### 5. Create New (note)

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

#### 6. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

Outpatient Authorization Details	
leference ID 000032700 Status 2 - Pending Decision	

То	w the communication and respond	From		
	Care Management	EASTWOOD CLI	NICE	
BCN	Care Management	EASTWOOD CLI	NICS	
Subje	ect			
Attac	hments			
A	TTACH FILE			
-				
Mess	age			
Mess				
Mess	age			
Mess	age			
Mess Type	age message here			
Mess Type	age message here			
Mess Type	age message here tt Items to be reviewed Procedure *	(07. 6070)	Dates	Unit/Days
Mess Type	age message here		Dates 34/2016-331/2016 ₽ 10 √	Unit/Days 20 View 1 - 1 of

# Section VI: Extending an Outpatient Authorization

Providers can request services beyond those initially authorized in e-referral. Either submit the information electronically (see steps below) or use the Create New button to include the completed BCN Behavioral Health Continuing Outpatient Treatment Report form an attachment in a Case Communication.

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

To submit the extension, start by locating the original authorization. Please see instructions starting on page 92 on how to search for the authorization. If it has passed its one-year time span, you cannot edit the information. You must create a new case. You can choose the start date as one day after the last case expired. Return to the Case Communication section and attach a completed Continuing Outpatient Treatment Request form. Otherwise, click the Edit button. If the Edit button is inactive and the dates of your authorization fall within the correct time span, please call the BCN Behavioral Health department at 1-800-482-5982.

	Patient Search	Referrals/Authorizations			
outpa	tient Authoriz	ation Details			
	004287031 Pending Decision				
Α 🚣	ctions				
1.*The	Behavioral Health Cont	inuing Outpatient Treatment Request Form Questio	onnaire is required for Total Requested V	visits of 30 Questionn	aire Assessment.
1."The	Behavioral Health Cont	inuing Outpatient Treatment Request Form Questio	onnaire is required for Total Requested V	risits of 30 Questionn	aire Assessment.
1.*The	Behavioral Health Cont	inuing Outpatient Treatment Request Form Questio	onnaire is required for Total Requested V	risits of 30 <u>Questionn</u>	aire Assessment.
		inuing Outpatient Treatment Request Form Questio	nnaire is required for Total Requested V	risits of 30 <u>Questionn</u>	aire Assessment.
	nt Information				aire Assessment.
	nt Information	inung Outpatient Treatment Request Form Questio		Visits of 30 Questionn	aire Assessment.
	nt Information Patient		Patient ID		aire Assessment.
	nt Information Patient Birthdate	TEST, MARYBETH	Patient ID Group ID	012345678	
	nt Information Patient Birthdate	TEST, MARYBETH 05/05/1971	Patient ID Group ID	012345678 00000001	

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

uestionnaire is required fo	for Total Requested V	isits of 30 Questionnaire	Assessment.			
	Group ID	012345678 00000001 WHITECOAT, DOCTOR	R, 0123456789	Address	20500 CIVIC CENTER DRIVE APT 123 SOUTHFIELD, MI 48076	
			NEW REFERRAL	NEW GLOBAL REFERRAL	NEW INPATIENT	NEW OUTPATIEN
ervice Extension(	(5)					
iervice Extension( From Date	(s)	To Date		Units	Status	
	(s)	<b>To Date</b> *12/31/2014 (mm/dd/yyyy)	۵	Units 110	Status	Remove : NEW
From Date * 09/01/2014		* 12/31/2014				

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Submitting **Transcranial Magnetic Stimulation** authorizations

> Searching for an authorization





#### Extending an outpatient authorization, cont.

You will then see an Action message at the top of the screen. The Action requires you to complete a specific questionnaire. Click on the Questionnaire Assessment link or follow the steps on attaching a Continuing Outpatient Treatment Request Form on page 27.

n Details	
	Printer-Friendly
Outpatient Treatment Request Form Questionnaire is required for Total Requested Visits of 4 Questionnaire Assessment.	
	EDIT

Answer each question until you have completed the questionnaire.

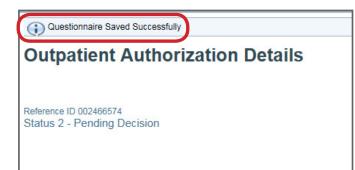
Questionnaire	Close Window
Behavioral Health Continuing Outpatient Treatment Request Form           Answering the question(s) below will provide additional information needed to process your request.	10% complete
Page 1	
Member number:     A     Member name:     A	
O Member date of birth:     O Name:	

Once finished, click Next and Submit.

Questionnaire	🔀 Close Window
Behavioral Health Continuing Outpatient Treatment Request Form	100% complete
Answering the question(s) below will provide additional information needed to process your request.	
Final	
<b>NOTE:</b> Please do not click the Submit button more	e than once. There is a

delay before you see the "Questionnaire Saved Successfully" message.

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

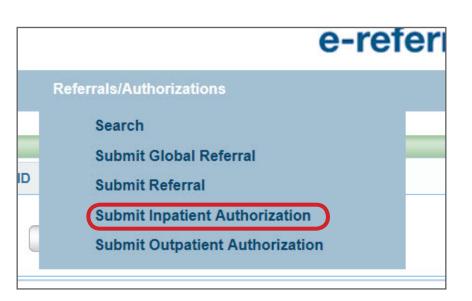


# Section VII: Submitting Higher Levels of Care (Inpatient) **Authorizations**

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

See Section VIII: Submitting Higher Levels of Care (Outpatient) Authorizations for Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization Substance Abuse, Domiciliary Partial Hospitalization Substance Abuse, Intensive Outpatient Substance Abuse, or Domiciliary Intensive Outpatient.

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



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 $\checkmark$ 

Submitting **Higher Levels of Care** Outpatient authorizations

Submitting Electroconvulsive Therapy authorizations

Submitting **Transcranial Magnetic Stimulation** authorizations

> Searching for an authorization

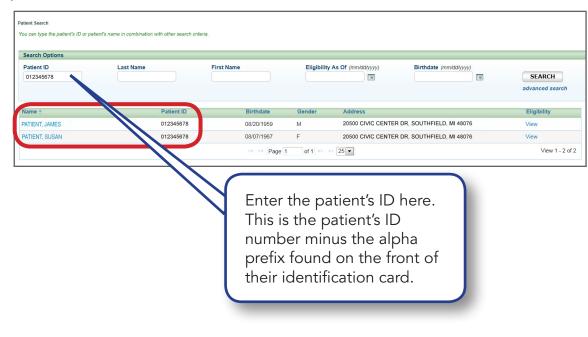
**Bookmarks** 

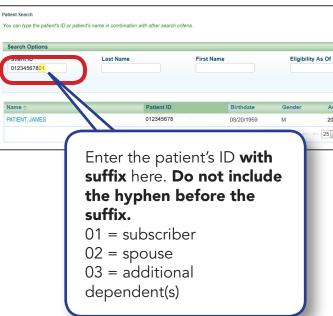


When you submit an Inpatient Authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name **and** Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate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

### Searching by **Patient ID**

Enter the patient's subscriber ID. Results will include all members under that contract.



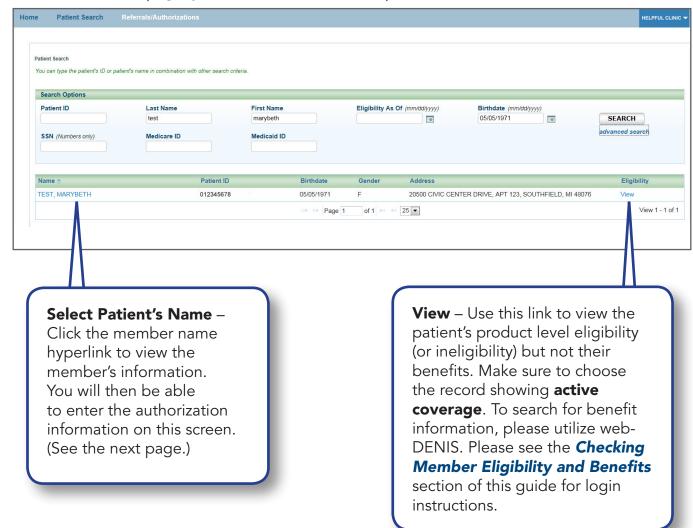


Submitting Higher Level of Care (Inpatient) Authorizations, cont.	Checking member eligibility & benefits
Searching by <b>Patient ID with suffix</b> Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.	Accessing e-referral
Patient Search You can type the patient's name in combination with other search criteria. Search Options U1234567801 U1234567801 Birthdate (mm/dd/yyy) SEARCH advanced search	Navigating the dashboard
Name •         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JAMES         012345578         08/20/1959         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           # 25 *         View 1 - 1 of 1         View 1 - 1 of 1         View 1 - 1 of 1	Authorizations overview
suffix here. Do not include the hyphen before the suffix. 01 = subscriber 02 = spause	Submitting an outpatient authorization
02 = spouse 03 = additional dependent(s)	Extending an outpatient authorization
Searching by <b>First and Last Name</b> Enter the patient's last name and first name or first name initial. You must also include their birthdate.	Submitting Higher Levels of Care Inpatient authorizations
You can type the patient's ID or patient's name in combination with other search criteria.  Search Options Patient ID Last Name First Name Eligibility AS Of (mm/dd/)yyy) Birthdate (mm/dd/yyy) SEARCH advanced search Name Patient ID Birthdate Gender Address Eligibility	Submitting Higher Levels of Care Outpatient authorizations
TEST, MARYBETH         012345678         05/05/1971         F         20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076         View           Image: Test, Marybeth         Image: Te	Submitting Electroconvulsive Therapy authorizations
The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.	Submitting Transcranial Magnetic Stimulation authorizations
Patient Search You can type the patient's ID or patient's name in combination with other search oriteria.  Search Options Patient ID Last Name First Name Eligibility As Of (mm/dd/yyyy) 01/20/2012 © SEARCH	Searching for an authorization
Name *         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JOSHUA         012345678         07/07/1987         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View	Bookmarks
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Submitting Higher Level of Care (Inpatient) Authorizations, cont.	Checking member eligibility & benefits
Searching by <b>Patient ID with suffix</b> Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.	Accessing e-referral
Patient Search You can type the patient's ID or patient's name in combination with other search criteria. Search Options attern to big the search options big the search option	Navigating the dashboard
Name *     Patient ID     Birthdate     Gender     Address     Eligibility       PATIENT, JAMES     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       PATIENT, JAMES     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       Patient Size     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       Patient Size     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       Patient Size     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       Patient Size     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       Patient Size     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       Patient Size     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       Patient Size     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       Patient Size     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View	Authorizations overview
suffix here. Do not include the hyphen before the suffix. 01 = subscriber 02 = snouse	Submitting an outpatient authorization
02 = spouse 03 = additional dependent(s)	Extending an outpatient authorization
Searching by <b>First and Last Name</b> Enter the patient's last name and first name or first name initial. You must also include their birthdate.	Submitting Higher Levels of Care Inpatient authorizations
You can type the patient's ID or patient's name in combination with other search criteria.  Search Options Patient ID Last Name First Name Eligibility AS Of (mm/605/yyy) Birthdate (mm/605/yyy) SEARCH advanced search Name Patient ID Birthdate Gender Address Eligibility	Submitting Higher Levels of Care Outpatient authorizations
TEST, MARYBETH         012345678         05/05/1971         F         20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076         View           Image         Image         Image         Image         Image         Image         View         Image         View         Image         Image         View         Image         View         Image         View         Image         View         Image         Image         View         Image         View         Image	Submitting Electroconvulsive Therapy authorizations
The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.	Submitting Transcranial Magnetic Stimulation authorizations
Patient Search You can type the patient's ID or patient's name in combination with other search ortens. Search Options Patient ID Last Name First Name Eligibility As Of (mmx03/yyy) 0123456789 01101/2012 © SEARCH	Searching for an authorization
Name         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR. SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR. SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR. SOUTHFIELD, MI 48076         View           PATIENT, JOSHUA         012345678         07/07/1987         M         20500 CIVIC CENTER DR. SOUTHFIELD, MI 48076         View	Bookmarks
ehavioral Health e-referral User Guide <b>31</b> 09/20/2017	Templates

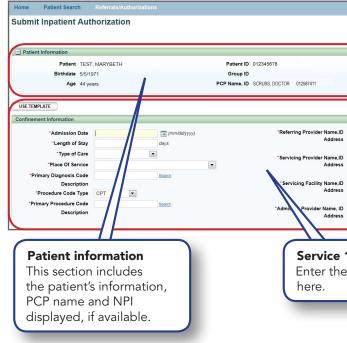
You can also select the 'advanced search' option and enter additional information to locate a patient. Additional fields include Social Security Number, Medicare ID, and Medicaid ID. Click the Search button to view the results.

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



### Submitting Higher Level of Care (Inpatient) Authorizations, cont.

Once your patient is selected, complete all the required fields (indicated with \*) on the Submit Inpatient Authorization screen for Inpatient Psychiatric, Psychiatric Residential, Inpatient Substance Abuse Sub-acute Detoxification, or Substance Residential services. See Page 46 for Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization Substance Abuse, Domiciliary Partial Hospitalization Substance Abuse, Intensive Outpatient Substance Abuse, or Domiciliary Intensive Outpatient.



**Authorizations** overview Address 20500 CIVIC CENTER DRIVE APT 123 SOUTHFIELD, MI 48076 Submitting der Name,ID HELPFUL an outpatient authorization Extending an outpatient authorization Service 1 section Enter the case information Submitting **Higher Levels of Care** Inpatient authorizations Submitting Admission Date **Higher Levels of Care** Outpatient authorizations Enter an estimated length of stay in days for this request. Submitting Electroconvulsive • Type of Care Therapy authorizations Submitting • Place of Service **Transcranial Magnetic Stimulation** authorizations Searching for an authorization **Bookmarks** 

Select the admission date from the calendar. • Length of Stay Select Emergency only from the drop-down menu. You will see several options to choose from in the drop-down menu. Please only choose from these selections: Inpatient Psychiatric Facility Psychiatric Residential Treatment Center Residential Substance Abuse Treatment Facility (Inpatient Substance Abuse Sub-acute Detoxification, or Substance Residential services)

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#### • Primary Diagnosis Code

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

	kmarks				
1000					
Enter a full or pa	rtial diagnosis code	or description below	and click 'Search'.		
Include decima	l if applicable (e.g	. 250.01)			
Code or Descri	ption				
		SEARCH			

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

agnosis Code S	earch		🔀 Clos	e Win
earch Boo	kmarks			
Enter a full or pa	rtial diagnosis code or description below and click 'Search'.			
	l if applicable (e.g. 250.01)			
Code or Descrip adjustment	SEARCH			
adjustment	JERCH			
Code *	Description	Inactive	Action	
F43	Reaction to severe stress, and adjustment disorders (ICD10, F43)	Yes	Bookmark	
F43.2	Adjustment disorders (ICD10, F43.2)	Yes	Bookmark	
F43.20	Adjustment disorder, unspecified (ICD10, F43.20)		Bookmark	
F43.21	Adjustment disorder with depressed mood (ICD10, F43.21)		Bookmark	
F43.22	Adjustment disorder with anxiety (ICD10, F43.22)		Bookmark	
F43.23	Adjustment disorder with mixed anxiety and depressed mood (ICD10, F43.23)		Bookmark	
F43.24	Adjustment disorder with disturbance of conduct (ICD10, F43.24)		Bookmark	
F43 25	Adjustment disorder with mixed disturbance of emotions and conduct (ICD10_E43.25)		Bookmark	
	Page 1 of 4 🍉 🕨 25 🗸		View 1 - 25 o	f 100

#### • Diagnosis Code – Search by Bookmarks

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

gnosis Code S Search Boo	okmarks						🔀 Close Wi
Select a diagnosis Filter by Cate Uncategorized		v.	Filter by Usage Type Diagnosis		SEARCH		
Code 🚖	Description		Category	Category Owner	Usage Type	Action	
296.34	Major Depressive Dis	order, Recurren	t Episode, S Uncategorized	Provider	Diagnosis	delete	
			Page 1 of	1 🕨 🖬 25 💌			View 1 - 1 of 1

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### Submitting Higher Level of Care (Inpatient) Authorizations, cont.

#### • Procedure Code Type

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

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

#### • Primary Procedure Code

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

*Admission Date	09/01/2016	(mm/dd/yyyy)	
*Length of Stay		days	
*Type of Care			
*Place Of Service			
*Primary Diagnosis Code		Search	
Description			
*Procedure Code Type	СРТ		
*Primary Procedure Code	99222	× Search	

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

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

Search Bo	ookmarks				
Enter a full or p	partial procedu	ire code or descript	ion below and cl	lick 'Search'.	
Include decim	al if applicab	le (e.g. 250.01)			
Procedure Co	de Type	Code or Descri	ption		
CPT	~	99222	×	SEARCH	
Code	Desc	cription			

\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2016 American Medical Association. All rights reserved.



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#### **Procedure Code** – Search by **Bookmarks**

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

code from the bookmarks b							
	Filter by Usage Type						
	All	•	SEARCH				
cription		Category		Owner	Usage Type	Action	
1.00		BH Codes		Provider	CPT	Delete	•
Psychiatric diagnostic evaluation		BCN05152014		Payer	CPT	Delete	-
Psychiatric diagnostic evaluation with medical services		BCN05152014		Payer	CPT	Delete	H
macologic Management,W/	Minimal Psych	Stephanie's Stuff		Provider	CPT	Delete	
tment of speech, language, ng processing disorder	voice communication, and/or	BCN05152014		Payer	CPT	Delete	
		BCN05152014		Payer	CPT	Delete	
tment of swallowing and/or o	oral feeding function	BCN05152014		Payer	CPT	Delete	Ŧ
	hiatric Diagnostic Evaluation hiatric diagnostic evaluation hiatric diagnostic evaluation macologic Management,W/ ment of speech, language, ng processing disorder p treatment of speech, lang processing disorder	hiatric Diagnostic Evaluation hiatric diagnostic evaluation hiatric diagnostic evaluation with medical services macologic Management,W/Minimal Psych ment of speech, language, voice communication, and/or	cription         Category           hiatric Diagnostic Evaluation         BH Codes           hiatric diagnostic evaluation         BCN05152014           hiatric diagnostic evaluation with medical services         BCN05152014           macologic Management,W/Minimal Psych         Stephanie's Stuff           ment of speech, language, voice communication, and/or         BCN05152014           p treatment of speech, language, voice communication, and/or         BCN05152014           p treatment of speech, language, voice communication, and/or         BCN05152014	category         category         hiatric Diagnostic Evaluation       BH Codes         hiatric diagnostic evaluation       BCN05152014         hiatric diagnostic evaluation with medical services       BCN05152014         macologic Management, W/Minimal Psych       Stephanie's Stuff         ment of speech, language, voice communication, and/or ng processing disorder       BCN05152014         p treatment of speech, language, voice communication, and/or nearing processing disorder       BCN05152014	category         Owner           hiatric Diagnostic Evaluation         BH Codes         Provider           hiatric diagnostic evaluation         BCN05152014         Payer           hiatric diagnostic evaluation with medical services         BCN05152014         Payer           macologic Management, W/Minimal Psych         Stephanie's Stuff         Provider           ment of speech, language, voice communication, and/or ng processing disorder         BCN05152014         Payer           p treatment of speech, language, voice communication, and/or r hearing processing disorder         BCN05152014         Payer	criptionCategoryOwnerUsage Typehiatric Diagnostic EvaluationBH CodesProviderCPThiatric diagnostic evaluationBCN05152014PayerCPThiatric diagnostic evaluation with medical servicesBCN05152014PayerCPTmacologic Management,W/Minimal PsychStephanie's StuffProviderCPTment of speech, language, voice communication, and/or p treatment of speech, language, voice communication, protessing disorderBCN05152014PayerCPTBCN05152014PayerCPTCPTCPT	criptionCategoryOwnerUsage TypeActionhiatric Diagnostic EvaluationBH CodesProviderCPTDeletehiatric diagnostic evaluationBCN05152014PayerCPTDeletehiatric diagnostic evaluation with medical servicesBCN05152014PayerCPTDeletemacologic Management,W//Minimal PsychStephanie's StuffProviderCPTDeletement of speech, language, voice communication, and/or ng processing disorderBCN05152014PayerCPTDeletep treatment of speech, language, voice communication, or hearing processing disorderBCN05152014PayerCPTDelete

#### **Referring Provider Name, ID** •

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

DOCTOR, 0123456789			
* Referring Provider Name,ID Address	HELPFUL CLINIC	, 0123456789	Search
* Servicing Provider Name,ID Address		,	Search
Servicing Facility Name,ID			Search

#### • Servicing Provider Name, ID

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

*Referring Provider Name,ID Address	HELPFUL CLINIC	, 0123456789	Search
* Servicing Provider Name,ID Address	HELPFUL CLINIC 12345 Happy St Southfield, MI, USA 48034	, 0123456789	Search
Servicing Facility Name,ID Address		).[	Search

36

### Submitting Higher Level of Care (Inpatient) Authorizations, cont.

#### • Servicing Facility Name, ID

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

lome Patient Search	Referrals/Authorization	ns				HELPFUL CLINIC 🔫
ubmit Inpatient Aut	horization					
Patient Information						
Patient TES			Patient ID 012	345678	Address 20500 CIVIC CENTER DRIVE APT 123	
Birthdate 5/5/1 Age 44 ve			Group ID	UBS, DOCTOR 012587411	SOUTHFIELD, MI 48076	
- <b>18</b> e 44 90	cars		FOF Name, ID SOF	000,0001010 01200411		
USE TEMPLATE						
Confinement Information						
*Admission Date	[	💽 (mm/dd/yyyy)			UL CLINIC , 012345678 Search	
*Length of Stay		days		Address		
*Type of Care		•		*Servicing Provider Name,ID	Search	
*Place Of Service *Primary Diagnosis Code		Search		Address		_
Description		Search		*Servicing Facility Name,ID	Search	
*Procedure Code Type	CPT			Address		
*Primary Procedure Code Description		Search		*Admitting Provider Name, ID	Search	
				Address		
nter the adı bokmarks v	vill display ity, state,	rovider' y. Use tl etc. Yo	s name o ne Search u can als	n to locate a sei	Only those saved ir rvicing facility by pa your saved Admittir	rtial/fu
lome Patient Search	Referrals/Authorization	ns				
ubmit Inpatient Aut	thorization					
-						
Patient Information						
- Fauent mormation						

me Patient Search						HELPFUL CLINIC
bmit Inpatient Aut	horization					
Patient Information						
Patient TEST			Patient ID 012345678	Add	ress 20500 CIVIC CENTER DF APT 123	RIVE
Birthdate 5/5/19			Group ID		SOUTHFIELD, MI 48076	
Age 44 ye	ars		PCP Name, ID SCRUBS, DOCTOR 012587411			
SE TEMPLATE						
nfinement Information						
*Admission Date	[	(mm/dd/yyyy)	"Referring Provider Name,ID	HELPFUL CLINIC	012345678	Search
*Length of Stay		days	Address			
*Type of Care						
*Place Of Service			*Servicing Provider Name,ID Address		اا ه	Bearch
*Primary Diagnosis Code		Search				
Description			*Servicing Facility Name,ID			Bearch
*Procedure Code Type	CPT		Address			
*Primary Procedure Code		Search	the deviation Developer Neuron ID	(	).	
Description			*Admitting Provider Name, ID Address		د ٤	Bearch

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

Checking member eligibility & benefits

> Accessing e-referral

Navigating the dashboard

**Authorizations** overview

Submitting an outpatient authorization

Extending an outpatient authorization

Submitting **Higher Levels of Care** Inpatient authorizations

Submitting **Higher Levels of Care** Outpatient authorizations

Submitting **Electroconvulsive** Therapy authorizations

Submitting **Transcranial Magnetic** Stimulation authorizations

> Searching for an authorization



**Templates** 

09/20/2017

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.

*Admission Date	09/28/2016	(mm/dd/yyyy)
*Length of Stay	30	days
*Type of Care	Urgent 🗸	
*Place Of Service	Inpatient Psychiatric Facility	[
*Primary Diagnosis Code	F43.20	Search
Description	Adjustment disorder, unspecified (IC	D10, F43.20)
*Procedure Code Type	CPT	
*Primary Procedure Code	99222	Search
Description	Initial hospital inpatient care, typically	/ 50 m

Once finished, click Submit. A questionnaire will appear.

### Submitting the Behavioral Health Initial Questionnaire

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

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

Home	Patient Search		HELPFUL CLINIC 🔻
0	Inpatient Autho	rization Details	
			Printer-Friendly
	ince ID 005030716	-	
Statu	s 2 - Pending Decision		
	Actions		
	*The Behavioral Health Ini	tial Questionnaire is required Questionnaire Assessment.	
		the emergency department requiring inpatient admission, call BCN Behavioral Health Department at 800-482-5982. For all other inpatient requests, your request will be handled	
			EDIT

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

mitting Higher Level of Care (Inpatient) Authorizations, cont.	Checking member eligibility & benefits
, the Contact Name and Contact Call Back Number is the name of a on or department that BCN can contact with questions regarding clinical mation, if needed.	Accessing e-referral
uestionnaire 🔀 Close Window	
havioral Health Initial 0% complete swering the question(s) below will provide additional information needed to process your request.	Navigating the dashboard
havioral Health Initial - page 1	
Contact Name:	
O     Contact Call Back Number:       A	Authorizations overview
Requested Level of Care (Inpatient, Partial Hospitalization, or Intensive Outpatient. If Partial Hospitalization or Intensive Outpatient, list days of planned attendance eg. Mon-Fri, Mon-Sun, Mon, Wed, Fri.):	Submitting an outpatient authorization
What led to the emergent evaluation today (ex. Suicidal ideations, homicidal ideations, access to weapons, psychosis, mania, depressive symptoms):	Extending an outpatient authorization
O Suicidal:	Submitting Higher Levels of Care Inpatient authorizations
er each question and scroll to advance the questionnaire. Click Next at ottom of the page to begin submitting the completed questionnaire.	Submitting Higher Levels of Care Outpatient authorizations
Possible placement concerns following discharge (Yes or No). If Yes, please explain:	Submitting
^	Electroconvulsive Therapy
$\sim$	authorizations
Is this a readmission within 14 days?	Submitting Transcranial Magnetic Stimulation authorizations
	Searching for an authorization
CANCEL	Bookmarks
oral Health e-referral User Guide <b>39</b> 09/20/2017	Templates

mitting Higher Level of Care (Inpatient) Authorizations, cont.	Checking member eligibility & benefits
, the Contact Name and Contact Call Back Number is the name of a on or department that BCN can contact with questions regarding clinical mation, if needed.	Accessing e-referral
uestionnaire 🔀 Close Window	
Sehavioral Health Initial 0% complete	Navigating the dashboard
Inswering the question(s) below will provide additional information needed to process your request. Sehavioral Health Initial - page 1	
O Contact Name:	
	Authorizations
Contact Call Back Number:	overview
Requested Level of Care (Inpatient, Partial Hospitalization, or Intensive Outpatient. If Partial Hospitalization or Intensive Outpatient, list days of	
planned attendance eg. Mon-Fri, Mon-Sun, Mon, Wed, Fri.):	Submitting
	an outpatient
$\sim$	authorization
	Extending
What led to the emergent evaluation today (ex. Suicidal ideations, homicidal ideations, access to weapons, psychosis, mania, depressive symptoms):	an outpatient
	authorization
$\sim$	
0 Suicidal:	Submitting Higher Levels of Ca
	Inpatient
	authorizations
	Submitting
er each question and scroll to advance the questionnaire. Click Next at	Higher Levels of Ca
ottom of the page to begin submitting the completed questionnaire.	Outpatient authorizations
Possible placement concerns following discharge (Yes or No). If Yes, please explain:	Submitting Electroconvulsive
^	Therapy
	authorizations
	Submitting
Is this a readmission within 14 days?	Transcranial Magnet
	Stimulation authorizations
Additional Information:	autionzations
^	Searching
	for an
	authorization
	Bookmarks
oral Health e-referral User Guide <b>39</b> 09/20/2017	Templates

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



Click Submit on the next page:

Questionnaire	🗴 Close Window
Behavioral Health Initial Answering the question(s) below will provide additional information needed to process your request.	100% complete
Final	
CANCEL	

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

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



#### Submitting Higher Level of Care (Inpa

Your submitted authorization will look like this:

Innotiont Auth	ien Detaile		
Inpatient Authorizat	ion Details		
Reference ID 005030716			
Status 2 - Pending Decision			
Actions			
	ces Department for Authorizations at 800-482-5982		
2.For members currently in the emer within one day	gency department requiring inpatient admission, call	BCN Behavioral Health Dep	partment at 800-482-598
widing one day			
Patient Information			
Patient TEST	MARYBETH	Patient ID	123456789
Birthdate 5/5/19	71	Group ID	0000001
Age 45 ye	ars	PCP Name, ID	WHITECOAT, DOCTOR
			6
Case Communication			
	To Sut	niect	
U From	To Sub	oject	ane 1 of f
	To Sub	oject Int int Pa	age 1 of 0
	To Sub		age [1 ] of C
	To Sub		age 1 of C
	To Sub		age 1 of 0
⊠ () From			age 1 of 0
Confinement Information-Pended	09/02/2016		age [1] of (
Confinement Information-Pended Admission Date:	094222016 3 days		age [1] of (
Confinement Information-Pended Admission Date: Length of Stay:	06/02/2016 3 days Direct		age 1 of 0
Confinement Information-Pended Admission Date: Length of Stay: Type Of Care:	06/02/2016 3 days Direct Impatient Hospital		ige [1 ] of (
Confinement Information-Pended Admission Date: Length of Care: Place Of Sarrie Primary Diagnosis Code:	06/02/2016 3 days Direct Impatient Hospital		ige 1 of t
Confinement Information-Pended Admission Date: Length of Care: Place Of Sarrie Primary Diagnosis Code:	06/02/2016 3 days Direct Impatient Hospital F43.20 Adjustment disorder, unspecified (ICD10, F43.20)		age [1 of (
Confinement Information-Pended Admission Date: Length of Sary: Type Of Care: Primary Disgnosis Code: Primary Disgnosis Code: Description	00522016 3 days Direct Inpatient Hospital F4.2 0 CPT		age [1] of (
Confinement Information-Pended Admission Date: Length of Stay: Type Of Care: Place Of Sarvice Primary Diagnosis Code: Description Procedure Code Type: Primary Procedure Code	00522016 3 days Direct Inpatient Hospital F4.2 0 CPT		ge T of (
Confinement Information-Pended Admission Date: Length of Stay: Type Of Care: Place Of Sarvice Primary Diagnosis Code: Description Procedure Code Type: Primary Procedure Code	06/02/2016 3 days Direct Ingestent Hospital F43.20 Adjustment disorder, unspecified (ICD10, F43.20) CPT 96222		tipe [1 of (
Confinement Information-Pended Admission Date: Length of Stay: Type Of Care: Place Of Sarvice Primary Diagnosis Code: Description Procedure Code Type: Primary Procedure Code	06/02/2016 3 days Direct Ingestent Hospital F43.20 Adjustment disorder, unspecified (ICD10, F43.20) CPT 96222		tige T of t
Confinement Information-Pended Admission Date: Length of Stay: Type Of Care: Place Of Sarvice Primary Diagnosis Code: Description Procedure Code Type: Primary Procedure Code	06/02/2016 3 days Direct Ingestent Hospital F43.20 Adjustment disorder, unspecified (ICD10, F43.20) CPT 96222		ige 1 of (
Confinement Information-Pended Admission Date: Length of Stay: Type of Care: Place Of Service Primary Diagnosis Code: Description Procedure Code Type: Primary Procedure Code Description	06/02/2016 3 days Direct Ingestent Hospital F43.20 Adjustment disorder, unspecified (ICD10, F43.20) CPT 96222		ipe (1 of 6
Confinement Information-Pended Admission Date: Length of Stay: Type Of Care: Place Of Sarvice Primary Diagnosis Code: Description Procedure Code Type: Primary Procedure Code	06/02/2016 3 days Direct Ingestent Hospital F43.20 Adjustment disorder, unspecified (ICD10, F43.20) CPT 96222	in or Pi	ige 1 of d

#### 1. Reference ID and case status

The check mark indicates you have successfully an authorization.

#### 2. Printer-Friendly

Click this to print your authorization to a Inpatie

#### 3. Edit

Click here to return to your authorization subm

#### 4. Create New (communication) – preferred

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

#### 5. Create New (note)

Creates a simple note to Blue Cross or BCN on person submitting, contact info). Please do not submitting supporting documentation.

#### 6. New Referral/Global Referral/Inpatient/O

Use these buttons to create multiple cases for o

You can now attach the supporting documenta section.

atient) Authorizations, cont.	Checking member eligibility & benefits
2 Prote-Friendy	Accessing e-referral
offer inpalient requests, your request will be handled	Navigating the dashboard
SULTIFICEU, IN SULT FERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT 25 V 4 CREATE NEW	Authorizations overview
Ing Provider Name, D: WHEEDAT DOCTOR 012345878 Address: 025 More Start Do Address: 025 More Start Do Address: Antronous Net Start Do Address: Antronous Net Start Do Address: Antronous Net Start Do Address: Antronous Net Start Do Address: 025 More Start Do Address: 025 More Start Do Address: 025 More Start Do Address: 025 More Start Do	Submitting an outpatient authorization
Addres: ISS MAN IS IT 208 AVYTOWN M 4000	Extending an outpatient authorization
y submitted or updated	Submitting Higher Levels of Care Inpatient authorizations
ent Request Confirmation PDF file.	Submitting Higher Levels of Care Outpatient authorizations
tion to Blue Cross or BCN on review the communication and	Submitting Electroconvulsive Therapy authorizations
tachment to the communication. In this referral case (for example,	Submitting Transcranial Magnetic Stimulation authorizations
t use Create New (note) for <b>Dutpatient</b>	Searching for an authorization
one patient. ation in the Case Communication	Bookmarks
09/20/2017	Templates

#### **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.

Cas	e Con	nmuni	ication					
	) (	0	From	То	Subject		Date 👙	
					re ee Pi	ge 1 of 0 🌬 📧 25 🗸		
								CREATE NEW

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.

le procedure to be reviewed. 1	The health plan w
R	
R	
Dates	Unit/Days
9/23/2015-8/7/2016	9999
10 🗸	View 1 - 1 of
	9/23/2015-8/7/2016

The dialog box closes. You'll be able to see your attached documents after clicking the Subject link.

	From		
Care Management	WHITECOAT, DOCTOR		
Subject			
Clinical documentation			
Attachments			
Clinical documentation.pdf 33	x l		
clinical documentation.pdf 33			
Priginal Message			
please see the attached			
blease see the attached			
✓ Procedure ≜		Dates	Unit/Days
	re, typically 50 minutes per day' (CPT, 99222)		Unit/Days 5
	re, typically 50 minutes per day' (CPT, 99222)	5/3/2016-5/8/2016	
		5/3/2016-5/8/2016	5
		5/3/2016-5/8/2016	5
		5/3/2016-5/8/2016	5

Submitting Higher Level of Care (Inpatient) Authorizations, cont.	Checking member eligibility & benefits
To extend service on an existing Inpatient Authorization, begin by locating your authorization. See <b>Section XI: Searching for an Authorization</b> for help. Click the Edit button.	Accessing e-referral
Home       Patient Search       Referrals/Authorizations       HELPFUL CLNIC          Inpatient Authorization Details       Printer-Friendry       Printer-Friendry         Reference ID 00003716       Status 2 - Pending Decision       Printer-Friendry         Actions       11 Coal RCD Behavioral Health Services Department for Authorizations at 800-482-5682       Por all other inpatient requests, your request will be handled within one days	Navigating the dashboard
Scroll down to the Confinement Extension(s) section, click the Create New button and enter your new dates and number of days. Click Submit.	Authorizations overview
A questionnaire will appear at the top of the screen.	Submitting an outpatient authorization
ADD SERVICE Notes Date Subject Supporting Information CREATE NEW CANCEL SUBMIT	Extending an outpatient authorization
<b>Submitting the Behavioral Health Concurrent Questionnaire</b> You will see an Action message at the top of the screen. The Action requires you	Submitting Higher Levels of Care Inpatient authorizations
<ul> <li>to complete a questionnaire.</li> <li>The questionnaire includes clinical questions.</li> <li>Some questionnaires are undergoing revisions and may change in appearance and actions.</li> </ul>	Submitting Higher Levels of Care Outpatient authorizations
Inpatient Authorization Details Partner:Friends/ Status 2 - Pending Decision  Actions 1.*The Behavioral Health Concurrent is required for Total Requested Days of 1 Questionnaire Assessment.  EDIT	Submitting Electroconvulsive Therapy authorizations
Click on the Questionnaire Assessment link to access the questionnaire. Answer each question and scroll to advance the questionnaire.	Submitting Transcranial Magnetic Stimulation authorizations
	Searching for an authorization
	Bookmarks
ehavioral Health e-referral User Guide <b>43</b> 09/20/2017	Templates

	Confinement Extension(s)					
	From Date	т	o Date		Days	
	* (mm/c From Date will be automatically • For 1 <sup>st</sup> extension = Admissic • For all other extensions = To	corrected: n Date + Length Of Stay	sion	👿 (mm/dd/yyyy)	*	
Notes						
Date		Subject		Supporting	g Information	
					CANCEL	

npatie	nt Authorization Deta	ils			
ference ID 0 atus 2 - Pe	15030716 Inding Decision				
	tions		_	_	
1.*The E	lehavioral Health Concurrent is requi	ed for Total Requested	Days of 11 Questionnaire	Assessment.	

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

Questionnaire	🔀 Cir	ose Window
Behavioral Health Concurrent Answering the question(s) below will provide additional information needed to process your request.	0%	6 complete
Behavioral Health Concurrent - page 1	-	
O Contact Name:		
O Contact Call Back Number:		
Actual admit date:		
Attending Physician:     A		
Facility:     A		
O Diagnosis:		
	^	
O Current Level of Care	~	

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

^
~
^
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### S

ubmitting Higher Level of Care (Inpatient) Authorizations, cont.	Checking member eligibility & benefits
Click Next on the Behavioral Health Concurrent – page 2:	Accessing e-referral
Behavioral Health Concurrent Answering the question(s) below will provide additional information needed to process your request. Behavioral Health Concurrent - page 2 CANCEL NEXT	Navigating the dashboard
Click Submit on the next page:	Authorizations overview
Behavioral Health Concurrent       100% complete         Answering the question(s) below will provide additional information needed to process your request.       100% complete         Final	Submitting an outpatient authorization
<b>NOTE:</b> Please do not click the Submit button more than once. There is a delay before you see the "Questionnaire Saved Successfully" message.	Extending an outpatient authorization
Once finished, you will see a "Questionnaire Saved Successfully" message.	Submitting Higher Levels of Care Inpatient authorizations
Once reviewed, Blue Cross or BCN will enter an approval or denial decision. Please login to e-referral to check your case's status.	Submitting Higher Levels of Care Outpatient authorizations
Inpatient Authorization Details	Submitting Electroconvulsive Therapy authorizations
Reference ID 005030716 Status 2 - Pending Decision	Submitting Transcranial Magnetic Stimulation authorizations
The form is located on <b>ereferrals.bcbsm.com</b> under the BCN or Blue Cross bages. On the BCN page, look under the BCN Authorizations / Referrals section, lick on Behavioral Health and you'll find it in the Forms for requesting clinical eview section. On the Blue Cross page, the form is under the Behavioral Health	Searching for an authorization
nk. Complete the fields, save the file, and upload it in the Case Communication ection of your authorization. See <b>Page 42</b> for uploading instructions.	Bookmarks
havioral Health e-referral User Guide <b>45</b> 09/20/2017	Templates

#### Cl

ubmitting Higher Level of Care (Inpatient) Authorizations	Checking member eligibility & benefits , cont.
lick Next on the Behavioral Health Concurrent – page 2:	Accessing e-referral
	] 0% complete
Answering the question(s) below will provide additional information needed to process your request. Behavioral Health Concurrent - page 2	Navigating
CANCEL	the dashboard
lick Submit on the next page:	Authorizations overview
Questionnaire	Close Window
Behavioral Health Concurrent         Answering the question(s) below will provide additional information needed to process your request.         Final	<sup>100% complete</sup> Submitting an outpatient authorization
CANCEL	Extending
<b>NOTE:</b> Please do not click the Submit button more than once. Ther delay before you see the "Questionnaire Saved Successfully" messa	unditionization
nce finished, you will see a "Questionnaire Saved Successfully" message our authorization has submitted and will be reviewed by Blue Cross or B	Submitting Higher Levels of Care Inpatient authorizations
nce reviewed, Blue Cross or BCN will enter an approval or denial decis ease login to e-referral to check your case's status.	Submitting Higher Levels of Care Outpatient
Inpatient Authorization Details	authorizations
	Submitting Electroconvulsive Therapy authorizations
Reference ID 005030716 Status 2 - Pending Decision	Submitting Transcranial Magnetic Stimulation authorizations
<b>ubmitting the Behavioral Health Discharge Summary form</b> ne form is located on <b>ereferrals.bcbsm.com</b> under the BCN or Blue Cr ages. On the BCN page, look under the BCN Authorizations / Referrals ick on Behavioral Health and you'll find it in the Forms for requesting c eview section. On the Blue Cross page, the form is under the Behaviora	inical authorization
nk. Complete the fields, save the file, and upload it in the Case Commu action of your authorization. See <b>Page 42</b> for uploading instructions.	nication Bookmarks
navioral Health e-referral User Guide <b>45</b> 09/20/2017	



#### S

# Section VIII: Submitting Higher Levels of Care (Outpatient) Authorizations

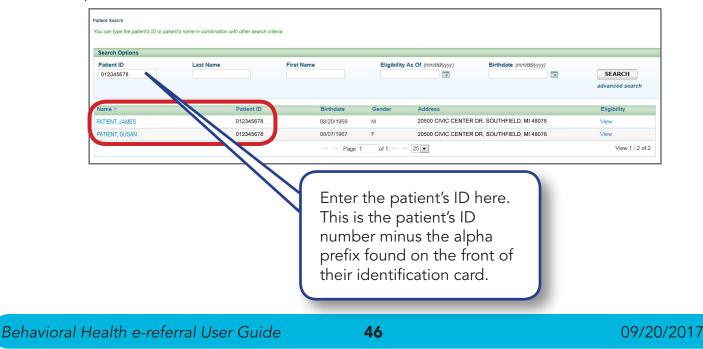
Start your submission by choosing Submit Outpatient Authorization for Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization Substance Abuse, Domiciliary Partial Hospitalization Substance Abuse, Intensive Outpatient Substance Abuse, or Domiciliary Intensive Outpatient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

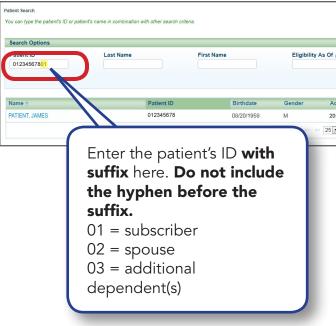


In order to submit an Outpatient Authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name and Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate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

#### Searching by Patient ID

Enter the patient's subscriber ID. Results will include all members under that contract.





Submitting Higher Level of Care (Outpatient) Authorizations,	Checking member eligibility & benefits
<b>cont.</b> Searching by <b>Patient ID with suffix</b> Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.	Accessing e-referral
Patient Search You can hype the patient's ID or patient's name in combination with other search oriteria. Search Options U1234587801 Birthdate (mm/dd/yyyy) Birthdate (mm/	Navigating the dashboard
Name •         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JAMES         012345678         08/20/1959         M         205000 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           ver         25 •         View 1 - 1 of 1	Authorizations overview
Enter the patient's ID <b>with</b> <b>suffix</b> here. <b>Do not include</b> <b>the hyphen before the</b> <b>suffix.</b> 01 = subscriber	Submitting an outpatient authorization
02 = spouse 03 = additional dependent(s)	Extending an outpatient authorization
Searching by <b>First and Last Name</b> Enter the patient's last name and first name or first name initial. You must also include their birthdate.	Submitting Higher Levels of Care Inpatient authorizations
Patient Search You can type the patient's ID or patient's name in combination with other search criteria.	Submitting Higher Levels of Care Outpatient authorizations
Name       Patient ID       Birthdate       Gender       Address       Eligibility         TEST, MARYBETH       012345678       05/05/1971       F       20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076       View         Image 1       of 1       Image 25       View 1 - 1 of 1       View 1 - 1 of 1         Eligibility As Of       View       View 1 - 1 of 1       View 1 - 1 of 1       View 1 - 1 of 1	Submitting Electroconvulsive Therapy authorizations
The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.	Submitting Transcranial Magnetic Stimulation authorizations
Patient Search You can type the patient's name in combination with other search oriteria. Search Options Patient ID Last Name First Name Eligibility AS Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy) (1123458789 0101/2012 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Searching for an authorization
Name *         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JEFF         012345678         002/1/1061         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1061         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JOSHUA         012345678         03/21/1061         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View	Bookmarks
Behavioral Health e-referral User Guide <b>47</b> 09/20/2017	Templates

Submitting Higher Level of Care (Outpatient) Authorizations,	Checking member eligibility & benefits
<b>cont.</b> Searching by <b>Patient ID with suffix</b> Enter the patient's subscriber ID with two-digit suffix to narrow your results	Accessing e-referral
to a specific patient. Patient Search You can type the patient's ID or patient's name in combination with other search criteria. Search Options Institute I ast Name First Name First Name Eligibility As Of (mm/dd/yyy) Birthdate (mm/dd/yyy) SEARCH	Navigating the dashboard
Name ←     Patient ID     Birthdate     Gender     Address     Eligibility       PATIENT, JAMES     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       * 25 ✓     View 1 - 1 of 1	Authorizations overview
Enter the patient's ID <b>with</b> <b>suffix</b> here. <b>Do not include</b> <b>the hyphen before the</b> <b>suffix.</b> 01 = subscriber	Submitting an outpatient authorization
02 = spouse 03 = additional dependent(s)	Extending an outpatient authorization
Searching by <b>First and Last Name</b> Enter the patient's last name and first name or first name initial. You must also include their birthdate.	Submitting Higher Levels of Care Inpatient authorizations
Patient Sarch You can type the patient's ID or patient's name in combination with other search criteria.	Submitting Higher Levels of Care Outpatient authorizations
Name         Patient ID         Birthdate         Gender         Address         Eligibility           TEST, MARYBETH         012345678         05/05/1971         F         20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076         View           Image 1         of 1         Image 25         View         View 1 - 1 of 1           Eligibility As Of         Image 1         of 1         Image 25         View 1 - 1 of 1	Submitting Electroconvulsive Therapy authorizations
The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.	Submitting Transcranial Magnetic Stimulation authorizations
Patient Search     You can type the patient's name in combination with other search criteria.       Search Options       Patient ID     Last Name       First Name     Eligibility As Of (mm/05/yyy)       01/23456789     Ist Name	Searching for an authorization
Name         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JOSHUA         012345678         07/07/1987         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View	Bookmarks
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You can also select the 'advanced search' option and enter additional information to locate a patient. Additional fields include Social Security Number, Medicare ID, and Medicaid ID. Click the Search button to view the results.

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

atient Search									
	tient's name in combination with other search	criteria.							
Search Options		-							
Patient ID	Last Name test	First Name marybeth		Eligibility As	Of (mm/dd/yyyy)	Birthdate (mm/dd/yyyy) 05/05/1971	:0	SEARCH	1
SSN (Numbers only)	Medicare ID	Medicaid ID					1.00	advanced sear	ch
		<u></u>			1 Marcan				
Name 🗢	Patient ID 012345678		Birthdate 05/05/1971	Gender	Address	TER DRIVE, APT 123, SOUTH		Eligibili View	ity
			Page 1	of 1 🕨 🕨					
									_
Select Pat						- Use this lin			
Name – C						t's product le			
member n						ligibility) but			
hyperlink t	o view the				benefi	ts. Make sur	e to cho	oose	
	information.				the rec	ord showing	a active	è	
	en be able					age. To sear			
	en ne anie				covera	ide. To sear	en ior d	enetit	

to enter the referral service information on this screen. (See the next page.) information, please utilize web-DENIS. Please see the **Checking** Member Eligibility and Benefits section of this guide for login instructions.

Submitting Higher Level o	of Care (Outpatient)	Authorizations, cont.	Checking member eligibility & benefits
Once your patient is selected, on the Submit Outpatient Auth		d fields (indicated with *)	Accessing e-referral
Submit Outpatient Authorization			
Patient Information Patient TEST, MARYBETH Birthdate 5/5/1971 Age 44 years	Patient ID 012345678 Group ID PCP Name, ID SCRUBS, DOCTOR 012567411	Address 20500 CIVIC CENTER DRIVE APT 123 SOUTHFIELD, MI 48076	Navigating the dashboard
USE TEMPLATE Service 1 Service From (mm/dd/yyy Service To (mm/dd/yyy Type of Care (mm/dd/yyy Type of Care (mm/dd/yyy Type of Care (mm/dd/yyy Diagnosis Code (mm/dd/yy) CPT (mm/dd/yy)	Address	NIC 012345678 Starch	Authorizations overview
* Procedure Code Bearch Description * Units SAVE AS	CANCEL SUBMIT	ADD SERVICE ADD SERVICE COPY PROVIDERS	Submitting an outpatient authorization
<ul> <li>Service From/To Enter a start date and end date</li> <li>Type of Care</li> </ul>	e appropriate for the serv	vices being requested.	Extending an outpatient authorization
<ul> <li>Select Elective from the drop-d</li> <li>Place of Service</li> <li>You will see several options to a</li> </ul>		-down menu.	Submitting Higher Levels of Care Inpatient authorizations
<ul> <li>Select Outpatient Hospital.</li> <li>Primary Diagnosis Code This is the code of the patient's can search for it by a partial (or f</li> </ul>			Submitting Higher Levels of Care Outpatient authorizations
Search. Under the Search link, ye (see below) or in your saved Boo codes, please see the <b>Bookman</b>	ou can look for codes by okmarks. For instruction o	number, description	Submitting Electroconvulsive Therapy authorizations
Search Bookmarks Enter a full or partial diagnosis code or description below and click ' Include decimal if applicable (e.g. 250.01) Code or Description SEARCH	'Search'.		Submitting Transcranial Magnetic Stimulation authorizations
			Searching for an authorization
			Bookmarks
ehavioral Health e-referral User	Guide <b>49</b>	09/20/2017	Templates

Search	Bookmarks		
Enter a fu	III or partial diagnosi	s code or description below and click 'Search'.	
Include d	lecimal if applicabl	le (e.g. 250.01)	
Code or	Description		

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

agnosis Code S	earch		🔀 Clos	e Wind
Search Boo	kmarks			
Enter a full or pa	tial diagnosis code or description below and click 'Search'.			
nclude decimal	if applicable (e.g. 250.01)			
Code or Descrip				
adjustment	SEARCH			
Code *	Description	Inactive	Action	
F43	Reaction to severe stress, and adjustment disorders (ICD10, F43)	Yes	Bookmark	^
F43.2	Adjustment disorders (ICD10, F43.2)	Yes	Bookmark	
F43.20	Adjustment disorder, unspecified (ICD10, F43.20)		Bookmark	
F43.21	Adjustment disorder with depressed mood (ICD10, F43.21)		Bookmark	
F43.22	Adjustment disorder with anxiety (ICD10, F43.22)		Bookmark	
F43.23	Adjustment disorder with mixed anxiety and depressed mood (ICD10, F43.23)		Bookmark	
F43.24	Adjustment disorder with disturbance of conduct (ICD10, F43.24)		Bookmark	~
F43 25	Adjustment disorder with mixed disturbance of emotions and conduct (ICD10_E43.25)		Bookmark	
	Page 1 of 4 🍉 🕨 25 🗸		View 1 - 25 o	f 100

#### **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.

	sis code from the bookmarks below					
Filter by Cat Uncategorize		Filter by Usage Type Diagnosis	V	SEARCH		
Code 🚖	Description	Category	Category Owner	Usage Type	Action	
96.34	Major Depressive Disorder, Re	ecurrent Episode, S Uncategorized	Provider	Diagnosis	delete	

#### • Procedure Code Type

Select CPT, HCPCS, ICD9 (for retro entries prior to 10/1/2015) or ICD10. (CPT is default)

Please choose HCPCS for all Partial Hospitalization and Intensive Outpatient cases.

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

### Submitting Higher Level of Care (Outpatient) Authorizations, cont.

#### Procedure Code

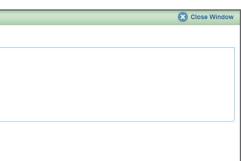
If a procedure code is unknown, you can search for it by a partial (or full) code number or English description. E-referral will search your bookmarks first and if no results are found, use the Search link. Under the Search link, you can look for codes by number, description or in your saved Bookmarks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

Inter a fi	ull or partial pro	cedure code	e or description bel	ow and click 'S	aarch'	
	decimal if appl			ow and click of	curch.	
Procedu	re Code Type	Cod	le or Description			
CPT				SI	ARCH	

#### Procedure Code – Search by Code or Description

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

Search	Bookmarks				
Enter a full	or partial procedu	re code or description bel	low and click '	Search'.	
Include de	cimal if applicab	le (e.g. 250.01)			
Procedure	Code Type	Code or Description			
HCPCS	~	partial hospital		SEARCH	
Code 📤	Desc	ription			
G0410		UP PSYCHOTHERAPY OPITALIZATION SETTING			
G0411		INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION APPROXIMATELY 45 TO 50 MINUTES (HCPCS, G0411)			
H0035	Ment	al health partial hospitaliza	ation, treatme	nt, less than 24 h	nours (HCPCS, H0
Q0082	Activ	ty Therapy Furnished In (	Connection Wi	th Partial Hospita	alization (HCPCS,
S0201	Partia	al hospitalization services,	, less than 24	hours, per diem	(HCPCS, S0201)
				Page 1	of 1 25 🗸



		🗴 Close Win
	Inactive	Action
ARTIAL		Bookmark
NG,		Bookmark
		Destauration
		Bookmark
	Yes	Bookmark
	Yes	

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Checking member eligibility & benefits

> Accessing e-referral

Navigating the dashboard

**Authorizations** overview

Submitting an outpatient authorization

Extending an outpatient authorization

Submitting **Higher Levels of Care** Inpatient authorizations

Submitting Higher Levels of Care Outpatient authorizations

Submitting Electroconvulsive Therapy authorizations

Submitting **Transcranial Magnetic Stimulation** authorizations

> Searching for an authorization

#### **Bookmarks**

#### 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.

earch	Bookmarks					
Select a Pro	ocedure code from the bookmarks b	elow				
ilter by Ca	ategory	Filter by Usage Type				
All		All	▼ SEARC	н		
Code 🍵	Description		Category	Owner	Usage Type	Action
90791	Psychiatric Diagnostic Evaluation		BH Codes	Provider	CPT	Delete
90791	Psychiatric diagnostic evaluation	î.	BCN05152014	Payer	CPT	Delete
90792	Psychiatric diagnostic evaluation	with medical services	BCN05152014	Payer	CPT	Delete
90862	Pharmacologic Management,W/I	Minimal Psych	Stephanie's Stuff	Provider	CPT	Delete
92507	Treatment of speech, language, hearing processing disorder	voice communication, and/or	BCN05152014	Payer	CPT	Delete
92508	Group treatment of speech, lang and/or hearing processing disord		BCN05152014	Payer	CPT	Delete
92526	Treatment of swallowing and/or of	oral feeding function	BCN05152014	Payer	CPT	Delete 🔻
		ia 🛹 Pa	ige 5 of 7 🕨 ы 25	-	View 10	1 - 125 of 151

#### • Units

Enter the number of requested units/days here.

#### • Referring Provider Name, ID

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

T, DOCTOR, 0123456789			
* Referring Provider Name,ID Address	HELPFUL CLINIC	, 0123456789	Search
* Servicing Provider Name,ID Address		,	Search
Servicing Facility Name,ID			Search

### Submitting Higher Level of Care (Outpatient) Authorizations, cont.

#### • Servicing Provider Name, ID

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

Referring Provider Name,ID	
Address	6 - <sup>11</sup>
Servicing Provider Name,ID	HELPFUL CLINIC
Address	12345 Happy St Southfield, MI, USA 4803

#### • Servicing Facility Name, ID

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

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

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

* Service From	06/01/2016 (mm/dd/yyyy)
* Service To	06/30/2016 (mm/dd/yyyy)
* Type of Care	Direct
* Place Of Service	Outpatient Hospital
*Diagnosis Code	Z48.02 Search
Description	Encounter for removal of sutures (ICD10, Z48.02)
* Procedure Code Type	CPT
* Procedure Code	46200 Search
Description	Excision of abnormal anal drainage tract (CPT,
* Units	5

Once finished, click Submit. A questionnaire will appear.

, 0123456789	Search
, 0123456789	Search
).	Search

Search
Search
Search

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Checking member eligibility & benefits

> Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting an outpatient authorization

Extending an outpatient authorization

Submitting Higher Levels of Care Inpatient authorizations

Submitting Higher Levels of Care Outpatient authorizations

Submitting Electroconvulsive Therapy authorizations

Submitting Transcranial Magnetic Stimulation authorizations

> Searching for an authorization

**Bookmarks** 

#### Submitting the Behavioral Health Initial Questionnaire

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

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

Hom	e Patient Search	Referrals/Authorizations	HELPFUL CLINIC 🔻
0	Outpatient Aut	norization Details	
	erence ID 005030784 atus 2 - Pending Decision		Printer-Friendly
	Actions 1.*Call BCN Behavioral Hea 2.*The Behavioral Health In	Ith Services Department for communications of the Section 202 fial Questionnaire is required <u>Questionnaire Assessment</u>	
			EDIT

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

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

Questionnaire	🗴 Close Window
Behavioral Health Initial Answering the question(s) below will provide additional information needed to process your request.	0% complete
Behavioral Health Initial - page 1	
Contact Name:	
Contact Call Back Number:	
Requested Level of Care (Inpatient, Partial Hospitalization, or Intensive Outpatient. If Partial Hospitalization or Intensive Planned attendance eg. Mon-Fri, Mon-Sun, Mon, Wed, Fri.):	nsive Outpatient, list days of
•	^
	$\sim$
What led to the emergent evaluation today (ex. Suicidal ideations, homicidal ideations, access to weapons, psycho	sis, mania, depressive symptoms):
	^
	~
<ul> <li>Q Suicidal:</li> <li>▲ </li> </ul>	

#### eligibility & benefits Submitting Higher Level of Care (Outpatient) Authorizations, cont. Answer each question and scroll to advance the questionnaire. Click Next at the Accessing bottom of the page to begin submitting the completed questionnaire. e-referral Navigating the dashboard **Authorizations** overview Submitting an outpatient authorization Extending Click Next on the Behavioral Health Initial Score - page 2: an outpatient 🔀 Close Window authorization 0% complete Submitting **Higher Levels of Care** Inpatient authorizations Submitting Click Submit on the next page: Higher Levels of Care 🗙 Close Window Outpatient authorizations Submitting Electroconvulsive Therapy authorizations Submitting NOTE: Please do not click the Submit button more than once. There is a **Transcranial Magnetic** delay before you see the "Questionnaire Saved Successfully" message. **Stimulation** authorizations Once finished, you will see a Questionnaire Saved Successfully Searching **Outpatient Authorization Details** for an authorization Reference ID 002466574 Status 2 - Pending Decision enter an approval or denial decision. **Bookmarks** Behavioral Health e-referral User Guide **55** 09/20/2017 **Templates**

Checking member

	this a readmissi	ion within 14 day	s?	
0 A	dditional Informa	ation:		
۵				

Questionnaire	
Behavioral Health Initial	
Answering the question(s) below will provide add	ditional information needed to process your reques
Behavioral Health Initial Score - page 2	
	CANCEL

Questionnaire	
Behavioral Health Initial Answering the question(s) below will provide additional inform	nation needed to process your request.
Final	
	CANCEL SUBMIT

"Questionnaire Saved Successfully" message. Your authorization has submitted and will be reviewed by Blue Cross or BCN. Once reviewed, Blue Cross or BCN will Please login to e-referral to check your case's status.



Your submitted authorization will look like this:

#### Outpatient Authorization Details 2 Reference ID 005030780 Status 2 - Pending Decision Actions Patient TEST, MARYBETH Birthdate 05/05/1971 Age 45 years Patient ID 123456789 Group ID 00000001 PCP Name, ID WHITECOAT, Address 20500 CIVIC CENTER DRIVE APT 123 SOUTHFIELD, MI 48076 6 NEW REFERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIEN Service From 9/6/20 Name, ID: WHITECOAT, DOCTOR Address: 1255 MAIN ST, STE 104 Service To 9/30/2016 Type Of Care: Direct Place Of Service Outpatie Diagnosis Code F11.220 Description Opinid de Code Type: HCPCS Address: 1255 MAIN ST, STE 208 Procedure Code S0201 Units 3 5 CREATE NEW Outpatient Authorization Details

1. Reference ID and case status The check mark indicates you have successfully submitted or updated an authorization.

#### 2. Printer-Friendly

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

#### 3. Edit

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

#### 4. Create New (communication) – preferred

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

Reference ID 000032700 Status 2 - Pending Decision

#### 5. Create New (note)

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

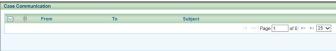
#### 6. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

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

### Submitt

#### Create N



Submitting Higher Level of Care (Outpatient) Authorizations, cont.	eligibility & benefits
<b>Create New (communication)</b> 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.	Accessing e-referral
Case Communication       ♥     ●       To     Subject       □     □	Navigating the dashboard
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. <b>Please ensure your file name does not contain any special characters or</b>	Authorizations overview
symbols as you will receive an error message. In the dialog box, check off the items to be reviewed. Click Send.	Submitting an outpatient authorization
To create new communication, enter the subject, text and select the applicable procedure to be reviewed. The health plan will review the communication and respond within a timely manner.  To From Care Management WHITECOAT, DOCTOR  * Subject	Extending an outpatient authorization
Attachments ATTACH FILE	Submitting Higher Levels of Care Inpatient authorizations
* Message Type message here  * Select items to be reviewed	Submitting Higher Levels of Care Outpatient authorizations
Procedure       Dates       Unit/Days         'Established patient office or other outpatient visit, typically 15       9/23/2015-8/7/2016       9999         minutes' (CPT, 99213)       If I Image 1 of 1       Image 1 of 1       View 1 - 1 of 1         CANCEL       SEND	Submitting Electroconvulsive Therapy authorizations
Case Communication       © Close Window         To       From       From         Care Management       WHITECOAT, DOCTOR         Subject       Clinical documentation         Clinical documentation       Attachments         Clinical documentation, pdf 33K       Clinical documentation, pdf 33K	Submitting Transcranial Magnetic Stimulation authorizations
You'll be able to see your attached documents after clicking the Subject link.	Searching for an authorization
✓     Procedure ←     Dates     Unit/Days       ✓     'Initial hospital inpatient care, typically 50 minutes per day' (CPT, 99222)     5/3/2016-5/8/2016     5       ✓           ✓           ✓           ✓           ✓           ✓           ✓           ✓	Bookmarks
Rehavioral Health e-referral User Guide <b>57</b> 09/20/2017	Templates

Checking membe

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

0	Devestornaire Saved Successfully	j.
0 C	Dutpatient Authorization Details	
	Afrence ID 05503780	Printer-Friendly
St	tatus 2 - Pending Decision	
	🚣 Actions	
	1.ºCall BCN Behavioral Health Services Department for Authorizations at 800-482-5882	
		EDIT

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

	Confinement Extension(s)					
	From Date	To Date	Days	Status		
	* (mm/dd/yyyy)	* (mm/dd/yyyy)	*		Remove	
	From Date will be automatically corrected: • For 1 <sup>st</sup> extension = Admission Date + Length Of Stay • For all other extensions = To Date of the previous ex	/ dension				
				(	CREATE NEW	
						ADD SERVICE
Notes						
Date	Subject	Supporting Info	rmation			
					C	REATE NEW
		CANC				
		CANC				-

#### Submitting the Behavioral Health Concurrent Questionnaire

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

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

Outpatient Authorization Details	
Reference (D. 00000776) Status 2 Pending Decision	Printer-Friendly
Actions 1. The Behavioral Health Concurrent is required for Total Requested Days of 11 Questionnaire Assessment.	
	EDIT

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

epartme	ntact Name and Contact Call Back Nu nt that Blue Cross or BCN can contact	•	Accessing e-referral
•	nation, if needed.		e-referrar
estionnaire		Close Window	
havioral Health C	concurrent	0% complete	Navigating
5	Concurrent - page 1		the dashboard
O Contact Nam			
<b>A</b>			
O Contact Call	Back Number:		Authorizations
A			overview
Actual admit	date:		
A			Culomittin a
Attending Phy	ysician:		Submitting an outpatient
A			authorization
Facility:			
A			Extending
Diagnosis:			an outpatient
A		^	authorization
		~	Submitting
			Higher Levels of Ca
Ourrent Level	l of Care		Inpatient
			authorizations
	question and scroll to advance the que n of the page to begin submitting the		authorizations Submitting
e bottor	· · · · · · · · · · · · · · · · · · ·	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations
e bottor	n of the page to begin submitting the	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations Submitting
e bottor	n of the page to begin submitting the	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations Submitting
e bottor	n of the page to begin submitting the	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations Submitting Electroconvulsive
Additional Inf	n of the page to begin submitting the	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations Submitting Electroconvulsive Therapy authorizations
Additional Inf	n of the page to begin submitting the	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations Submitting Electroconvulsiv Therapy authorizations
Additional Inf	n of the page to begin submitting the	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations Submitting Electroconvulsiv Therapy authorizations
Additional Inf	n of the page to begin submitting the	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations Submitting Electroconvulsiv Therapy authorizations Submitting Transcranial Magne
Additional Inf	n of the page to begin submitting the	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations Submitting Electroconvulsive Therapy authorizations Submitting Transcranial Magne Stimulation authorizations
Additional Inf     Additional Inf     Current disch	n of the page to begin submitting the	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations Submitting Electroconvulsive Therapy authorizations Submitting Transcranial Magne Stimulation authorizations Searching
Additional Inf     Additional Inf     Current disch	n of the page to begin submitting the o	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations Submitting Electroconvulsive Therapy authorizations Submitting Transcranial Magne Stimulation authorizations Searching for an
Additional Inf     Additional Inf     Current disch	n of the page to begin submitting the o	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations Submitting Electroconvulsive Therapy authorizations Submitting Transcranial Magne Stimulation authorizations Searching
Additional Inf     Additional Inf     Current disch	n of the page to begin submitting the o	completed questionnaire.	authorizations Submitting Higher Levels of Ca Outpatient authorizations Submitting Electroconvulsive Therapy authorizations Submitting Transcranial Magne Stimulation authorizations Searching for an
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oartment that Blue Cross or BCN can contact with questions regardin al information, if needed.	erson Accessing 9 e-referral
	Idow
wioral Health Concurrent - page 1	
Contact Name:	
Contact Call Back Number:	Authorizations overview
Actual admit date:	Submitting an outpatient
	authorization
Facility:	
	Extending
Diagnosis:	an outpatient
^	authorization
~	Submitting Higher Levels of Ca
Current Level of Care	Inpatient authorizations
Current Level of Care er each question and scroll to advance the questionnaire. Click Next bottom of the page to begin submitting the completed questionnair	Inpatient authorizations Submitting Higher Levels of C
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Checking member

Click Next on the Behavioral Health Concurrent – page 2:

Questionnaire	🔀 Close Window
Behavioral Health Concurrent Answering the question(s) below will provide additional information needed to process your request.	0% complete
Behavioral Health Concurrent - page 2	

Click Submit on the next page:

(	Questionnaire	Close Window
	Behavioral Health Concurrent	100% complete
	Final	
	NOTE: Please do not click the Submit button more than once. T	here is a

delay before you see the "Questionnaire Saved Successfully" message.

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

Questionnaire Saved Successfully
Outpatient Authorization Details
Reference ID 002466574 Status 2 - Pending Decision

#### Submitting the Behavioral Health Discharge Summary form

The form is located on **ereferrals.bcbsm.com** under the *BCN* or *Blue Cross* pages. On the BCN page, look under the *BCN Authorizations / Referrals* section, click on Behavioral Health and you'll find it in the *Forms for requesting clinical review* section. On the Blue Cross page, the form is under the Behavioral Health link. Complete the fields, save the file, and upload it in the Case Communication section of your authorization. See **Page 57** for uploading instructions.

# **Section IX:** Submitting an Electroconvulsive Therapy Authorization

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

R	eferrals/Authorizations
	Search
	Submit Global Referral
D	Submit Referral
	Submit Inpatient Authoriza
	Submit Outpatient Author

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

The Initial Outpatient Authorization Request Form will no longer be available online and requests for initial outpatient authorization requests will be accepted only through the e-referral system. Requests to authorize extensions of outpatient treatment must also be submitted through the e-referral system.

Applied Behavioral Analysis authorization requests can continue to be faxed to 1-866-364-7145 and/or called into 1-800-482-5982.



Checking member eligibility & benefits

> Accessing e-referral

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Submitting Higher Levels of Care Outpatient authorizations

Submitting Electroconvulsive Therapy authorizations

Submitting Transcranial Magnetic Stimulation authorizations

> Searching for an authorization

**Bookmarks** 

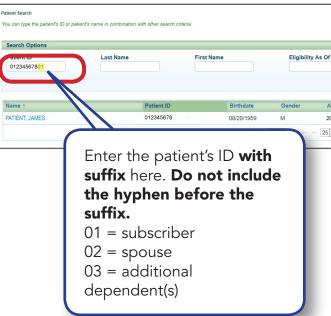


In order to submit an Electroconvulsive Therapy authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name **and** Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options.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

#### Searching by **Patient ID**

Enter the patient's subscriber ID. Results will include all members under that contract.

Patient ID	Last Name		First Nan	e	Eligibility	As Of (mm/dd/yyyy)	Birthdate (mm/dd/yyyy)	_	(
012345678									SEARCH advanced search
lame 🍵		Patient ID		Birthdate	Gender	Address			Eligibility
ATIENT, JAMES		012345678		08/20/1959	М	20500 CIVIC CENTE	R DR, SOUTHFIELD, MI 48076		View
ATIENT, SUSAN		012345678		08/07/1967	F	20500 CIVIC CENTE	R DR, SOUTHFIELD, MI 48076		View
				📧 << Page	1 of 1 🔛	25 💌			View 1 - :
				This is numb	s the p per mir	atient's ID patient's IE nus the alp I on the fr	) bha		



Submitting an Electroconvulsive Therapy authorization, cont.	Checking member eligibility & benefits
Searching by <b>Patient ID with suffix</b> Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.	Accessing e-referral
Patient Search You can type the patient's ID or patient's name in combination with other search criteria.  Search Options  Last Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy) SEARCH advanced search	Navigating the dashboard
Name •       Patient ID       Birthdate       Gender       Address       Eligibility         PATIENT, JAMES       012345678       08/20/1959       M       20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076       View         Image: State of the state of t	Authorizations overview
the hyphen before the suffix. 01 = subscriber 02 = spouse	Submitting an outpatient authorization
03 = additional dependent(s) Searching by <b>First and Last Name</b>	Extending an outpatient authorization
Enter the patient's last name and first name or first name initial. You must also include their birthdate.	Submitting Higher Levels of Care Inpatient authorizations
Search Options       Eligibility As Of (mm/dd/)yyy)       Birthdate (mm/dd/yyy)       Birthdate (mm/dd/yyy)         Patient ID       Est       marybeth       Iso Of (mm/dd/yyy)       Iso Of (mm/dd/yyy)       Iso Of (mm/dd/yyy)         Name *       Patient ID       Birthdate       Gender       Address       Eligibility         TEST, MARYBETH       012345678       05/05/1971       F       20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076       View	Submitting Higher Levels of Care Outpatient authorizations
Eligibility As Of The Eligibility As Of field allows you to narrow your search results through	Submitting Electroconvulsive Therapy authorizations
eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.	Submitting Transcranial Magnetic Stimulation authorizations
Patient Search         You can type the patient's ID or patient's name in combination with other search oriteria.         Search Options         Patient ID       Last Name         First Name       Eligibility As Of (mm/dd/yyy)         01/01/2012       Image: Comparison of the search advanced search	Searching for an authorization
Name *         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JEFF         012345678         03/211961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/211961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JOSHUA         012345678         03/211961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View	Bookmarks
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Submitting an Electroconvulsive Therapy authorization, cont.	Checking member eligibility & benefits
Searching by <b>Patient ID with suffix</b> Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.	Accessing e-referral
Patient Search You can type the patient's ID or patient's name in combination with other search criteria.	
Search Options	Navigating
Last Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy) 01234567801	the dashboard
Name         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JAMES         012345678         08/20/1959         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           # 25 Im         View 1 - 1 of 1         View 1 - 1 of 1         View 1 - 1 of 1	Authorizations overview
<pre>suffix here. Do not include the hyphen before the suffix. 01 = subscriber 02 = spouse</pre>	Submitting an outpatient authorization
03 = additional dependent(s) Searching by <b>First and Last Name</b>	Extending an outpatient authorization
Enter the patient's last name and first name or first name initial. You must also include their birthdate. Patent Search You can type the patient's ID or patient's name in combination with other search criteria.	Submitting Higher Levels of Care Inpatient authorizations
Search Options       Eligibility As Of (mm/dd/yyy)       Birthdate (mm/dd/yyy)       Birthdate (mm/dd/yyy)         Patient ID       Emaybeth       Eligibility As Of (mm/dd/yyy)       Eligibility As Of (mm/dd/yyy)       Eligibility         Name *       Patient ID       Birthdate       Gender       Address       Eligibility         TEST, MARYBETH       012345678       05/05/1971       F       20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076       View	Submitting Higher Levels of Care Outpatient authorizations
Eligibility As Of The Eligibility As Of field allows you to narrow your search results through	Submitting Electroconvulsive Therapy authorizations
eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.	Submitting Transcranial Magnetic Stimulation authorizations
Patient Search You can type the patient's name in combination with other search criteria.           Search Options         Eligibility As Of (mm/8d/9yy)         Birthdate (mm/8d/9yy)         Birthdate (mm/8d/9yy)         Output Search           10123456789         Image: Search Option Search Criteria         Image: Search Option Search Option Search Criteria         Image: Search Option Search Option Search Criteria         Image: Search Option Search Option Search Criteria         Image: Search Option Search Criteri	Searching for an authorization
Name         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JOSHUA         012345678         03/21/1967         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View	Bookmarks
ehavioral Health e-referral User Guide <b>63</b> 09/20/2017	Templates

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

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

e Patient Search	Referrals/Authorizations						HELPFUL C
Patient Search You can type the patient's ID or p	atient's name in combination with other search (	criteria.					
Search Options							
Patient ID	Last Name test	First Name marybeth	Eligibility As Of (n		Birthdate (mm/dd/yyyy) 05/05/1971	_	SEARCH
SSN (Numbers only)	Medicare ID	Medicaid ID			00001011		advanced search
Name 🗢	Patient ID	Birthda	e Gender	Address			Eligibility
TEST, MARYBETH	012345678	05/05/19	71 F	20500 CIVIC CEM	ITER DRIVE, APT 123, SOUTH	FIELD, MI 48076	View
			C				
Select Pa	tient's			View -	- Use this lin	k to vie	w the
Name – C	lick the			patien	t's product le	evel elio	aibility
member r	ame				ligibility) but		
	to view the			-	ts. Make sur		
	information.				cord showing		
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You will th	en he able			covera	age. To sear	ch tor b	enefit
	en be able De referral				<b>age</b> . To sear ation, please		
to enter th	ne referral			inform	ation, please	e utilize	web-
to enter th service inf	ne referral ormation			inform DENIS	ation, please 5. Please see	e utilize the <b>Ch</b>	web- ecking
to enter th service inf on this sci	ne referral ormation			inform DENIS <b>Memk</b>	ation, please	e utilize the <b>Ch</b> y and I	web- ecking Benefits

### Submitting an Electroconvulsive Therapy authorization, cont.

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

Patient Information								
Patient TEST, MARY	BETH					Patient ID	012345678	
Birthdate 5/5/1971						Group ID		
Age 44 years						PCP Name, ID	SCRUBS, DOCTOR	012587
* Service To					(mm/dd/yyyy)			
Service 1								
* Service From				and a second	(mm/dd/yyyy)		iterer	ring Pro
* Type of Care			•	.0.	(IIIIII/GG/yyyy)			
						_	* Servi	cing Pro
*Place Of Service						•		
*Diagnosis Code				Searc	<u>:h</u>			
Description	-						Serv	icing Fa
*Procedure Code Type	CPT	•						
*Procedure Code			]	Searc	<u>ih</u>			
Description * Units								

#### • Service From/To

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

#### • Type of Care

Select Elective only from the drop-down menu.

#### • Place of Service

You will see several options to choose from in the drop-down menu. **Please only choose Outpatient Hospital from these selections:** Ambulatory Surgical Center Custodial Care Facility Emergency Room End-Stage Renal Disease Treatment Facility Home Independent Laboratory Nursing Facility Office Outpatient Hospital Urgent Care Facility

		Address	20500 CIVIC C APT 123 SOUTHFIELD,		
lame,ID ddress	HELPFUL CLINIC	, 012	345678	Search	
ame,ID ddress				Search	
lame,ID ddress				Search	

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**Bookmarks** 



#### • Diagnosis Code

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

)iagnosis (	Code Search		🔀 Close Window
Search	Bookmarks		
Enter a fu	ll or partial diagnosis co	or description below and click 'Search'.	
Include d	lecimal if applicable (e	250.01)	
Code or I	Description		
		SEARCH	

#### **Diagnosis Code** – Search by **Description**

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

agnosis Code S			🔀 Clos	
Search Boo	kmarks			
Enter a full or pa	tial diagnosis code or description below and click 'Search'.			
Include decimal	if applicable (e.g. 250.01)			
Code or Descrip				
adjustment	SEARCH			
Code *	Description	Inactive	Action	
F43	Reaction to severe stress, and adjustment disorders (ICD10, F43)	Yes	Bookmark	~
F43.2	Adjustment disorders (ICD10, F43.2)	Yes	Bookmark	
F43.20	Adjustment disorder, unspecified (ICD10, F43.20)		Bookmark	
F43.21	Adjustment disorder with depressed mood (ICD10, F43.21)		Bookmark	
F43.22	Adjustment disorder with anxiety (ICD10, F43.22)		Bookmark	
F43.23	Adjustment disorder with mixed anxiety and depressed mood (ICD10, F43.23)		Bookmark	
F43.24	Adjustment disorder with disturbance of conduct (ICD10, F43.24)		Bookmark	~
F43 25	Adjustment disorder with mixed disturbance of emotions and conduct (ICD10_E43.25)		Bookmark	
	Page 1 of 4 🍉 🕨 25 🗸		View 1 - 25 o	f 100

### Submitting an Electroconvulsive Therapy authorization, cont.

#### **Diagnosis Code** – Search by **Bookmarks**

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

	s code from the bookmarks below					
Filter by Cate Uncategorized		Filter by Usage Type Diagnosis	•	SEARCH		
Code 🚖	Description	Category	Category Owner	Usage Type	Action	
96.34	Major Depressive Disorder, Recurre		Provider	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

#### • Procedure Code

The procedure code for all psychotherapy requests (including a psychiatric diagnostic evaluation) is \*90870. If you have this code bookmarked, e-referral will begin to populate this field. If not, you must use the **Search** link to locate it.

	* Service From	09/14/2016
	* Service To	09/30/2016
	* Type of Care	Direct
*	Place Of Service	Outpatient Hos
	Diagnosis Code	F43.20
	Description	Adjustment disorde
* Proc	edure Code Type	CPT
(	Procedure Code	90870
	Description	Shock treatment an
	Units	

\*CPT codes, descriptions and two-digit numeric modifier American Medical Association. All rights reserved.

(mm/dd/yyyy)	
ospital	
Search er, unspecified (ICD10, F43.20)	
rs only are copyright 2016	

09/20/2017

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Submitting Transcranial Magnetic Stimulation authorizations

> Searching for an authorization

**Bookmarks** 

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

This is the description of the service provided for the patient's condition. The procedure code for all Electroconvulsive Therapy requests is \*90870.

		🙁 Close Wind
narks		
al procedure code or description below and click 'Search'.		
applicable (e.g. 250.01)		
ype Code or Description		
PO870     ×     SEARCH		
Description	Inactive	Action
Shock treatment and monitoring (CPT, 90870)		Bookmark
Page 1 of 1 25 🗸		View 1 - 1 of 1
	al procedure code or description below and click 'Search'. applicable (e.g. 250.01) Ype Code or Description P0870 × SEARCH Description Shock treatment and monitoring (CPT, 90870)	al procedure code or description below and click 'Search'. applicable (e.g. 250.01)  ype Code or Description

### **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.

earch	Bookmarks					
Filter by C	ocedure code from the bookmarks below ategory Filter by Usage Type					
All	All	▼ SEARCH				
Code 🍵	Description	Category	Owner	Usage Type	Action	
90791	Psychiatric Diagnostic Evaluation	BH Codes	Provider	CPT	Delete	*
90791	Psychiatric diagnostic evaluation	BCN05152014	Payer	CPT	Delete	
90792	Psychiatric diagnostic evaluation with medical services	BCN05152014	Payer	CPT	Delete	E
90862	Pharmacologic Management,W/Minimal Psych	Stephanie's Stuff	Provider	CPT	Delete	
92507	Treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete	
92508	Group treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete	
92526	Treatment of swallowing and/or oral feeding function	BCN05152014	Payer	CPT	Delete	-

\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2016 American Medical Association. All rights reserved.

Enter the requested number of units. Service 1 \* Service From 09/14/2016 \* Service To 09/30/2016 \* Type of Care Direct \* Place Of Service Outpatient Hospi \* Diagnosis Code F43.20 Description Adjustment disorder. \* Procedure Code Type CPT 1 \* Procedure Code 90870 Description Shock treatment and n Units 12 SAVE AS...

#### • Referring Provider Name, ID

• Units

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

T, DOCTOR, 0123456789			
* Referring Provider Name,ID Address	HELPFUL CLINIC	, 0123456789	Search
* Servicing Provider Name,ID Address			Search
Servicing Facility Name,ID			Search

#### • Servicing Provider Name, ID

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

Referring Provider Name,ID	HELPFUL CLINIC	, 0
Address		
Servicing Provider Name,ID	HELPFUL CLINIC	), (0
Address	12345 Happy St Southfield, MI, USA 48034	
Servicing Facility Name,ID	(	),[
Servicing Facility Name, D Address		Jı

### Submitting an Electroconvulsive Therapy authorization, cont.

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	Sear	<u>ch</u>	
pecified	(ICD10, I	F43.20)	
	Sear	ch	
nitoring (	CPT, 908	870)	

3456789	Search
23456789	Search
	Search

09/20/2017

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Submitting **Higher Levels of Care** Outpatient authorizations

Submitting Electroconvulsive Therapy authorizations

Submitting **Transcranial Magnetic Stimulation** authorizations

> Searching for an authorization

B	0	0	k	m	a	r	ks

The Network Status is displayed in the far left column:

Ivicing Pro	ovider Search						Close Wine
Search	Bookmarks						
Name		ID	Specialty				
			All				
City		State	Zip				
		All					
				_			
			CANCEL SEARCH				
Network	Name 🗢	NPI	CANCEL SEARCH	Group Affiliation	Туре	Specialty	Action
Network Pref	Name 🔶 Test, Doctor	NPI 11111111141		Group Affiliation MD Practice	Type Practitioner	Specialty OB/GYN	Action Bookmark
			Address				
• Pref	Test, Doctor	1111111141	Address 1234 Bloomfield Detroit, MI Suite 03		Practitioner	OB/GYN	Bookmark

In the search results, the Network Status is displayed in the far left column. Double check the provider's address and verify they are in network. View the listing's Network Status label - Preferred, In or Out. Blue Cross and BCN strongly encourages users to ALWAYS select providers with a "Preferred" Network status and have a Group Affiliation (if listed). If there is not a Preferred provider option, please choose the "In" provider. The status definitions for each of these labels are as follows:

Network Status		Definition
Preferred	●Pref	The provider is in the member's local network for tiered products or in the member's network for non-tiered narrow network groups.
In	Oln	The provider is in the member's BCN or BCN Advantage network, but not the local network for tiered products.
Out	⊘Out	The provider has NO direct affiliation with the member's product or affiliation with BCN.

The provider you're searching for may have multiple group affiliations. Use the scroll bar on the right to choose the correct listing. For the Servicing Provider NPI, provide your organizational (Type 2) NPI.

earch	Bookmarks				
lame		ID	Specialty		
whitecoat		× ID or 10	digit NPI All	~	
City		State All	Zip		
			CANCEL SEARCH		C
Network	Name 📤	NPI	Address	Group Affiliation Type	Specialty Action
<b>O</b> In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	RED GROUP PSYCHOLOGICAL SERVICES	Clinical Psychol-Fully Bookmark A License
<b>O</b> In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	YELLOW PSYCHIATRIC SERVICES PLLC	Clinical Psychol-Fully Bookmark License
Ø Out	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	GREEN PSYCHOLOGICAL SERVICES PC	Clinical Psychol-Fully Bookmark License
<b>O</b> In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	RED COMPASSIONATE COUNSELING	Clinical Psychol-Fully Bookmark License
			20500 CIVIC CENTER DR. SOUTHFIELD.	BLUE	Clinical

### Submitting an Electroconvulsive Therapy authorization, cont.

#### • Servicing Facility Name, ID

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

Image: Search     *Referring Provider Name,ID     HELPFUL CLINIC     0123456789     Search       Image: Search     *Servicing Provider Name,ID     Search     Search       Search     Servicing Facility Name,ID     Search		Group ID	012345678 00000001 WHITECOAT, DOCTOR, 0123456789		Address 20500 CIV APT 123 SOUTHFI	/IC CENTER DRIVE ELD, MI 48076
Search Servicing Facility Name,ID Search Servicing Facility Name,ID Search				HELPFUL CLINIC	,0123456789	Search
Servicing Facility Name,ID Search		~	-		)[	Search
	Search				)	Search

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

* Service From	09/14/2016	(mm/dd/yyyy)
* Service To	09/30/2016	(mm/dd/yyyy)
* Type of Care	Direct	~
* Place Of Service	Outpatient Hospital	
* Diagnosis Code	F43.20	Search
Description	Adjustment disorder, unspecified	(ICD10, F43.20)
* Procedure Code Type	CPT	
	90870	Search
* Procedure Code		
* Procedure Code Description	Shock treatment and monitoring	(CPT, 90870)

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

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

Servicing Facility Name,ID Address	

09/20/2017

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Checking member eligibility & benefits

> Accessing e-referral

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Submitting Electroconvulsive Therapy authorizations

Submitting **Transcranial Magnetic Stimulation** authorizations

> Searching for an authorization

#### **Bookmarks**

# Submitting an Electroconvulsive Therapy authorization, cont.

## S

### Submitting the ECT Review Questionnaire

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

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

Home	Patient Search	Referrals/Authorizations	HELPFUL CLINIC 👻
00	outpatient Aut	horization Details	
Reference Status	e ID 005031043 2 - Pending Decision		Printer-Friendly
	Actions The ECT Review Question	onnaire is require Questionnaire Assessment	
			EDIT

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

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

Questionnaire					
ECT Review Answering the question(s) below will provide additional information needed to process your request.	☐ 50% complete				
Answering the question(s) below will provide additional information needed to process your request.  ECT Review - Pg 1  Contact Name:  Contact Number:  Contact Number: Contact Number: Contact Number: Contact Number: Contact Number: Contact Numb					
O Current level of care:	~				

A ar th N of SU СС qu

oconvulsive Therapy authorization, cont.	Checking member eligibility & benefits
<ul> <li>Informed Consent Obtained:</li> <li> <ul> <li> <li> <li> <li> <li> <li> <li> <l< td=""><td>Accessing e-referral</td></l<></li></li></li></li></li></li></li></ul></li></ul>	Accessing e-referral
	Navigating the dashboard
Additional Information:	Authorizations overview
	Submitting an outpatient authorization
ck Next on ECT Review – Pg 2:	Extending an outpatient authorization
	Submitting Higher Levels of Care Inpatient authorizations
page:  Close Window  100% complete  ditional information needed to process your request.	Submitting Higher Levels of Care Outpatient authorizations
	Submitting Electroconvulsive Therapy authorizations
click the Submit button more than once. There is a he "Questionnaire Saved Successfully" message.	Submitting Transcranial Magnetic Stimulation authorizations
ee a ccessfully" ion has iewed nce	Searching for an authorization
BCN will     Reference ID 002466574 Status 2 - Pending Decision       e-referral     s.	Bookmarks
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ubmitting an Electr	oconvulsive Therapy authorization, cont.	Checking member eligibility & benefits
nswer each question nd scroll to advance ne questionnaire. Click ext at the bottom	<ul> <li>Informed Consent Obtained:</li> <li>C</li> <li>C</li> <li>C</li> <li>C</li> <li>C</li> <li>C</li> <li>C</li> <li>Family/Social Support</li> </ul>	Accessing e-referral
f the page to begin ubmitting the ompleted uestionnaire.	Electrode Placement (Unilateral/Bilateral):	Navigating the dashboard
	Additional Information:	Authorizations overview
croll back to top and Cli	ck Next on ECT Review – Pg 2:	Submitting an outpatient authorization
Questionnaire ECT Review	Close Window Close	Extending an outpatient authorization
		Submitting Higher Levels of Care Inpatient authorizations
lick Submit on the next Questionnaire ECT Review Answering the question(s) below will provide add Final	Dage:  Close Window  itional information needed to process your request.	Submitting Higher Levels of Care Outpatient authorizations
NOTE: Plassa da natu	CANCEL SUBMIT	Submitting Electroconvulsive Therapy authorizations
	he "Questionnaire Saved Successfully" message.	Submitting Transcranial Magnetic Stimulation authorizations
Questionnaire Saved Suc lessage. Your authorizati lbmitted and will be rev y Blue Cross or BCN. Or	ccessfully" ion has iewed nce	Searching for an authorization
eviewed, Blue Cross or B nter an approval or deni ecision. Please login to e o check your case's statu	al e-referral	Bookmarks
navioral Health e-referral	User Guide <b>73</b> 09/20/2017	Tomulator

Click	Submit	on	the	next	page

ubmitting an Electro	oconvulsive Thera	py authorization, co	nt.	Checking member eligibility & benefits
nswer each question Id scroll to advance e questionnaire. Click ext at the bottom	<ul> <li>Informed Consent Obtained:</li> <li> Image: Consent Obtained: </li> <li> Image: Consent Obtained:  Image: Consent Obtained:  Image: Consent Obtained: Image: Consent Obtained:  Image: Consent Obtained:</li></ul>			Accessing e-referral
the page to begin bmitting the mpleted estionnaire.	Electrode Placement (Unilateral/Bilateral):		Ĵ	Navigating the dashboard
	Additional Information:		~	Authorizations overview
roll back to top and Clic	k Novt on ECT Poviou		~	Submitting an outpatient authorization
Constitution and Clice Constitution and Clice Constitution and Clice Constitution and Clice Constitution and Clice Constitution and Clice Clice Constitution and Clice Clice Constitution and Clice		Close	Window	Extending an outpatient authorization
				Submitting Higher Levels of Care Inpatient authorizations
Questionnaire         ECT Review         Answering the question(s) below will provide addit         Final		Close W		Submitting Higher Levels of Care Outpatient authorizations
		There are There		Submitting Electroconvulsive Therapy authorizations
	ne "Questionnaire Sav	n more than once. There ed Successfully" messag		Submitting Transcranial Magnetic Stimulation authorizations
Questionnaire Saved Suc essage. Your authorization bmitted and will be revion Blue Cross or BCN. On	cessfully" Outpatier on has ewed ce	Saved Successfully	ils	Searching for an authorization
viewed, Blue Cross or B Iter an approval or denia ecision. Please login to e check your case's status	Status 2 - Pendir al -referral			Bookmarks
avioral Health e-referral	User Guide <b>73</b>	09/20/2017		Tomolotoo

Ο "C m SU b١ re er de to



# Submitting an Electroconvulsive Therapy authorization, cont.

### Your submitted authorization will look like this:

### Outpatient Authorization Details 2 Prir nter-Eriend Reference ID 005031051 Status 2 - Pending Decision 3 EDIT Patient ID 123456789 Group ID 00000001 PCP Name, ID WHITECOAT, Patient TEST, MARYBETH Birthdate 5/5/1971 Age 45 years 6 NEW REFERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT ⊡ û From of 0 💀 🖬 25 🛚 Service From 9/14/2016 Service To 10/31/2016 r Name, ID: WHITECOAT, DOCTOR Address: 1255 MAIN ST, STE 104 Type Of Care: Direct Place Of Service Office Diagnosis Code F43.20 Description Adjust cedure Code Type: CPT ANY HOSPITAL Address: ANY HOSPITAL 7774 MAIN ST, STE 10 ANY TOWN, M 48005 Description Shock Units 12 5 CREATE NEW Outpatient Authorization Details

1. Reference ID and case status The check mark indicates you have successfully submitted or updated an authorization.

### 2. Printer-Friendly

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

Reference ID 000032700 Status 2 - Pending Decision

### 3. Edit

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

### 4. Create New (communication) – preferred

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

### 5. Create New (note)

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

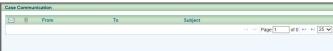
### 6. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

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

# Submitt

### **Create N**



Submitting an Electroconvulsive Therapy authorization, cont.	Checking member eligibility & benefits	
<b>Create New (communication)</b> To attach clinical to the request in the e-referral system, click the Create New button in the Case Communication field.	Accessing e-referral	
Case Communication           □         ●	Navigating the dashboard	
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. <b>Please ensure your file name does not contain any special characters or</b>	Authorizations overview	
symbols as you will receive an error message. In the dialog box, check off the items to be reviewed. Click Send.	Submitting an outpatient authorization	
To create new communication, enter the subject, text and select the applicable procedure to be reviewed. The health plan will review the communication and respond within a timely manner.  To From Care Management WHITECOAT, DOCTOR  * Subject	Extending an outpatient authorization	
Attachments ATTACH FILE	Submitting Higher Levels of Care Inpatient authorizations	
* Message Type message here	Submitting Higher Levels of Care Outpatient authorizations	
Select items to be reviewed   Procedure Dates   'Established patient office or other outpatient visit, typically 15   9/23/2015-8/7/2016   9999     Iminutes' (CPT, 99213)     Iminutes'	Submitting Electroconvulsive Therapy authorizations	
Case Communication     Close Window       To     From       Care Management     WHITECOAT, DOCTOR       Subject     Clinical documentation       Clinical documentation.pdf 33K     Attachments	Submitting Transcranial Magnetic Stimulation authorizations	
attached documents after clicking the Subject link.	Searching for an authorization	
✓     Procedure ↑     Dates     Unit/Days       ✓     Tritial hospital inpatient care, typically 50 minutes per day' (CPT, 99222)     5/3/2016-5/8/2016     5       ✓     Tritial hospital inpatient care, typically 50 minutes per day' (CPT, 99222)     5/3/2016-5/8/2016     5       ✓     Tritial hospital inpatient care, typically 50 minutes per day' (CPT, 99222)     5/3/2016-5/8/2016     5       ✓     CANCEL     CANCEL	Bookmarks	
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# Submitting an Electroconvulsive Therapy authorization, cont.

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

Overstonnare Saved Successfully	
Outpatient Authorization Details	
Reference ID 000330780 Status 2 - Pending Decision	Printer-Friendly
Actions 1.*Call BCN Behavioral Health Services Department for Authorizations at 800-482-5982	
	EDIT

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

	Confinement Extension(s)				
	From Date	To Date	Days	Status	
	* (mm/dd/yyyy)		(mm/dd/yyyy)	Remove	
	From Date will be automatically correct • For 1 <sup>et</sup> extension = Admission Date • For all other extensions = To Date of	+ Length Of Stay			
				CREATE NEW	
					ADD SERVICE
Notes					
Date	s	ubject	Supporting Information		
					CREATE NEW
			CANCEL		

### Submitting the ECT Review Questionnaire

Please see **Page 72** for instructions. Once finished, you will see a "Questionnaire Saved Successfully" message. Your authorization has submitted and will be reviewed by BCN. Once reviewed, BCN will enter an approval or denial decision. Please login to e-referral to check your case's status.

# Section X: Submitting a Transcranial Magnetic Stimulation Authorization

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

R	eferrals/Authorizations
	Search
	Submit Global Referral
ID	Submit Referral
	Submit Inpatient Authoriz
	Submit Outpatient Author

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

The Initial Outpatient Authorization Request Form will no longer be available online and requests for initial outpatient authorization requests will be accepted only through the e-referral system. Requests to authorize extensions of outpatient treatment must also be submitted through thee-referral system.

Applied Behavioral Analysis authorization requests can continue to be faxed to 1-866-364-7145 and/or called into 1-800-482-5982.



Checking member eligibility & benefits

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Submitting Transcranial Magnetic Stimulation authorizations

> Searching for an authorization

# **Bookmarks**

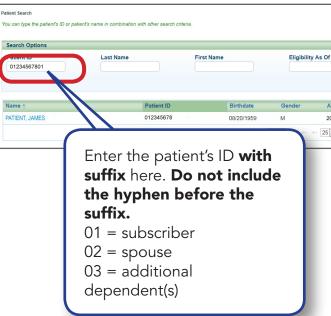


In order to submit a Transcranial Magnetic Stimulation authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name **and** Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more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

## Searching by **Patient ID**

Enter the patient's subscriber ID. Results will include all members under that contract.

earch Options							
atient ID 012345678	Last Name		First Name	Eligibili	ty As Of (mm/dd/yyyy)	Birthdate (mm/dd/yyyy)	SEARCH
112345070							advanced search
ame 🚖		Patient ID	Birthdate	Gender	Address		Eligibility
TIENT, JAMES		012345678	08/20/1959	М	20500 CIVIC CENTER	DR, SOUTHFIELD, MI 48076	View
TIENT, SUSAN		012345678	08/07/1967	F	20500 CIVIC CENTER	DR, SOUTHFIELD, MI 48076	View
			Page	1 of 1 🔛	▶ 25 ▼		View 1 - 2
			Entor	tha a	atient's ID	horo	



Submitting a Transcranial Magnetic Stimulation authorization, cont.	Checking member eligibility & benefits
Searching by <b>Patient ID with suffix</b> Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.	Accessing e-referral
Patient Search You can type the patient's ID or patient's name in combination with other search oriteria.  Search Options  Last Name First Name Eligibility As Of (mm/dd/yyyy) SEARCH advanced search advanced search	Navigating the dashboard
Name *       Patient ID       Birthdate       Gender       Address       Eligibility         PATIENT, JAMES       012345678       08/20/1959       M       20500 CIVIC CENTER DR. SOUTHFIELD, MI 48076       View         25 Im       View 1 - 1 of 1         Enter the patient's ID with suffix here. Do not include	Authorizations overview
the hyphen before the suffix. 01 = subscriber 02 = spouse	Submitting an outpatient authorization
03 = additional dependent(s) Searching by <b>First and Last Name</b>	Extending an outpatient authorization
Enter the patient's last name and first name or first name initial. You must also include their birthdate.	Submitting Higher Levels of Care Inpatient authorizations
Search Options       Eligibility As Of (mmx8d/yyyy)       Birthdate (mmx8d/yyyy)       SEARCH advanced search         Name *       Patient ID       Birthdate       Gender       Address       Eligibility         TEST, MARYBETH       012345878       05/05/1971       Image: Center Drive, APT 123, SOUTHFIELD, MI 48076       View	Submitting Higher Levels of Care Outpatient authorizations
Eligibility As Of The Eligibility As Of field allows you to narrow your search results through	Submitting Electroconvulsive Therapy authorizations
eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.	Submitting Transcranial Magnetic Stimulation authorizations
Patient Search You can type the patient's ID or patient's name in combination with other search criteria.  Search Options Patient ID Last Name First Name Eligibility As Of (mm/dd/yyyy) D1/2012 D ESEARCH D1/2012 D ESEARCH	Searching for an authorization
Name         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JOSHUA         012345678         07/07/1987         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View	Bookmarks
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Submitting a Transcranial Magnetic Stimulation authorization, cont.	Checking member eligibility & benefits
Searching by <b>Patient ID with suffix</b> Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.	Accessing e-referral
Patient Search You can type the patient's ID or patient's name in combination with other search oriteria.  Search Options  I ast Name First Na	Navigating the dashboard
Name *       Patient ID       Birthdate       Gender       Address       Eligibility         PATIENT, JAMES       012345878       08/20/1959       M       20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076       View	Authorizations overview
the hyphen before the suffix. 01 = subscriber 02 = spouse	Submitting an outpatient authorization
03 = additional dependent(s) Searching by <b>First and Last Name</b>	Extending an outpatient authorization
Enter the patient's last name and first name or first name initial. You must also include their birthdate. Patent Search You can type the patent's 10 or patient's name in combination with other search orthonia.	Submitting Higher Levels of Care Inpatient authorizations
Search Options         Patient ID       First Name       Eligibility As Of (mm/dd/yyyy)       Birthdate (mm/dd/yyyy)       SEARCH advanced search         Name •       Patient ID       Birthdate       Gender       Address       Eligibility         TEST, MARYBETH       012345678       0505/1971       F       20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076       View	Submitting Higher Levels of Care Outpatient authorizations
Eligibility As Of The Eligibility As Of field allows you to narrow your search results through	Submitting Electroconvulsive Therapy authorizations
eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.	Submitting Transcranial Magnetic Stimulation authorizations
Patient Search You can type the patient's ID or patient's name in combination with other search criteria.           Search Options         Eligibility As Of (mm/dd/yyyr)         Birthdate (mm/dd/yyyr)           0123458789         Image: Search Option 2012 (mm/dd/yyyr)         Image: Search Option 2012 (mm/dd/yyyr)	Searching for an authorization
Name         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View           PATIENT, JOSHUA         012345678         07/07/1987         M         20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076         View	Bookmarks
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You can also select the 'advanced search' option and enter additional information to locate a patient. Additional fields include Social Security Number, Medicare ID, and Medicaid ID. Click the Search button to view the results.

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

e Patient Search	Referrals/Authorizations					HELPFUL
Patient Search You can type the patient's ID or p	atient's name in combination with other search c	iteria.				
Search Options						
Patient ID	Last Name	First Name marybeth	Eligibility As 0	Of (mm/dd/yyyy)	Birthdate (mm/dd/yyyy) 05/05/1971	SEARCH
SSN (Numbers only)	Medicare ID	Medicaid ID				advanced search
Name 👌	Patient ID	Birthdate	Gender	Address		Eligibility
TEST, MARYBETH	012345678	05/05/197	1 F	20500 CIVIC CEN	TER DRIVE, APT 123, SOUTHFIELD, MI 48	3076 View
Select Pa	tient's			View -	- Use this link to v	view the
Name – C				patient	's product level e	eliaibility
member r	name				igibility) but not	• •
hyperlink	to view the				s. Make sure to d	
member's	information.			the rec	ord showina <b>acti</b>	ive
					ord showing <b>acti</b> <b>ae</b> . To search for	
You will th	ien be able			covera	i <b>ge</b> . To search for	r benefit
You will th to enter th	nen be able ne referral			<b>covera</b> informa	<b>ige</b> . To search for ation, please utili	r benefit ze web-
You will th to enter th service inf	nen be able ne referral formation			<b>covera</b> informa DENIS	i <b>ge</b> . To search for ation, please utili . Please see the <b>(</b>	r benefit ze web- <b>Checking</b>
You will th to enter th service inf on this sci	nen be able ne referral formation			<b>covera</b> informa DENIS <b>Memb</b>	<b>ige</b> . To search for ation, please utili	r benefit ze web- <b>Checking</b> d <b>Benefits</b>

# Submitting a Transcranial Magnetic Stimulation authorization, cont.

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

Patient Information							
Patient TEST, MARYE	BETH		Patient ID 0123456	78	Ad	dress 20500 CIVIC CE	INTER DRIVE
Birthdate 5/5/1971			Group ID			APT 123 SOUTHFIELD, I	41 49076
Age 44 years		PCP	Name, ID SCRUBS,	DOCTOR 012587411		3001111220,1	10070
vice 1 * Service From * Service To		<ul> <li>(mm/dd/yyyy)</li> <li>(mm/dd/yyyy)</li> </ul>		* Referring Provider Name,ID Address	HELPFUL CLINIC	012345678	Search
* Service To		- Aller A		Address			
* Type of Care				* Servicing Provider Name,ID		1	Search
* Place Of Service			•	Address			
*Diagnosis Code		Search					
Description *Procedure Code Type	CPT			Servicing Facility Name,ID Address		kl	Search
* Procedure Code Type		Search					
Description		oearch					
* Units							

### • Service From/To

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

### • Type of Care

Select Elective only from the drop-down menu.

### • Place of Service

You will see several options to choose from in the drop-down menu. Please only choose Office or Outpatient Hospital from these selections: Ambulatory Surgical Center **Custodial Care Facility Emergency Room** End-Stage Renal Disease Treatment Facility Home Independent Laboratory Nursing Facility Office **Outpatient Hospital Urgent Care Facility** 

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Submitting **Transcranial Magnetic** Stimulation authorizations

> Searching for an authorization

**Bookmarks** 



### • Diagnosis Code

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

Diagnosis (	Code Search	Close Window
Search	Bookmarks	
Enter a fu	Ill or partial diagnosis code or description below and click 'Search'.	
Include c	decimal if applicable (e.g. 250.01)	
Code or I	Description	
	SEARCH	

### **Diagnosis Code** – Search by **Description**

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

agnosis Code S	earch		🔀 Close W	Vinc
Search Boo	kmarks			
Enter a full or pa	tial diagnosis code or description below and click 'Search'.			
Include decimal	if applicable (e.g. 250.01)			
Code or Descrip				
adjustment	SEARCH			
Code *	Description	Inactive	Action	
F43	Reaction to severe stress, and adjustment disorders (ICD10, F43)	Yes	Bookmark	~
F43.2	Adjustment disorders (ICD10, F43.2)	Yes	Bookmark	
F43.20	Adjustment disorder, unspecified (ICD10, F43.20)		Bookmark	
F43.21	Adjustment disorder with depressed mood (ICD10, F43.21)		Bookmark	
F43.22	Adjustment disorder with anxiety (ICD10, F43.22)		Bookmark	
F43.23	Adjustment disorder with mixed anxiety and depressed mood (ICD10, F43.23)		Bookmark	
F43.24	Adjustment disorder with disturbance of conduct (ICD10, F43.24)		Bookmark	~
F43 25	Adjustment disorder with mixed disturbance of emotions and conduct (ICD10_E43.25)		Bookmark	
	Page 1 of 4 🕨 🕨 25 🗸		View 1 - 25 of 10	00

# Submitting a Transcranial Magnetic Stimulation authorization, cont.

### **Diagnosis Code** – Search by **Bookmarks**

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

-	sis code from the bookmarks below					
Filter by Cat		Filter by Usage Type				
Uncategorize	ed 💌	Diagnosis		SEARCH		
Code 🊖	Description	Category	Category Owner	Usage Type	Action	
96.34	Major Depressive Disorder, Recurr	ent Episode, S Uncategorized	Provider	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

### • Procedure Code

The procedure code for all psychotherapy requests (including a psychiatric diagnostic evaluation) is \*90867. If you have this code bookmarked, e-referral will begin to populate this field. If not, you must use the **Search** link to locate it.

* Service	From	09/14/201	6
* Serv	vice To	09/30/201	6
* Туре о	of Care		
* Place Of S	ervice	Office	
* Diagnosis	s Code	F33.3	
Desc	ription	Major depress	sive disc
* Procedure Code	е Туре	CPT	
* Procedure	e Code	90867	
Desc	ription	Transcranial r	magnetio
	Units		

\*CPT codes, descriptions and two-digit numeric modifier American Medical Association. All rights reserved.

(mm/dd/yyyy)	
Search sorder, recurrent, severe wi	
Search tic stimulation treatment (st.	
rs only are copyright 2016	

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Submitting Transcranial Magnetic Stimulation authorizations

> Searching for an authorization

**Bookmarks** 

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

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

ocedure Code	Search		🔀 Close Wind
Search Bo	okmarks		
Enter a full or p	artial procedure code or description below and click 'Search'.		
Include decima	al if applicable (e.g. 250.01)		
Procedure Cod	le Type Code or Description		
CPT	90867 SEARCH		
Code *	Description	Inactive	Action
Code * 90867	Description Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression) (CPT, 90867)	Inactive	Action Bookmark

### **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.

earch	Bookmarks				
Select a Pro	ocedure code from the bookmarks below				
Filter by Ca All	ategory Filter by Usage Type All	▼ SEARCH			
Code 🍵	Description	Category	Owner	Usage Type	Action
90791	Psychiatric Diagnostic Evaluation	BH Codes	Provider	CPT	Delete
90791	Psychiatric diagnostic evaluation	BCN05152014	Payer	CPT	Delete
90792	Psychiatric diagnostic evaluation with medical services	BCN05152014	Payer	CPT	Delete
90862	Pharmacologic Management,W/Minimal Psych	Stephanie's Stuff	Provider	CPT	Delete
92507	Treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete
92508	Group treatment of speech, language, voice communication, and/or hearing processing disorder	BCN05152014	Payer	CPT	Delete
92526	Treatment of swallowing and/or oral feeding function	BCN05152014	Payer	CPT	Delete 🔻

\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2016 American Medical Association. All rights reserved.

# Enter the requested number of sessions, not to exceed 1. Service 1 \* Service From 09/14/2016 \* Service To 09/30/2016 \* Type of Care Place Of Service Office \* Diagnosis Code F33.3 Description \* Procedure Code Type CPT \* Procedure Code 90867 Description Transcranial magnetic stimulation treatment (st... Units 1 SAVE AS...

### • Referring Provider Name, ID

• Units

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

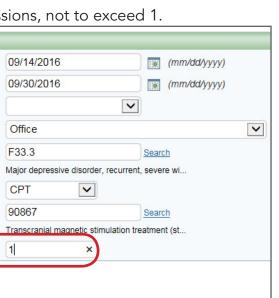
, DOCTOR, 0123456789			
* Referring Provider Name,ID Address	HELPFUL CLINIC	, 0123456789	Search
* Servicing Provider Name,ID Address			Search
Servicing Facility Name,ID			Search

### • Servicing Provider Name, ID

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

HELPFUL CLINIC	), (
HELPFUL CLINIC	,
12345 Happy St Southfield, MI, USA 48034	
	HELPFUL CLINIC 12345 Happy St

# Submitting a Transcranial Magnetic Stimulation authorization, cont.



23456789	Search
23456789	Search
	Search
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Submitting **Transcranial Magnetic Stimulation** authorizations

> Searching for an authorization

# **Bookmarks**

The Network Status is displayed in the far left column:

Ivicing Pro	ovider Search						Close Wind
Search	Bookmarks						
Name		ID	Specialty				
			All				
City		State	Zip				
		All					
				-			
			CANCEL SEARCH				
Network	Name 🗢	NPI	CANCEL SEARCH	Group Affiliation	Туре	Specialty	Action
Network Pref	Name 🔶 Test, Doctor	NPI 1111111141		Group Affiliation MD Practice	Type Practitioner	Specialty OB/GYN	Action Bookmark
			Address				1.
• Pref	Test, Doctor	1111111141	Address 1234 Bloomfield Detroit, MI Suite 03		Practitioner	OB/GYN	Bookmark

In the search results, the Network Status is displayed in the far left column. Double check the provider's address and verify they are in network. View the listing's Network Status label – Preferred, In or Out. Blue Cross and BCN strongly encourages users to ALWAYS select providers with a "Preferred" Network status and have a Group Affiliation (if listed). If there is not a Preferred provider option, please choose the "In" provider. The status definitions for each of these labels are as follows:

Network Status		Definition
Preferred	●Pref	The provider is in the member's local network for tiered products or in the member's network for non-tiered narrow network groups.
In	Oln	The provider is in the member's BCN or BCN Advantage network, but not the local network for tiered products.
Out	⊘Out	The provider has NO direct affiliation with the member's product or affiliation with BCN.

The provider you're searching for may have multiple group affiliations. Use the scroll bar on the right to choose the correct listing. For the Servicing Provider NPI, provide your organizational (Type 2) NPI.

earch	Bookmarks						
lame		ID	Specialty				
whitecoat		× ID or 10	digit NPI All	$\checkmark$			
lity		State All	Zip				
			CANCEL SEARCH				6
Network	Name 🔦	NPI	Address	Group Affiliation 1	Гуре	Specialty	Action
<b>O</b> In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	RED GROUP PSYCHOLOGICAL SERVICES	ractitioner	Clinical Psychol-Fully License	Bookmark 🔨
<b>O</b> In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	YELLOW PSYCHIATRIC SERVICES PLLC	ractitioner	Clinical Psychol-Fully License	Bookmark
Ø Out	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	GREEN PSYCHOLOGICAL SERVICES PC	ractitioner	Clinical Psychol-Fully License	Bookmark
	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	RED COMPASSIONATE COUNSELING	ractitioner	Clinical Psychol-Fully License	Bookmark
O In			20500 CIVIC CENTER DR, SOUTHFIELD,	BLUE		Clinical	~

# Submitting a Transcranial Magnetic Stimulation authorization, cont.

### • Servicing Facility Name, ID

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

Image: Search     * Referring Provider Name,ID     HELPFUL CLINIC     0123456789     Search       Image: Search     * Servicing Provider Name,ID		Group ID	012345678 00000001 WHITECOAT, DOCTOR, 0123456789		Address 20500 CIV APT 123 SOUTHFI	VIC CENTER DRIVE
Search Servicing Facility Name,ID Search Servicing Facility Name,ID Search				HELPFUL CLINIC	, 0123456789	Search
Servicing Facility Name,ID Search		~	-	[		Search
	Search					Search

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

* Service From	09/14/2016	(mm/dd/yyyy)
* Service To	09/30/2016	(mm/dd/yyyy)
* Type of Care		~
* Place Of Service	Office	
*Diagnosis Code	F33.3	Search
Description	Major depressive disorder, rec	urrent, severe wi
* Procedure Code Type	CPT 🔽	
* Procedure Code	90867	Search
Description	Transcranial magnetic stimulat	tion treatment (st
* Units	1 ×	

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

bottom right of the Submit Outpatient Authoriz

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

Servicing Facility Name,ID Address

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# **Bookmarks**

### Submitting the TMS Review Questionnaire

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

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

Home	Patient Search	Referrals/Authorizations	HELPFUL CLINIC 👻
0	Outpatient Aut	horization Details	
Refere Statu	nce ID 005031051 s 2 - Pending Decision		Printer-Friendly
	Actions *The TMS Review Question	onnaire is require <u>Questionnaire Assessment</u>	
			EDIT

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

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

Questionnaire	Close Window
TMS Review	50% complete
TMS Review - Pg 1         O         Contact Name:         O         Contact Number:         O         Today's Date:         O         Today's Date:         O         Member Name:         O         Enrollee ID:         O         Reason for TMS request:	
O Current level of care:	

### eligibility & benefits Submitting a Transcranial Magnetic Stimulation authorization, cont. Accessing e-referral Navigating the dashboard of monitor/EMS backup: **Authorizations** overview Submitting an outpatient CANCEL NEXT authorization Scroll back to top and Click Next on TMS Review - Pg 2: Extending an outpatient 🔀 Close Window authorization 50% complete Submitting **Higher Levels of Care** Inpatient authorizations **Submitting** Click Submit on the next page: **Higher Levels of Care** 🔀 Close Window Outpatient authorizations = 100% complete Submitting Electroconvulsive Therapy authorizations **NOTE:** Please do not click the Submit button more than once. There is a Submitting delay before you see the "Questionnaire Saved Successfully" message. **Transcranial Magnetic Stimulation** Once finished, you will see a "Questionnaire Saved Successfully"message. authorizations Your authorization has submitted and will be reviewed by Blue Cross or BCN. Searching for an Questionnaire Saved Successfully authorization **Outpatient Authorization Details** Upon clinical review and approval, \*90868 visits will be added/approved as deemed Reference ID 002466574 Status 2 - Pending Decision **Bookmarks** medical necessary by a BCN Behavioral Health Medical Director. Behavioral Health e-referral User Guide 89 09/20/2017 **Templates**

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A
Answer each
question and scrol
to advance the
questionnaire.
Click Next at the
oottom of the
bage to begin
submitting the
completed
questionnaire.

Support/Transportation-monitoring:	
Facility monitoring/BCLS (Basic Cardiac Life Support) tra	ininș
Additional Information:	

Questionnaire
TMS Review Answering the question(s) below will provide additional information needed to process your request.
TMS Review - Pg 2
CANCEL

Questionnaire	
TMS Review	
Answering the question(s) below will provide	e additional information needed to process your request.
Final	
	CANCEL

Once reviewed, Blue Cross or BCN will enter an approval or denial decision. Please login to e-referral to check your case's status.

88

Your submitted authorization will look like this:

### Outpatient Authorization Details 2 Printer-Friend Reference ID 005031051 Status 2 - Pending Decisio 3 EDIT Patient ID 123456789 Group ID 00000001 PCP Name, ID WHITECOAT, D Patient TEST, MARYBETH Birthdate 5/5/19 Age 45 years 6 NEW REFERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT 🖂 🕕 Fro of 0 🔛 🖬 25 🗸 Address: 1255 MAIN ST, STE 104 Service From 9/14/2016 Service To 9/30/2016 Type Of Care: Direc Place Of Service Office SCRUBS, DOCTOR 1255 MAIN ST, STE 104 Nagnosis Code F33.3 Description Major d Address: 7774 Main ST, STE 10 lure Code 9086 Description T 5 CREATE NEW

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

# 1. Reference ID and case status > 🔗 Outpatient Authorization Details Reference ID 000032700 Status 2 - Pending Decision

### 2. Printer-Friendly

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

### 3. Edit

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

### 4. Create New (communication) – preferred

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

### 5. Create New (note)

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

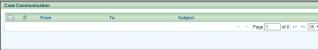
### 6. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

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

# Submittin

### **Create Nev**



Submitting a Transcranial Magnetic Stimulation authorization, con	eligibility & benefits t.
<b>Create New (communication)</b> To attach clinical to the request in the e-referral system, click the Create New button in the Case Communication field.	Accessing e-referral
Case Communication	Navigating the dashboard
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. <b>Please ensure your file name does not contain any special characters or</b>	Authorizations overview
symbols as you will receive an error message. In the dialog box, check off the items to be reviewed. Click Send. Case Communication Case Communication, enter the subject, text and select the applicable procedure to be reviewed. The health plan will To create new communication, enter the subject, text and select the applicable procedure to be reviewed. The health plan will	Submitting an outpatient authorization
To From Care Management WHITECOAT, DOCTOR    Subject  Attachments	Extending an outpatient authorization
ATTACH FILE * Message Type message here	Submitting Higher Levels of Care Inpatient authorizations
* Select items to be reviewed  Procedure  Unit/Days	Submitting Higher Levels of Care Outpatient authorizations
□     'Established patient office or other outpatient visit, typically 15     9/23/2015-8/7/2016     9999       □     'Established patient office or other outpatient visit, typically 15     9/23/2015-8/7/2016     9999       □     'Established patient office or other outpatient visit, typically 15     9/23/2015-8/7/2016     9999       □     'Established patient office or other outpatient visit, typically 15     9/23/2015-8/7/2016     9999       □     'Established patient office or other outpatient visit, typically 15     0/23/2015-8/7/2016     9999       □     'Established patient office or other outpatient visit, typically 15     0/23/2015-8/7/2016     9999       □     'Established patient office or other outpatient visit, typically 15     0/23/2015-8/7/2016     9999       □     'Established patient office or other outpatient visit, typically 15     0/23/2015-8/7/2016     9999       □     CANCEL     SEND     View 1 - 1 of 1	Submitting Electroconvulsive Therapy authorizations
Case Communication     Close Window       To     From       Care Management     WHITECOAT, DOCTOR       Subject     Clinical documentation       Clinical documentation     Attachments       Clinical documentation.pdf 33K     Clinical documentation.pdf 33K	Submitting Transcranial Magnetic Stimulation authorizations
attached documents after clicking the Subject link.	Searching for an authorization
✓     Procedure *     Dates     Unit/Days       ✓     Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)     5/3/2016-5/8/2018     5       ✓     Page 1     of 1     >>     >>       ✓     CANCEL     Cancel	Bookmarks
Behavioral Health e-referral User Guide <b>91</b> 09/20/2017	Templates

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# Section XI: Searching for an Authorization

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

	e-r	efer
	Referrals/Authorizations	
	Search	
	Submit Global Referral	
ID	Submit Referral	
	Submit Inpatient Authorization	
	Submit Outpatient Authorization	
	and a star of the second se	

### You can search by **Reference ID**

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

Home Pati	ent Search	Referrals/Authorization
Find Referral/Authoriz	ation	
Search Options		
Reference ID	Provider ID	Patient
* Reference ID		
012345678		SEARCH
		SEARCH

# Searching for an authorization, cont.

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

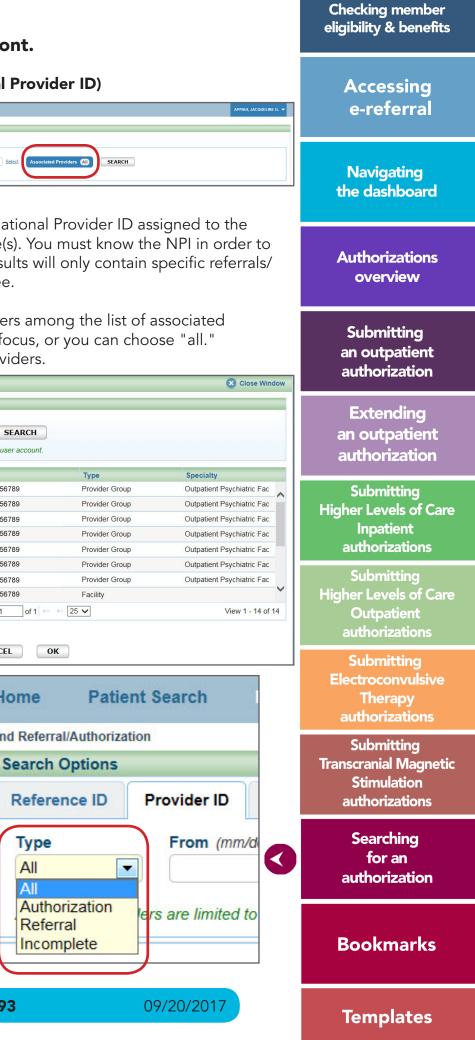
H	ome Patien	t Search							
Fit	d Referral/Authorization	on							
	Search Options								
	Reference ID	Provider ID	Patient						_
	Type All	From (mi	n/dd/yyyy)	To (mm/dd/yyyy)	Provider or Facility ID     0123456789	Select	Patient ID	Select	Associate
	Associated prov	ders are limited						_ (	

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

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

results.

Provider Name	Provider ID	
	Provider ID or NPI	SEARCH
Searches will be limited to the providers	and facilities associated with	h your user account.
Provider Name 🗢		NPI
HELPFUL CLINIC		0123456789
HELPFUL COMMUNITY CLINIC		0123456789
		CANCEL
		Home
er both the Provider	ID and	Home Find Refer
er both the Provider nt tab, you will see a	Туре	
nt tab, you will see a -down menu. Here, y t <b>All, Authorization</b>	a <b>Type</b> you can <b>, Referral</b>	Find Refer
nt tab, you will see a -down menu. Here, y	a <b>Type</b> you can <b>, Referral</b> mmended	Find Refer



# Searching for an authorization, cont.

You can search by **Patient** 

Но	ome	Patient Search	Referrals/Authorizat	ions						
-	i Referral/A earch Op	Authorization								
	Referen	nce ID Provider ID	Patient							
	Type All	From (m	m/dd/yyyy) To (mm/dd		Provider or Facility ID	Select	* Patient ID	Select	Associated Providers 1	SEARCH
	Associa	ated providers are limited	d to the current provider s	et						

Here, you can enter the patient's ID (if known) or use the 'Select' link. This will allow you to search by the patient's ID or name in conjunction with other criteria. Your results will only contain specific referrals/authorizations that you are allowed to see.

To locate ALL referrals/authorizations for a patient, remove both the From and To dates. For more specific results, delete only the "To" date. Click the Reference ID.

Referr	ral/Authorization											
arch	Options											
Refe	erence ID P	rovider ID	Patient									
Туре	e	From (mm/do	d/yyyy) To (mm/de	I/yyyy)	Provider or Fa	acility ID	* Patient ID					
All	ociated providers	s are limited to	the current provider s	set		Select	0123456789	Select	Associated Providers (All)	SEAR	СН	
All		s are limited to Patient		set	То	Place of Service	0123456789 Servicing Provider	Facility Provider		Global	CH	
All	ociated providers		the current provider s	set	1.2		Servicing	Facility Provider				

### Checking member eligibility & benefits **Section XII:** Bookmarks Accessing E-referral's bookmark functionality allows you to create and save your most used e-referral diagnosis and procedure codes as well as providers and facilities. This tool helps streamline your referral/authorization entries. Navigating There are two ways to create a bookmark. Choose **Bookmarks** from the the dashboard 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: **Authorizations** overview Choose Bookmarks Welcome PROVIDER USER V [LOG OUT] Submitting an outpatient Bookmarks authorization Help ice Templates Extending an outpatient authorization Submitting **Higher Levels of Care** Inpatient authorizations **Submitting Higher Levels of Care** Outpatient Select the bookmark type you'd like to manage from this screen. authorizations Your choices are Categories, Code and Provider. Submitting Electroconvulsive Therapy authorizations Submitting ▼ SEARCH **Transcranial Magnetic** Stimulation Action edit | delete edit | delete authorizations edit | delete edit | delete edit | delete Searching View 1 - 7 of 7 for an ADD authorization $\boldsymbol{<}$ **Bookmarks** 09/20/2017



ookmarks ategories Code Provider		
Manage Categories Edit, delete or add new category Search Options		
Name	Description	Туре
		All
Category Name 🗢	Category Type	Category Descriptio
05012014	Code	Add Category with valid
BCN05152014	Code	Uploaded on 5152014
	Code	Uploaded on 5192014
BCN05192014		
BCN05192014 Diagnoses	Code	
	Code Code	
Diagnoses		

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

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

Provider	edit   delete edit   delete
	edit   delete
Provider	
TTOVIDEI	edit   delete
Provider	edit   delete
	View 1 - 10 of 10

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**.

I Category	🗴 ci	ose Wind
Enter information for the	e new category	
* Name	Cardiologists / Botsford	
* Туре	Provider	•
Description		
	SAVE CANCEL	

# Bookmarks, cont.

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

### To search for an existing bookmark by code:

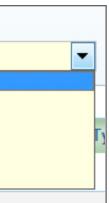
ategories	Code Provider			
itanage Bookmar Search for an exi	ks sting bookmark or add new			
Search Optic				
Code	Description 2	Category	3	Ow
Code 🗢	Description		Category	
036.40	Meningococcal Carditis		05012014	
036.41	Meningococcal Pericarditis		05012014	
038.9	Unspecified Septicemia		BCN051520	14
162.9	Malignant Neoplasm Of Bronchus And Lung, Unspecified		BCN051520	)14
174.9	Malignant Neoplasm Of Breast (Female), Unspecified		BCN051520	)14
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ S		Test	
			- Page 1 of 8	-

- 1. Enter a diagnosis **Code** if known, then select **Search**.
- 2. Enter a **Description** if known, then select **Search**.
- 3. Search by **Category**. These are the ones you created as bookmarks.
- 4. Search by **Owner Payer** or **Provider**. Always choose Provider.

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

Usage Type
All
All
CPT
Diagnosis
HCPCS
ICD9 Procedure
ICD10 Procedure

4	5			
	Usage Type			
	All	▼ (	SEARCH	
			SEARCH	
		Usage Type	SEARCH	
1	All			^
	All Category Owner	Usage Type	Action	^
	All Category Owner Payer	Usage Type Diagnosis	Action copy   delete	^
	All Category Owner Payer Payer	Usage Type Diagnosis Diagnosis	Action copy   delete copy   delete	^
	Category Owner Payer Payer Payer	Usage Type Diagnosis Diagnosis Diagnosis Diagnosis	Action copy (delete copy (delete copy (delete copy (delete	^
	All Category Owner Payer Payer Payer Payer Payer	Usage Type Diagnosis Diagnosis Diagnosis Diagnosis Diagnosis	Action copy   delete copy   delete copy   delete	^
	Category Owner Payer Payer Payer Payer	Usage Type Diagnosis Diagnosis Diagnosis Diagnosis	Action copy   delete copy   delete copy   delete copy   delete copy   delete	• • • • • • • • • • • • • • • • • • •



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Submitting **Electroconvulsive** Therapy authorizations

Submitting **Transcranial Magnetic** Stimulation authorizations

> Searching for an authorization

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### 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.

Diagnosis	copy   delete
Diagnosis	copy   delete
	View 1 - 16 of

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

Diagnosis Code Search          Close Window        Search     Bookmarks    Enter a full or partial diagnosis code or description below and click "Search".  Include decimal if applicable (e.g. 250.01)  Code  Description  SEARCH  SEARCH							
Enter a full or partial diagnosis code or description below and click 'Search'. Include decimal if applicable (e.g. 250.01) Code Description	Diagnosis C	ode Search				8	Close Windo
Include decimal if applicable (e.g. 250.01) Code Description	Search	Bookmarks					
		200 E	v and click 'Search'.				
	Code		Description		SEARCH	)	

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

gnosis Code Search		Close Wind
earch Bookmarks		
Enter a full or partial diagnosis code or o	description below and click 'Search'.	
nclude decimal if applicable (e.g.	. 250.01)	
Code	Description	
	adjustment	SEARCH
Code 🗢	Description	Action
	The Dr B Laborary Library and a state of a second state of the sec	
309	Adjustment Reaction (ICD9, 309)	bookmark
	Adjustment Disorder With Depressed Mood (ICD9,	bookmark
309.0		
	Adjustment Reaction With Prolonged Depressive R	bookmark
309.1	Adjustment Reaction With Prolonged Depressive R Adjustment Reaction With Predominant Disturbanc	bookmark bookmark
309.1 309.2		
309.1 309.2 309.24	Adjustment Reaction With Predominant Disturbanc	bookmark
309.1 309.2 309.24 309.28	Adjustment Reaction With Predominant Disturbanc Adjustment Disorder With Anxiety (ICD9, 309.24)	bookmark bookmark
309.0 309.1 309.2 309.24 309.28 309.29 309.3	Adjustment Reaction With Predominant Disturbanc Adjustment Disorder With Anxiety (ICD9, 309.24) Adjustment Disorder With Mixed Anxiety And Depr	bookmark bookmark bookmark

# Bookmarks, cont.

You will then be asked to choose a category for bookmark. Click **Save**.

Select	Category	Categ
~	Uncategorized	
	Uncategorized	
	05012014	Add
	BCN05152014	Uplo
	BCN05192014	Uplo
	Diagnoses	

You will see a **Confirmation** screen if you've su

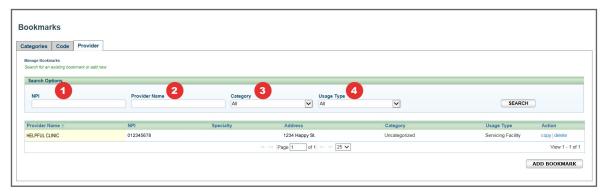
î					
	Bookmark 309	9.0 Adjustme	nt Disorder V	Vith Depressed	Mood (ICD9, 30
					ок

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

		Checking member eligibility & benefits
or your new diagnosis co	ode	Accessing e-referral
'y Description	Owner	Navigating the dashboard
ategory with valid code and code description led on 5152014 led on 5192014	Provider Payer Payer Payer Payer	Authorizations overview
► FT 25 V	Provider View 1 - 6 of 6	Submitting an outpatient authorization
cE∟ uccessfully created the b	oookmark.	Extending an outpatient authorization
0) was successfully created in categories Unc		Submitting Higher Levels of Care Inpatient authorizations
		Submitting Higher Levels of Care Outpatient authorizations
Confirmation window a	nd	Submitting Electroconvulsive Therapy authorizations
		Submitting Transcranial Magnetic Stimulation authorizations
		Searching for an authorization
	3	Bookmarks
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On the **Provider** tab, you can search for an existing bookmark or add a new one.

### To search for an existing 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.
- Under the Usage Type drop-down menu, you can choose from Admitting,
   Servicing, and Servicing Facility options.
   Please do not use Referring.

2	
	Usage Type
	All
	All
	Admitting
	Referring
	Servicing Servicing Excility
	Servicing Facility ZSIT CP4 R

# Bookmarks, cont.

### To add a new bookmark:

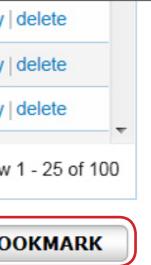
To save your most commonly used providers and facilities, you can create bookmarks by choosing the **Add Bookmark** button found at the bottom of the Provider tab screen.

	ADD BC
	View
Servicing Facility	сору
Servicing	сору
Servicing Facility	сору

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

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

earch						
Name	ID		Specialty			
Helpful	ID or	10 digit NPI	All	$\checkmark$		
City	State All		Zip NCEL SEARCH			
Name *	NPI	Address		Group Affiliation	Туре	Specialty
HELPFUL COMMUNITY CLINIC	0123456789	1234 Happy St., Ste	e C, Southfield, MI, USA 48034		Facility	/
HELPFUL CLINIC	0123456789	1234 Happy St., St	e C, Southfield, MI, USA 48034		Facility	
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		Page 1	of 2 🍉 ы 25 🗸			View 1 - 25 of 35



Checking member eligibility & benefits

> Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting an outpatient authorization

Extending an outpatient authorization

Submitting Higher Levels of Care Inpatient authorizations

Submitting Higher Levels of Care Outpatient authorizations

Submitting Electroconvulsive Therapy authorizations

Submitting Transcranial Magnetic Stimulation authorizations

> Searching for an authorization

**Bookmarks** 

Templates

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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:

Select	Category 😁	Outeren Description	
	Uncategorized	Message Sclose Window	
		Bookmark will be added to Uncategorized Folder.	View 1 - 1 of

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

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

d Bookmark			🗴 Close Window
Select catego	ories for MAKELA, MARK T.		
Select	Category	Category Description	
<b>V</b>	Uncategorized		
	2SIT CP4		
	Jun26-Bkm	Jun26-Bkm	
		143 443 Page 1 of 1 120 · DE 25 ▼	View 1 - 3 of 3
* Saving as			
	Select Admitting Referring Servicing Servicing Facility	SAVE CANCEL	

# Bookmarks, cont.

### To create a bookmark from within a case:

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

			Search	Bookmarks				
- Patient Informa	tion		Name		ID		Specialty	
	Patient	TEST, MAI	Helpful	2	ID or 10	digit NPI	All	
- 1	Birthdate				State		Zip	
	Age	44 years			All	~		
USE TEMPLATE			Network			CA	NCEL	
			Network	Name 👚	NPI	Address		
Service 1		Service Fr	OIn	Name * HELPFUL CLINIC	NPI 0123456789		Ste C, Southfield, MI,	USA 4
Service 1		* Service Fr * Service				1234 Happy St., S	Ste C, Southfield, MI, Ste C, Southfield, MI,	
Service 1			<b>O</b> In	HELPFUL CLINIC	0123456789	1234 Happy St., 9 1234 Happy St., 9		USA 4
Service 1		* Service	O In ⊘ Out	HELPFUL CLINIC	0123456789 0123456789	1234 Happy St., 5 1234 Happy St., 5 1234 Happy St., 5	Ste C, Southfield, MI,	USA 4 USA 4
Service 1	"Pi	* Service * Type of C ace Of Serviagnosis Co	Oln ⊘Out Oln	HELPFUL CLINIC HELPFUL CLINIC HELPFUL CLINIC	0123456789 0123456789 0123456789	1234 Happy St., 3 1234 Happy St., 3 1234 Happy St., 3 1234 Happy St., 3	Ste C, Southfield, MI, Ste C, Southfield, MI,	USA 4 USA 4 USA 4
Service 1	"Pi "D	* Service * Type of C ace Of Serv	O In O Out O In O In	HELPFUL CLINIC HELPFUL CLINIC HELPFUL CLINIC HELPFUL CLINIC	0123456789 0123456789 0123456789 0123456789 0123456789	1234 Happy St., 3 1234 Happy St., 3 1234 Happy St., 3 1234 Happy St., 3 1234 Happy St., 3	Ste C, Southfield, MI, Ste C, Southfield, MI, Ste C, Southfield, MI,	USA 4 USA 4 USA 4 USA 4

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

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

*Referring Provider Name,ID H Address	ELPFUL CLINIC	Search
Addres	alp ×).	Search
Servicing Facility Name,ID Address	)[]	Search
	*Referring Provider Name,ID Address	HELPFUL CLINIC , 012345678 Search
	Address 12	HELPFUL CLINIC , 012345678 Search 2255 MAIN ST, STE 104 INYTOWN, MI 48006
	Servicing Facility Name,ID Address	, Search

Checking member eligibility & benefits

> Accessing e-referral

Navigating the dashboard

**Authorizations** overview

Submitting an outpatient authorization

Extending an outpatient authorization

Submitting **Higher Levels of Care** Inpatient authorizations

**Submitting Higher Levels of Care** Outpatient authorizations

Submitting **Electroconvulsive** Therapy authorizations

Submitting **Transcranial Magnetic Stimulation** authorizations

> Searching for an authorization

**Bookmarks** 

**Templates** 

Close Window Topp Affiliation Type Sp 34 Facility Facility Facility Facility Bookmark Facility Bookmark Facility Bookmark Backmark Facility Bookmark Backmark Facility Bookmark Backmark Facility Bookmark Backmark Facility Bookmark Facility Facilit					EASTWOOD CLINICS 👻
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<b>~</b>				Search	
			~		
View 1 - 24 of 24	14	Eacility	Bookmark		

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# Section XIII: Templates

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

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

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

Welcome	PROVIDER USER	[LOG OUT]
	Bookmarks	ice Help
· · · · · · · · · · · · · · · · · · ·	Templates	ioo noip

### 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.

Mana	ge Templates			
Ca	tegories Templates			
	You can search for an existing Template Category or create a n	ew Template Category.		
	Search Options			
	Name	Form	Form Type	SEARCH
				ADD NEW

# Te

emplates, cont.	Checking member eligibility & benefits
omplete all the required fields (indicated with *). When finished, click Continue.           New Template Category         Close Window	Accessing e-referral
Configurable hint text here >> *Form 1	Navigating the dashboard
*Form Type 2 *Name 3	Authorizations overview
SAVE CANCEL	Submitting an outpatient authorization
<b>Form:</b> Choose UM from the drop-down menu. <b>UM = Utilization Management</b> . UM consists of referrals, inpatient and outpatient authorizations.	Extending an outpatient authorization
Form Type: Choose Outpatient Auth. Name: Enter a name for your new category.	Submitting Higher Levels of Care Inpatient authorizations
lick Save or Cancel. After clicking Save, a confirmation message will appear at you have successfully created your category.	Submitting Higher Levels of Care Outpatient authorizations
	Submitting Electroconvulsive Therapy authorizations
	Submitting Transcranial Magnetic Stimulation authorizations
	Searching for an authorization
	Bookmarks
navioral Health e-referral User Guide 105 09/20/2017	Templates

- 1.
- 2.
- 3.

# Templates, cont.

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

or create a new Template Category.		
Form	Form Type	SEARCH
		ADD NEW
	Form	Form Form Type

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

New Template	Close Window
configurable hint text here >>     * Form	
* Form Type	
* Diagnosis Version 3	
CANCEL CONTINUE	

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

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

Templates, cont.	Checking member eligibility & benefits
On the Manage Templates screen, complete all the required fields (indicated with *).	Accessing e-referral
Categories Templates Outpatient Authorization Configurable hint feast here >>  Template Information Category I Description Disgnosis Version ICD10 Category I Description Category I De	Navigating the dashboard
Service From Service From Service To Type of Care Place Of Service Diagnosis Code Description Procedure Code Type CPT	Authorizations overview
Procedure Code Basch Description Units CANCEL	Submitting an outpatient authorization
1. <b>*Category</b> . Your template must be stored in a category. Choose from the options in the drop-down menu.	Extending an outpatient authorization
<ol> <li>*Name. Enter a name for your template.</li> <li>*Effective Date/Expiration Date. Enter a date range for your new claim template. Leave the Expiration Date blank for an open-ended template. When correction for a constitute of the expiration of the second seco</li></ol>	Submitting Higher Levels of Care Inpatient authorizations
<ul> <li>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.</li> <li>4. Active/Inactive. The active status indicates the template is searchable from</li> </ul>	Submitting Higher Levels of Care Outpatient authorizations
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.	Submitting Electroconvulsive Therapy authorizations
<ol> <li>Service 1. Enter information into these options for a more specific template.</li> <li>Click Save. You will be then be able to Edit or Copy the same information if needed.</li> </ol>	Submitting Transcranial Magnetic Stimulation authorizations
	Searching for an authorization
	Bookmarks

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# Templates, cont.

### To create a template from within a case:

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

Age 44 years	4	Patient ID 012345 Group ID 000000 PCP Name, ID WHITE			Address 20500 CIVIC CE APT 123 SOUTHFIELD, N	
MPLATE 1 2 · Service From	(mm/dd/yyyy)		* Referring Provider Name,ID Address	HELPFUL CLINIC	. 0123456789	Search
* Service To * Type of Care	(mm/dd/yyyy)		* Servicing Provider Name,ID			Search
*Place Of Service *Diagnosis Code	Search	V	Address			
Description *Procedure Code Type			Servicing Facility Name,ID Address		)[	Search
*Procedure Code Description * Units	Search	J				
5					ADD SERVI	CE ADD SERVICE COPY PRO
		CANC	EL SUBMIT			

1. Start by finding the patient you wish to submit the authorization for.

2. Fill in the required Service 1 information (all required fields are indicated with \*). You must at least enter a Service From date to begin creating the new template.

3. Click **Save As...** and give your template a category and name. **Note:** you must create categories prior to saving your new template.

* Service From       03/10/2016       (mm/dd/yyyy)         * Service To       03/31/2016       (mm/dd/yyyy)         * Type of Care       Direct       Imm/dd/yyyy)         * Place Of Service       Outpatient Hospital       Imm/dd/yyyy)         * Diagnosis Code       F43.20       Search         Description       Adjustment disorder, unspecified (ICD10, F43.20)       CPT         * Procedure Code Type       OP791       Search         Psychiatric Diagnostic Evaluation       *Units       10	Service 1	
* Type of Care       Direct         * Place Of Service       Outpatient Hospital         * Diagnosis Code       F43.20         Search       Adjustment disorder, unspecified (ICD10, F43.20)         * Procedure Code Type       CPT         * Procedure Code       90791         Search       Psychiatric Diagnostic Evaluation	* Service From	03/10/2016 (mm/dd/yyyy)
* Place Of Service       Outpatient Hospital         * Diagnosis Code       F43.20         Search       Adjustment disorder, unspecified (ICD10, F43.20)         * Procedure Code Type       CPT         * Procedure Code       90791         Search       Psychiatric Diagnostic Evaluation	* Service To	03/31/2016 (mm/dd/yyyy)
* Diagnosis Code       F43.20       Search         Description       Adjustment disorder, unspecified (ICD10, F43.20)         * Procedure Code Type       CPT         * Procedure Code       90791         Search       Psychiatric Diagnostic Evaluation	* Type of Care	Direct
Description       Adjustment disorder, unspecified (ICD10, F43.20)         * Procedure Code Type       CPT         * Procedure Code       90791         Search       Psychiatric Diagnostic Evaluation	* Place Of Service	Outpatient Hospital
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*Procedure Code 90791 Search Description Psychiatric Diagnostic Evaluation	Description	Adjustment disorder, unspecified (ICD10, F43.20)
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d begin your search. ter search terms in the Search ptions section to locate your templa	USE TEMPLATE te. Click Search.	Authorizations overview
Use Template  configurable hint text here >>  Search Options Name Description	Close Window	Submitting an outpatient authorization
Procedure Code Diagnosis Code	OP MH Eastwood	Extending an outpatient authorization
cLOSE use a template when outside a case: Choose <b>Templates</b> from the drop-down menu at the top right of the		Submitting Higher Levels of Care Inpatient authorizations
Home page. Click on the <b>Templates</b> tab and se Category, Form.		Submitting Higher Levels of Care Outpatient authorizations
eated By (payer or provider), Active Hit the <b>Search</b> button to view your	results. You can also choose delete in the	Submitting Electroconvulsive Therapy authorizations
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HELPFUL CLINIC Procedure Code Diagnosis Code Created By Name * HELPFUL CLINIC	Active Status Expired Status advanced search Active Status Category Form Type Active Action Category Form Type Active Delete OP MH Outpatient Auth Active Delete View 1-1 of 1 ADD NEW	Searching for an authorization
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avioral Health e-referral User Guide	109 09/20/2017	Templates

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emplates, cont.		Checking member eligibility & benefits
use a template within a case: u can use a template you've	Patient Information     Patient TEST, MARYBETI	Accessing e-referral
eviously created while submitting ur outpatient authorization within case.	Birthdate 5/5/1971 Age 44 years	Navigating the dashboard
noose the <b>Use Template</b> button d begin your search. ter search terms in the Search ptions section to locate your templat	USE TEMPLATE te. Click Search.	Authorizations overview
Use Template  configurable hint text here >>  Search Options Name Description	Close Window	Submitting an outpatient authorization
Procedure Code Diagnosis Code	OP MH Eastwood	Extending an outpatient authorization
CLOSE use a template when outside a case:		Submitting Higher Levels of Care Inpatient authorizations
Choose <b>Templates</b> from the drop-down menu at the top right of the Home page. Click on the <b>Templates</b> tab and search by Name, Description, Category, Form.		Submitting Higher Levels of Care Outpatient authorizations
eated By (payer or provider), Active Hit the <b>Search</b> button to view your	results. You can also choose delete in the	Submitting Electroconvulsive Therapy authorizations
tion column to eliminate a template  Manage Templates  Categories Template  You can search for an existing Template or create a new Template.  Sarch Options Name Description Category	• Form Form Type	Submitting Transcranial Magnetic Stimulation authorizations
HELPFUL CLINIC Procedure Code Diagnosis Code Created By Name * Description HELPFUL CLINIC	Category     Form Type     Active     Active       Category     Form Type     Active     Detele       OP MH     Outpatient Audh     Active     Detele       Page 1     of 1     of 25 V     Vew 1-1 of 1	Searching for an authorization
	ur template, the Service 1 categories will eria. You will be then be able to Edit or	Bookmarks
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# e-referral contact information

# For general Behavioral Health questions

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

For members with BCN Advantage<sup>SM</sup> coverage, please call 1-800-431-1059.

For members with Blue Cross Medicare Plus Blue<sup>®</sup> PPO coverage, please call 1-888-803-4960.

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

# For password reset and technical help

Web Help Desk: 1-877-258-3932

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

To locate your provider consultant:

- Go to **bcbsm.com/providers**
- Click on Contact Us in the upper right corner of the page
- Under Hospitals and facilities or Physicians and professionals, click on Blue Cross Blue Shield of Michigan provider contacts or Blue Care Network provider contacts
- Click on Provider consultants
- Find your consultant on the applicable regional list

# ereferrals.bcbsm.com



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