



Behavioral Health e-referral User Guide



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:

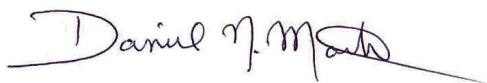
- When making changes to an existing referral, other than extending the date of the referral
- For urgent requests in the event of a life threatening situation
 - For BCN members, please call 1-800-482-5982
 - For BCN AdvantageSM members, please call 1-800-431-1059
 - For Blue Cross Medicare Plus BlueSM 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 N. Martin, Director
Provider Outreach

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Section I: Checking Member Eligibility and Benefits

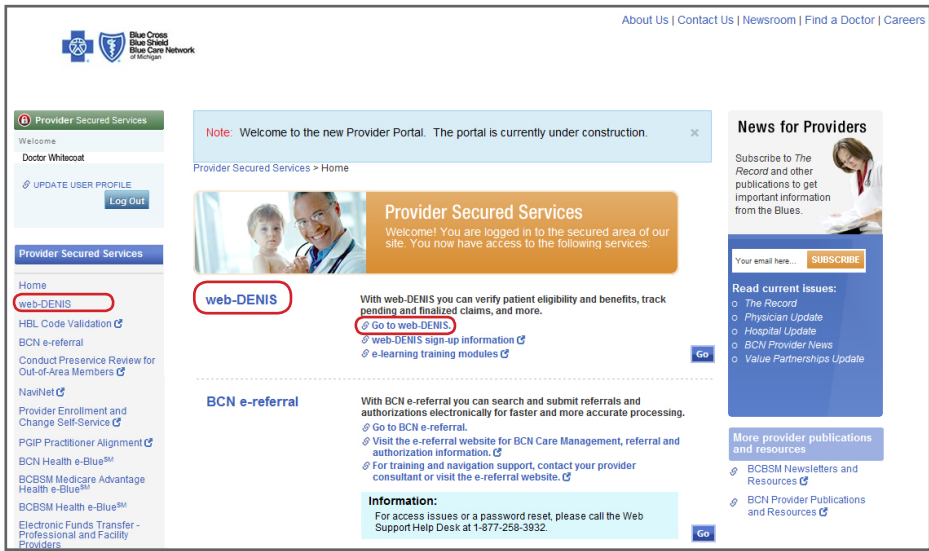
You can access **both** e-referral and web-DENIS in one location. Just log in to Provider Secured Services and select web-DENIS to check member eligibility and benefits, or e-referral for referrals and authorizations. See the **Accessing e-referral** section in this guide for login instructions.

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:

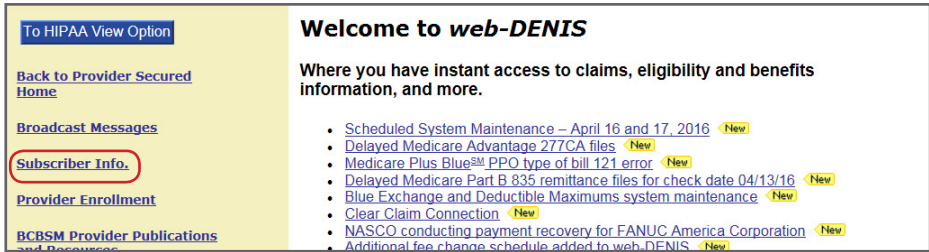
- web-DENIS
- PARS IVR automated telephone system
- 270/271 electronic standard transaction
- Provider Inquiry

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.

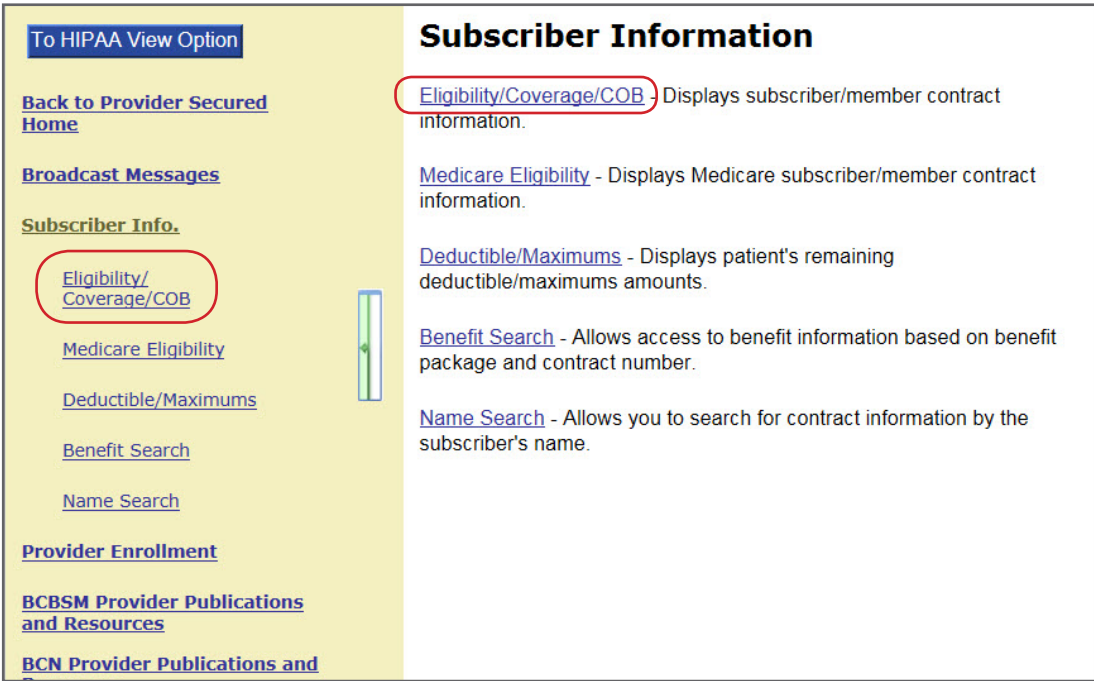


2. Choose Subscriber Info.

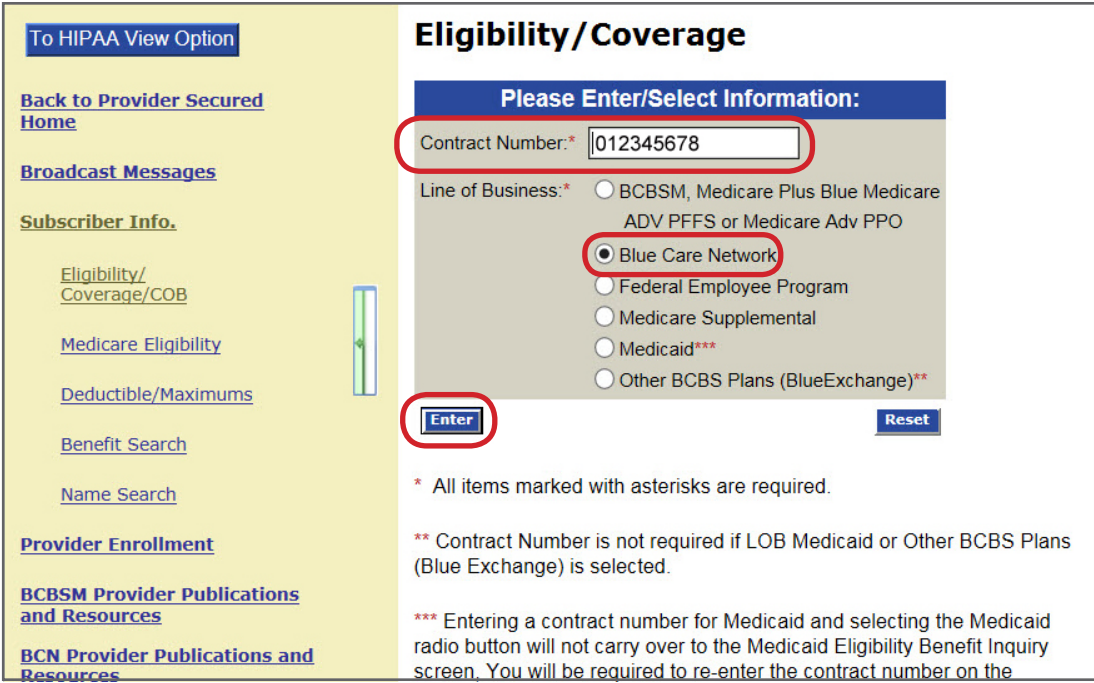


Checking member eligibility and benefits, cont.

3. Choose Eligibility/Coverage/COB



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



Checking member eligibility & benefits, cont.

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

[To HIPAA View Option](#)
[Back to Provider Secured Home](#)
[Broadcast Messages](#)
[Subscriber Info.](#)
[Eligibility/Coverage/COB](#)
[Medicare Eligibility](#)
[Deductible/Maximums](#)
[Benefit Search](#)
[Name Search](#)
[Provider Enrollment](#)
[BCBSM Provider Publications and Resources](#)
[BCN Provider Publications and Resources](#)
[Claim Submission](#)
[Facility Claims](#)
[Professional Claims](#)
[Hospital Prenotification](#)
[BCBSM Contact Us.](#)

Eligibility/Coverage

BCN HMO

CONTRACT NO: 012345678 GROUP: 01234567

ENROLLEE NAME: NAME HUSBAND

Alpha Prefix Lookup

Billing Status: Active

NEXT CONTRACT

DEDUCTIBLE/MAXIMUMS

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

Member Selection

Member	Status	Relationship/Gender	Birth Date	PCP Name	BCN COB	MemberCareAlert
NAME HUSBAND	Active	01 - Subscriber,M	11-13-1954	WHITECOAT DOCTOR	BCN COB	MemberCareAlert
NAME WIFE	Active	02 - Wife,F	05-15-1958	WHITECOAT DOCTOR	BCN COB	MemberCareAlert
NAME DAUGHTER	Inactive	03 - Daughter,F	11-09-1986	WHITECOAT DOCTOR	BCN COB	Inactive

6. Choose Medical Benefits. A list will open.

Member Eligibility/Coverage

BCN HMO

CONTRACT NO: 012345678 GROUP NO: 01234567

MEMBER NAME: NAME HUSBAND

Active

Relation: Subscriber

PCP Copay: \$ See Medical Benefits Below

Billing Status: Active

Coverage dates: 01-01-2016 Expires 12-31-9999

Sex: M

Birth Date: 11-13-1954

BCBSM Coverage

Member Selection

Next Contract

Provider Network

Medical Benefits

Deductible/Maximum

BCN COB

mm: 04 dd: 15 yyyy: 2016

Vision Benefits

MemberCareAlert

Select date to view Benefits and Deductible/Maximums. COB information is only applicable for current coverage.

Checking member eligibility and benefits, cont.

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

[To HIPAA View Option](#)
[Back to Provider Secured Home](#)
[Broadcast Messages](#)
[Subscriber Info.](#)
[Eligibility/Coverage/COB](#)
[Medicare Eligibility](#)
[Deductible/Maximums](#)
[Benefit Search](#)
[Name Search](#)
[Provider Enrollment](#)
[BCBSM Provider Publications and Resources](#)
[BCN Provider Publications and Resources](#)
[Claim Submission](#)
[Facility Claims](#)
[Professional Claims](#)
[Hospital Prenotification](#)
[BCBSM Contact Us.](#)

Benefits Description

BCN HMO

CONTRACT: 012345678 FOR THE DATE OF: 04-15-2016

MEMBER NAME: NAME HUSBAND

Active

MEMBER INFO

MEMBER SELECTION

NEXT CONTRACT

Description	Coverage
	Custom Drug List
ALLERGY EVAL/SERUM/TESTING	NO COPAY REQUIRED FOR ALLERGY RELATED SERVICES; OFFICE VISIT COPAY MAY APPLY
ALLERGY INJECTIONS	ALLERGY INJECTIONS ARE COVERED IN FULL
ALLERGY OFFICE VISIT	\$15 COPAY FOR ALLERGY OFFICE VISITS
AMBULANCE EMERGENT	NO COPAY REQUIRED FOR EMERGENCY AMBULANCE TRANSPORT WHEN OTHER TRANSPORTATION WOULD ENDANGER MEMBER'S LIFE.
AMBULANCE NON-EMERGENT	NO COPAY FOR NON-EMERGENCY GROUND AMBULANCE TRANSPORTATION WHEN SUCH CARE IS AUTHORIZED BY BCN
ANESTHESIA	NO COPAY REQUIRED FOR ANESTHESIA IN AN INPATIENT OR OUTPATIENT SETTING
CERTIFICATE / RIDER	BCN5, 50V15, ER50, UR15, AS5, 100FPR, DME5, P&O5, SN730, MHP10, ASDLT, HCRMNS
CHEMOTHERAPY	CHEMOTHERAPY IN AN INPATIENT OR OUTPATIENT FACILITY SETTING IS COVERED IN FULL. CHEMOTHERAPY DRUGS ARE COVERED IN FULL.
DETOX - SUB ABUSE	DETOXIFICATION SERVICES PROVIDED INPATIENT OR IN A RESIDENTIAL SETTING COVERED IN FULL WHEN AUTHORIZED BY BCN. DETOXIFICATION SERVICES PROVIDED IN AN OUTPATIENT SETTING \$10 COPAY PER VISIT WHEN AUTHORIZED BY BCN
DIALYSIS	DIALYSIS TREATMENT IN AN INPATIENT OR OUTPATIENT FACILITY SETTING IS COVERED IN FULL.
DURABLE MEDICAL EQUIPMENT	DURABLE MEDICAL EQUIPMENT COVERED IN FULL. BREAST PUMP TO SUPPORT BREAST FEEDING COVERED IN FULL. AUTHORIZATION REQUIRED.
ELECTIVE ABORTIONS	NO COPAY FOR ELECTIVE FIRST TRIMESTER TERMINATIONS; ONE PROCEDURE PER 24 MONTH PERIOD
EMERGENCY ROOM	\$50 COPAY OR 50% OF THE COST OF EMERGENCY ROOM SERVICES, WHICHEVER IS LESS; COPAY WAIVED IF ADMITTED TO THE HOSPITAL
HOME CARE VISITS	\$15 COPAY PER HOME CARE VISIT
HOSPICE	INPATIENT AND OUTPATIENT HOSPICE COVERED IN FULL. INPATIENT CARE REQUIRES AUTHORIZATION
IMMUNIZATIONS	PEDIATRIC AND ADULT IMMUNIZATIONS AS RECOMMENDED BY THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES ARE COVERED IN FULL
INFERTILITY CARE (CRITERIA REQUIRED)	50% COINSURANCE FOR INFERTILITY SERVICES, WHEN SUCH CARE IS AUTHORIZED BY BCN; IN VITRO FERTILIZATION IS NOT COVERED
INPATIENT HOSPITAL	NO COPAY FOR HOSPITAL ADMISSION. NOTE: SEE MEMBER CERTIFICATE FOR SPECIFIC SURGICAL COPAYS
LAB	NO COPAY REQUIRED FOR LABORATORY SERVICES; OFFICE VISIT COPAY MAY APPLY
MATERNITY	\$15 COPAY FOR PRE AND POSTNATAL MATERNITY VISITS
MENTAL HEALTH INPATIENT	INPATIENT MENTAL HEALTH/PARTIAL HOSPITALIZATION COVERED IN FULL WHEN AUTHORIZED BY BCN
MENTAL HEALTH INPATIENT DAYS	UNLIMITED WHEN MEDICALLY NECESSARY, PROVIDED BY A PARTICIPATING PROVIDER AND AUTHORIZED BY BCN
MENTAL HEALTH INPATIENT TIME PERIOD	COORDINATED BY BEHAVIORAL HEALTH MANAGEMENT



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® available free at get.adobe.com/reader.

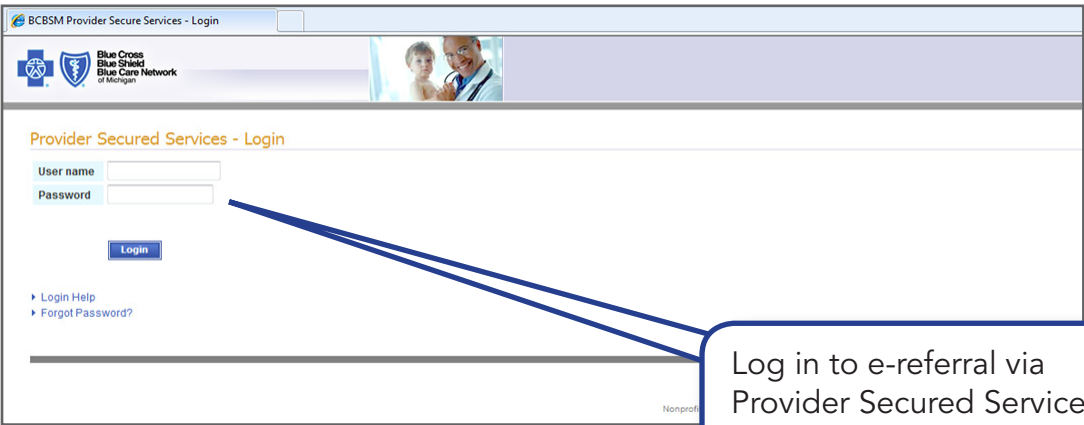
Once Adobe Reader is installed on your system, the PDF file will automatically open and display the document. Depending on the type of Internet connection and the computer hardware you have, the file will open in a matter of seconds or a few minutes.

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.

Accessing e-referral, cont.

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



Log in to e-referral via Provider Secured Services.

Enter your ID – the same as your web-DENIS ID.



Select BCBSM or BCN e-referral from the home page

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

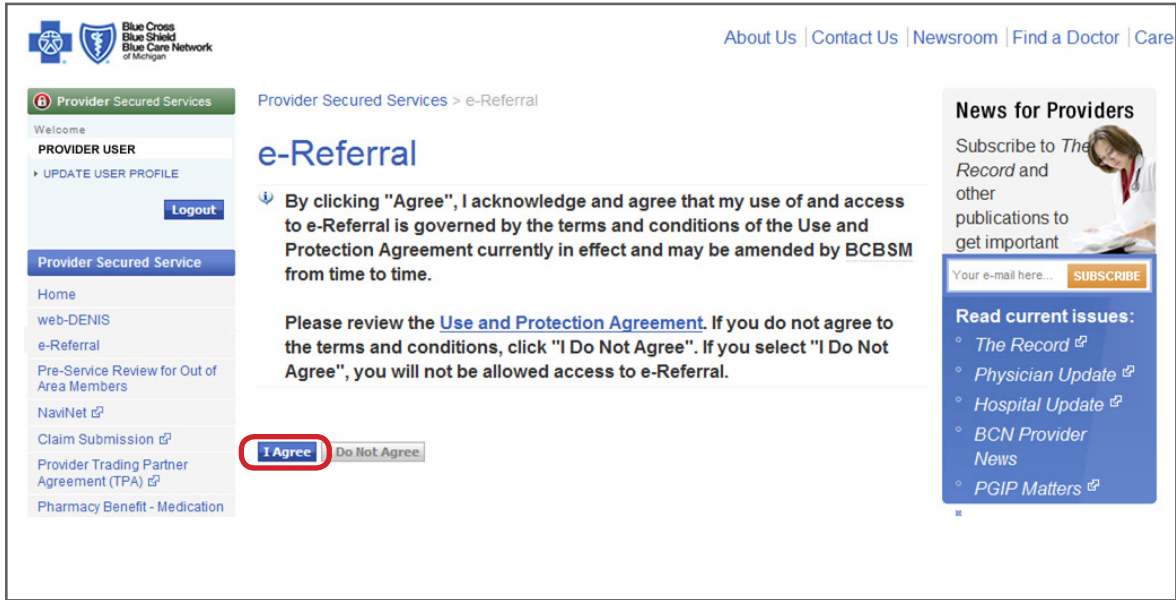
Searching for an authorization

Bookmarks

Templates

Accessing e-referral, cont.

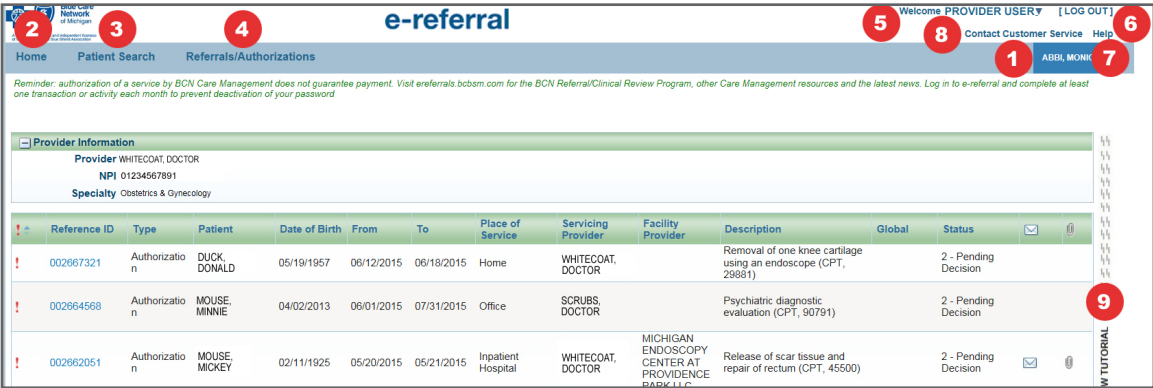
You will be asked to “Agree” to the Use and Protection Agreement.



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 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.



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.

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

Navigating the dashboard, cont.

IN FOCUS bar
Click the ▼ to expand the
Provider information (see the
next page for an expanded
view)

e-referral											
Welcome PROVIDER USER [Logout] Contact Customer Service Help											
Home Patient Search Referrals/Authorizations HELPFUL CLINIC ▼											
Authorization of services by BCN does not guarantee payment. Visit referrals.bcnm.com for the BCN Referral/Clinical Review Program, other Care Management resources and the latest news. Log in to e-referral and password. Additional information for out-of-state providers associated with other Blue Cross plans. The status of authorization requests will be communicated to the requesting provider by phone or you may call to request authorizations for members with commercial coverage call 1-800-482-5982.											
Provider Information											
Provider: HELPFUL CLINIC											
NPI: 01234567891											
Specialty: Outpatient Psychiatric Fac											
PROVIDER IN FOCUS Change											
Provider Set: 01234											
Provider: HELPFUL CLINIC											
NPI: 01234567891											
Type: Provider Group											
Specialty: Outpatient Psychiatric Fac											
Address											
Reference ID	Patient	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	
012345678	DUCK, DONALD	04/13/1975	09/01/2016	12/31/2016	Outpatient Hospital	HELPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		2 - Pending Decision	
012345678	MOUSE, MINNIE	05/26/1981	02/01/2016	01/31/2017	Outpatient Hospital	HELPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		2 - Pending Decision	
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 Decision	
012345678	WHITE, SNOW	10/01/1989	01/02/2016	01/01/2017	Outpatient Hospital	HELPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		3 - Fully Approved	
012345678	CHARMING, PRINCE	06/13/1991	01/01/2016	12/31/2016	Outpatient Hospital	HELPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		2 - Pending Decision	
012345678	DUCK, DAISY	02/01/1980	01/01/2016	12/31/2016	Office	HELPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		4 - Partially Approved	
012345678	BARRINGTON, BEARY	12/05/1949	01/01/2016	01/31/2016	Office	HELPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		3 - Fully Approved	

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.

Provider IN FOCUS: You will only have access to submit referrals/authorizations for providers for whom you are provisioned to do so.

Clicking on the change link allows you to choose from your list of provider sets.

HELPFUL CLINIC ▼

PROVIDER IN FOCUS Change

Provider Set

01234

Provider

HELPFUL CLINIC

NPI

01234567891

Type

Provider Group

Specialty

Outpatient Psychiatric Fac

Address

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

Select Associated Provider Close Window

Filter Associated Providers

Provider Set

01234 - Helpful Clinic

Provider Name

Last Name, First Name

Provider ID

Provider ID or NPI

SEARCH

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

Provider Name	NPI	Type	Specialty
HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
HELPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
HELPFUL COMMUNITY CLINIC	0123456789	Facility	
HELPFUL COMMUNITY CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac

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CLOSE

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

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).

e-referral												
Welcome PROVIDER USER [LOG OUT] Contact Customer Service Help												
Home Patient Search Referrals/Authorizations HELPFUL CLINIC												
Authorization of services by BCN does not guarantee payment. Visit ereferrals.bcnm.com for the BCN Referral/Clinical Review Program, other Care Management resources and the latest news. Log in to e-referral and complete at least one transaction or activity each month to prevent deactivation of your password. Additional information for out-of-state providers associated with other Blue Cross plans: The status of authorization requests will be communicated to the requesting provider by phone or you may call to request a status. For medical authorizations call 1-800-392-2512. For behavioral health authorizations for members with commercial coverage call 1-800-462-5982.												
Provider Information												
Provider: HELPFUL CLINIC												
1	2	3	4	5	6	7	8	9	10	11	12	13
!	Reference ID	Patient	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	
	012345678	DUCK, DONALD	04/13/1975	09/01/2016	12/31/2016	Outpatient Hospital	HELFPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		2 - Pending Decision	
	012345678	MOUSE, MINNIE	05/26/1981	02/01/2016	01/31/2017	Outpatient Hospital	HELFPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		2 - Pending Decision	
	012345678	MOUSE, MICKEY	05/13/1967	02/01/2016	04/30/2016	Office	HELFPFUL CLINIC		*Established patient office or other outpatient visit, typically 15 minutes* (CPT, 90213)	✓	2 - Pending Decision	
	012345678	WHITE, SNOW	10/01/1989	01/02/2016	01/01/2017	Outpatient Hospital	HELFPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		3 - Fully Approved	
	012345678	CHARMING, PRINCE	06/13/1991	01/01/2016	12/31/2016	Outpatient Hospital	HELFPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		2 - Pending Decision	
	012345678	DUCK, DAISY	02/01/1980	01/01/2016	12/31/2016	Office	HELFPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		4 - Partially Approved	
	012345678	BARRINGTON, BEARY	12/05/1949	01/01/2016	01/31/2016	Office	HELFPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		3 - Fully Approved	

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.
7. **Servicing Provider** – Name of provider performing the patient’s service(s).
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. ✉ – This icon indicates there is a message from Blue Cross or BCN to you on this case.
13. 📎 – 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 to be faxed to 1-866-364-7145 and/or called into 1-800-482-5982.

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 BCN-contracted 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.

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.

Search Options

Patient ID: 012345678

SEARCH

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, SUSAN	012345678	08/07/1967	F	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

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

Submitting an outpatient authorization, cont.

Searching by Patient ID with suffix

Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.

Search Options

Patient ID: 01234567801

SEARCH

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

Enter the patient's ID with suffix here. Do not include the hyphen before the suffix.
01 = subscriber
02 = spouse
03 = additional dependent(s)

Searching by First and Last Name

Enter the patient's last name and first name or first name initial. You must also include their birthdate.

Search Options

Last Name: test

First Name: marybeth

Birthdate: 05/05/1971

SEARCH

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

Eligibility As Of

The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.

Search Options

Eligibility As Of: 01/01/2012

SEARCH

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

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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:

Home Patient Search Referrals/Authorizations HELPFUL CLINIC

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID Last Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy)

test marybeth 05/05/1971

SEARCH

SSN (Numbers only) Medicare ID Medicaid ID

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

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

View – Use this link to view the patient's product level eligibility (or ineligibility) but not their benefits. Make sure to choose the record showing **active coverage**. To search for benefit information, please 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.

Home Patient Search Referrals/Authorizations EASTWOOD CLINICS

Submit Outpatient Authorization

Patient Information

Patient: TEST, MARYBETH Patient ID: 012345678 Address: 20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076

Birthdate: 05/05/1971 Group ID: 00000001

Age: 44 years PCP Name, ID: WHITECOAT, DOCTOR, 0123456789

Service 1

* Service From: (mm/dd/yyyy) * Service To: (mm/dd/yyyy)

* Type of Care: * Place Of Service: * Referring Provider Name, ID: HELPFUL CLINIC 0123456789

* Diagnosis Code: * Procedure Code Type: * Procedure Code: * Units: * Servicing Provider Name, ID: * Servicing Facility Name, ID:

SAVE AS... CANCEL SUBMIT

ADD SERVICE ADD SERVICE COPY PROVIDERS

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

Service 1 section
Enter the case information here.

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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Submitting an outpatient authorization, cont.

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.

Diagnosis Code Search

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Code or Description

SEARCH

Diagnosis Code – Search by Description

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

Diagnosis Code Search

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Code or Description

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, F43.25)		Bookmark

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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.

Diagnosis Code Search

Search

Bookmarks

Select a diagnosis code from the bookmarks below

Filter by Category

Uncategorized

Filter by Usage Type

Diagnosis

SEARCH

Code	Description	Category	Category Owner	Usage Type	Action
296.34	Major Depressive Disorder, Recurrent Episode, S...	Uncategorized	Provider	Diagnosis	delete

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Procedure Code Type

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

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 1

* 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 Evaluation

* Units

SAVE AS...

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

Submitting an outpatient authorization, cont.

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.

Procedure Code Search

Search Bookmarks

Enter a full or partial procedure code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Procedure Code Type Code or Description

CPT 90791 **SEARCH**

Code	Description	Action
90791	Psychiatric diagnostic evaluation (CPT, 90791)	Bookmark

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Procedure Code – Search by Bookmarks

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

Procedure Code Search

Search **Bookmarks**

Select a Procedure code from the bookmarks below

Filter by Category 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
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

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

Submitting an outpatient authorization, cont.

Units

Enter the requested number of sessions, not to exceed 20.

Service 1

* Service From 03/15/2016 (mm/dd/yyyy)

* Service To 03/31/2016 (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

* Procedure Code 90791 Search

Description Psychiatric Diagnostic Evaluation

* Units 20 x

SAVE AS...

Referring Provider Name, ID

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

DAT, DOCTOR, 0123456789

* Referring Provider Name, ID HELPFUL CLINIC 0123456789 Search

Address

* Servicing Provider Name, ID Search

Address

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 0123456789 Search

Address

* Servicing Provider Name, ID HELPFUL CLINIC 0123456789 Search

Address 12345 Happy St
Southfield, MI, USA 48034

Servicing Facility Name, ID Search

Submitting an outpatient authorization, cont.

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" 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	○ In	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 NPI:

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

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

SearchBookmarks

NameIDSpecialty

CityStateZip

CANCELSEARCH

Network	Name ^	NPI	Address	Group Affiliation	Type	Specialty	Action
● In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	RED GROUP PSYCHOLOGICAL SERVICES	Practitioner	Clinical Psychol-Fully License	Bookmark
● In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	YELLOW PSYCHIATRIC SERVICES PLLC	Practitioner	Clinical Psychol-Fully License	Bookmark
⊗ Out	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	GREEN PSYCHOLOGICAL SERVICES PC	Practitioner	Clinical Psychol-Fully License	Bookmark
● In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	RED COMPASSIONATE COUNSELING	Practitioner	Clinical Psychol-Fully License	Bookmark
● In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	BLUE WELLNESS	Practitioner	Clinical Psychol-Fully License	Bookmark

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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.

Patient ID 012345678Address 20500 CIVIC CENTER DRIVEAPT 123SOUTHFIELD, MI 48076Group ID 00000001PCP Name, ID WHITECOAT, DOCTOR, 0123456789

(mm/dd/yyyy)

(mm/dd/yyyy)

Referring Provider Name, ID AddressHELPFUL CLINIC0123456789Search

Servicing Provider Name, ID AddressSearch

Servicing Facility Name, ID AddressSearch

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 Duplicate Referral or AuthorizationClose Window

Please review existing potential duplicate Referrals/Authorizations. Your request may have already been submitted. A maximum of 5 potential duplicates will be displayed.

- Click Proceed to submit the request.
- Select the Reference ID to discard your request and view the existing Referral or Authorization.
- Access is restricted when none of your Associated Providers is associated to the Referral or Authorization.

Reference ID	From	To	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

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CANCELPROCEED

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

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Your submitted authorization will look like this:

The screenshot shows the 'Outpatient Authorization Details' form. It includes a header with a reference ID and status, a patient information section, a case communication section, a service extension section, and a notes section. Numbered callouts point to specific features: 1. Reference ID and status, 2. Printer-Friendly link, 3. Edit button, 4. Create New button, 5. Create New button in the notes section, and 6. New Referral, New Global Referral, New Inpatient, and New Outpatient buttons.

1. Reference ID and case status

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

This screenshot shows the top of the 'Outpatient Authorization Details' form. It features a green check mark icon and the text 'Outpatient Authorization Details'. Below this, it displays the reference ID '000032700' and the status 'Status 2 - Pending Decision'.

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.

This screenshot shows the 'Case Communication' form. It includes fields for 'To', 'From', 'Subject', and 'Attachments'. The 'Attachments' section has an 'ATTACH FILE' button highlighted with a red circle. Below this is a 'Message' field and a table for 'Select items to be reviewed'.

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.

This screenshot shows the 'Outpatient Authorization Details' form. It includes a header with a reference ID and status, a patient information section, and a case communication section. The 'EDIT' button is highlighted with a red circle.

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

This screenshot shows the 'Service Extension(s)' form. It includes a table for 'Service Extension(s)' with columns for 'From Date', 'To Date', 'Units', and 'Status'. The 'CREATE NEW' button is highlighted with a red circle. Below the table is a 'Subject' field and a 'Supporting Information' field. The 'SUBMIT' button is also highlighted with a red circle.

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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.

Answer each question until you have completed the questionnaire.

Once finished, click Next and Submit.

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.

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

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.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID

Last Name

First Name

Eligibility As Of (mm/dd/yyyy)

Birthdate (mm/dd/yyyy)

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, SUSAN	012345678	08/07/1967	F	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

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

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

Searching by Patient ID with suffix

Enter the patient’s subscriber ID with two-digit suffix to narrow your results to a specific patient.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID

Last Name

First Name

Eligibility As Of (mm/dd/yyyy)

Birthdate (mm/dd/yyyy)

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

View 1 - 1 of 1

Enter the patient’s ID with suffix here. Do not include the hyphen before the suffix.
01 = subscriber
02 = spouse
03 = additional dependent(s)

Searching by First and Last Name

Enter the patient’s last name and first name or first name initial. You must also include their birthdate.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID

Last Name

First Name

Eligibility As Of (mm/dd/yyyy)

Birthdate (mm/dd/yyyy)

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

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Eligibility As Of

The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient’s ID or name when using this field.

Home Patient Search Referrals/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)

Birthdate (mm/dd/yyyy)

SEARCH

advanced search

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

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Submitting Transcranial Magnetic Stimulation authorizations

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

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

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

HomePatient SearchReferrals/AuthorizationsHELPFUL CLINIC

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID

Last Name

First Name

Eligibility As Of (mm/dd/yyyy)

Birthdate (mm/dd/yyyy)

SEARCH

SSN (Numbers only)

Medicare ID

Medicaid ID

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

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

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

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.

HomePatient SearchReferrals/AuthorizationsHELPFUL CLINIC

Submit Inpatient Authorization

Patient Information

Patient

TEST, MARYBETH

Patient ID

012345678

Address

20500 CIVIC CENTER DRIVE
APT 123
SOUTHFIELD, MI 48076

Birthdate

5/5/1971

Group ID

Age

44 years

PCP Name, ID

SCRUBS, DOCTOR 012387411

USE TEMPLATE

Confinement Information

*Admission Date

(mm/dd/yyyy)

*Length of Stay

days

*Type of Care

*Place Of Service

*Primary Diagnosis Code

Description

*Procedure Code Type

CPT

*Primary Procedure Code

Description

*Referring Provider Name, ID

HELPFUL CLINIC 012345678

Address

*Servicing Provider Name, ID

Address

*Servicing Facility Name, ID

Address

*Admin Provider Name, ID

Address

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

Service 1 section
Enter the case information here.

- Admission Date**
Select the admission date from the calendar.
- Length of Stay**
Enter an estimated length of stay in days for this request.
- Type of Care**
Select Emergency 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:
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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Submitting Higher Level of Care (Inpatient) Authorizations, cont.

Primary Diagnosis Code

This is the code of the patient’s condition. If a diagnosis code is unknown, you can search for it by a partial (or full) code number or English description and click Search. 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 by Description.** Choose an active code. Click on the code’s link to populate the Diagnosis Code field for your authorization.

- **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.

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.

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.

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

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

Procedure Code – Search by Bookmarks

Select a procedure code from the list of your saved bookmarks.
For more information on Bookmarks, please see the [Bookmarks](#) section.

Procedure Code Search

Search Bookmarks

Select a Procedure code from the bookmarks below

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

Code	Description	Category	Owner	Usage Type	Action
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

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Referring Provider Name, ID

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

Referring Provider Name, ID: HELPFUL CLINIC 0123456789 Search

Servicing Provider Name, ID: Address Search

Servicing Facility Name, ID: Address 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 0123456789 Search

Servicing Provider Name, ID: HELPFUL CLINIC 0123456789 Address: 12345 Happy St Southfield, MI, USA 48034 Search

Servicing Facility Name, ID: Address Search

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.

Submit Inpatient Authorization

Patient Information: Patient: TEST, MARYBETH Birthdate: 5/5/1971 Age: 44 years Patient ID: 012345678 Group ID: PCP Name, ID: SCRUBS, DOCTOR 012587411 Address: 20500 CIVIC CENTER DRIVE APT 123 SOUTHFIELD, MI 48076

USE TEMPLATE

Confinement Information: Admission Date: Length of Stay: Type of Care: Place Of Service: Primary Diagnosis Code: Description: Procedure Code Type: CPT Primary Procedure Code: Description: Referring Provider Name, ID: HELPFUL CLINIC 012345678 Address: Servicing Provider Name, ID: Address: Servicing Facility Name, ID: Address: Admitting Provider Name, ID: Address:

Admitting Provider Name, ID

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

Submit Inpatient Authorization

Patient Information: Patient: TEST, MARYBETH Birthdate: 5/5/1971 Age: 44 years Patient ID: 012345678 Group ID: PCP Name, ID: SCRUBS, DOCTOR 012587411 Address: 20500 CIVIC CENTER DRIVE APT 123 SOUTHFIELD, MI 48076

USE TEMPLATE

Confinement Information: Admission Date: Length of Stay: Type of Care: Place Of Service: Primary Diagnosis Code: Description: Procedure Code Type: CPT Primary Procedure Code: Description: Referring Provider Name, ID: HELPFUL CLINIC 012345678 Address: Servicing Provider Name, ID: Address: Servicing Facility Name, ID: Address: Admitting Provider Name, ID: Address:

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

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

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.

Confinement Information

*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 (ICD10, F43.20)

*Procedure Code Type

CPT

*Primary Procedure Code

99222

Search

Description

Initial hospital inpatient care, typically 50 m...

SAVE AS...

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.

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Inpatient Authorization Details

Reference ID 005030716
Status 2 - Pending Decision

Actions

Questionnaire Assessment

1 *The Behavioral Health Initial Questionnaire is required for all inpatient requests.

2 *Call BCN Behavioral Health Services Department for assistance at 800-482-5982.

3 For members currently in 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 within one day.

EDIT

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

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

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

Questionnaire

Behavioral Health Initial

0% complete

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

Behavioral Health Initial - page 1

Q Contact Name:

A

Q Contact Call Back Number:

A

Q 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.):

A

Q What led to the emergent evaluation today (ex. Suicidal ideations, homicidal ideations, access to weapons, psychosis, mania, depressive symptoms):

A

Q Suicidal:

A

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

Q Possible placement concerns following discharge (Yes or No). If Yes, please explain:

A

Q Is this a readmission within 14 days?

A

Q Additional Information:

A

CANCEL

NEXT

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

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

Questionnaire

Behavioral Health Initial

0% complete

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

Behavioral Health Initial Score - page 2

CANCEL

NEXT

Click Submit on the next page:

Questionnaire

Behavioral Health Initial

100% complete

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

Final

CANCEL

SUBMIT

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.

Questionnaire Saved Successfully

Inpatient Authorization Details

Reference ID 005030716
Status 2 - Pending Decision

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

Your submitted authorization will look like this:

Questionnaire Saved Successfully

Inpatient Authorization Details

Reference ID 005030716
Status 2 - Pending Decision

Actions

1 *Call BCN Behavioral Health Services Department for Authorizations at 800-482-5982
2 For members currently in 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 within one day.

Patient Information

Patient TEST, MARYBETH
Birthdate 5/5/1971
Age 45 years

Patient ID 123456789
Group ID 00000001
PCP Name, ID WHITECOAT, DOCTOR (012345678)

Address 20500 CIVIC CENTER DRIVE
APT 123
SOUTHFIELD, MI 48076

Case Communication

From To Subject

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Confinement Information-Pending

Admission Date: 09/02/2016
Length of Stay: 3 days
Type Of Care: Direct
Place Of Service: Inpatient Hospital
Primary Diagnosis Code: F43.20
Description: Adjustment disorder, unspecified (ICD10, F43.20)
Procedure Code Type: CPT
Primary Procedure Code: 96222
Description: Initial hospital inpatient care, typically 50 m...

Referring Provider Name, ID WHITECOAT, DOCTOR 012345678
Address: 123 MAIN ST, STE 104
ANYTOWN, MI 48006

Servicing Provider Name, ID SCRUBS, DOCTOR 012345678
Address: 123 MAIN ST, STE 104
ANYTOWN, MI 48006

Servicing Facility Name, ID ANY HOSPITAL
Address: 777 MAIN ST, STE 104
ANYTOWN, MI 48006

Admitting Provider Name, ID DOCTOR, DOCTOR 456789101
Address: 123 MAIN ST, STE 208
ANYTOWN, MI 48006

Notes

Date Subject Supporting Information

CREATE NEW

1. Reference ID and case status

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

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.

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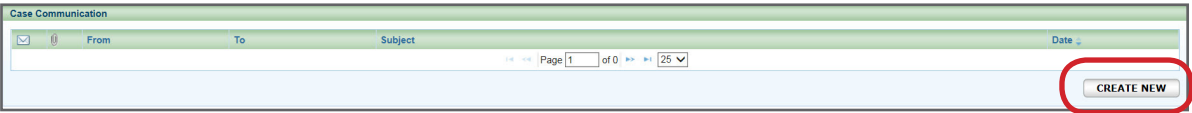
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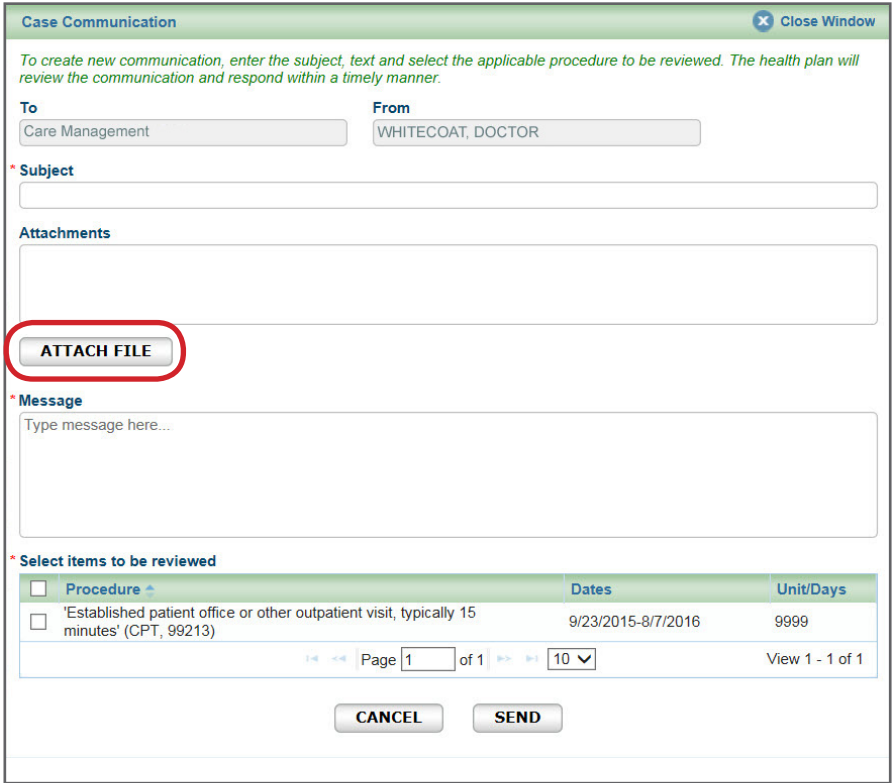
Submitting Higher Level of Care (Inpatient) Authorizations, cont.

Create New (communication)

To attach clinical information (both initial clinical and continued stay or discharge information) to the request in the e-referral system, click the Create New button in the Case Communication field.

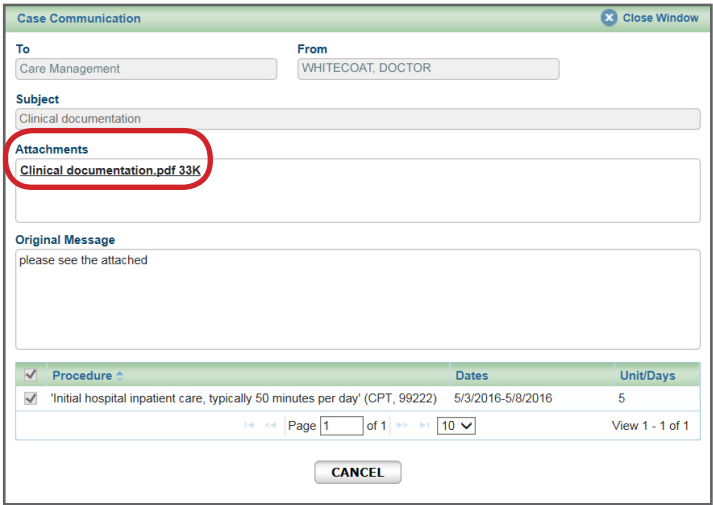


In the dialog box that opens, enter a subject and your message. Fields marked with an asterisk are required. Click Attach File. Locate the document in your files and double-click so they upload. File formats accepted include: .bmp, .doc, .docx, .gif, .jpg, .pdf, .png, .ppt, .txt, .xls and .xlsx. Maximum file size is 10 MB. **Please ensure your file name does not contain any special characters or symbols as you will receive an error message.** In the dialog box, check off the items to be reviewed. Click Send.




Procedure	Dates	Unit/Days
<input type="checkbox"/> Established patient office or other outpatient visit, typically 15 minutes (CPT, 99213)	9/23/2015-8/7/2016	9999

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

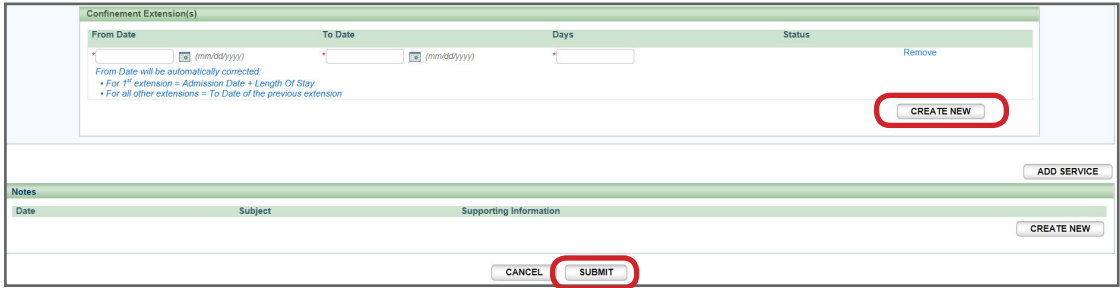


Submitting Higher Level of Care (Inpatient) Authorizations, cont.

To extend service on an existing Inpatient Authorization, begin by locating your authorization. See [Section XI: Searching for an Authorization](#) for help. Click the Edit button.



Scroll down to the Confinement Extension(s) section, click the Create New button and enter your new dates and number of days. Click Submit. A questionnaire will appear at the top of the screen.



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.



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

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

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.

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

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

Click Next on the Behavioral Health Concurrent – page 2:

Click Submit on the next page:

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 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.

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 42](#) for uploading instructions.

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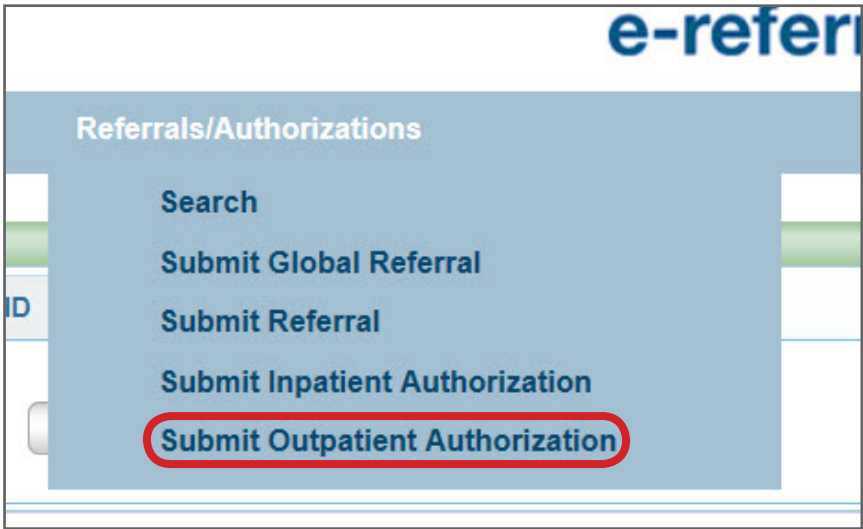
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Section VIII: Submitting Higher Levels of Care (Outpatient) Authorizations

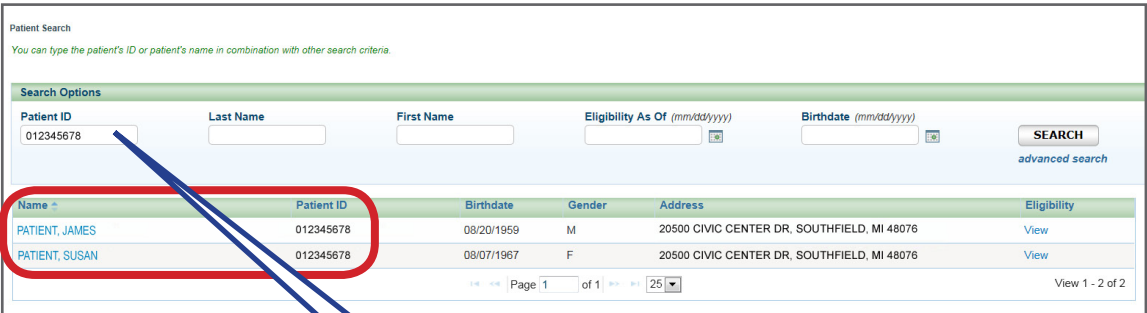
Start your submission by choosing Submit Outpatient Authorization for Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization Substance Abuse, Domiciliary Partial Hospitalization Substance Abuse, Intensive Outpatient Substance Abuse, or Domiciliary Intensive Outpatient 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.

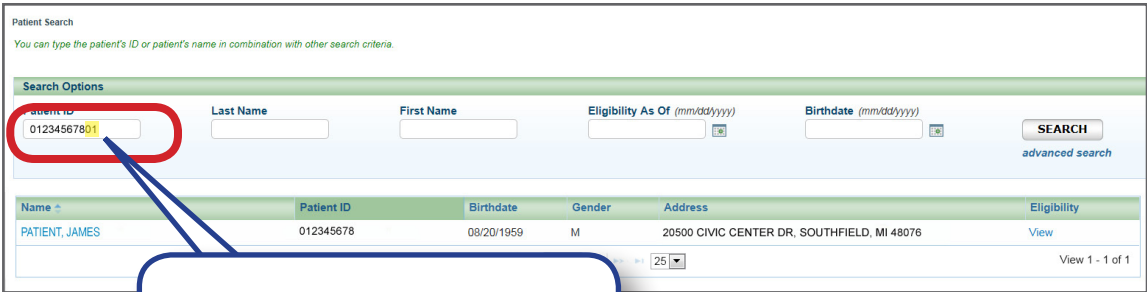


Enter the patient's ID here. This is the patient's ID number minus the alpha prefix found on the front of their identification card.

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

Searching by Patient ID with suffix

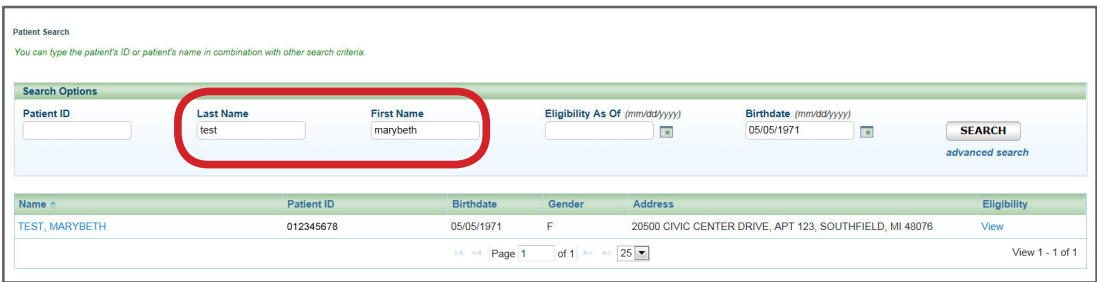
Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.



Enter the patient's ID with suffix here. Do not include the hyphen before the suffix.
01 = subscriber
02 = spouse
03 = additional dependent(s)

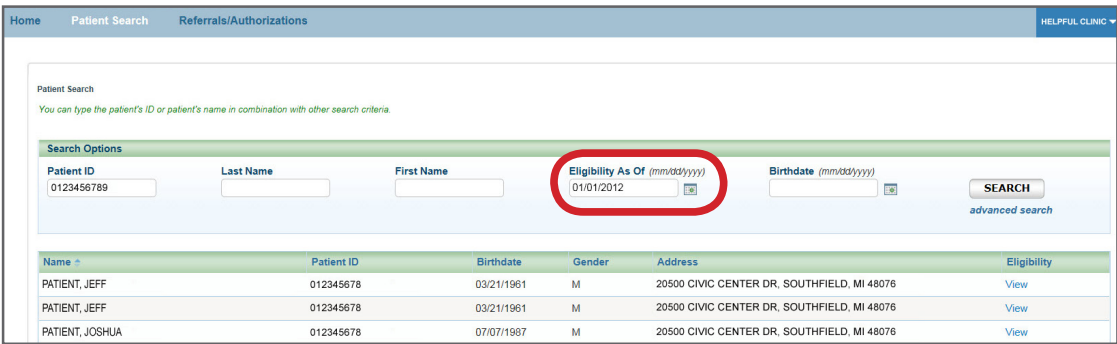
Searching by First and Last Name

Enter the patient's last name and first name or first name initial. You must also include their birthdate.



Eligibility As Of

The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.



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

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

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

Home Patient Search Referrals/Authorizations HELPFUL CLINIC

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID Last Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy)

SSN (Numbers only) Medicare ID Medicaid ID

SEARCH advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

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

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

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

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

Submit Outpatient Authorization

Patient Information

Patient TEST, MARYBETH Patient ID 012345678 Address 20500 CIVIC CENTER DRIVE
Birthdate 5/5/1971 Group ID APT 123
Age 44 years PCP Name, ID SCRUBS, DOCTOR 012587411 SOUTHFIELD, MI 48076

USE TEMPLATE

Service 1

*Service From (mm/dd/yyyy) *Referring Provider Name, ID Address HELPFUL CLINIC 012345678 Search
*Service To (mm/dd/yyyy)
*Type of Care
*Place Of Service
*Diagnosis Code Description
*Procedure Code Type CPT
*Procedure Code Description
*Units

*Serving Provider Name, ID Address Search
*Serving Facility Name, ID Address Search

SAVE AS... ADD SERVICE ADD SERVICE COPY PROVIDERS

CANCEL SUBMIT

- **Service From/To**
Enter a start date and end date appropriate for the services being requested.
- **Type of Care**
Select Elective from the drop-down menu.
- **Place of Service**
You will see several options to choose from in the drop-down menu. Select Outpatient Hospital.
- **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.

Diagnosis Code Search Close Window

Search Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Code or Description SEARCH

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

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

Diagnosis Code Search

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.

Include decimal if applicable (e.g. 250.01)

Code or Description

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, F43.25)		Bookmark

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- **Diagnosis Code** – Search by **Bookmarks**
Select a diagnosis code from the list of your saved bookmarks. For more information on Bookmarks, please see the **Bookmarks** section.

Diagnosis Code Search

Search

Bookmarks

Select a diagnosis code from the bookmarks below

Filter by Category

Uncategorized

Filter by Usage Type

Diagnosis

SEARCH

Code	Description	Category	Category Owner	Usage Type	Action
296.34	Major Depressive Disorder, Recurrent Episode, S...	Uncategorized	Provider	Diagnosis	delete

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• **Procedure Code Type**

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

Procedure Code Search

Search

Bookmarks

Enter a full or partial procedure code or description below and click 'Search'.

Include decimal if applicable (e.g. 250.01)

Procedure Code Type

CPT

Code or Description

SEARCH

Procedure Code – Search by **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.

Procedure Code Search

Search

Bookmarks

Enter a full or partial procedure code or description below and click 'Search'.

Include decimal if applicable (e.g. 250.01)

Procedure Code Type

HCPCS

Code or Description

partial hospital

SEARCH

Code	Description	Inactive	Action
G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 (HCPCS, G0410)		Bookmark
G0411	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTES (HCPCS, G0411)		Bookmark
H0035	Mental health partial hospitalization, treatment, less than 24 hours (HCPCS, H0035)		Bookmark
Q0082	Activity Therapy Furnished In Connection With Partial Hospitalization (HCPCS, Q0082)	Yes	Bookmark
S0201	Partial hospitalization services, less than 24 hours, per diem (HCPCS, S0201)		Bookmark

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

Procedure Code – Search by Bookmarks

Select a procedure code from the list of your saved bookmarks.
For more information on Bookmarks, please see the [Bookmarks](#) section.

Procedure Code Search

Search

Bookmarks

Select a Procedure code from the bookmarks below

Filter by Category

All

Filter by Usage Type

All

SEARCH

Code	Description	Category	Owner	Usage Type	Action
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

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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).

DAT, DOCTOR, 0123456789

* Referring Provider Name,ID

HELPFUL CLINIC

0123456789

Search

* Servicing Provider Name,ID

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

HELPFUL CLINIC

0123456789

Search

* Servicing Provider Name,ID

HELPFUL CLINIC

0123456789

Search

Address

12345 Happy St

Southfield, MI, USA 48034

Servicing Facility Name,ID

Search

Address

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

HELPFUL CLINIC

0123456789

Search

* Servicing Provider Name,ID

HELPFUL CLINIC

0123456789

Search

Address

12345 Happy St

Southfield, MI, USA 48034

Servicing Facility Name,ID

HELPFUL CLINIC

0123456789

Search

Address

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 1

* 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

SAVE AS...

Once finished, click Submit. A questionnaire will appear.

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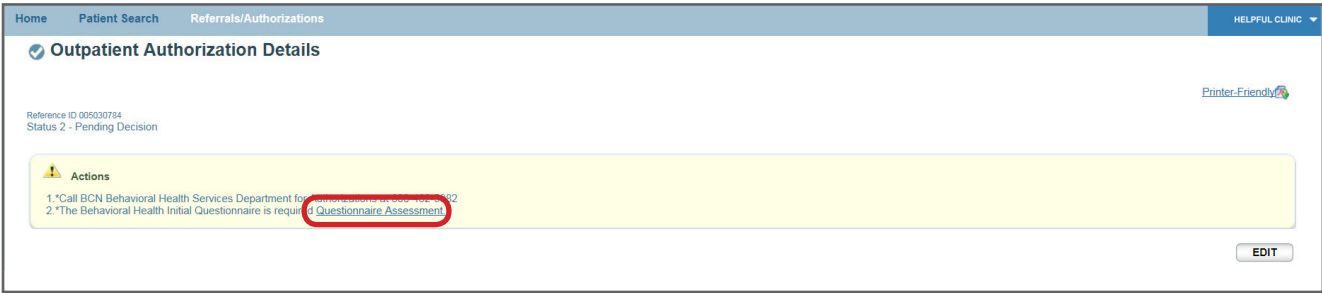
Templates

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

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.



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.

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

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

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

Click Submit on the next page:

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 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.

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

Your submitted authorization will look like this:

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.

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.

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

Create New (communication)
To attach clinical information (both initial clinical and continued stay or discharge information) to the request in the e-referral system, click the Create New button in the Case Communication field.

In the dialog box that opens, enter a subject and your message. Fields marked with an asterisk are required. Click Attach File. Locate the document in your files and double-click so they upload. File formats accepted include: .bmp, .doc, .docx, .gif, .jpg, .pdf, .png, .ppt, .txt, .xls and .xlsx. Maximum file size is 10 MB. **Please ensure your file name does not contain any special characters or symbols as you will receive an error message.** In the dialog box, check off the items to be reviewed. Click Send.

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

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

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

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.

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.

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

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

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.

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

Click Next on the Behavioral Health Concurrent – page 2:

A screenshot of a web form titled "Questionnaire" with a sub-header "Behavioral Health Concurrent". Below the sub-header is a progress bar showing "0% complete" and a note: "Answering the question(s) below will provide additional information needed to process your request." The form has a section labeled "Behavioral Health Concurrent - page 2". At the bottom, there are two buttons: "CANCEL" and "NEXT". The "NEXT" button is circled in red.

Click Submit on the next page:

A screenshot of a web form titled "Questionnaire" with a sub-header "Behavioral Health Concurrent". Below the sub-header is a progress bar showing "100% complete" and a note: "Answering the question(s) below will provide additional information needed to process your request." The form has a section labeled "Final". At the bottom, there are two buttons: "CANCEL" and "SUBMIT". The "SUBMIT" button is circled in red.

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 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.

A screenshot of a web page titled "Outpatient Authorization Details". At the top, there is a blue banner with a message icon and the text "Questionnaire Saved Successfully". Below the banner, the page displays "Reference ID 002466574" and "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.

A screenshot of a web interface titled "e-referral". It shows a "Referrals/Authorizations" menu with several options: "Search", "Submit Global Referral", "Submit Referral", "Submit Inpatient Authorization", and "Submit Outpatient Authorization". The "Submit Outpatient Authorization" option is circled in red.

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.

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Submitting an Electroconvulsive Therapy authorization, cont.

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 Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID 012345678 Last Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy) SEARCH advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, SUSAN	012345678	08/07/1967	F	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

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

Submitting an Electroconvulsive Therapy authorization, cont.

Searching by Patient ID with suffix

Enter the patient’s subscriber ID with two-digit suffix to narrow your results to a specific patient.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID 01234567801 Last Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy) SEARCH advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

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Enter the patient’s ID with suffix here. Do not include the hyphen before the suffix.
01 = subscriber
02 = spouse
03 = additional dependent(s)

Searching by First and Last Name

Enter the patient’s last name and first name or first name initial. You must also include their birthdate.

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 test First Name marybeth Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy) 05/05/1971 SEARCH advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

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Eligibility As Of

The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient’s ID or name when using this field.

Home Patient Search Referrals/Authorizations HELPFUL CLINIC

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID 0123456789 Last Name First Name Eligibility As Of (mm/dd/yyyy) 01/01/2012 Birthdate (mm/dd/yyyy) SEARCH advanced search

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

Submitting an Electroconvulsive Therapy authorization, cont.

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

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

HomePatient SearchReferrals/AuthorizationsHELPFUL CLINIC

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID

Last Name

First Name

Eligibility As Of (mm/dd/yyyy)

Birthdate (mm/dd/yyyy)

SEARCH

SSN (Numbers only)

Medicare ID

Medicaid ID

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

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

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

Submitting an Electroconvulsive Therapy authorization, cont.

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

Submit Outpatient Authorization

Patient Information

Patient

TEST, MARYBETH

Patient ID

012345678

Address

20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076

Birthdate

5/5/1971

Group ID

Age

44 years

PCP Name, ID

SCRUBS, DOCTOR 012587411

USE TEMPLATE

Service 1

*Service From

(mm/dd/yyyy)

*Service To

(mm/dd/yyyy)

*Type of Care

*Place Of Service

*Diagnosis Code

Search

*Referring Provider Name, ID

HELPFUL CLINIC

012345678

Search

*Serving Provider Name, ID

Search

*Serving Facility Name, ID

Search

*Procedure Code Type

CPT

*Procedure Code

Description

Units

SAVE AS...

ADD SERVICE

ADD SERVICE COPY PROVIDERS

CANCEL

SUBMIT

- **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

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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

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Code or Description

SEARCH

Diagnosis Code – Search by Description

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

Diagnosis Code Search

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Code or Description

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, F43.25)		Bookmark

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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.

Diagnosis Code Search

Search

Bookmarks

Select a diagnosis code from the bookmarks below

Filter by Category

Uncategorized

Filter by Usage Type

Diagnosis

SEARCH

Code	Description	Category	Category Owner	Usage Type	Action
296.34	Major Depressive Disorder, Recurrent Episode, S...	Uncategorized	Provider	Diagnosis	delete

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Procedure Code Type

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

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 1

* 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

* Procedure Code

90870

Search

Description

Shock treatment and monitoring (CPT, 90870)

Units

SAVE AS...

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

Submitting an Electroconvulsive Therapy authorization, cont.

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.

Procedure Code Search

Search Bookmarks

Enter a full or partial procedure code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Procedure Code Type: CPT
Code or Description: 90870

SEARCH

Code	Description	Inactive	Action
90870	Shock treatment and monitoring (CPT, 90870)		Bookmark

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Procedure Code – Search by Bookmarks

Select a procedure code from the list of your saved bookmarks.
For more information on Bookmarks, please see the [Bookmarks](#) section.

Procedure Code Search

Search Bookmarks

Select a Procedure code from the bookmarks below

Filter by Category: All
Filter by Usage Type: All

SEARCH

Code	Description	Category	Owner	Usage Type	Action
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

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

Submitting an Electroconvulsive Therapy authorization, cont.

Units

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 Hospital
* Diagnosis Code: F43.20
Description: Adjustment disorder, unspecified (ICD10, F43.20)
* Procedure Code Type: CPT
* Procedure Code: 90870
Description: Shock treatment and monitoring (CPT, 90870)
* Units: 12

SAVE AS...

Referring Provider Name, ID

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

DAT, DOCTOR, 0123456789

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

Servicing Provider Name, ID

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

* Referring Provider Name, ID Address: HELPFUL CLINIC, 0123456789
* Servicing Provider Name, ID Address: HELPFUL CLINIC, 12345 Happy St, Southfield, MI, USA 48034
Servicing Facility Name, ID Address:

Submitting an Electroconvulsive Therapy authorization, cont.

The Network Status is displayed in the far left column:

The screenshot shows the 'Servicing Provider Search' window. It has search filters for Name, ID, Specialty, City, State, and Zip. Below the filters is a table of search results. The first column, 'Network', contains status labels: 'Pref' (Preferred), 'In' (In-network), and 'Out' (Out-of-network). The table lists providers like 'Test, Doctor' and 'David, Provider' with their respective NPIs, addresses, and specialties.

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	○ In	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.

This screenshot shows the same search results as the previous one, but with a red circle highlighting the 'Group Affiliation' column. It shows multiple entries for 'WHITECOAT, DOCTOR' with different group affiliations like 'RED GROUP PSYCHOLOGICAL SERVICES' and 'YELLOW PSYCHIATRIC SERVICES PLLC'. A scroll bar on the right indicates there are more results.

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.

The screenshot shows the authorization form with fields for Patient ID, Group ID, PCP Name, ID, Referring Provider Name, ID, and Servicing Facility Name, ID. The 'Servicing Facility Name, ID' field is circled in red.

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.

The screenshot shows the 'Service 1' form with fields for Service From, Service To, Type of Care, Place of Service, Diagnosis Code, Procedure Code Type, Procedure Code, and Units. The 'SAVE AS...' button is circled in red.

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.

The screenshot shows the bottom of the authorization form with the 'SUBMIT' button circled in red.

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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.



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.

Submitting an Electroconvulsive Therapy authorization, cont.

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

Scroll back to top and Click Next on ECT Review – Pg 2:

Click Submit on the next page:

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 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.

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Submitting an Electroconvulsive Therapy authorization, cont.

Your submitted authorization will look like this:

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 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.

Submitting an Electroconvulsive Therapy authorization, cont.

Create New (communication)
To attach clinical to the request in the e-referral system, click the Create New button in the Case Communication field.

In the dialog box that opens, enter a subject and your message. Fields marked with an asterisk are required. Click Attach File. Locate the document in your files and double-click so they upload. File formats accepted include: .bmp, .doc, .docx, .gif, .jpg, .pdf, .png, .ppt, .txt, .xls and .xlsx. Maximum file size is 10 MB. **Please ensure your file name does not contain any special characters or symbols as you will receive an error message.** In the dialog box, check off the items to be reviewed. Click Send.

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

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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.

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.

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.

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.

Submitting a Transcranial Magnetic Stimulation authorization, cont.

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.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID: 012345678

Last Name:

First Name:

Eligibility As Of (mm/dd/yyyy):

Birthdate (mm/dd/yyyy):

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, SUSAN	012345678	08/07/1967	F	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

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

Submitting a Transcranial Magnetic Stimulation authorization, cont.

Searching by Patient ID with suffix

Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID: 01234567801

Last Name:

First Name:

Eligibility As Of (mm/dd/yyyy):

Birthdate (mm/dd/yyyy):

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1959	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

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Enter the patient's ID with suffix here. Do not include the hyphen before the suffix.
01 = subscriber
02 = spouse
03 = additional dependent(s)

Searching by First and Last Name

Enter the patient's last name and first name or first name initial. You must also include their birthdate.

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: test

First Name: marybeth

Eligibility As Of (mm/dd/yyyy):

Birthdate (mm/dd/yyyy): 05/05/1971

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

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Eligibility As Of

The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.

Home Patient Search Referrals/Authorizations

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID: 0123456789

Last Name:

First Name:

Eligibility As Of (mm/dd/yyyy): 01/01/2012

Birthdate (mm/dd/yyyy):

SEARCH

advanced search

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

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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:

Home Patient Search Referrals/Authorizations HELPFUL CLINIC

Patient Search

You can type the patient's ID or patient's name in combination with other search criteria.

Search Options

Patient ID	Last Name	First Name	Eligibility As Of (mm/dd/yyyy)	Birthdate (mm/dd/yyyy)	SEARCH advanced search
	test	marybeth		05/05/1971	
SSN (Numbers only)	Medicare ID	Medicaid ID			

Name	Patient ID	Birthdate	Gender	Address	Eligibility
TEST, MARYBETH	012345678	05/05/1971	F	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076	View

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

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

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.

Submit Outpatient Authorization

Patient Information

Patient	TEST, MARYBETH	Patient ID	012345678	Address	20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076
Birthdate	5/5/1971	Group ID			
Age	44 years	PCP Name, ID	SCRUBS, DOCTOR 012687411		

USE TEMPLATE

Service 1

*Service From	(mm/dd/yyyy)	*Referring Provider Name, ID	HELPFUL CLINIC 012345678	Search
*Service To	(mm/dd/yyyy)			
*Type of Care		*Servicing Provider Name, ID		Search
*Place Of Service		Servicing Facility Name, ID		Search
*Diagnosis Code				
*Procedure Code Type	CPT			
*Procedure Code				
*Units				

SAVE AS... ADD SERVICE ADD SERVICE COPY PROVIDERS

CANCEL SUBMIT

- 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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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

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Code or Description

SEARCH

Diagnosis Code – Search by Description

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

Diagnosis Code Search

Search

Bookmarks

Enter a full or partial diagnosis code or description below and click 'Search'.
Include decimal if applicable (e.g. 250.01)

Code or Description

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, F43.25)		Bookmark

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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.

Diagnosis Code Search

Search

Bookmarks

Select a diagnosis code from the bookmarks below

Filter by Category

Uncategorized

Filter by Usage Type

Diagnosis

SEARCH

Code	Description	Category	Category Owner	Usage Type	Action
296.34	Major Depressive Disorder, Recurrent Episode, S...	Uncategorized	Provider	Diagnosis	delete

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Procedure Code Type

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

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 1

* 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, recurrent, severe wi...

* Procedure Code Type

CPT

* Procedure Code

90867

Search

Description

Transcranial magnetic stimulation treatment (st...

* Units

SAVE AS...

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

Submitting a Transcranial Magnetic Stimulation authorization, cont.

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.

Procedure Code Search

Search

Bookmarks

Enter a full or partial procedure code or description below and click 'Search'.

Include decimal if applicable (e.g. 250.01)

Procedure Code Type

CPT

Code or Description

90867

SEARCH

Code	Description	Inactive	Action
90867	Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression) (CPT, 90867)		Bookmark

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View 1 - 1 of 1

Procedure Code – Search by Bookmarks

Select a procedure code from the list of your saved bookmarks.
For more information on Bookmarks, please see the [Bookmarks](#) section.

Procedure Code Search

Search

Bookmarks

Select a Procedure code from the bookmarks below

Filter by Category

All

Filter by Usage Type

All

SEARCH

Code	Description	Category	Owner	Usage Type	Action
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

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

Submitting a Transcranial Magnetic Stimulation authorization, cont.

Units

Enter the requested number of sessions, not to exceed 1.

Service 1

* 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, recurrent, severe wi...

* Procedure Code Type

CPT

* Procedure Code

90867

Search

Description

Transcranial magnetic stimulation treatment (st...

* Units

1

x

SAVE AS...

Referring Provider Name, ID

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

DAT, DOCTOR, 0123456789

* Referring Provider Name,ID

HELPFUL CLINIC

0123456789

Search

* Servicing Provider Name,ID

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

0123456789

Search

* Servicing Provider Name,ID

HELPFUL CLINIC

0123456789

Search

Servicing Facility Name,ID

Search

Submitting a Transcranial Magnetic Stimulation authorization, cont.

The Network Status is displayed in the far left column:

The screenshot shows the 'Servicing Provider Search' window. It has search filters for Name, ID, Specialty, City, State, and Zip. Below the filters are 'CANCEL' and 'SEARCH' buttons. The results table has columns: Network, Name, NPI, Address, Group Affiliation, Type, Specialty, and Action. The first row is highlighted with a red border.

Network	Name	NPI	Address	Group Affiliation	Type	Specialty	Action
Pref	Test, Doctor	1111111141	1234 Bloomfield Detroit, MI Suite 03	MD Practice	Practitioner	OB/GYN	Bookmark
In	Test, Provider	1211111111	4321 Rochester Road, Suite 001		Practitioner	OB/GYN	Bookmark
Out	David, Provider	1311111111	2222 Southfield Road, Suite 003		Practitioner	OB/GYN	Bookmark
Out	Mike, Doctor	1711111111	1244 Hickory Grove Road, Suite 10	Mike's OB/GYN	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	○ In	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.

This screenshot shows the search results for 'WHITECOAT, DOCTOR'. The 'Group Affiliation' column lists several entities: RED GROUP PSYCHOLOGICAL SERVICES, YELLOW PSYCHIATRIC SERVICES PLLC, GREEN PSYCHOLOGICAL SERVICES PC, RED COMPASSIONATE COUNSELING, and BLUE WELLNESS. A red box highlights this column, and a scroll bar on the right indicates multiple entries.

Network	Name	NPI	Address	Group Affiliation	Type	Specialty	Action
In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	RED GROUP PSYCHOLOGICAL SERVICES	Practitioner	Clinical Psychol-Fully License	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	YELLOW PSYCHIATRIC SERVICES PLLC	Practitioner	Clinical Psychol-Fully License	Bookmark
Out	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	GREEN PSYCHOLOGICAL SERVICES PC	Practitioner	Clinical Psychol-Fully License	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	RED COMPASSIONATE COUNSELING	Practitioner	Clinical Psychol-Fully License	Bookmark
In	WHITECOAT, DOCTOR	0123456789	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	BLUE WELLNESS	Practitioner	Clinical Psychol-Fully License	Bookmark

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.

The screenshot shows the authorization form with fields for Patient ID, Group ID, PCP Name, ID, Address, Referring Provider Name, ID, Address, Servicing Provider Name, ID, Address, and Servicing Facility Name, ID. The 'Servicing Facility Name, ID' field is circled in red.

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.

The screenshot shows the 'Service 1' form with fields for Service From, Service To, Type of Care, Place of Service, Diagnosis Code, Description, Procedure Code Type, Procedure Code, Description, and Units. The 'SAVE AS...' button is circled in red.

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.

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

The screenshot shows the bottom right of the authorization screen with 'CANCEL' and 'SUBMIT' buttons. The 'SUBMIT' button is circled in red.

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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.



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.

Submitting a Transcranial Magnetic Stimulation authorization, cont.

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

Scroll back to top and Click Next on TMS Review – Pg 2:

Click Submit on the next page:

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 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.

Upon clinical review and approval, *90868 visits will be added/approved as deemed medical necessary by a BCN Behavioral Health Medical Director.

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Submitting a Transcranial Magnetic Stimulation authorization, cont.

Your submitted authorization will look like this:

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 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.

Submitting a Transcranial Magnetic Stimulation authorization, cont.

Create New (communication)
To attach clinical to the request in the e-referral system, click the Create New button in the Case Communication field.

In the dialog box that opens, enter a subject and your message. Fields marked with an asterisk are required. Click Attach File. Locate the document in your files and double-click so they upload. File formats accepted include: .bmp, .doc, .docx, .gif, .jpg, .pdf, .png, .ppt, .txt, .xls and .xlsx. Maximum file size is 10 MB. **Please ensure your file name does not contain any special characters or symbols as you will receive an error message.** In the dialog box, check off the items to be reviewed. Click Send.

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

Section XI: Searching for an Authorization

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



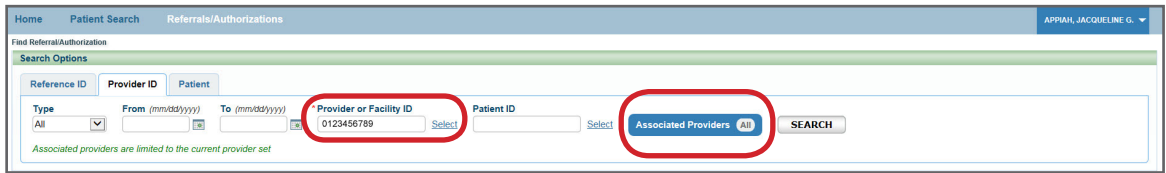
You can search by **Reference ID**

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



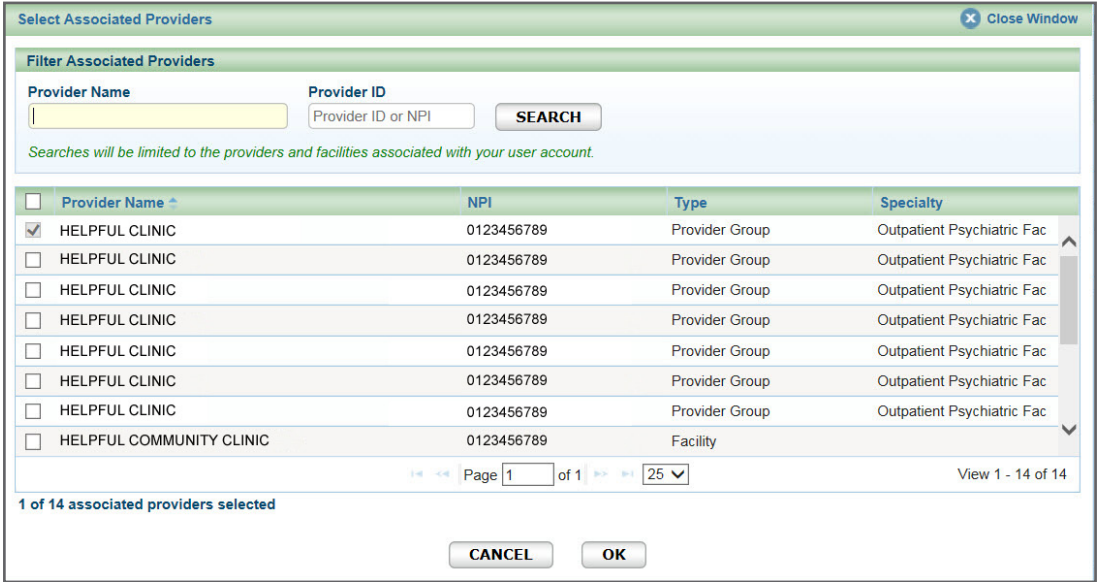
Searching for an authorization, cont.

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

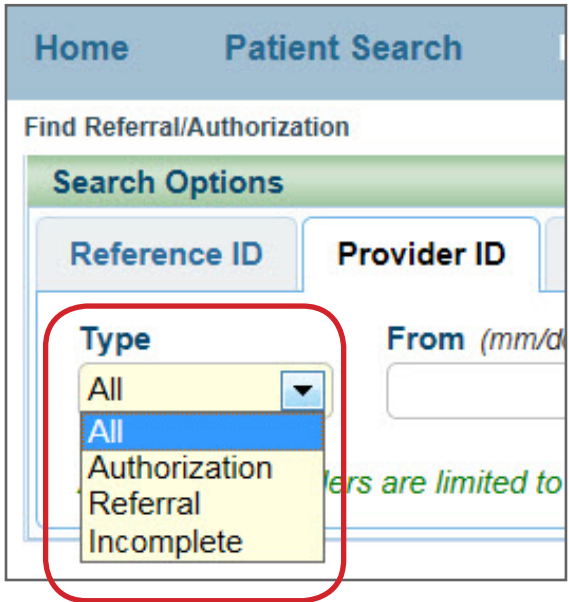


A Provider or Facility ID is the 10-digit National Provider ID assigned to the provider performing the patient's service(s). You must know the NPI in order to search by Provider or Facility ID. Your results will only contain specific referrals/authorizations that you are allowed to see.

You can 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.



Under both the Provider ID and Patient tab, you will see a **Type** drop-down menu. Here, you can select **All**, **Authorization**, **Referral** or **Incomplete**. It is recommended you choose **All** for better search results.



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Searching for an authorization, cont.

You can search by **Patient**

HomePatient SearchReferrals/Authorizations

Find Referral/Authorization

Search Options

Reference IDProvider IDPatient

TypeFrom (mm/dd/yyyy)To (mm/dd/yyyy)Provider or Facility IDSelect* Patient IDSelectAssociated Providers 1SEARCH

Associated providers are limited to the current provider set

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.

HomePatient SearchReferrals/AuthorizationsEASTWOOD CLINICS

Find Referral/Authorization

Search Options

Reference IDProvider IDPatient

TypeFrom (mm/dd/yyyy)To (mm/dd/yyyy)Provider or Facility IDSelect* Patient ID0123456789SelectAssociated Providers AllSEARCH

Associated providers are limited to the current provider set

	Reference ID	Patient	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	
!	012345678	DUCK, DONALD	05/05/1971	03/04/2016	04/30/2016	Office	HELPPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		2 - Pending Decision	
!	012345678	MOUSE, MINNIE	05/05/1971	03/09/2016	03/31/2016	Outpatient Hospital	HELPPFUL CLINIC		Psychiatric diagnostic evaluation (CPT, 90791)		2 - Pending Decision	

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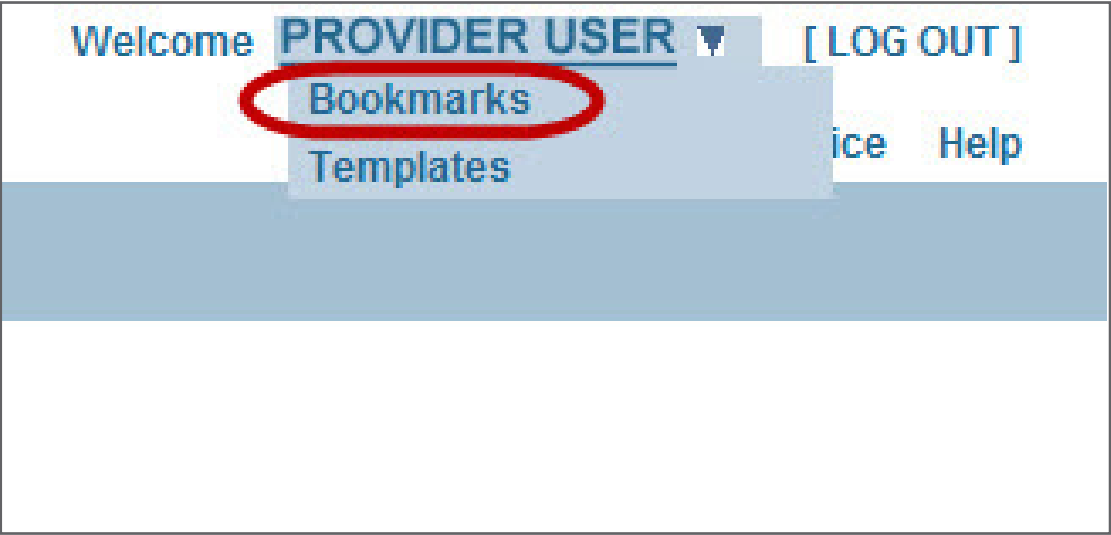
Section XII: Bookmarks

E-referral’s bookmark functionality allows you to create and save your most used diagnosis and procedure codes as well as providers and facilities. This tool helps streamline your referral/authorization entries.

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

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

Choose Bookmarks



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

HomePatient SearchReferrals/AuthorizationsHELPPFUL CLINIC

Bookmarks

CategoriesCodeProvider

Manage Categories

Search Options

NameDescriptionTypeOwnerSEARCH

Category Name	Category Type	Category Description	Owner	Action
05012014	Code	Add Category with valid code and code descri...	Payer	edit delete
BCN05152014	Code	Uploaded on 5152014	Payer	edit delete
BCN05192014	Code	Uploaded on 5192014	Payer	edit delete
Diagnoses	Code		Provider	edit delete
Uncategorized	Code		Provider	edit delete
Uncategorized	Code		Payer	edit delete

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Bookmarks, cont.

On the **Categories** tab, you can edit, delete or add a new category. It is recommended that your office creates a standard group of categories for all users in your office. Categories are helpful if you frequently refer to certain providers (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.”

The screenshot shows a table with five rows, each containing the text "Provider" and a link "edit | delete". At the bottom right of the table area, it says "View 1 - 10 of 10". Below the table, there is a button labeled "ADD" which is circled in red.

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**.

The screenshot shows a window titled "Add Category" with a "Close Window" button. Inside, there is a text input field for "Name" containing "Cardiologists / Botsford", a dropdown menu for "Type" set to "Provider", and a larger text area for "Description". At the bottom, there are two buttons: "SAVE" (circled in red) and "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:

The screenshot shows the "Bookmarks" interface with tabs for "Categories", "Code", and "Provider". The "Code" tab is active. It features search fields for "Code" (1), "Description" (2), "Category" (3), "Owner" (4), and "Usage Type" (5), followed by a "SEARCH" button. Below is a table of bookmarks with columns for Code, Description, Category, Category Owner, Usage Type, and Action. The table lists several medical codes and their corresponding descriptions and categories.

- 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”.

The screenshot shows a dropdown menu titled "Usage Type". The menu is open, showing options: "All", "CPT", "Diagnosis", "HCPCS", "ICD9 Procedure", and "ICD10 Procedure". The "All" option is currently selected.

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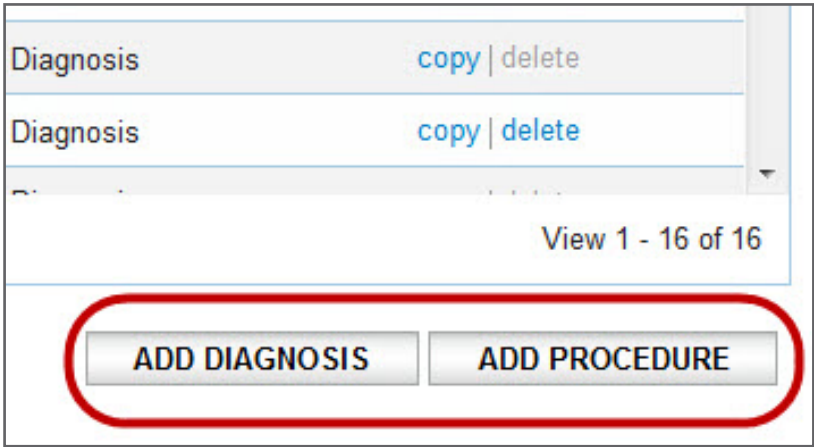
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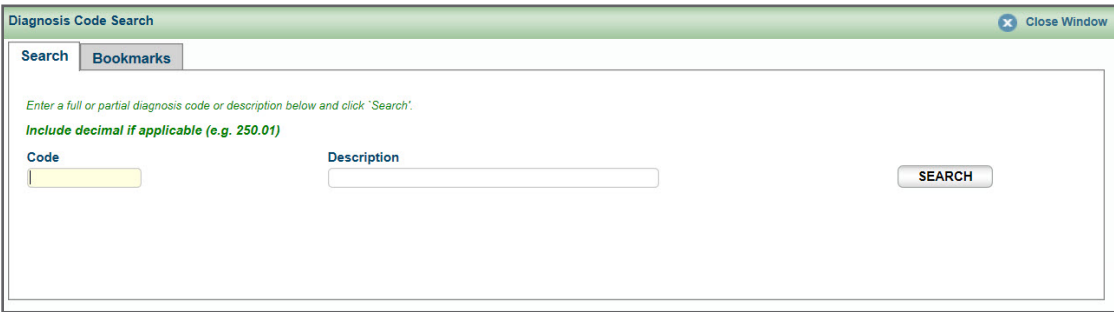
Bookmarks, cont.

To add a new bookmark:

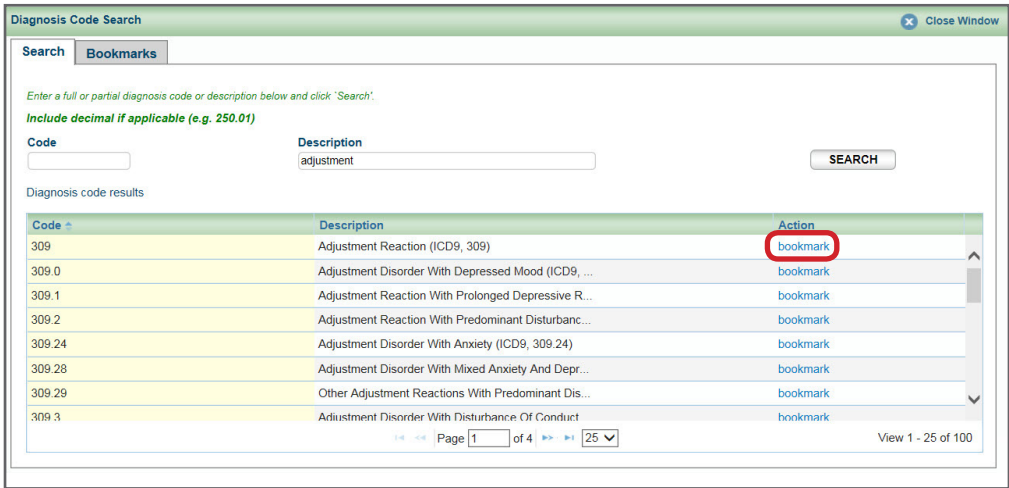
To save your most used diagnosis and procedure codes, you can create bookmarks by choosing the **Add Diagnosis** or **Add Procedure** buttons.



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

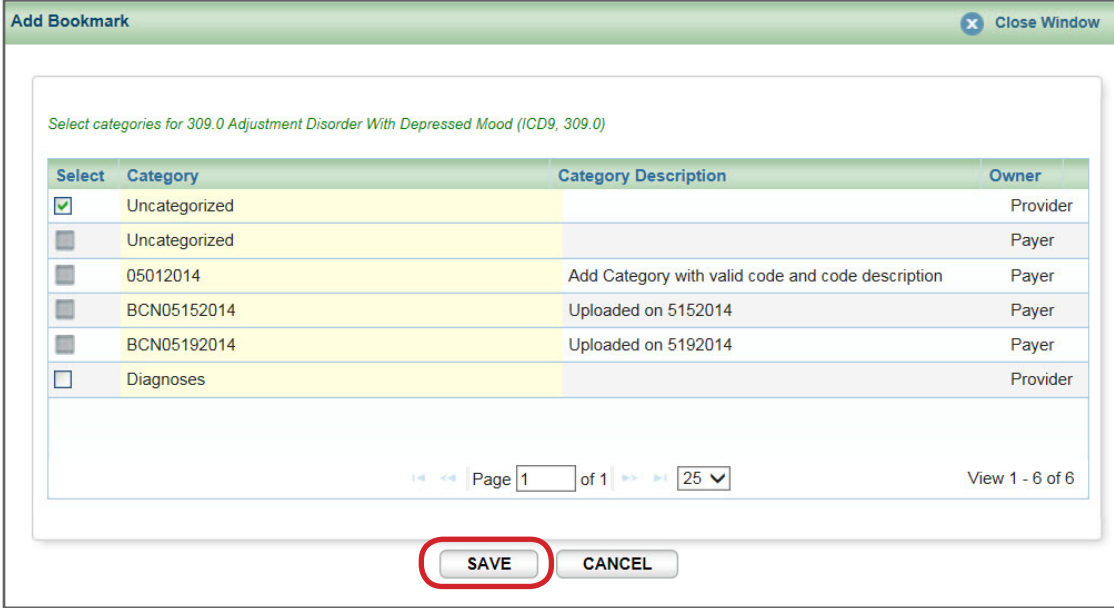


Enter your search terms (e.g. adjustment). Choose the **bookmark** link to begin creating your bookmark.

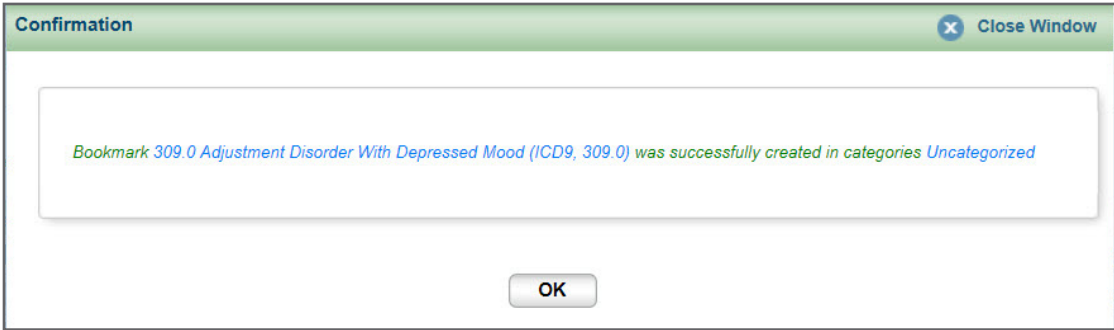


Bookmarks, cont.

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



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



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

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Bookmarks, cont.

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

To search for an existing bookmark:

Bookmarks

Categories Code Provider

Manage Bookmarks
Search for an existing bookmark or add new

Search Options

NPI **1** Provider Name **2** Category **3** Usage Type **4** SEARCH

Provider Name	NPI	Specialty	Address	Category	Usage Type	Action
HELPFUL CLINIC	012345678		1234 Happy St.	Uncategorized	Servicing Facility	copy delete

Page 1 of 1 View 1 - 1 of 1

ADD BOOKMARK

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

4

Usage Type

All

All

Admitting

Referring

Servicing

Servicing Facility

Bookmarks, cont.

To add a new bookmark:

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

Servicing Facility copy | delete

Servicing copy | delete

Servicing Facility copy | delete

View 1 - 25 of 100

ADD BOOKMARK

The Advanced Search option allows you to also search by ID and Specialty.
Note: If you receive multiple listings for a provider with the same information (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.

Provider and Facility Search

Search

Name Helpful ID ID or 10 digit NPI Specialty All City State All Zip

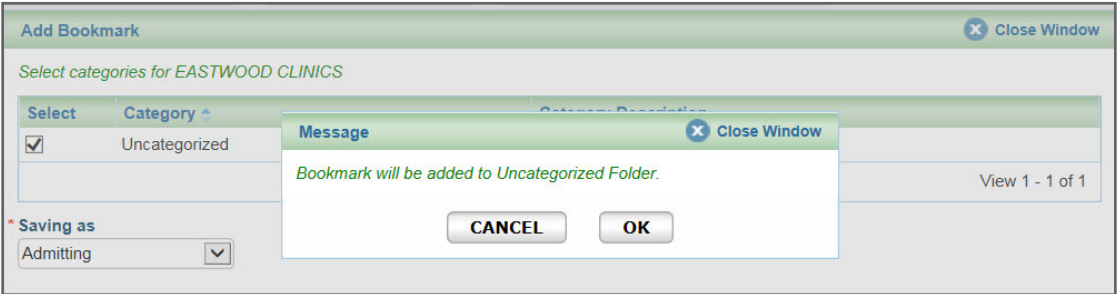
CANCEL SEARCH

Name	NPI	Address	Group Affiliation	Type	Specialty
HELPFUL COMMUNITY CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	
HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	
HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	
HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	
HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	
HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	
HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility	

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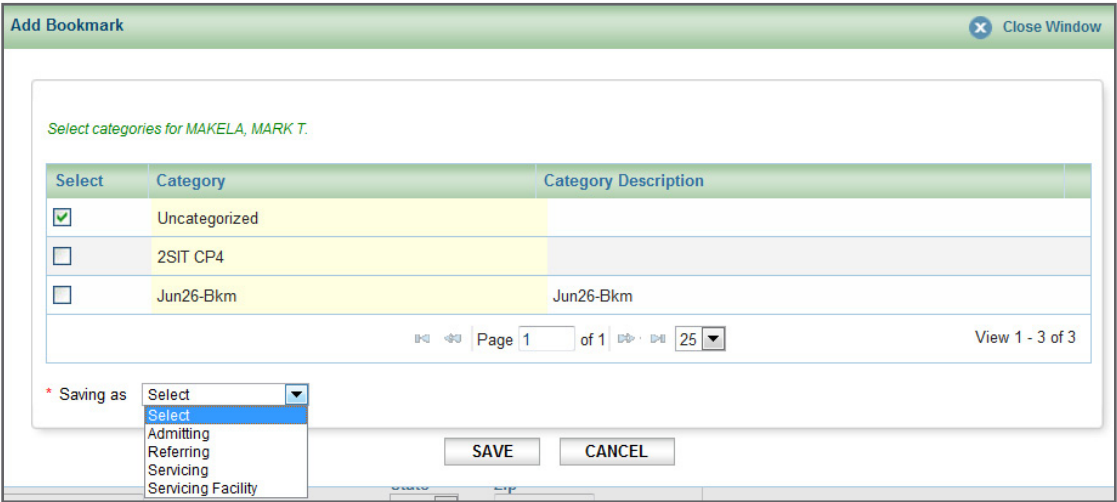
Bookmarks, cont.

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



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

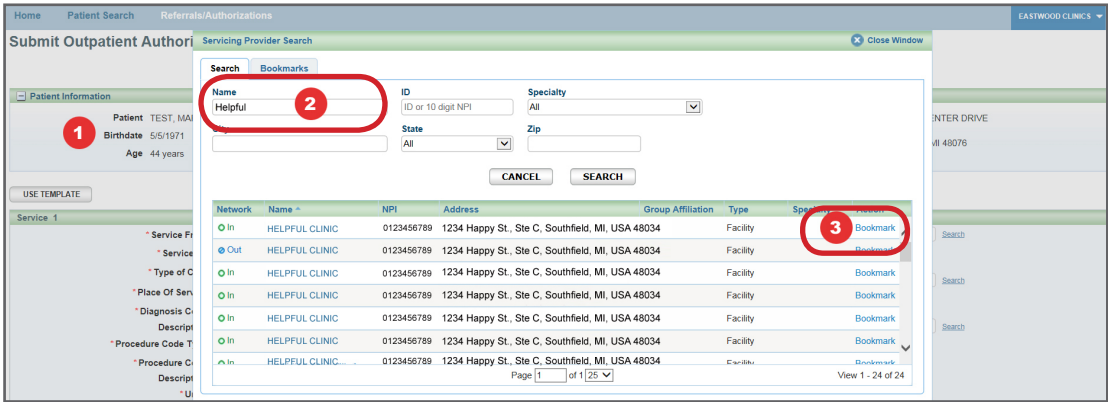
You are also required to choose from the **Saving as** menu. You choices are **Admitting**, **Servicing**, and **Servicing Facility**. Please do not use **Referring**. Once you have chosen a category and Saving as option, click **Save** or **Cancel**.



Bookmarks, cont.

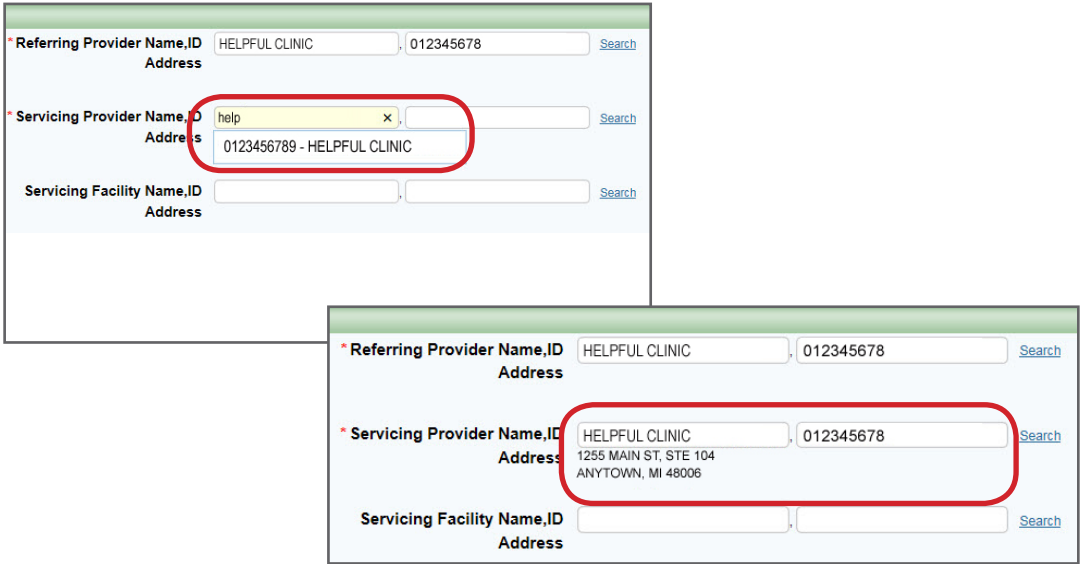
To create a bookmark from within a case:

When you're 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.



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.



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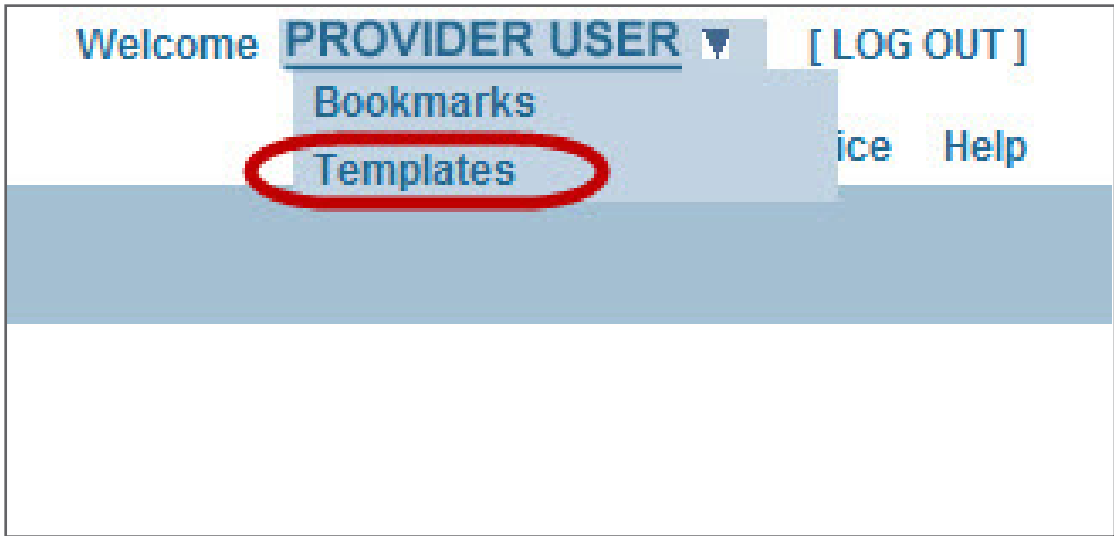
Templates

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.

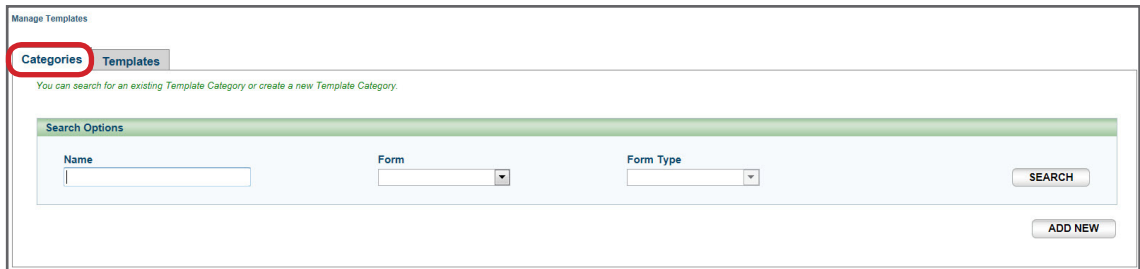


To create a template:

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.



Templates, cont.

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

A screenshot of the 'New Template Category' form. The form has a title bar with 'New Template Category' and a 'Close Window' button. Below the title bar is a large text area with the placeholder 'Configurable hint text here >>'. The form contains three required fields, each marked with an asterisk and a red circle with a number: 1. '* Form' with a dropdown menu. 2. '* Form Type' with a dropdown menu. 3. '* Name' with a text input field. At the bottom of the form are two buttons: 'SAVE' and 'CANCEL'.

- 1. **Form:** Choose UM from the drop-down menu. **UM = Utilization Management.** UM consists of referrals, inpatient and outpatient authorizations.
- 2. **Form Type:** Choose Outpatient Auth.
- 3. **Name:** Enter a name for your new category.

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



Templates, cont.

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

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

- 1. **Form:** Choose UM from the drop-down menu.
UM = Utilization Management. UM consists of referrals, inpatient and outpatient authorizations.
- 2. **Form Type:** Choose 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.

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

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



Templates, cont.

To create a template from within a case:

When you’re in a case and ready to submit 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.

1. Start by finding the patient you wish to submit the authorization for.
2. Fill in the required Service 1 information (all required fields are indicated with *). You must at least enter a Service From date to begin creating the new template.
3. Click **Save As...** and give your template a category and name.
Note: you must create categories prior to saving your new template.

Templates, cont.

To use a template within a case:

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

Choose the **Use Template** button and begin your search.

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

To use a template when outside a case:

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

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

3. Hit the **Search** button to view your results. You can also choose delete in the Action column to eliminate a template.

Once you have located and chosen your template, the Service 1 categories will be populated with that template’s criteria. You will be then be able to Edit or Copy the same information if needed.

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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 AdvantageSM coverage, please call 1-800-431-1059.

For members with Blue Cross Medicare Plus Blue[®] 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



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

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