



Behavioral Health e-referral User Guide

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



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.[®]

Starting Jan. 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network are consolidating all behavioral health prior authorization and case management services under Blue Cross Behavioral Health. Submit prior authorization and concurrent review requests through the Blue Cross Behavioral Health tool rather than the e-referral tool for dates of service on or after Jan. 1, 2024.

For prior authorization and case management services before Jan. 1, 2024, or for more information, please refer to the document **Blue Cross Behavioral Health: Frequently asked questions for providers**.

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.

E-referral is now located within our new provider portal (Availity) in the *Applications* tab under *Payer Spaces*. To get up and running in e-referral, you must have a secure Availity user ID and password. All e-referral users in your office must have their own user ID and password to log in to e-referral. Your Availity administrator sets this up for you. Here's how to sign up:

1. Go to ereferrals.bcbsm.com
2. Click on the [Sign Up or Change a User](#) link and follow the instructions

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

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

- Out-of-state providers who do not participate with Blue Cross or BCN
 - 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 Blue Care Network commercial or BCN AdvantageSM members, please call the BCN Care Management department at 1-800-392-2512.
 - For Medicare Plus BlueSM members, the contact varies by service. Please refer to the [Services that Require Authorization \(PDF\)](#) available at ereferrals.bcbsm.com.
- Click on [Blue Cross](#), then click on [Authorization Requirements & Criteria](#).
- For Blue Cross commercial members, please contact Blue Cross Provider Inquiry. Find the appropriate phone number at ereferrals.bcbsm.com. Click on [Quick Guides](#), and then click on [Provider resource guide at a glance](#).

NOTE: For faster service, please have member demographics, procedure, and diagnosis codes available before calling.

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.

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.



Taryn Szydlowski, Director
Clinical Program Operations

Availity is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal services.

Index

Section I:	Checking Member Eligibility and Benefits	Page 4
Section II:	Accessing e-referral	Page 8
Section III:	Navigating the Dashboard	Page 11
Section IV:	Behavioral Health Authorizations overview	Page 15
Section V:	Submitting Higher Levels of Care Inpatient Authorizations	Page 16
Section VI:	Submitting Higher Levels of Care Outpatient Authorizations	Page 33
	Attaching the Behavioral Health Discharge Summary.....	Page 47
Section VII:	Submitting Applied Behavior Analysis Authorizations	Page 48
Section VIII:	Submitting Transcranial Magnetic Stimulation Authorizations	Page 62
Section IX:	Submitting Neurofeedback Authorizations	Page 77
Section X:	Searching for an Authorization	Page 92
Section XI:	Bookmarks.....	Page 95
Section XII:	Templates	Page 104
Useful Resources	Contact Information	Back Cover

Section I: Checking Member Eligibility and Benefits

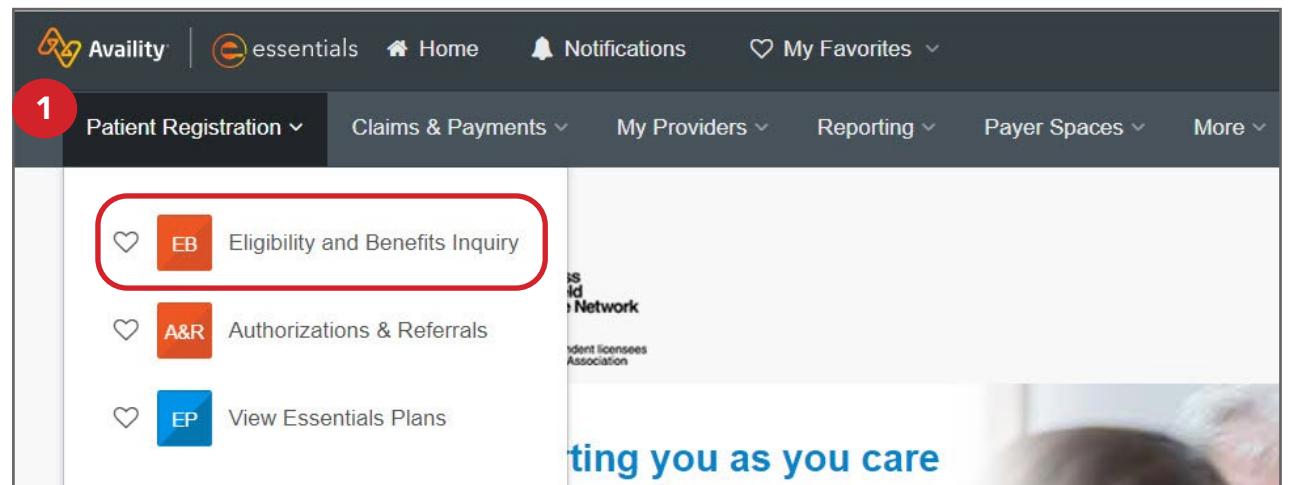
Before searching or selecting a member in e-referral, it's important to check their eligibility and benefits information to ensure their coverage is active. You can check eligibility and benefits in:

- The provider portal ([availability.com*](#))
 - For more eligibility and benefits help within Availability, click on *Help & Training* in the top menu bar, then *Get Trained*. Enter "BCBSM" to search the Availability Learning Center catalog and locate the *Availability Overview*, *Payer Spaces*, *Eligibility & Benefits for BCBSM Providers* recorded webinar. The webinar is also available as a handout.
- Provider Inquiry's automated response system or speaking to a Provider Inquiry representative
- 270/271 electronic standard transaction

For more information, see the Member Eligibility chapter of the *BCN Provider Manual* or Patient Eligibility chapter of the *Blue Cross Commercial Provider Manual* both available on the secure *Provider Resources* page under the *Resources* tab. Instructions for accessing the secure *Provider Resources* site:

- Log in to our provider portal ([availability.com*](#)).
- Click *Payer Spaces* on the menu bar.
- Click the BCBSM and BCN logo.
- Click the *Resources* tab.
- Click *Secure Provider Resources (Blue Cross and BCN)*.

1. To check via the provider portal, log in to [availability.com*](#). Choose *Eligibility and Benefits Inquiry* from the *Patient Registration* drop-down menu.



*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're required to let you know we're not responsible for its content.

Checking member eligibility and benefits, cont.

2. Select a provider from the list.

The NPI will populate if your provider is set up in Express Entry. If they are not, add the NPI manually.

3. The **As of Date** defaults to the current date. You can enter the date for which you are verifying the patient's eligibility and benefits information. You can enter a date up to 12 months in the past.

4. In the **Benefit/Service Type** field, Health Benefit Plan Coverage is the default service type. Select a more specific service type to yield more detailed benefit information.

5. Choose a **Patient Search Option**. Either enter the payer-assigned number that displays on the patient's ID card for the Patient ID or choose other options from the drop-down menu.

6. Click Search.

Checking member eligibility & benefits, cont.

For BCN and BCN Advantage members:

Make sure the member has Active eligibility. Click that member's name then click Submit.

The screenshot shows a search interface for members. It displays two results under the 'LAST NAME, FIRST NAME' heading:

- Member ID:** XXX012345678 **As of Date Status:** Active
DOB: 01/01/1931 **End Date:** 12/31/2019
Relationship: Self **Payer:** BCBSMI
- Member ID:** XXX012345678 **As of Date Status:** Inactive
DOB: 02/02/1932 **End Date:** 05/22/2015
Relationship: Spouse **Payer:** BCBSMI

At the bottom, there is a checkbox labeled "Submit another patient" and a blue "Submit" button.

The patient's information will be displayed. Click the Coverage and Benefits tab.

The screenshot shows the member profile for the first member. The 'Coverage and Benefits' tab is highlighted with a red circle. The page displays the following information:

- LAST NAME, FIRST NAME:** Subscriber
Member ID: XXX012345678
DOB: Jan. 01, 1931
Gender: Male
- Plan / Coverage Date:** May 01, 2022 - Dec 31, 9999
- Blue Cross Blue Shield Blue Care Network of Michigan** logo
- Patient Information:** View Member ID Card, Gaps in Care, Find a Provider
- Coverage and Benefits:** This tab is circled in red.
- Filter by Network:** All Networks
- FREQUENTLY VIEWED:** Health Benefit Plan Coverage, Deductible, Out of Pocket (Stop Loss), Chiropractic, Benefit Description, Chiropractic..., Benefit Description, Chiropractic - Specialist Visits, Benefit Description
- Health Benefit Plan Coverage:** Active Coverage (Family), Insurance Type (Health Maintenance Organization (HMO)), Plan / Product (BCN HMO)
- Deductible:** Network Not Applicable (Individual) - \$1,000.00 Service Year, -\$0.00 Year to Date, \$1,000.00 Remaining

Checking member eligibility and benefits, cont.

Scroll down to see a general list of coinsurance and deductibles for services. If you are looking for benefits more specific to your specialty, make sure to choose that specialty in the Benefit / Service Type drop-down menu prior to searching.

The screenshot shows the 'Health Benefit Plan Coverage' and 'Physician Visit - Office: Well' sections. The 'Health Benefit Plan Coverage' section includes:

- Active Coverage:** Family, Insurance Type (Health Maintenance Organization (HMO)), Plan / Product (BCN HMO)
- Deductible:** Network Not Applicable (Individual) - \$1,000.00 Service Year, -\$0.00 Year to Date, \$1,000.00 Remaining
- Out of Pocket (Stop Loss):** Network Not Applicable (Family) - \$2,000.00 Service Year, -\$0.00 Year to Date, \$2,000.00 Remaining
- Network Not Applicable (Individual):** \$8,150.00 Service Year, -\$289.06 Year to Date, \$7,860.94 Remaining
- Network Not Applicable (Family):** \$3,500.00 Service Year, -\$0.00 Year to Date, \$3,500.00 Remaining
- Network Not Applicable (Individual):** \$16,300.00 Service Year, -\$289.06 Year to Date, \$16,010.94 Remaining
- Network Not Applicable (Family):** \$7,000.00 Service Year, -\$0.00 Year to Date, \$7,000.00 Remaining

The 'Physician Visit - Office: Well' section includes:

- Benefit Description:** Physician Visit - Office: Well
- Family:**
 - \$20 COPAY PER PRIMARY CARE PHYSICIAN OFFICE VISIT.
 - PREVENTIVE SERVICES AND SCREENINGS AS MANDATED BY THE AFFORDABLE CARE ACT ARE COVERED IN FULL. SEE BCBSM.COM FOR A COMPLETE LIST OF PREVENTIVE SERVICES. MEDICAL ONLINE VISITS ARE COVERED IN FULL.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

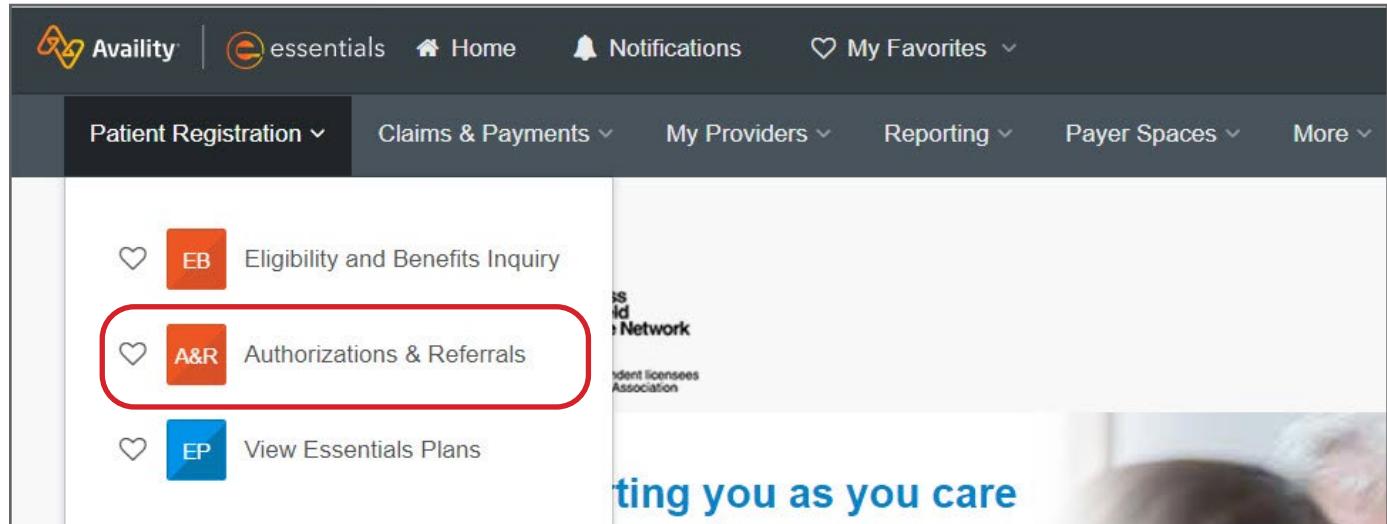
Bookmarks

Templates

Section II: Accessing e-referral

Authorizations & Referrals Request tool

If you are unsure if an authorization or referral is required for certain services, you can use Availity's Authorizations & Referrals Request tool to make a determination. The tool is located under the Patient Registration drop-down menu on the Availity menu bar.



For help using this tool, click on *Help & Training* in the top menu bar, then *Get Trained*. Enter "BCBSM" to search the Availity Learning Center catalog and locate the *Authorization Request & Referral Request for BCBSM Providers* recorded webinar. The webinar is also available as a handout.

Using e-referral

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: latest versions of Firefox and Google Chrome

Sign up for e-referral

Each prospective e-referral user must have a secure user ID and password for our provider portal (Availity) to use the e-referral application. Your Availity administrator sets this up for you.

See instructions on the [Sign Up or Change a User](#) page on ereferrals.bcbsm.com.

Accessing e-referral, cont.

Log in

Now you are ready to use e-referral.

1. Log in to our provider portal (availity.com*).
2. Click Payer Spaces on the Availity menu bar.
3. Click the BCBSM and BCN logo.
4. Click e-referral on the Applications tab. Note that some of the tools available in the Applications tab may only be available to certain users based on your access role.

The screenshot shows the BCBSM Payer Space interface. At the top, there is a header with the BCBSM logo and a search bar. Below this is a section titled "Supporting you as you care for our members" with a sub-section "Welcome to the Blue Cross and BCN Payer Space". There is a search bar below the welcome message. The main content area is titled "Start typing to search this payer space..." and contains several links categorized by tab: "Applications", "Resources", and "News and Announcements". The "Sort By" dropdown is set to "A-Z". A note at the bottom states: "THESE LINKS MAY RE-DIRECT TO THIRD PARTY SITES AND ARE PROVIDED FOR YOUR CONVENIENCE ONLY. AVAILITY IS NOT RESPONSIBLE FOR THE CONTENT OR SECURITY OF ANY THIRD PARTY SITES AND DOES NOT ENDORSE ANY PRODUCTS OR SERVICES PROVIDED BY THIRD PARTIES!"

Additional Security Maintenance - Blue Cross/BCN	AIM Provider Portal	Avalon Lab Claim Editing
Request access to applications, like Health e-Blue, not covered by basic role	Connect to AIM to request authorizations	This link provides access to Avalon's trial claims submission tool
BCBSM Qualification Form	BCN Negative Balance Report	Benefit Explainer
Fill out online qualification form for BCBSM members as requested	View BCN detailed negative balance report	View medical, payment and benefit policy rules used during claims processing
CareCentrix Provider Portal	Clear Claim Connection - Blue Cross Commercial	e-referral
Connect to Carecentrix to request authorizations	View claim combination rules and clinical rationale	Connect to e-referral to request referrals and authorizations

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're required to let you know we're not responsible for its content.

Accessing e-referral, cont.

If your account becomes disabled: You must login at least once every 90 days to keep your user ID active. If your user ID is not working, please contact Availity Client Services at 1-800-AVAILITY (1-800-282-4548).

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 and [Training Tools](#) page. 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. 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.

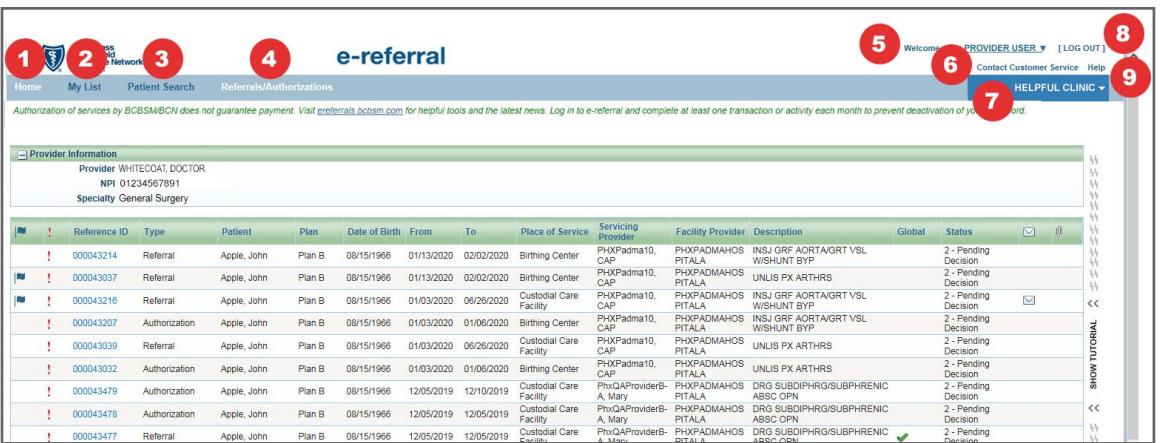
*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website.

While we recommend this site, we're required to let you know we're not responsible for its content.

Section III: Navigating the Dashboard

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

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



- Home** — The "Home" link returns you to the provider "dashboard" for the provider "In Focus".
- My List** — This will display only the referrals and authorizations you have flagged to watch. Cases can be "unflagged" (checked) to remove from your My List. See the next page for more detail.
- Patient Search** — The Patient Search link allows you to search for a member by the patient's ID (omitting the three-character prefix) or name and view their 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.
- Referrals/Authorizations** — You can search for or submit a referral/authorization here.
- 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.
- Contact Customer Service** — Key contact information can be found here.
- In Focus bar** — Defaults to one of the providers you have been provisioned to view or for whom you can submit referrals/authorizations. See the next page for more detail.
- Log Out** — Click here to log off the application.
- Help** — A CareAdvance Provider online help resource center. If the question is Blue Cross- or BCN-specific, please use this guide instead.

Navigating the dashboard, cont.

In the Home page view, you can change the provider shown in the In Focus bar.

The screenshot shows the e-referral interface. At the top, there's a navigation bar with links for Home, My List, Patient Search, and Referrals/Authorizations. Below this is the In Focus bar, which displays provider information for "Provider Set 10177". It includes fields for Provider (ABDOLKARIM, ADIB O.), NPI (1578699807), Type (Practitioner), and Specialty (Family Medicine). A "Change" link is located at the top right of this bar. Below the In Focus bar is a table listing multiple cases (Referrals and Authorizations) with columns for Reference ID, Type, Patient, Plan, Date of Birth, From, To, Place of Service, Servicing Provider, and Facility Provider. Each row contains a small red exclamation mark icon.

The In Focus bar will default to one of the providers you have been provisioned to view or for whom you can submit referrals/authorizations. If you do not see a provider that should be in your Provider Set list, please see the instructions found on the [Sign Up or Change a User](#) page of [ereferrals.bcbsm.com](#).

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.

This screenshot shows the same e-referral interface as above, but with a modal window open over the table. The modal asks, "Are you sure you want to remove these rows from your list?" with "OK" and "Cancel" buttons. The "REMOVE SELECTED ROWS" button in the header of the table has a red circle around it, indicating it's the active action. The table structure is identical to the previous screenshot, showing rows of case data.

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

Navigating the dashboard, cont.

Provider IN FOCUS: You will only have access to submit referrals/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.

This screenshot shows a provider selection interface titled "PROVIDER IN FOCUS". It displays "Provider Set 01234" and "Provider HELPFUL CLINIC" with "NPI 01234567891". The "Type" is listed as "Provider Group" and the "Specialty" as "Outpatient Psychiatric Fac". The "Address" field is also visible. A "Change" link is highlighted with a red circle at the top right. The background shows a sidebar with various navigation links like "Helpful Clinic", "Patient Search", "Referrals/Authorizations", etc.

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

This screenshot shows a search results page for "Select Associated Provider". It includes a filter section for "Provider Set" (01234 - Helpful Clinic), "Provider Name" (Last Name, First Name), and "Provider ID" (Provider ID or NPI). The search results table lists providers categorized by type: "Provider Group" (multiple entries for HELPFUL CLINIC), "Facility" (HELPFUL COMMUNITY CLINIC), and "Provider Group" (HELPFUL COMMUNITY CLINIC again). Red arrows point from the table rows to the category names "Facility" and "Provider Group". The bottom of the table shows pagination and a "View 1 - 11 of 11" message.

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Navigating the dashboard, cont.

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

- Flagged records** — These are the referrals and authorizations you have marked for follow up or watching.
- ! — This symbol indicates there is some action you must take to complete the case.
- Reference ID** — This is the case number for the requested or authorized service. Click the number to bring the case details into view.
- Type** — Authorization or referral.
- Patient** — The patient's name.
- Plan** — Indicates if it is a Blue Cross or BCN contract.
- Date of Birth** — The patient's date of birth.
- 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.
- Place of Service** — Location where service(s) will be provided.
- Servicing Provider** — Name of provider performing the patient's service(s).
- Facility Provider** — Facility that provided the service(s).
- Description** — Captures the primary service on the request.
- Global** — A check mark indicates a global referral has been made.
- Status** — Here you will see one of the following messages:

1. – Incomplete	4. – Partially Approved
2. – Pending Decision	5. – Denied
3. – Fully Approved	6. – Voided
- ✉ — This icon indicates there is a message from Blue Cross/BCN to you on this case.
- ✉ — This icon indicates that there is an attachment/documentation associated with this case.
- Site Tutorial** — The tutorial provides answers to questions you might have about working with patient information, referrals and authorizations, or any number of frequently asked questions. Check ereferrals.bcbsm.com for a **Blue Cross FAQs** document under the **Training Tools** page as well.

Section IV: 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.

Things to remember:

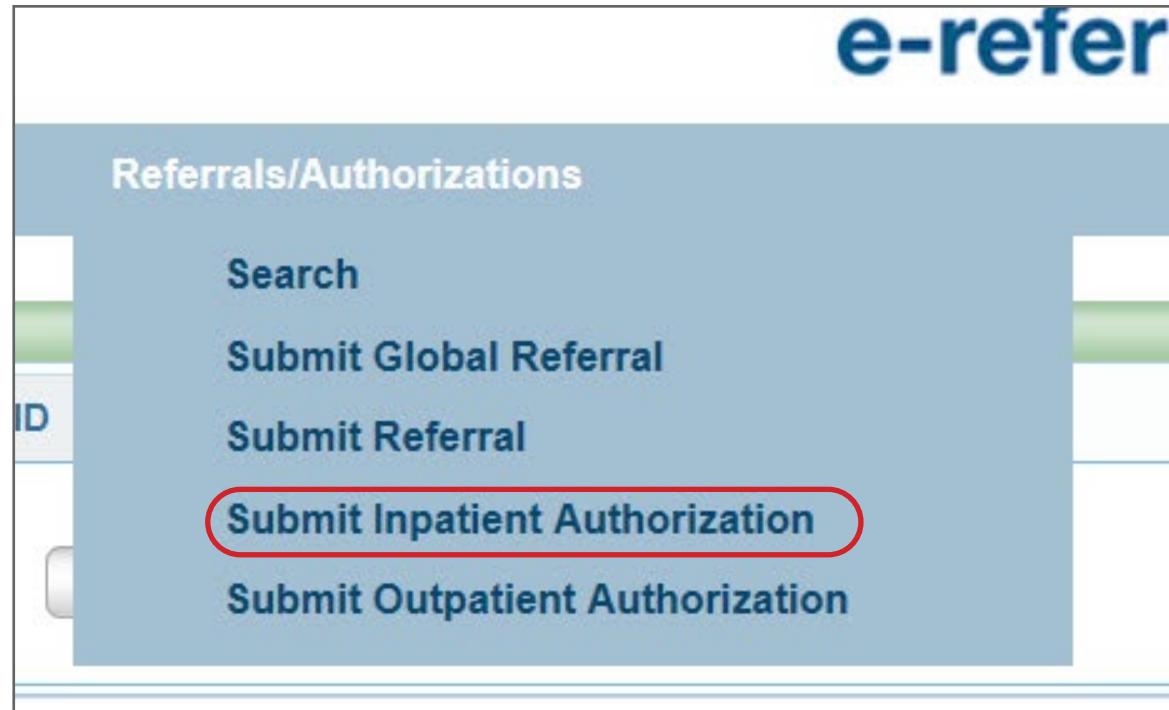
- Medicare Plus Blue and BCN's behavioral health benefits include mental health and substance use services.
- All Medicare Plus Blue and BCN mental health and substance use inpatient, partial hospital, and intensive outpatient treatment, admissions or concurrent reviews require authorization.
- For dates of service **on or after June 1, 2018**, authorization is no longer required for routine outpatient therapy for mental health and substance use disorders, for contracted behavioral health providers in Michigan. This applies to both BCN commercial and BCN Advantage members.
- For dates of service **prior to June 1, 2018**, BCN's behavioral health providers are required to submit initial requests or services beyond those initially authorized using the e-referral system. If assistance is needing in submitting a retrospective routine outpatient therapy request call the BCN Behavioral Health Department at 1-800-482-5982.
- BCN commercial and BCN Advantage requires authorization for Applied Behavior Analysis, Neurofeedback and Transcranial Magnetic Stimulation.
- 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.
- Higher Level of Care outpatient services include Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization Substance Use, Domiciliary Partial Hospitalization Substance Use, Intensive Outpatient Substance Use, or Domiciliary Intensive Outpatient.

Section V: Submitting Higher Levels of Care (Inpatient) Authorizations

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

See [Section VI: Submitting Higher Levels of Care \(Outpatient\) Authorizations](#) for Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization Substance Use, Domiciliary Partial Hospitalization Substance Use, Intensive Outpatient Substance Use, or Domiciliary Intensive Outpatient.

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



Submitting Higher Levels 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 omitting the three-character prefix. Results will include all members under that contract.

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JAMES	012345678	08/20/1950	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 three-character prefix found on the front of their identification card.

Accessing
e-referralNavigating
the dashboardAuthorizations
overviewSubmitting
Higher Levels of Care
Inpatient
AuthorizationsSubmitting
Higher Levels of Care
Outpatient
AuthorizationsSubmitting
Applied Behavior
Analysis
AuthorizationsSubmitting
Transcranial Magnetic
Stimulation
AuthorizationsSubmitting
Neurofeedback
AuthorizationsSearching
for an
Authorization

Bookmarks

Templates

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

Searching by Patient ID with suffix

Enter the patient's subscriber ID, omitting the three-character prefix, with the 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 or the three-character prefix.**

- 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.

Submitting Higher Levels 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:

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.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Higher Levels 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 Use Sub-acute Detoxification, or Substance Use Residential services. See the [Submitting Higher Levels of Care \(Outpatient\) Authorizations](#) section for Partial Psychiatric Hospitalization, Intensive Outpatient Psychiatric, Partial Hospitalization Substance Use, Domiciliary Partial Hospitalization Substance Use, Intensive Outpatient Substance Use, or Domiciliary Intensive Outpatient.

Patient information

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

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 Use Treatment Facility (Inpatient Substance Use
Sub-acute Detoxification, or Substance Use Residential services)

Submitting Higher Levels 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.

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

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.

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

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Higher Levels 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 Use Sub-acute Detoxification, or Substance Use 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 Use Sub-acute Detoxification, or Substance Use Residential services) is *99222.

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2022 American Medical Association. All rights reserved.

Submitting Higher Levels 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.

- Referring Provider Name, ID**

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

- 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.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

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

A provider may be listed multiple times – make sure to choose the correct one

Your provider search results may include several listings with the same name, NPI or address. The first listing is not always the correct one. In order to choose the correct provider, please follow these guidelines:

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

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

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

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

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

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

Submitting Higher Levels 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.

The screenshot shows the 'Submit Inpatient Authorization' form. In the 'Confinement Information' section, there is a field labeled 'Servicing Facility Name, ID' with a placeholder 'Address'. This field is highlighted with a red box. Other fields in the form include 'Patient Information' (Patient: TEST, MARYBETH; Birthdate: 5/5/1971; Age: 44 years; Plan: BCN; Group ID: 00000001; Patient ID: 842108197; Address: 06012011 date Flint, MI 48503; PCP Name, ID: SAEED, SEIF, 1598753568), 'USE TEMPLATE' button, and various service and diagnosis selection fields.

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.

The screenshot shows the 'Submit Inpatient Authorization' form. In the 'Confinement Information' section, there is a field labeled 'Admitting Provider Name, ID' with a placeholder 'Address'. This field is highlighted with a red box. Other fields in the form are identical to the previous screenshot.

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

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Higher Levels of Care (Inpatient) 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.

This screenshot shows the 'Inpatient Authorization Details' page. At the top, there's a navigation bar with 'Home', 'My List', 'Patient Search', 'Referrals/Authorizations', and a dropdown menu 'HELPFUL CLINIC'. Below this, a section titled 'Inpatient Authorization Details' has a sub-section 'Questionnaire Assessment' with a red circle around it. The main content area is currently empty.

Click on the Questionnaire Assessment link to access the questionnaire.

Answer each question and scroll to advance the questionnaire.

This screenshot shows the first page of the 'Behavioral Health Initial' questionnaire. It includes fields for 'Contact Name' (with a red circle around the 'A' input field), 'Contact Call Back Number' (with a red circle around the 'A' input field), 'Requested Level of Care' (with a red circle around the 'A' input field), 'What led to the emergent evaluation today' (with a red circle around the 'A' input field), and 'Suicidal' (with a red circle around the 'A' input field). A progress bar at the top indicates 0% complete.

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.

This screenshot shows the continuation of the 'Behavioral Health Initial' questionnaire. It includes fields for 'Possible placement concerns following discharge' (with a red circle around the 'A' input field), 'Is this a readmission within 14 days?' (with a red circle around the 'A' input field), and 'Additional Information' (with a red circle around the 'A' input field). A 'NEXT' button is at the bottom right.

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 Levels of Care (Inpatient) Authorizations, cont.

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

This screenshot shows the second page of the 'Behavioral Health Initial Score'. It displays a progress bar at 0% complete. A 'NEXT' button is highlighted with a red circle at the bottom right.

Click Submit on the next page:

This screenshot shows the final page of the questionnaire. It displays a progress bar at 100% complete. A 'SUBMIT' button is highlighted with a red circle at the bottom right.

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.

This screenshot shows the 'Inpatient Authorization Details' page again. It now displays a success message 'Questionnaire Saved Successfully' in a red box. The 'NEXT' button is still visible at the bottom right.

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

Your submitted authorization will look like this:

The screenshot shows the 'Inpatient Authorization Details' page. Step 1: Reference ID (00000001). Step 2: My List (flag icon). Step 3: Printer-Friendly (link). Step 4: Edit (button). Step 5: Create New (button). Step 6: Create New (button). Step 7: New Referral (button).

1. Reference ID and case status

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

2. My List

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

3. Printer-Friendly

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

4. Edit

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

5. 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.

6. 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.

7. 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 Levels 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.

The dialog box shows the 'Case Communication' window. Step 1: To (Utilization Management). Step 2: From (WHITECOAT, DOCTOR). Step 3: Subject (leave empty). Step 4: Attachments (ATTACH FILE button highlighted). Step 5: Message (Type message here...). Step 6: Select items to be reviewed (checkboxes for 'Established patient office or other outpatient visit, typically 15 minutes' and 'Initial hospital inpatient care, typically 50 minutes per day'). Step 7: Case Communication (To: Utilization Management, From: WHITECOAT, DOCTOR, Subject: Clinical documentation, Attachments: Clinical documentation.pdf 33K).

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

Note: do not attach files to any denied requests.

You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

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

To extend service on an existing Inpatient Authorization, begin by locating your authorization. See [Section X: Searching for an Authorization](#) for help. Click the Edit button. If you're trying to edit one of your cases, you may also see an error message that says, "The case is unavailable because it's being reviewed. Please try again later." If you encounter one of these messages, the case is locked because the Utilization Management team is working on it. Try editing the case later to give our team time to review and exit the case.

The screenshot shows the 'Inpatient Authorization Details' screen. At the top, there is a message: 'This case is unavailable because it's being reviewed. Please try again later.' Below this, the title 'Inpatient Authorization Details' is followed by 'My List'. There is a note: 'Reference ID 011008171 Status 2 - Pending Decision'. A red circle highlights the 'EDIT' button at the top right of the main content area.

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.

The screenshot shows the 'Confinement Extension(s)' section. It includes fields for 'From Date', 'To Date', 'Days', and 'Status'. A red circle highlights the 'CREATE NEW' button. Below this, there is a notes section with 'SUBMIT' and 'CANCEL' buttons, and another 'CREATE NEW' button.

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.

The screenshot shows the 'Inpatient Authorization Details' screen. A red box highlights the link '1. The Behavioral Health Concurrent is required for Total Requested Days: 11 Questionnaire Assessment'. Below this, there is a note: 'Reference ID 011008171 Status 2 - Pending Decision' and an 'EDIT' button.

Click on the Questionnaire Assessment link to access the questionnaire.

Answer each question and scroll to advance the questionnaire.

Submitting Higher Levels 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.

The screenshot shows the 'Behavioral Health Concurrent' questionnaire. It includes sections for 'Contact Name', 'Contact Call Back Number', 'Actual admit date', 'Attending Physician', 'Facility', 'Diagnosis', and 'Current Level of Care'. A red circle highlights the 'NEXT' button at the bottom of the page.

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

The screenshot shows the 'Behavioral Health Concurrent' questionnaire. It includes sections for 'Additional Information', 'Current discharge plan', and 'Number of visits/days requested'. A red circle highlights the 'NEXT' button at the bottom of the page.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

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

Click Next on the Behavioral Health Concurrent – page 2:

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

Click Submit on the next page:

Questionnaire
Behavioral Health Concurrent
Answering the question(s) below will provide additional information needed to process your request.
Final
100% complete
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 Blue Cross or BCN. Once reviewed, Blue Cross or BCN will enter an approval or denial decision. Please login to e-referral to check your case's status.

Questionnaire Saved Successfully
Inpatient Authorization Details My List
Reference ID 005030716
Status 2 - Pending Decision

Attaching the Behavioral Health Discharge Summary form

The [Behavioral Health Discharge Summary form \(PDF\)](#) is located on [ereferrals.bcbsm.com](#) under the [BCN](#), then the [Behavioral Health](#) page. You'll find it in the Forms for requesting clinical review section. It is also located under [Blue Cross](#), then the [Behavioral Health](#) page. Complete the fields, save the file, and upload it in the Case Communication section of your authorization. Please see the previous [Create New \(communication\)](#) page for uploading instructions.

Section VI: 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 Use, Domiciliary Partial Hospitalization Substance Use, Intensive Outpatient Substance Use, 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 omitting the three-character prefix. 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.
Patient Options
Patient ID: 012345678
Last Name: _____
First Name: _____
Eligibility As Of (mm/yyyy)
Birthdate (mm/yyyy)
SEARCH advanced search
Name: PATIENT, JAMES
Patient ID: 012345678
PATIENT, SUSAN
Patient ID: 012345678
Birthdate: _____
Gender: _____
Address: _____
Eligibility: _____
View _____
View _____
View 1 - 2 of 2

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

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

Searching by Patient ID with suffix

Enter the patient's subscriber ID, omitting the three-character prefix, 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 ▾

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 or the three-character prefix.**

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 ▾

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

Page 1 of 1 25

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.

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 ▾

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 Higher Levels 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:

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/ss/yyyy)	Birthdate (mm/dd/yyyy)	SEARCH	advanced search
------------	-----------	------------	--------------------------------	------------------------	---------------	-----------------

SSN (numbers only)
Medicare ID
Medicaid ID

Name ▾

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

Page 1 of 1 25

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.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

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

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

The screenshot shows the 'Submit Outpatient Authorization' screen. At the top, it displays patient information: Patient TEST, MARYBETH, Plan BCN, Birthdate 5/5/1971, Group ID 00000001, Age 44 years, Patient ID 012345678, Address 06012011 date Flint, MI 48503, and PCP Name, ID SCRUBS, DOCTOR, 012587411. Below this, the 'Service 1' section contains fields for Service From (date), Service To (date), Type of Care (Elective), Place Of Service (Off Campus Outpatient Hospital), Diagnosis Code (F43.20), Procedure Code Type (CPT), and Procedure Code Description (Adjustment disorder, unspecified). Buttons for ADD SERVICE, ADD SERVICE COPY PROVIDERS, SAVE AS..., CANCEL, and SUBMIT are at the bottom.

- 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 Off Campus Outpatient Hospital or On Campus 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.

The screenshot shows the 'Diagnosis Code Search' window. It has tabs for Search and Bookmarks. A search bar at the top says 'Enter a full or partial diagnosis code or description below and click 'Search''. Below it, a note says 'Include decimal if applicable (e.g. 250.01)'. A 'Code or Description' input field is followed by a 'SEARCH' button. The main area is empty.

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

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

The screenshot shows the 'Diagnosis Code Search' results for 'F43.20'. The results table includes columns for Code, Description, Inactive, and Action. The row for F43.20 is highlighted with a red circle. Other rows include F43, F43.2, F43.21, F43.22, F43.23, F43.24, and F43.25. Buttons for Close Window, Search, and Bookmarks are at the top. Page navigation and a total of 100 pages are at the bottom.

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)		
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

- 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.

The screenshot shows the 'Diagnosis Code Search' results for bookmarked codes. It has tabs for Search and Bookmarks. A search bar at the top says 'Select a diagnosis code from the bookmarks below'. Below it, a note says 'Filter by Category Uncategorized' and 'Filter by Usage Type Diagnosis'. A 'SEARCH' button is next. The main area shows a single row for code 296.34: Major Depressive Disorder, Recurrent Episode, S... under the 'Uncategorized' category, owned by 'Provider' for 'Diagnosis' usage type. Buttons for Close Window, Filter by Category, Filter by Usage Type, and SEARCH are at the top. Page navigation and a total of 1 page are at the bottom.

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

- Procedure Code Type**

Select CPT, HCPCS, ICD9 (for retro entries prior to 10/1/2015) or ICD10. (CPT is default) Please choose HCPCS for all Partial Hospitalization and Intensive Outpatient cases.

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

Submitting Higher Levels 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 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 Use, and Domiciliary Partial Hospitalization Substance Use, S9480* for Intensive Outpatient Psychiatric, Intensive Outpatient Substance Use, 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.

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

Procedure Code – Search by **Bookmarks**

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

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

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

- 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).

- 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.

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

A provider may be listed multiple times – make sure to choose the correct one

Your provider search results may include several listings with the same name, NPI or address. The first listing is not always the correct one. In order to choose the correct provider, please follow these guidelines:

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

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

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

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

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

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

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

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.

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. 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.

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 Levels 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.

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

Is this a readmission within 14 days?

Additional Information:

NEXT

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

Questionnaire

Behavioral Health Initial

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

Behavioral Health Initial Score - page 2

NEXT

Click Submit on the next page:

Questionnaire

Behavioral Health Initial

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

Final

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 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 Higher Levels of Care (Outpatient) Authorizations, cont.

Your submitted authorization will look like this:

Outpatient Authorization Details □ My List

Address: 05023211 date First, MI 48003

Patient: TEST, MARYBETH

Group ID: 00000001

Patient ID: 94210107

Case Communication

Service Info

Notes

1 **2** **3** **4** **5** **6** **7**

1. Reference ID and case status

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

Outpatient Authorization Details

Reference ID 000032700
Status 2 - Pending Decision

2. My List

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

3. Printer-Friendly

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

4. Edit

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

5. 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.

6. 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.

7. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.



Submitting Higher Levels 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.
Note: do not attach files to any denied requests.

You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Submitting Higher Levels 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.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Higher Levels 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.

Questionnaire

Behavioral Health Concurrent

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

Behavioral Health Concurrent - page 1

Q Contact Name:
A [redacted]

Q Contact Call Back Number:
A [redacted]

Q Actual admit date:
A [redacted]

Q Attending Physician:
A [redacted]

Q Facility:
A [redacted]

Q Diagnosis:
A [redacted]

Q Current Level of Care

0% complete

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

Questionnaire

Behavioral Health Concurrent

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

Behavioral Health Concurrent - page 2

Q Additional Information (eg: medical issues, psychosocial, clinical, trauma, treatment history, SA use/abuse):
A [redacted]

Q Current discharge plan (Anticipated date, LOC, provider name, placement issues):
A [redacted]

Q Number of visits/days requested:
A [redacted]

CANCEL **NEXT**

0% complete

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

Click Next on the Behavioral Health Concurrent – page 2:

Questionnaire

Behavioral Health Concurrent

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

Behavioral Health Concurrent - page 2

CANCEL **NEXT**

0% complete

Click Submit on the next page:

Questionnaire

Behavioral Health Concurrent

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

Final

CANCEL **SUBMIT**

100% complete

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.

Questionnaire Saved Successfully

Outpatient Authorization Details My List

Reference ID 002466574

Status 2 - Pending Decision

Attaching the Behavioral Health Discharge Summary form

The [Behavioral Health Discharge Summary form \(PDF\)](#) is located on [ereferrals.bcbsm.com](#) under the [BCN](#), then the [Behavioral Health](#) page. You'll find it in the [Forms for requesting clinical review](#) section. It is also located under [Blue Cross](#), then the [Behavioral Health](#) page. Complete the fields, save the file, and upload it in the Case Communication section of your authorization. Please see the [Create New \(communication\)](#) page for instructions.

Accessing
e-referral

Navigating
the dashboard

Authorizations
overview

Submitting
Higher Levels of Care
Inpatient
Authorizations

Submitting
Higher Levels of Care
Outpatient
Authorizations

Submitting
Applied Behavior
Analysis
Authorizations

Submitting
Transcranial Magnetic
Stimulation
Authorizations

Submitting
Neurofeedback
Authorizations

Searching
for an
Authorization

Bookmarks

Templates

Section VII: Submitting Applied Behavior Analysis Authorizations

Effective June 1, 2023, BCN's behavioral health providers are required to submit initial and concurrent applied behavior analysis, or ABA, requests for authorization using e-referral. If you are unable to access e-referral, ABA authorization requests can be faxed to 1-866-364-7145 and/or called in to 1-800-482-5982.

All requests for ABA must include the [AAEC Evaluation Results Form](#), copies of all objective measures that substantiate the diagnosis of autism, copies of all evaluations completed by the member's pediatrician and other professionals as part of an interdisciplinary autism evaluation team outside of an AAEC and the current treatment plan. Upload these in the Case Communication section of your authorization. Please see the [Create New \(communication\)](#) page for instructions.

ABA providers please note: In order to offer ABA providers the ability to submit authorization requests electronically, we needed to create a work around in our current e-referral system. Part of this work around is that you will be entering CPT code *97151 as the service code for all electronic requests. This is **only** for authorization requests and is not related to claims payment. (Providers should submit claims for actual services rendered.)

ABA providers will be able to confirm approved services in the Case Communication section of e-referral or by reviewing the approval letter that is faxed to them.

BCN anticipates a system upgrade by 2024 that will allow you to request each ABA service by individual code and no longer require our current work around.

Submitting Applied Behavior Analysis Authorizations, cont.

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



In order to submit an ABA 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 omitting the three-character prefix. Results will include all members under that contract.

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 three-character prefix found on the front of their identification card.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Applied Behavior Analysis Authorizations, cont.

Searching by Patient ID with suffix

Enter the patient's subscriber ID, omitting the three-character prefix, 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

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 or the three-character prefix.

- 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

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

Page 1 of 1 25 View 1 - 1 of 1

Submitting Applied Behavior Analysis 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:

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

Search Options

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

SSN (Numbers only)

Medicare ID

Medicaid ID

Name

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

Page 1 of 1 25 View 1 - 1 of 1

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.

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.

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) 01/01/2020	Birthdate (mm/dd/yyyy)	SEARCH	advanced search
--------------------------	-----------	------------	---	------------------------	--------	-----------------

Name

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

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Applied Behavior Analysis Authorizations, cont.

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

The screenshot shows the 'Submit Outpatient Authorization' screen. At the top, it displays patient information: Patient TEST, MARYBETH, Birthdate 5/5/1971, Age 44 years, Plan BCN, Group ID 00000001, Patient ID 012345678, Address 08012011 date Flint, MI 48503, PCP Name, ID SCRUBS, DOCTOR, 012587411. Below this, the 'Service 1' section contains fields for Service From (date), Service To (date), Type of Care (dropdown), Place Of Service (dropdown), Diagnosis Code (dropdown), Procedure Code Type (dropdown), and Procedure Code (dropdown). Buttons for ADD SERVICE, ADD SERVICE COPY PROVIDERS, SAVE AS..., CANCEL, and SUBMIT are at the bottom.

- **Service From/To**

Your time frame must be a minimum of 60 days.

- **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, Home, School, Off Campus Outpatient Hospital or On Campus Outpatient Hospital from these selections:

Ambulatory Surgical Center
Custodial Care Facility
Emergency Room
End-Stage Renal Disease Treatment Facility
Home
Independent Laboratory
Nursing Facility
Off Campus Outpatient Hospital
Office
On Campus Outpatient Hospital
Other Unlisted Facility (**do not use**)
Telehealth (**do not use**)
Urgent Care Facility

Submitting Applied Behavior Analysis Authorizations, cont.

- **Diagnosis Code**

Enter diagnosis code F84.0, F84.5, F84.8 or F84.9. You can search for these 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.

The screenshot shows the 'Diagnosis Code Search' window. It has tabs for Search and Bookmarks. A search bar contains the text 'autistic'. A button labeled 'SEARCH' is next to it. Below the search bar is a table with columns 'Code', 'Description', 'Inactive', and 'Action'. One row is visible: F84.0, Autistic disorder (ICD10, F84.0), Inactive, and a 'Bookmark' button. A green arrow icon is located to the right of the search window.

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.

The screenshot shows the 'Diagnosis Code Search' window with the search term 'autistic' entered. The results table shows one row: F84.0, Autistic disorder (ICD10, F84.0), Inactive, and a 'Bookmark' button. The 'Code' column for F84.0 is circled in red. A green arrow icon is located to the right of the search window.

Submitting Applied Behavior Analysis Authorizations, 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.

Code	Description	Category	Owner	Usage Type	Action
F84.0	Autistic disorder (ICD10, F84.0)	Uncategorized	Provider	Diagnosis	Delete

• Procedure Code Type

Select CPT or HCPCS. (CPT is default)

CPT = American Medical Association's Current Procedural Terminology

HCPCS = Healthcare Common Procedure Coding System

• Procedure Code

The procedure code for all ABA requests is *97151. This code is used only for the purpose of allowing providers to view their authorization in e-referral, not for the purpose of claims payment.

If you have this code bookmarked, e-referral will begin to populate this field. If not, you must use the **Search** link to locate it.

* Service From	05/15/2023	(mm/dd/yyyy)
* Service To	07/15/2023	(mm/dd/yyyy)
* Type of Care	Elective	
* Place Of Service	Off Campus Outpatient Hospital	
* Diagnosis Code	F84.0	
Description	Autistic disorder (ICD10, F84.0)	
* Procedure Code Type	CPT	
* Procedure Code	97151	
Description	Behavior identification assessment by qualified...	
* Units		
SAVE AS...		

Submitting Applied Behavior Analysis Authorizations, 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 ABA requests is *97151.

Code	Description	Inactive	Action
97151	Behavior identification assessment by qualified health care professional, each 15 minutes (CPT, 97151)		Bookmark

Procedure Code – Search by Bookmarks

Select a procedure code from the list of your saved bookmarks.

For more information on Bookmarks, please see the [Bookmarks](#) section.

Code	Description	Category	Owner	Usage Type	Action
97151	Behavior identification assessment by qualified health care professional, each 15 minutes (CPT, 97151)	Uncategorized	Provider	CPT	Delete

Submitting Applied Behavior Analysis Authorizations, cont.**• Units**

Enter the requested number of units not to exceed 48.

The screenshot shows the 'Service 1' section of the form. The 'Units' field is highlighted with a red box and contains the value '12'. Other fields visible include 'Service From' (05/15/2023), 'Service To' (07/15/2023), 'Type of Care' (Elective), 'Place Of Service' (Off Campus Outpatient Hospital), 'Diagnosis Code' (F84.0), 'Description' (Autistic disorder (ICD10, F84.0)), 'Procedure Code Type' (CPT), 'Procedure Code' (97151), 'Description' (Behavior identification assessment by qualified...), and a 'SAVE AS...' button.

• Referring Provider Name, ID

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

The screenshot shows the 'Referring Provider Name, ID' field highlighted with a red box, containing 'HELPFUL CLINIC' and '0123456789'. Below it are fields for 'Servicing Provider Name, ID' and 'Servicing Facility Name, ID', both with their respective 'Address' and 'Search' buttons.

• 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

The screenshot shows the 'Servicing Provider Name, ID' field highlighted with a red box, containing 'HELPFUL CLINIC' and '0123456789'. Below it are fields for 'Address' (12345 Happy St, Southfield, MI, USA 48034) and 'Servicing Facility Name, ID'.

Submitting Applied Behavior Analysis Authorizations, cont.**A provider may be listed multiple times – make sure to choose the correct one**

Your provider search results may include several listings with the same name, NPI or address. The first listing is not always the correct one. In order to choose the correct provider, please follow these guidelines:

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

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

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

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

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

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

Submitting Applied Behavior Analysis Authorizations, 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.

This screenshot shows the 'Servicing Facility Name, ID' field highlighted with a red oval. The field is labeled 'Servicing Facility Name, ID' and 'Address'. Above it, there are fields for 'Referring Provider Name, ID' and 'Address', and 'PCP Name, ID' and 'Address'. At the bottom left, there is a 'Search' button.

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.

This screenshot shows the 'Service 1' service details form. It includes fields for 'Service From' (05/15/2023), 'Service To' (07/15/2023), 'Type of Care' (Elective), 'Place Of Service' (Off Campus Outpatient Hospital), 'Diagnosis Code' (F84.0), 'Procedure Code Type' (CPT), 'Procedure Code' (97151), 'Description' (Autistic disorder (ICD10, F84.0)), and 'Units' (12). At the bottom left, there is a 'SAVE AS...' button highlighted with a red oval.

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** or Cancel to delete the request without processing.

This screenshot shows the 'Submit' button highlighted with a red oval at the bottom right of the 'Service 1' service details form.

Submitting Applied Behavior Analysis Authorizations, cont.

Your submitted authorization will look like this:

This screenshot shows the Outpatient Authorization Details page. It includes sections for 'Patient Information' (Patient: TEST, MARYBETH, Plan: BCN, Group ID: 00000001, Patient ID: 12345678), 'Decision Support' (InterQual Criteria: Taken By, Diagnosis / Procedure, Subset, Product, Version, Criteria Status, Created Date, Last Activity), 'Case Communication' (From, To, Subject, Date), 'Contact Information' (Name: Helpful employee, Phone: 0), 'Service 1-Pended' (Service From: 5/15/2023, Service To: 7/15/2023, Type Of Care: Elective, Place Of Service: Off Campus Outpatient Hospital, Diagnosis Code: F84.0, Description: Autistic disorder (ICD10, F84.0), Procedure Code Type: CPT, Procedure Code: 97151, Description: Behavior identification assessment by qualified..., Units: 12), and 'Notes' (Date, Subject, Supporting Information). Buttons include 'Actions' (3), 'Printer-Friendly' (4), 'Edit' (5), 'New Referral' (7), 'New Global Referral' (8), 'New Inpatient' (9), 'New Outpatient' (10), 'Create New' (6), and 'Notes' (11).

1. Reference ID and case status

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

2. My List

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

3. Action message

Your case is pended and you must attach clinical documentation. See number 6.

4. Printer-Friendly

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

5. Edit

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

6. Create New (communication) – preferred

This feature allows you to create a communication to Blue Cross or BCN on this authorization case and attach the required documentation here. Blue Cross or BCN will review the communication and respond in a timely manner. See the next page for more details.

7. 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.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Applied Behavior Analysis Authorizations, cont.

Create New (communication)

Here is where you will attach the [AAEC Evaluation Results Form](#), copies of all objective measures that substantiate the diagnosis of autism, copies of all evaluations completed by the member's pediatrician and other professionals as part of an interdisciplinary autism evaluation team outside of an AAEC and the current treatment plan. Start by clicking the Create New button in the Case Communication field.

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

The dialog box closes. You'll be able to see your attached documents after clicking the Subject link. **Note:** do not attach files to any denied requests.

You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Submitting Applied Behavior Analysis Authorizations, cont.

To extend service on an existing ABA authorization, start by locating your original authorization. See [Section X: Searching for an Authorization](#) for help. 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 all required clinical documentation. 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.

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.

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.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Section VIII: Submitting Transcranial Magnetic Stimulation Authorizations

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.

Submitting Transcranial Magnetic Stimulation authorizations, 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 omitting the three-character prefix. Results will include all members under that contract.

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 three-character prefix found on the front of their identification card.

Accessing
e-referralNavigating
the dashboardAuthorizations
overviewSubmitting
Higher Levels of Care
Inpatient
AuthorizationsSubmitting
Higher Levels of Care
Outpatient
AuthorizationsSubmitting
Applied Behavior
Analysis
AuthorizationsSubmitting
Transcranial Magnetic
Stimulation
AuthorizationsSubmitting
Neurofeedback
AuthorizationsSearching
for an
Authorization

Bookmarks

Templates

Submitting Transcranial Magnetic Stimulation authorizations, cont.

Searching by Patient ID with suffix

Enter the patient's subscriber ID, omitting the three-character prefix, with two-digit suffix to narrow your results to a specific patient.

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 or the three-character prefix.**

- 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.

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.

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 Transcranial Magnetic Stimulation 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:

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

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.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Transcranial Magnetic Stimulation authorizations, cont.

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

The screenshot shows the 'Submit Outpatient Authorization' interface. At the top, patient information is displayed: Patient TEST, MARYBETH, Birthdate 5/6/1971, Age 44 years, Plan BCN, Group ID 00000001, Patient ID 012345678, Address 06012011 date Flint, MI 48503, PCP Name, ID SCRUBS, DOCTOR, 012587411. Below this, a 'Service 1' section contains fields for Service From, Service To, Type of Care (set to Elective), Place Of Service, Diagnosis Code, Procedure Code Type (set to CPT), and Units. Buttons for ADD SERVICE, ADD SERVICE COPY PROVIDERS, SAVE AS..., CANCEL, and SUBMIT are at the bottom.

- **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, Off Campus Outpatient Hospital or On Campus Outpatient Hospital from these selections:

Ambulatory Surgical Center
Custodial Care Facility
Emergency Room
End-Stage Renal Disease Treatment Facility
Home
Independent Laboratory
Nursing Facility
Off Campus Outpatient Hospital
Office
On Campus Outpatient Hospital
Other Unlisted Facility (**do not use**)
Telehealth (**do not use**)
Urgent Care Facility

Submitting Transcranial Magnetic Stimulation authorizations, 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.

The screenshot shows the 'Diagnosis Code Search' window. It has tabs for 'Search' and 'Bookmarks'. A text input field says 'Enter a full or partial diagnosis code or description below and click 'Search''. Below it, 'Include decimal if applicable (e.g. 250.01)' is noted. A 'Code or Description' input field contains 'adjustment' and a 'SEARCH' button.

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.

The screenshot shows the 'Diagnosis Code Search' window with a list of ICD-10 codes and descriptions. The table has columns for Code, Description, Inactive, and Action. A row for F43.2 is circled in red. Other rows include F43.1, F43.3, F43.4, F43.5, F43.6, F43.7, F43.8, F43.9, F44.1, F44.2, F44.3, F44.4, F44.5, F44.6, F44.7, F44.8, F44.9, F45.1, F45.2, F45.3, F45.4, F45.5, F45.6, F45.7, F45.8, F45.9, F46.1, F46.2, F46.3, F46.4, F46.5, F46.6, F46.7, F46.8, F46.9, F47.1, F47.2, F47.3, F47.4, F47.5, F47.6, F47.7, F47.8, F47.9, F48.1, F48.2, F48.3, F48.4, F48.5, F48.6, F48.7, F48.8, F48.9, F49.1, F49.2, F49.3, F49.4, F49.5, F49.6, F49.7, F49.8, F49.9, F4A.1, F4A.2, F4A.3, F4A.4, F4A.5, F4A.6, F4A.7, F4A.8, F4A.9, F4B.1, F4B.2, F4B.3, F4B.4, F4B.5, F4B.6, F4B.7, F4B.8, F4B.9, F4C.1, F4C.2, F4C.3, F4C.4, F4C.5, F4C.6, F4C.7, F4C.8, F4C.9, F4D.1, F4D.2, F4D.3, F4D.4, F4D.5, F4D.6, F4D.7, F4D.8, F4D.9, F4E.1, F4E.2, F4E.3, F4E.4, F4E.5, F4E.6, F4E.7, F4E.8, F4E.9, F4F.1, F4F.2, F4F.3, F4F.4, F4F.5, F4F.6, F4F.7, F4F.8, F4F.9, F4G.1, F4G.2, F4G.3, F4G.4, F4G.5, F4G.6, F4G.7, F4G.8, F4G.9, F4H.1, F4H.2, F4H.3, F4H.4, F4H.5, F4H.6, F4H.7, F4H.8, F4H.9, F4I.1, F4I.2, F4I.3, F4I.4, F4I.5, F4I.6, F4I.7, F4I.8, F4I.9, F4J.1, F4J.2, F4J.3, F4J.4, F4J.5, F4J.6, F4J.7, F4J.8, F4J.9, F4K.1, F4K.2, F4K.3, F4K.4, F4K.5, F4K.6, F4K.7, F4K.8, F4K.9, F4L.1, F4L.2, F4L.3, F4L.4, F4L.5, F4L.6, F4L.7, F4L.8, F4L.9, F4M.1, F4M.2, F4M.3, F4M.4, F4M.5, F4M.6, F4M.7, F4M.8, F4M.9, F4N.1, F4N.2, F4N.3, F4N.4, F4N.5, F4N.6, F4N.7, F4N.8, F4N.9, F4O.1, F4O.2, F4O.3, F4O.4, F4O.5, F4O.6, F4O.7, F4O.8, F4O.9, F4P.1, F4P.2, F4P.3, F4P.4, F4P.5, F4P.6, F4P.7, F4P.8, F4P.9, F4Q.1, F4Q.2, F4Q.3, F4Q.4, F4Q.5, F4Q.6, F4Q.7, F4Q.8, F4Q.9, F4R.1, F4R.2, F4R.3, F4R.4, F4R.5, F4R.6, F4R.7, F4R.8, F4R.9, F4S.1, F4S.2, F4S.3, F4S.4, F4S.5, F4S.6, F4S.7, F4S.8, F4S.9, F4T.1, F4T.2, F4T.3, F4T.4, F4T.5, F4T.6, F4T.7, F4T.8, F4T.9, F4U.1, F4U.2, F4U.3, F4U.4, F4U.5, F4U.6, F4U.7, F4U.8, F4U.9, F4V.1, F4V.2, F4V.3, F4V.4, F4V.5, F4V.6, F4V.7, F4V.8, F4V.9, F4W.1, F4W.2, F4W.3, F4W.4, F4W.5, F4W.6, F4W.7, F4W.8, F4W.9, F4X.1, F4X.2, F4X.3, F4X.4, F4X.5, F4X.6, F4X.7, F4X.8, F4X.9, F4Y.1, F4Y.2, F4Y.3, F4Y.4, F4Y.5, F4Y.6, F4Y.7, F4Y.8, F4Y.9, F4Z.1, F4Z.2, F4Z.3, F4Z.4, F4Z.5, F4Z.6, F4Z.7, F4Z.8, F4Z.9, F4A.1, F4A.2, F4A.3, F4A.4, F4A.5, F4A.6, F4A.7, F4A.8, F4A.9, F4B.1, F4B.2, F4B.3, F4B.4, F4B.5, F4B.6, F4B.7, F4B.8, F4B.9, F4C.1, F4C.2, F4C.3, F4C.4, F4C.5, F4C.6, F4C.7, F4C.8, F4C.9, F4D.1, F4D.2, F4D.3, F4D.4, F4D.5, F4D.6, F4D.7, F4D.8, F4D.9, F4E.1, F4E.2, F4E.3, F4E.4, F4E.5, F4E.6, F4E.7, F4E.8, F4E.9, F4F.1, F4F.2, F4F.3, F4F.4, F4F.5, F4F.6, F4F.7, F4F.8, F4F.9, F4G.1, F4G.2, F4G.3, F4G.4, F4G.5, F4G.6, F4G.7, F4G.8, F4G.9, F4H.1, F4H.2, F4H.3, F4H.4, F4H.5, F4H.6, F4H.7, F4H.8, F4H.9, F4I.1, F4I.2, F4I.3, F4I.4, F4I.5, F4I.6, F4I.7, F4I.8, F4I.9, F4J.1, F4J.2, F4J.3, F4J.4, F4J.5, F4J.6, F4J.7, F4J.8, F4J.9, F4K.1, F4K.2, F4K.3, F4K.4, F4K.5, F4K.6, F4K.7, F4K.8, F4K.9, F4L.1, F4L.2, F4L.3, F4L.4, F4L.5, F4L.6, F4L.7, F4L.8, F4L.9, F4M.1, F4M.2, F4M.3, F4M.4, F4M.5, F4M.6, F4M.7, F4M.8, F4M.9, F4N.1, F4N.2, F4N.3, F4N.4, F4N.5, F4N.6, F4N.7, F4N.8, F4N.9, F4O.1, F4O.2, F4O.3, F4O.4, F4O.5, F4O.6, F4O.7, F4O.8, F4O.9, F4P.1, F4P.2, F4P.3, F4P.4, F4P.5, F4P.6, F4P.7, F4P.8, F4P.9, F4Q.1, F4Q.2, F4Q.3, F4Q.4, F4Q.5, F4Q.6, F4Q.7, F4Q.8, F4Q.9, F4R.1, F4R.2, F4R.3, F4R.4, F4R.5, F4R.6, F4R.7, F4R.8, F4R.9, F4S.1, F4S.2, F4S.3, F4S.4, F4S.5, F4S.6, F4S.7, F4S.8, F4S.9, F4T.1, F4T.2, F4T.3, F4T.4, F4T.5, F4T.6, F4T.7, F4T.8, F4T.9, F4U.1, F4U.2, F4U.3, F4U.4, F4U.5, F4U.6, F4U.7, F4U.8, F4U.9, F4V.1, F4V.2, F4V.3, F4V.4, F4V.5, F4V.6, F4V.7, F4V.8, F4V.9, F4W.1, F4W.2, F4W.3, F4W.4, F4W.5, F4W.6, F4W.7, F4W.8, F4W.9, F4X.1, F4X.2, F4X.3, F4X.4, F4X.5, F4X.6, F4X.7, F4X.8, F4X.9, F4Y.1, F4Y.2, F4Y.3, F4Y.4, F4Y.5, F4Y.6, F4Y.7, F4Y.8, F4Y.9, F4Z.1, F4Z.2, F4Z.3, F4Z.4, F4Z.5, F4Z.6, F4Z.7, F4Z.8, F4Z.9, F4A.1, F4A.2, F4A.3, F4A.4, F4A.5, F4A.6, F4A.7, F4A.8, F4A.9, F4B.1, F4B.2, F4B.3, F4B.4, F4B.5, F4B.6, F4B.7, F4B.8, F4B.9, F4C.1, F4C.2, F4C.3, F4C.4, F4C.5, F4C.6, F4C.7, F4C.8, F4C.9, F4D.1, F4D.2, F4D.3, F4D.4, F4D.5, F4D.6, F4D.7, F4D.8, F4D.9, F4E.1, F4E.2, F4E.3, F4E.4, F4E.5, F4E.6, F4E.7, F4E.8, F4E.9, F4F.1, F4F.2, F4F.3, F4F.4, F4F.5, F4F.6, F4F.7, F4F.8, F4F.9, F4G.1, F4G.2, F4G.3, F4G.4, F4G.5, F4G.6, F4G.7, F4G.8, F4G.9, F4H.1, F4H.2, F4H.3, F4H.4, F4H.5, F4H.6, F4H.7, F4H.8, F4H.9, F4I.1, F4I.2, F4I.3, F4I.4, F4I.5, F4I.6, F4I.7, F4I.8, F4I.9, F4J.1, F4J.2, F4J.3, F4J.4, F4J.5, F4J.6, F4J.7, F4J.8, F4J.9, F4K.1, F4K.2, F4K.3, F4K.4, F4K.5, F4K.6, F4K.7, F4K.8, F4K.9, F4L.1, F4L.2, F4L.3, F4L.4, F4L.5, F4L.6, F4L.7, F4L.8, F4L.9, F4M.1, F4M.2, F4M.3, F4M.4, F4M.5, F4M.6, F4M.7, F4M.8, F4M.9, F4N.1, F4N.2, F4N.3, F4N.4, F4N.5, F4N.6, F4N.7, F4N.8, F4N.9, F4O.1, F4O.2, F4O.3, F4O.4, F4O.5, F4O.6, F4O.7, F4O.8, F4O.9, F4P.1, F4P.2, F4P.3, F4P.4, F4P.5, F4P.6, F4P.7, F4P.8, F4P.9, F4Q.1, F4Q.2, F4Q.3, F4Q.4, F4Q.5, F4Q.6, F4Q.7, F4Q.8, F4Q.9, F4R.1, F4R.2, F4R.3, F4R.4, F4R.5, F4R.6, F4R.7, F4R.8, F4R.9, F4S.1, F4S.2, F4S.3, F4S.4, F4S.5, F4S.6, F4S.7, F4S.8, F4S.9, F4T.1, F4T.2, F4T.3, F4T.4, F4T.5, F4T.6, F4T.7, F4T.8, F4T.9, F4U.1, F4U.2, F4U.3, F4U.4, F4U.5, F4U.6, F4U.7, F4U.8, F4U.9, F4V.1, F4V.2, F4V.3, F4V.4, F4V.5, F4V.6, F4V.7, F4V.8, F4V.9, F4W.1, F4W.2, F4W.3, F4W.4, F4W.5, F4W.6, F4W.7, F4W.8, F4W.9, F4X.1, F4X.2, F4X.3, F4X.4, F4X.5, F4X.6, F4X.7, F4X.8, F4X.9, F4Y.1, F4Y.2, F4Y.3, F4Y.4, F4Y.5, F4Y.6, F4Y.7, F4Y.8, F4Y.9, F4Z.1, F4Z.2, F4Z.3, F4Z.4, F4Z.5, F4Z.6, F4Z.7, F4Z.8, F4Z.9, F4A.1, F4A.2, F4A.3, F4A.4, F4A.5, F4A.6, F4A.7, F4A.8, F4A.9, F4B.1, F4B.2, F4B.3, F4B.4, F4B.5, F4B.6, F4B.7, F4B.8, F4B.9, F4C.1, F4C.2, F4C.3, F4C.4, F4C.5, F4C.6, F4C.7, F4C.8, F4C.9, F4D.1, F4D.2, F4D.3, F4D.4, F4D.5, F4D.6, F4D.7, F4D.8, F4D.9, F4E.1, F4E.2, F4E.3, F4E.4, F4E.5, F4E.6, F4E.7, F4E.8, F4E.9, F4F.1, F4F.2, F4F.3, F4F.4, F4F.5, F4F.6, F4F.7, F4F.8, F4F.9, F4G.1, F4G.2, F4G.3, F4G.4, F4G.5, F4G.6, F4G.7, F4G.8, F4G.9, F4H.1, F4H.2, F4H.3, F4H.4, F4H.5, F4H.6, F4H.7, F4H.8, F4H.9, F4I.1, F4I.2, F4I.3, F4I.4, F4I.5, F4I.6, F4I.7, F4I.8, F4I.9, F4J.1, F4J.2, F4J.3, F4J.4, F4J.5, F4J.6, F4J.7, F4J.8, F4J.9, F4K.1, F4K.2, F4K.3, F4K.4, F4K.5, F4K.6, F4K.7, F4K.8, F4K.9, F4L.1, F4L.2, F4L.3, F4L.4, F4L.5, F4L.6, F4L.7, F4L.8, F4L.9, F4M.1, F4M.2, F4M.3, F4M.4, F4M.5, F4M.6, F4M.7, F4M.8, F4M.9, F4N.1, F4N.2, F4N.3, F4N.4, F4N.5, F4N.6, F4N.7, F4N.8, F4N.9, F4O.1, F4O.2, F4O.3, F4O.4, F4O.5, F4O.6, F4O.7, F4O.8, F4O.9, F4P.1, F4P.2, F4P.3, F4P.4, F4P.5, F4P.6, F4P.7, F4P.8, F4P.9, F4Q.1, F4Q.2, F4Q.3, F4Q.4, F4Q.5, F4Q.6, F4Q.7, F4Q.8, F4Q.9, F4R.1, F4R.2, F4R.3, F4R.4, F4R.5, F4R.6, F4R.7, F4R.8, F4R.9, F4S.1, F4S.2, F4S.3, F4S.4, F4S.5, F4S.6, F4S.7, F4S.8, F4S.9, F4T.1, F4T.2, F4T.3, F4T.4, F4T.5, F4T.6, F4T.7, F4T.8, F4T.9, F4U.1, F4U.2, F4U.3, F4U.4, F4U.5, F4U.6, F4U.7, F4U.8, F4U.9, F4V.1, F4V.2, F4V.3, F4V.4, F4V.5, F4V.6, F4V.7, F4V.8, F4V.9, F4W.1, F4W.2, F4W.3, F4W.4, F4W.5, F4W.6, F4W.7, F4W.8, F4W.9, F4X.1, F4X.2, F4X.3, F4X.4, F4X.5, F4X.6, F4X.7, F4X.8, F4X.9, F4Y.1, F4Y.2, F4Y.3, F4Y.4, F4Y.5, F4Y.6, F4Y.7, F4Y.8, F4Y.9, F4Z.1, F4Z.2, F4Z.3, F4Z.4, F4Z.5, F4Z.6, F4Z.7, F4Z.8, F4Z.9, F4A.1, F4A.2, F4A.3, F4A.4, F4A.5, F4A.6, F4A.7, F4A.8, F4A.9, F4B.1, F4B.2, F4B.3, F4B.4, F4B.5, F4B.6, F4B.7, F4B.8, F4B.9, F4C.1, F4C.2, F4C.3, F4C.4, F4C.5, F4C.6, F4C.7, F4C.8, F4C.9, F4D.1, F4D.2, F4D.3, F4D.4, F4D.5, F4D.6, F4D.7, F4D.8, F4D.9, F4E.1, F4E.2, F4E.3, F4E.4, F4E.5, F4E.6, F4E.7, F4E.8, F4E.9, F4F.1, F4F.2, F4F.3, F4F.4, F4F.5, F4F.6, F4F.7, F4F.8, F4F.9,

Submitting Transcranial Magnetic Stimulation authorizations, 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.

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

- **Procedure Code Type**

Select CPT or HCPCS. (CPT is default)

CPT = American Medical Association's Current Procedural Terminology

HCPCS = Healthcare Common Procedure Coding System

- **Procedure Code**

The procedure code for transcranial magnetic stimulation treatment is *90867.

If you have this code bookmarked, e-referral will begin to populate this field.

If not, you must use the **Search** link to locate it.

* Service From	09/14/2016	(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	SEARCH
* Procedure Code	90867	Search
Description	Transcranial magnetic stimulation treatment (st...	
Units		
SAVE AS...		

Submitting Transcranial Magnetic Stimulation authorizations, 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.

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

Procedure Code – Search by Bookmarks

Select a procedure code from the list of your saved bookmarks.

For more information on Bookmarks, please see the [Bookmarks](#) section.

Code	Description	Category	Owner	Usage Type	Action
90867	Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression) (CPT, 90867)	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

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Transcranial Magnetic Stimulation authorizations, cont.**• Units**

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

The screenshot shows a service entry for 'Service 1'. It includes fields for Service From (09/14/2016), Service To (09/30/2016), Type of Care, Place Of Service (Office), Diagnosis Code (F33.3), Description (Major depressive disorder, recurrent, severe w/...), Procedure Code Type (CPT), Procedure Code (90867), Description (Transcranial magnetic stimulation treatment (st...)), and Units (1). A red box highlights the 'Units' input field.

• Referring Provider Name, ID

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

The screenshot shows the 'Referring Provider Name, ID' field populated with 'DAT, DOCTOR, 0123456789'. Below it, there are fields for 'Servicing Provider Name, ID' and 'Servicing Facility Name, ID', both with their respective 'Address' and 'Search' buttons. A red box highlights the 'Referring Provider Name, ID' field.

• 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.

The screenshot shows the 'Servicing Provider Name, ID' field populated with 'HELPFUL CLINIC, 0123456789'. Below it, there is a field for 'Servicing Facility Name, ID' with its 'Address' and 'Search' buttons. A red box highlights the 'Servicing Provider Name, ID' field.

Submitting Transcranial Magnetic Stimulation authorizations, cont.**A provider may be listed multiple times – make sure to choose the correct one**

Your provider search results may include several listings with the same name, NPI or address. The first listing is not always the correct one. In order to choose the correct provider, please follow these guidelines:

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

The screenshot shows a table of provider listings. The first row, which has a red box around it, is for 'WHITECOAT, DOCTOR' with NPI 0123456789, listed as 'Out'. The second row, also with a red box, is for the same provider listed as 'In'. Other rows show various providers with different addresses and group affiliations.

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

The screenshot shows a table of provider listings. The first row, with a red box around it, is for 'WHITECOAT, DOCTOR' with NPI 0123456789, listed as 'Out'. The second row, also with a red box, is for the same provider listed as 'In' under 'RAJ AND ASSO MD PC'. Other rows show various providers with different group affiliations.

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

The screenshot shows a table of provider listings. The first row, with a red box around it, is for 'WHITECOAT, DOCTOR' with NPI 0123456789, listed as 'Out'. The second row, also with a red box, is for the same provider listed as 'Out' under 'MICHIGAN EAR INSTITUTE PLLC'. Other rows show various providers with different group affiliations.

Submitting Transcranial Magnetic Stimulation authorizations, 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.

This screenshot shows a portion of the 'Submit Outpatient Authorization' screen. At the top, there are fields for 'Plan BCN', 'Group ID 00000001', 'Patient ID 012345678', 'Address 06012011 date Flint, MI 48503', and 'PCP Name, ID SCRUBS, DOCTOR, 012587'. Below these, there are sections for 'Referring Provider Name, ID' (HELPFUL CLINIC, 012345678) and 'Servicing Provider Name, ID' (Address). A red circle highlights the 'Servicing Facility Name, ID' field, which contains 'Address' and has a 'Search' button. There are also other search fields and buttons for 'Referring Provider' and 'Servicing Provider'.

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.

This screenshot shows the 'Service 1' configuration screen. It includes fields for 'Service From' (09/14/2016), 'Service To' (09/30/2016), 'Type of Care' (dropdown), 'Place Of Service' (Office), 'Diagnosis Code' (F33.3), 'Description' (Major depressive disorder, recurrent, severe wi...), 'Procedure Code Type' (CPT), 'Procedure Code' (90867), 'Description' (Transcranial magnetic stimulation treatment st...), and 'Units' (1). A red circle highlights the 'SAVE AS...' button at the bottom left.

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.

This screenshot shows the bottom of the 'Submit Outpatient Authorization' screen. It features a large empty text area for 'Servicing Facility Name, ID' and 'Address'. At the bottom, there are two buttons: 'CANCEL' and 'SUBMIT'. A red circle highlights the 'SUBMIT' button.

Submitting Transcranial Magnetic Stimulation authorizations, cont.

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.

This screenshot shows the 'Outpatient Authorization Details' screen. At the top, there are links for 'Home', 'My List', 'Patient Search', and 'Referrals/Authorizations'. Below that, it says 'Outpatient Authorization Details' and 'My List'. It shows 'Referrer ID 00000001' and 'Status 2 - Pending Decision'. In the 'Actions' section, there is a message: '1. The TMS Review Questionnaire is required. Questionnaire Assessment'. A red circle highlights the 'Questionnaire Assessment' link. There is also an 'EDIT' button.

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.

This screenshot shows the 'TMS Review' questionnaire screen. It has a progress bar at the top indicating '50% complete'. The main section is titled 'TMS Review - Pg 1'. It contains the following fields:

- Contact Name: (Q) [Input field]
- Contact Number: (Q) [Input field]
- Today's Date: (Q) [Input field]
- Member Name: (Q) [Input field]
- Enrollee ID: (Q) [Input field]
- Reason for TMS request: (Q) [Large text area]
- Current level of care: (Q) [Input field]

Submitting Transcranial Magnetic Stimulation 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.

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.



Submitting Transcranial Magnetic Stimulation 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. My List

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

3. Printer-Friendly

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

4. Edit

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

5. 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.

6. 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.

7. 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.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Transcranial Magnetic Stimulation authorizations, 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.

You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Section IX: Submitting Neurofeedback Authorizations

All requests for neurofeedback must include independent evaluation (i.e Conners, Vanderbilt, Test of Variables of Attention (TOVA) or other psychological/neuropsychological testing) confirming the diagnosis of Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder. Independent evaluation must be completed by a provider other than the neurofeedback provider. Attach the independent evaluation in a case communication. Please see the [Create New \(communication\)](#) page for uploading instructions.



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

Submitting Neurofeedback authorizations, cont.

In order to submit a Neurofeedback 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 omitting the three-character prefix. Results will include all members under that contract.

The screenshot shows the 'Patient Search' interface. At the top, there are search criteria fields: 'Patient ID' (containing '012345678'), 'Last Name', 'First Name', 'Eligibility As Of (mm/dd/yyyy)', and 'Birthdate (mm/dd/yyyy)'. Below these are 'SEARCH' and 'advanced search' buttons. The main area displays a table of search results with columns: 'Name', 'Patient ID', 'Birthdate', 'Gender', 'Address', and 'Eligibility'. Two rows are visible: 'PATIENT, JAMES' (Patient ID 012345678, M, 20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076) and 'PATIENT, SUSAN' (Patient ID 012345678, F, 20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076). A blue callout box points to the 'Patient ID' field with the instruction: "Enter the patient's ID here. This is the patient's ID number minus the three-character prefix found on the front of their identification card."

Submitting Neurofeedback authorizations, cont.

Searching by **Patient ID with suffix**

Enter the patient's subscriber ID, omitting the three-character prefix, with two-digit suffix to narrow your results to a specific patient.

The screenshot shows the 'Patient Search' interface. The 'Patient ID' field contains '01234567801'. Other search fields are empty. Below the search bar is a table with columns: 'Name', 'Patient ID', 'Birthdate', 'Gender', 'Address', and 'Eligibility'. One row is visible: 'PATIENT, JAMES' (Patient ID 012345678, Birthdate 08/20/1959, M, 20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076). A blue callout box points to the 'Patient ID' field with the instruction: "Enter the patient's ID with suffix here. Do not include the hyphen before the suffix or the three-character prefix. 01 = subscriber, 02 = spouse, 03 = additional dependent(s)".

Enter the patient's ID with suffix here. Do not include the hyphen before the suffix or the three-character prefix.
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.

The screenshot shows the 'Patient Search' interface. The 'Last Name' field contains 'test' and the 'First Name' field contains 'marybeth'. Other search fields are empty. Below the search bar is a table with columns: 'Name', 'Patient ID', 'Birthdate', 'Gender', 'Address', and 'Eligibility'. One row is visible: 'TEST, MARYBETH' (Patient ID 012345678, Birthdate 05/05/1971, F, 20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076). A blue callout box points to the 'Last Name' and 'First Name' fields with the instruction: "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.

The screenshot shows the 'Patient Search' interface. The 'Eligibility As Of (mm/dd/yyyy)' field contains '01/01/2020'. Other search fields are empty. Below the search bar is a table with columns: 'Name', 'Patient ID', 'Birthdate', 'Gender', 'Address', and 'Eligibility'. Two rows are visible: 'PATIENT, JEFF' (Patient ID 012345678, Birthdate 03/21/1961, M, 20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076) and 'PATIENT, JEFF' (Patient ID 012345678, Birthdate 03/21/1961, M, 20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076). A blue callout box points to the 'Eligibility As Of' field with the instruction: "Enter the patient's ID or name when using this field".

Submitting Neurofeedback 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:

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 Neurofeedback authorizations, cont.

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

- **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 Off Campus Outpatient Hospital or On Campus Outpatient Hospital from these selections:

Ambulatory Surgical Center
Custodial Care Facility
Emergency Room
End-Stage Renal Disease Treatment Facility
Home
Independent Laboratory
Nursing Facility
Off Campus Outpatient Hospital
Office
On Campus Outpatient Hospital
Other Unlisted Facility (**do not use**)
Telehealth (**do not use**)
Urgent Care Facility

Submitting Neurofeedback authorizations, 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.

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.

Submitting Neurofeedback authorizations, 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.

- 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 neurofeedback therapy requests is *90901. 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.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Neurofeedback authorizations, 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 neurofeedback therapy is *90901.

The screenshot shows a search results table with columns: Code, Description, Inactive, and Action. A row for code 90901, 'Biofeedback training (CPT, 90901)', is selected and highlighted with a red circle. The table includes a page navigation bar at the bottom.

Code	Description	Inactive	Action
90901	Biofeedback training (CPT, 90901)		Bookmark

Procedure Code – Search by **Bookmarks**

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

The screenshot shows a search results table with columns: Code, Description, Category, Owner, Usage Type, and Action. A row for code 90791, 'Psychiatric Diagnostic Evaluation', is selected and highlighted with a red circle. The table includes a page navigation bar at the bottom.

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

Submitting Neurofeedback authorizations, cont.

- Units**

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

The screenshot shows the 'Service 1' authorization form. The 'Units' field is highlighted with a red circle and contains the value '20'. Other fields include Service From (11/12/2018), Service To (11/30/2018), Type of Care (Elective), Place Of Service (On Campus Outpatient Hospital), Diagnosis Code (F43.20), Procedure Code Type (CPT), Procedure Code (90791), and a Description field.

- Referring Provider Name, ID**

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

The screenshot shows the 'Referring Provider Name, ID' field set to 'HELPFUL CLINIC, 0123456789'. The 'Address' field below it is empty. The entire input field is highlighted with a red rectangle.

- 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.

The screenshot shows the 'Servicing Provider Name, ID' field set to 'HELPFUL CLINIC, 0123456789'. The 'Address' field below it contains '12345 Happy St, Southfield, MI, USA 48034'. The entire input field is highlighted with a red rectangle.

Submitting Neurofeedback authorizations, cont.

A provider may be listed multiple times – make sure to choose the correct one

Your provider search results may include several listings with the same name, NPI or address. The first listing is not always the correct one. In order to choose the correct provider, please follow these guidelines:

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

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

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

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

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

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

Submitting Neurofeedback authorizations, 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.

Plan BCN	Address 06012011 date Flint, MI 48503
Group ID 00000001	PCP Name, ID SCRUBS, DOCTOR, 012587
Patient ID 012345678	
<input style="width: 100%;" type="text" value="Referring Provider Name, ID HELPFUL CLINIC"/> (mm/dd/yyyy)	
<input style="width: 100%;" type="text" value="Servicing Provider Name, ID"/> (mm/dd/yyyy)	
<input style="width: 100%;" type="text" value="Servicing Facility Name, ID"/> (mm/dd/yyyy)	

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 11/12/2018	(mm/dd/yyyy)
* Service To 11/30/2018	(mm/dd/yyyy)
* Type of Care Direct	<input type="button" value="▼"/>
* Place Of Service On Campus Outpatient Hospital	<input type="button" value="▼"/>
* Diagnosis Code F43.20	<input type="button" value="Search"/>
Description Adjustment disorder, unspecified (ICD10, F43.20)	
* Procedure Code Type CPT	<input type="button" value="▼"/>
* Procedure Code 90870	<input type="button" value="Search"/>
Description Shock treatment and monitoring (CPT, 90870)	
* Units 12	<input type="button" value="x"/>
<input type="button" value="SAVE AS..."/>	

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

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

Servicing Facility Name, ID	
Address	
<input type="button" value="SEARCH"/>	
<input type="button" value="CANCEL"/>	<input type="button" value="SUBMIT"/>

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Neurofeedback authorizations, cont.

Your submitted authorization will look like this:

The screenshot shows the Outpatient Authorization Details page. At the top, there's a header with a reference ID (000032700) and a status (Status 2 - Pending Decision). Numbered callouts point to various elements: 1 points to the status message; 2 points to the 'My List' link; 3 points to the 'Printer-Friendly' link; 4 points to the 'Edit' button; 5 points to the 'CREATE NEW' button in the Case Communication section; 6 points to the 'CREATE NEW' button in the Notes section; and 7 points to the 'New Referral' button.

1. Reference ID and case status ➤

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



2. My List

Check this box to watch this authorization.

A flag icon will be shown next to it on the My List page.

3. Printer-Friendly

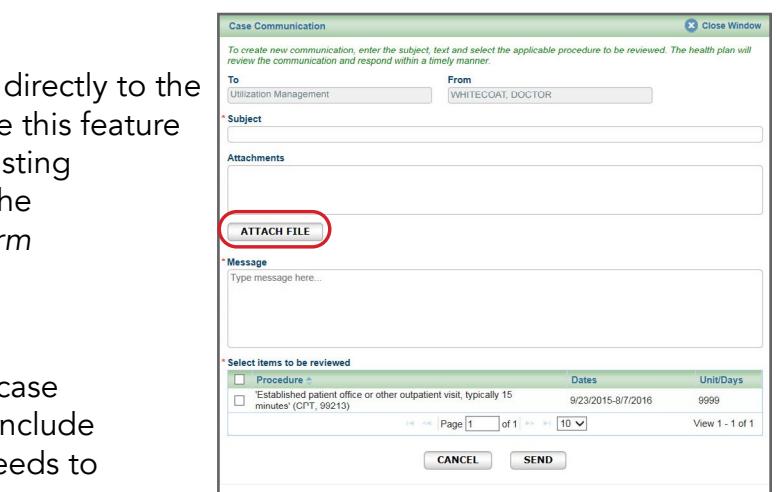
Click this to print your referral to a Referral Request Confirmation PDF file.

4. Edit

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

5. 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.



6. 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.

7. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

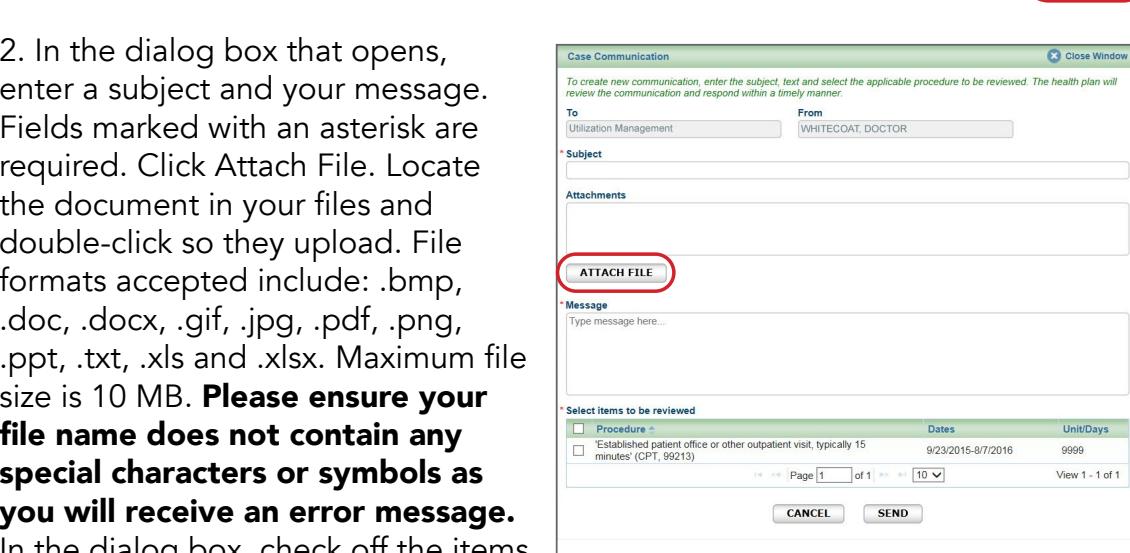
Submitting Neurofeedback authorizations, cont.

Attach the independent evaluation in the Case Communication section. Independent evaluation (i.e. Conners, Vanderbilt, Test of Variables of Attention (TOVA) or other psychological/neuropsychological testing) confirming the diagnosis of Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder. Independent evaluation must be completed by a provider other than the neurofeedback provider.

1. Click the Create New button in the Case Communication field

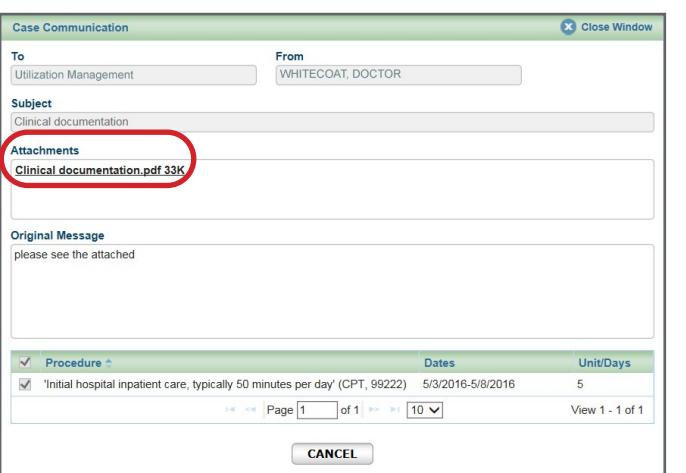


2. In the dialog box that opens, enter a subject and your message. Fields marked with an asterisk are required. Click Attach File. Locate the document in your files and double-click so they upload. File formats accepted include: .bmp, .doc, .docx, .gif, .jpg, .pdf, .png, .ppt, .txt, .xls and .xlsx. Maximum 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.



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

Note: do not attach files to any denied requests.



You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.



Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Submitting Neurofeedback authorizations, cont.

To extend service on an existing Neurofeedback Authorization, start by locating the original authorization. See [Section X: Searching for an Authorization](#) for help. 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.

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.

This screenshot shows the 'Outpatient Authorization Details' page. At the top right, there is an 'EDIT' button which is highlighted with a red circle. Below the button, there is a note: '1. The Behavioral Health Continuing Outpatient Treatment Request Form Questionnaire is required for Total Requested Visits of 1. Questionnaire Assessment.' At the bottom of the page, there are four buttons: 'NEW REFERRAL', 'NEW GLOBAL REFERRAL', 'NEW INPATIENT', and 'NEW OUTPATIENT'.

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)' creation page. In the center, there is a 'CREATE NEW' button which is highlighted with a red circle. At the bottom right, there is a 'SUBMIT' button which is also highlighted with a red circle.

Submitting Neurofeedback authorizations, cont.

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

This screenshot shows the 'Outpatient Authorization Details' page again. At the top right, there is a 'Questionnaire Assessment' link which is highlighted with a red circle. At the bottom right, there is an 'EDIT' button.

Answer each question until you have completed the questionnaire.

This screenshot shows the 'Behavioral Health Continuing Outpatient Treatment Request Form'. It displays a series of questions with answer fields. The first question is 'Member number:' followed by a text input field. The second question is 'Member name:' followed by a text input field. The third question is 'Member date of birth:' followed by a date input field. The fourth question is 'Name:' followed by a text input field. A progress bar at the top right indicates '10% complete'.

Once finished, click Next and Submit.

This screenshot shows the 'Behavioral Health Continuing Outpatient Treatment Request Form' again. It displays a single 'Final' step. At the bottom right, there is a 'SUBMIT' button which is highlighted with a red circle.

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. BCN's Behavioral Health staff, not the Utilization Management staff, make the determination on neurofeedback authorization requests. When authorized, neurofeedback is covered only for specific behavioral health diagnoses, not for medical diagnoses.

Note: Biofeedback, when authorized, is covered only for specific medical diagnoses and not for behavioral health diagnoses. BCN's Utilization Management staff, not the Behavioral Health staff, make the determination on requests to authorize biofeedback.

Section X: 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.

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 CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac
HELPFUL COMMUNITY CLINIC	0123456789	Facility	

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.

Accessing e-referral

Navigating the dashboard

Authorizations overview

Submitting Higher Levels of Care Inpatient Authorizations

Submitting Higher Levels of Care Outpatient Authorizations

Submitting Applied Behavior Analysis Authorizations

Submitting Transcranial Magnetic Stimulation Authorizations

Submitting Neurofeedback Authorizations

Searching for an Authorization

Bookmarks

Templates

Searching for an authorization, cont.

You can search by **Patient**

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
012345678	Authorization	TEST, MARYBETH BCN		05/05/1971	03/01/2018	03/09/2018	Outpatient Hospital	PINELIS, SUSANNA		Complete removal of nasal sinus using an endoscope (CPT: 3125b)	6 - Voided	
012345678	Authorization	TEST, MARYBETH BCN		05/05/1971	02/05/2018	02/28/2018	Outpatient Hospital	PINELIS, SUSANNA		Sleep monitoring of patient (6 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube (CPT: 95811)	6 - Voided	

Here, you can enter the Patient ID (if known), omitting the three-character prefix, or use the 'Select' link. This will allow you to search by the Patient ID or name in conjunction with other criteria. To locate ALL referrals/authorizations for a patient, remove both the From and To dates. For more specific results, delete only the "To" date.

Checking the All Cases box will show:

- Any case the member has in the e-referral system. This includes cases outside your provider set.
- A case you cannot locate under the NPI.
- A specialty medical drug prior authorization for a case you're not associate with.

Once the All Cases box is checked, you will see all the member's cases.

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
012345678	Authorization	TEST, MARYBETH BCN		05/05/1971	03/01/2018	03/09/2018	Outpatient Hospital	PINELIS, SUSANNA		Complete removal of nasal sinus using an endoscope (CPT: 3125b)	6 - Voided	
012345678	Authorization	TEST, MARYBETH BCN		05/05/1971	02/05/2018	02/28/2018	Outpatient Hospital	PINELIS, SUSANNA		Sleep monitoring of patient (6 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube (CPT: 95811)	6 - Voided	
012345678	Authorization	TEST, MARYBETH BCN		05/05/1971	02/05/2018	03/04/2018	Home	PINELIS, SUSANNA		Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature) including Pump, Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That (HCPCS, S1034)	6 - Voided	
012345678	Authorization	TEST, MARYBETH BCN		05/05/1971	01/29/2018	02/28/2018	Inpatient Hospital	SIEGEL, DAVID M.	ST JOHN MACOMB OAKLAND HOSPITAL - OAKLAND CENTER	Stomach reduction procedure with partial removal of stomach using an endoscope (CPT: 43775)	6 - Voided	
012345678	Authorization	TEST, MARYBETH BCN		05/05/1971	01/22/2018	02/02/2018	Outpatient Hospital	PINELIS, SUSANNA		Sleep monitoring of patient (6 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube (CPT: 95811)	6 - Voided	
012345678	Authorization	TEST, MARYBETH BCN		05/05/1971	01/22/2018	11/30/2018	Office	SIEGEL, DAVID M.		Established patient office or other outpatient visit, typically 15 minutes (CPT: 99213)	6 - Voided	

Click the Reference ID to view the case details.

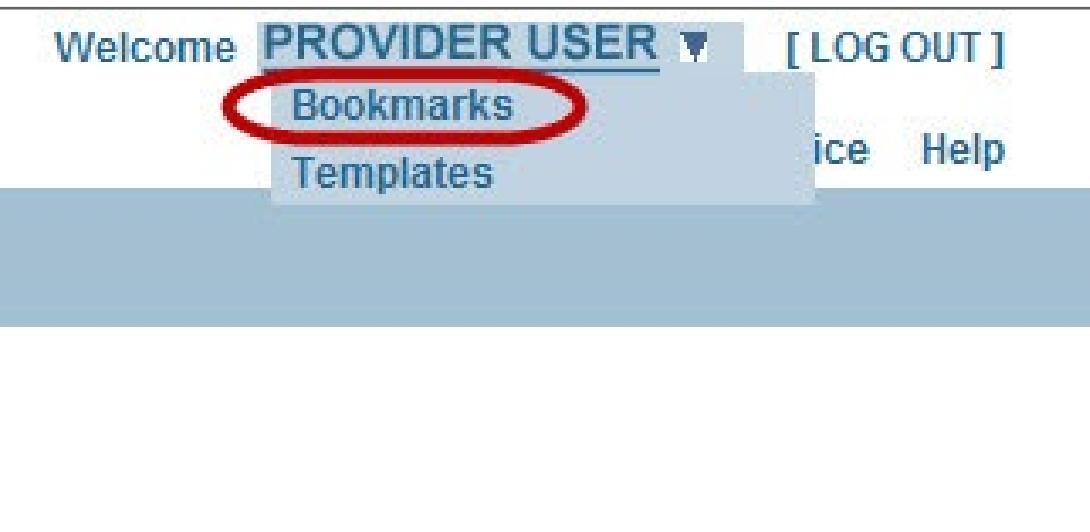
Section XI: Bookmarks

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**.

Name	Description	Type	Owner	Action
05120114	Category with valid code and code description	Payer	edit delete	
BCN0512014	Uploaded on 5/12/2014	Payer	edit delete	
BCN05192014	Uploaded on 5/19/2014	Payer	edit delete	
Diagnoses	Code	Provider	edit delete	
Uncategorized	Code	Provider	edit delete	
Uncategorized	Code	Payer	edit delete	



Bookmarks

Templates

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 list of providers under the 'Categories' tab. Each provider entry includes a 'Provider' name, an 'edit | delete' link, and a vertical ellipsis menu. Below the list is a message 'View 1 - 10 of 10'. At the bottom is a large 'ADD' button, 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 the 'Add Category' dialog box. It has fields for 'Name' (containing 'Cardiologists / Botsford'), 'Type' (set to 'Provider'), and 'Description'. At the bottom are 'SAVE' and 'CANCEL' buttons, with 'SAVE' circled in red.

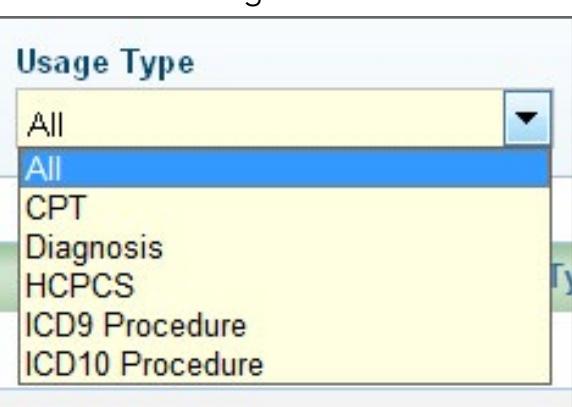
Bookmarks, cont.

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 'Code' tab search interface. It includes search options for 'Code', 'Description', 'Category', 'Owner', and 'Usage Type'. A table below lists search results with columns for Code, Description, Category, Category Owner, Usage Type, and Action. Numbered circles (1-5) point to the search fields. Buttons for 'ADD DIAGNOSIS' and 'ADD PROCEDURE' are at the bottom right.

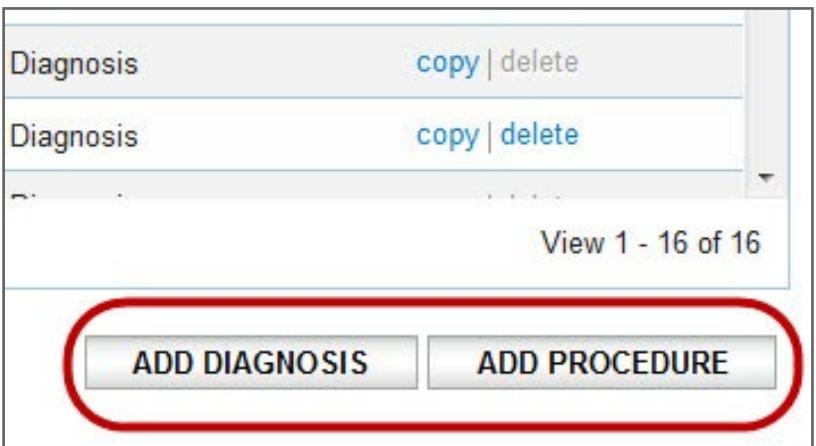
1. Enter a diagnosis **Code** if known, then select **Search**.
2. Enter a **Description** if known, then select **Search**.
3. Search by **Category**. These are the ones you created as bookmarks.
4. Search by **Owner – Payer** or **Provider**. Always choose Provider.
5. Under the **Usage Type** drop-down menu, you can sort from various diagnosis code types. BCN recommends selecting “All”.



Bookmarks, cont.

To add a new bookmark:

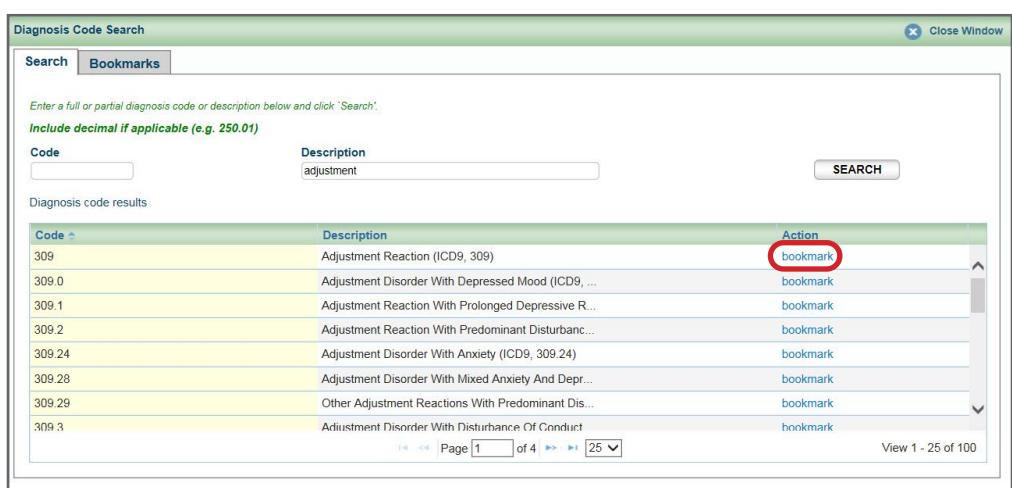
To save your most used diagnosis and procedure codes, you can create bookmarks by choosing the **Add Diagnosis** or **Add Procedure** buttons.



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

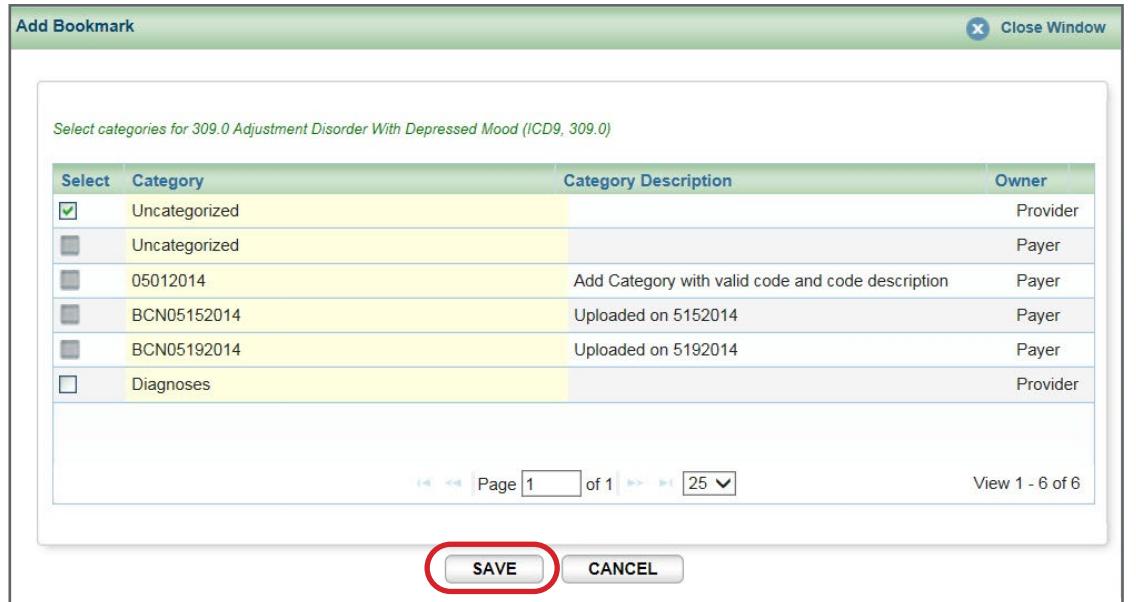


Enter your search terms (e.g. adjustment). Choose the **bookmark** link to begin creating your bookmark.



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.

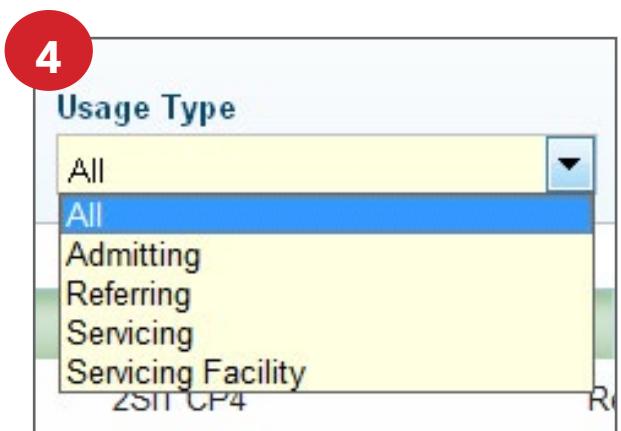
Bookmarks, cont.

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

To search for an existing bookmark:

The screenshot shows the 'Bookmarks' search interface. It includes a 'Search Options' section with fields for 'NPI' (1), 'Provider Name' (2), 'Category' (3), and 'Usage Type' (4). Below this is a table listing providers, with one entry shown: 'HELPFUL CLINIC' with NPI '0123456789'. The table has columns for Provider Name, NPI, Specialty, Address, Category, Usage Type, and Action (copy/delete).

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**.



Bookmarks, cont.

To add a new bookmark:

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

The screenshot shows a list of providers with their names and actions (copy/delete). At the bottom, there is a large red box highlighting the 'ADD BOOKMARK' button.

Servicing Facility	copy delete
Servicing	copy delete
Servicing Facility	copy delete

View 1 - 25 of 100

ADD BOOKMARK

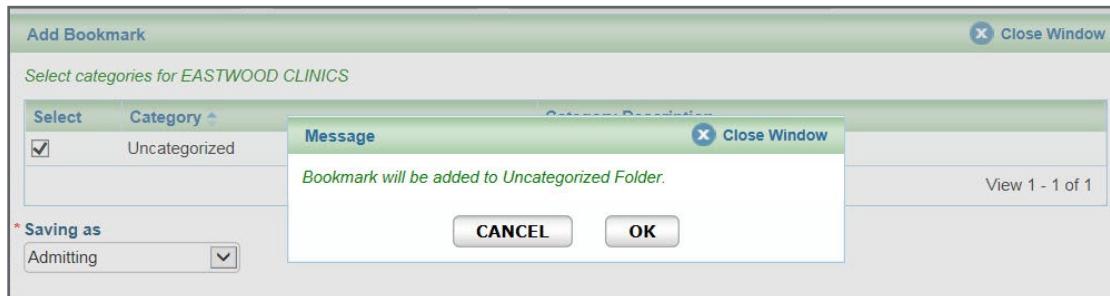
The Advanced Search option allows you to also search by ID and Specialty. **Note:** If you receive multiple listings for a provider with the same information (e.g. ID, Address), you must enter the provider's NPI to narrow your results.

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

The screenshot shows the 'Provider and Facility Search' window. It includes search fields for 'Name' (Helpful), 'ID' (0123456789), 'Specialty' (All), 'City', 'State', and 'Zip'. Below these are search buttons ('CANCEL', 'SEARCH'). The results table lists multiple entries for 'HELPFUL CLINIC' and 'HELPFUL COMMUNITY CLINIC' with various NPI numbers and addresses. The table has columns for Name, NPI, Address, Group Affiliation, Type, and Specialty.

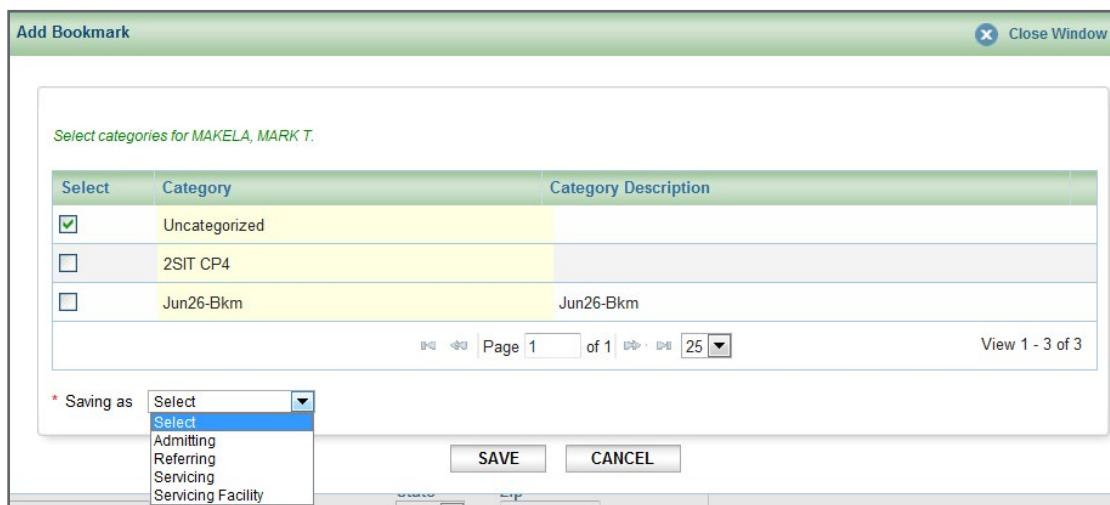
Bookmarks, cont.

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:

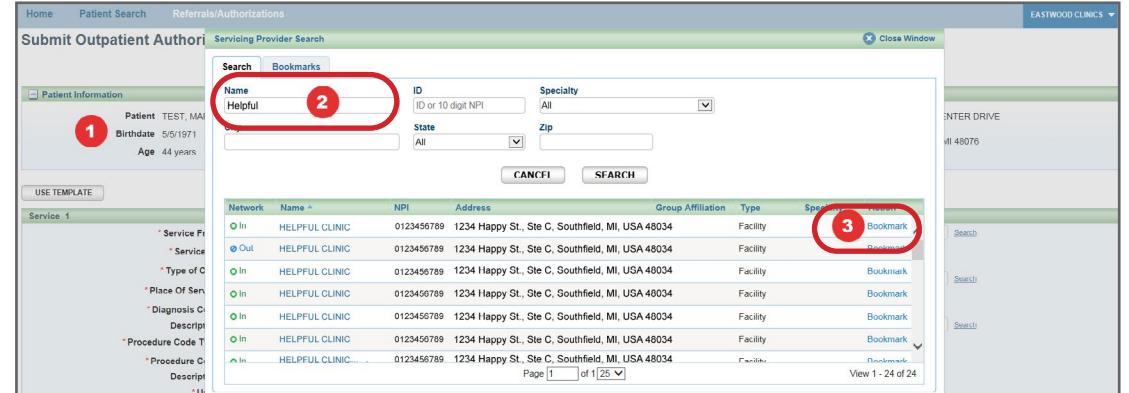


Click OK to save in the Uncategorized folder or Cancel to return and choose a category.

You are also required to choose from the **Saving as** menu. Your 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**.

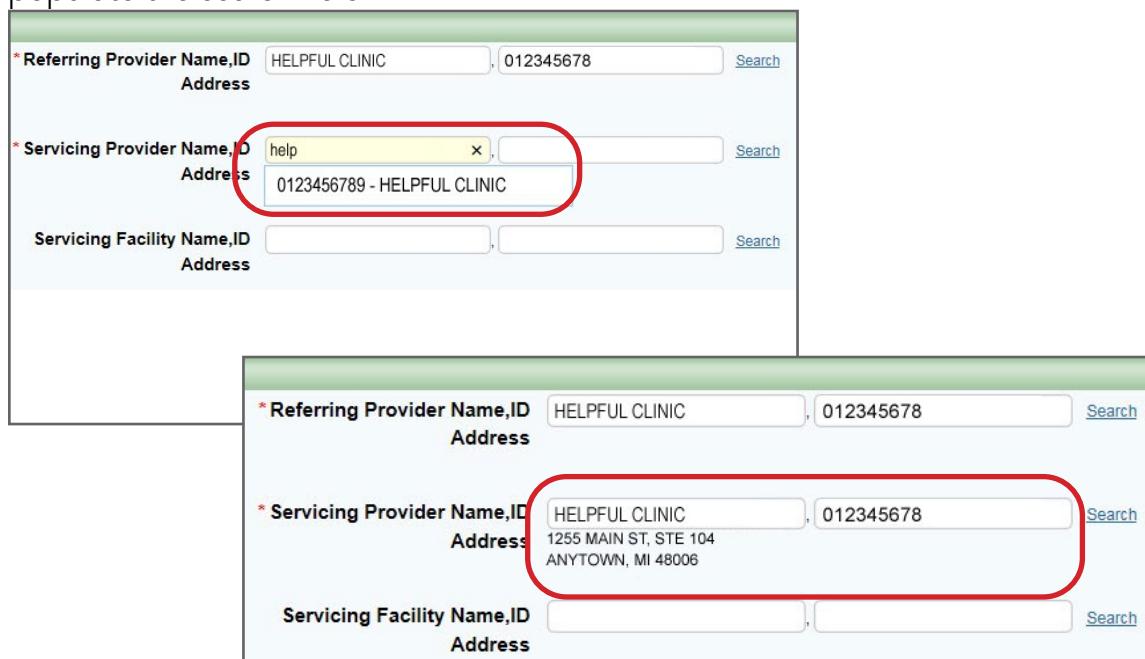
**Bookmarks, cont.****To create a bookmark from within a case:**

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.



Section XII: 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.

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.

Accessing
e-referral

Navigating
the dashboard

Authorizations
overview

Submitting
Higher Levels of Care
Inpatient
Authorizations

Submitting
Higher Levels of Care
Outpatient
Authorizations

Submitting
Applied Behavior
Analysis
Authorizations

Submitting
Transcranial Magnetic
Stimulation
Authorizations

Submitting
Neurofeedback
Authorizations

Searching
for an
Authorization

Bookmarks

Templates

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 *).

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

- *Category.** Your template must be stored in a category. Choose from the options in the drop-down menu.
- *Name.** Enter a name for your template.
- *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.
- 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.
- 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.

The screenshot shows the 'Submit Outpatient Authorization' interface. At the top, it displays 'Patient Information' for a patient named TEST, MARYBETH. Below this, the 'Service 1' section is shown, containing fields for 'Service From' (date), 'Service To' (date), 'Type of Care' (Elective), 'Place Of Service' (On Campus Outpatient Hospital), 'Diagnosis Code' (F43.20), 'Procedure Code Type' (CPT), 'Procedure Code' (90791), and 'Units' (20). A red box highlights the 'Service From' field and the 'SAVE AS...' button at the bottom right of the service section.

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.

This screenshot shows the 'Service 1' configuration screen. It includes fields for 'Service From' (11/12/2018), 'Service To' (11/30/2018), 'Type of Care' (Elective), 'Place Of Service' (On Campus Outpatient Hospital), 'Diagnosis Code' (F43.20), 'Procedure Code Type' (CPT), 'Procedure Code' (90791), and 'Units' (20). A red box highlights the 'SAVE AS...' button at the bottom left.

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.

The screenshot shows the 'Use Template' search interface. It has a 'Search Options' section with fields for 'Name', 'Description', 'Category' (OP MH Eastwood), 'Procedure Code', and 'Diagnosis Code'. A red box highlights the 'SEARCH' button. Below this is a results table with columns for Name, Description, Category, Form, Form Type, Active, and Action. One row is highlighted in yellow, showing 'HELPFUL CLINIC' as the name, 'OP MH Eastwood' as the category, and 'Outpatient Auth' as the form type.

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.

The screenshot shows the 'Manage Templates' interface. It features a 'Search Options' section with fields for Name, Description, Category, Form, Form Type, Active Status, and Expired Status. Below this is a results table with columns for Name, Description, Category, Form Type, Active, and Action. One row is highlighted in yellow, showing 'HELPFUL CLINIC' as the name, 'OP MH' as the category, and 'Outpatient Auth' as the form type. The 'Active' column shows 'Active' and the 'Action' column shows 'Delete'.

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.

Accessing e-referral**Navigating the dashboard****Authorizations overview****Submitting Higher Levels of Care Inpatient Authorizations****Submitting Higher Levels of Care Outpatient Authorizations****Submitting Applied Behavior Analysis Authorizations****Submitting Transcranial Magnetic Stimulation Authorizations****Submitting Neurofeedback Authorizations****Searching for an Authorization****Bookmarks****Templates**

e-referral contact information

For general Behavioral Health questions

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

For members with BCN AdvantageSM coverage, please call 1-800-431-1059.

For members with Medicare Plus BlueSM 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

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

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

To locate your provider consultant:

- Go to bcbsm.com/providers
- Click on Contact Us at the bottom of the page
- Click Providers under Contact Center
- Choose *Blue Cross Blue Shield of Michigan* or *Blue Care Network* from the Select a plan type drop-down menu
- Choose *Provider consultants* from the Select a topic drop-down menu
- Click the appropriate region or the physician organization consultants (PDF) link

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