e-referral
User Guide
A guide for submitting and checking the status of referral and authorization requests
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 erereferrals.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 Advantage members, please call the BCN Care Management department at 1-800-392-2512.
  - For Medicare Plus Blue members, the contact varies by service. Please refer to the Services that Require Authorization (PDF) available at erereferrals.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 erereferrals.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 erereferrals.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 12

Section III:
Navigating the Dashboard ....................................................................................... Page 15

Section IV:
Referrals and Authorizations .................................................................................. Page 19
1. Searching for a Referral or Authorization ............................................................ Page 20
2. Submit a Global Referral ..................................................................................... Page 27
3. Submit a Referral ................................................................................................ Page 41
4. Submit an Inpatient Authorization ....................................................................... Page 50
   Submitting an emergency or urgent admission (includes Blue Cross submissions) ... Page 59
   Submitting an emergency or urgent admission – questionnaires and clinical documentation (BCN only) ................................................................. Page 60
   Submitting authorizations for sick/ill newborns .................................................. Page 61
   Extending an Inpatient Authorization .................................................................. Page 61
5. Submit an Outpatient Authorization .................................................................... Page 62
   Submitting a solid organ or bone marrow transplant authorization ..................... Page 76

Section V:
Bookmarks .................................................................................................................. Page 80

Section VI:
Templates .................................................................................................................. Page 89

Section VII:
Behavioral Health Authorizations ......................................................................... Page 95

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 (availity.com*)
  - For more eligibility and benefits help within Availity, click on Help & Training in the top menu bar, then Get Trained. Enter “BCBSM” to search the Availity Learning Center catalog and locate the Availity 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:

1. Log in to our provider portal (availity.com*).
2. Click Payer Spaces on the menu bar.
3. Click the BCBSM and BCN logo.
4. Click the Resources tab.
5. Click Secure Provider Resources (Blue Cross and BCN).

1. To check via the provider portal, log in to availity.com*. Choose Eligibility and Benefits Inquiry from the Patient Registration drop-down menu.

   ![Availability Provider Portal Screen](image)

   1. To check via the provider portal, log in to availity.com*. Choose Eligibility and Benefits Inquiry from the Patient Registration drop-down menu.

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

*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 & benefits, cont.

**For BCN and BCN Advantage members:**
Make sure the member has Active eligibility. Click that member’s name then click Submit.

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

<table>
<thead>
<tr>
<th>LAST NAME, FIRST NAME</th>
<th>Member ID</th>
<th>As of Date Status</th>
<th>DOB</th>
<th>Relationship</th>
<th>Payer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>XXX012345678</td>
<td>Active</td>
<td>01/01/1991</td>
<td>Self</td>
<td>BCBSMI</td>
</tr>
</tbody>
</table>

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.
Checking member eligibility & benefits, cont.

For Blue Cross Blue Shield of Michigan members:
Make sure the member has Active eligibility. Click that member’s name then click Submit.

The patient’s information will be displayed. Click the Coverage and Benefits tab. For more detailed information, click the Benefit Explainer button.

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.
Checking member eligibility and benefits, cont.

Choosing the Benefit Explainer button launches the application. Under the Benefit Package Report tab, click Search to see a list of General Topics that display In Network and Out of Network coverage. Information can be found under the Quickview Report and Online Benefits Information tabs.
Section II: Accessing e-referral

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

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.

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.

*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 you 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 e-referrals.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, 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.

1. Home — The “Home” link returns you to the provider “dashboard” for the provider “In Focus”.
2. My List — This will display only the referrals and authorizations you have flagged to watch. Cases can be “unflagged” (checked) to remove from your My List. See the next page for more detail.
3. 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 prior to referral or authorization activities. See the Checking member eligibility and benefits section in this guide for more information.
4. Referrals/Authorizations — You can search for or submit a referral/authorization here.
5. Logged in user name — The logged in user’s name is found in the upper right hand corner of the screen. The user’s name includes a drop down menu of Bookmarks and Templates. See the Bookmarks and Templates sections in this guide for more detail.
6. Contact Customer Service — Key contact information can be found here.
7. 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.
8. Log Out — Click here to log off the application.
9. 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 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.

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.

When searching for an associated provider, you can choose from Practitioner, Provider Group or Facility for a more accurate provider entry.
Section IV: Referrals and Authorizations

Global referrals

Global referrals are for BCN commercial members only. A global referral allows a specialist contracted with BCN to perform necessary services to diagnose and treat a member in the office, with the exception of services that require benefit or clinical review.

Things to remember:

• Only the member’s primary care physician can issue a global referral. If a provider that is not the member’s PCP requests a global referral, they will be blocked and see this message:

You are not able to submit this request. Please contact the PCP if you are not assigned. PCP must submit global referral for services to be authorized.

Submit Global Referral

• You can issue global referrals for at least 90 days but not more than 365 days. If you enter less than 90 days, you will receive an error message. After 365 days, submit a new referral for ongoing care.

• Do not submit global referrals for:
  o Noncontracted practitioners or facility services
  o Chiropractic services or physical, occupational or speech therapy

• Specialists may not refer to another specialist for services.

• Specialists can submit authorization requests for services only if there’s a global referral on file for the member. Otherwise, they will see this message:

You are not able to submit this request. Hosting provider does not have a global referral on file for this member. Please contact member’s PCP to request a global referral.

Submit Outpatient Authorization

• For BCN AdvantageSM members in any region, no global referral is required as long as the specialist is part of the provider network associated with the member’s plan. If the provider is not in the member’s network, the PCP must contact the BCN Utilization Management department at 1-800-392-2512.

For BCN commercial East, Southeast, Mid or West (including Northern Michigan and Upper Peninsula) region referrals

<table>
<thead>
<tr>
<th>IF the member’s primary care physician is located in these regions …</th>
<th>AND the specialist is located in these regions …</th>
<th>THEN …</th>
</tr>
</thead>
<tbody>
<tr>
<td>East or Southeast</td>
<td>Any region</td>
<td>A global referral is required*</td>
</tr>
<tr>
<td>Mid or West</td>
<td>Mid or West</td>
<td>A global referral is not required</td>
</tr>
<tr>
<td>Mid or West</td>
<td>Outside Mid or West</td>
<td>A global referral is required*</td>
</tr>
</tbody>
</table>

*Some services require prior authorization in addition to a referral. For more information, see the Utilization Management (PDF) chapter of the BCN Provider Manual. You can also refer to the BCN referral and authorization requirements for Michigan providers (PDF) at ereferrals.bcbsm.com on BCN’s Authorization Requirements & Criteria page.
1. Searching for a referral or authorization

Before using any of the Referrals/Authorizations functions seen below, you will be prompted to search for a member. Locating the patient’s name prevents reentering information each time you conduct a search or submit a referral or authorization.

When you select the Referrals/Authorizations link in the top navigation ribbon, you can perform the following functions:

1. Search for one or more referrals or authorizations for a particular member. Specify a date of service range to more easily find the appropriate referral or authorization.
2. Submit a request for a “Global Referral” (referral to a contracted specialist/provider for services to be performed in the provider office).
3. Submit a request for a “Referral” (referral to a noncontracted provider for services to be rendered in a provider office requiring clinical review by BCN or other services).
4. Submit a request for “Inpatient Authorization” (services to be rendered in any inpatient setting including inpatient hospital, skilled nursing facility, etc.).
5. Submit a request for “Outpatient Authorization” (outpatient services include requests for outpatient surgery, physical, occupational and speech therapy, etc.).

Searching for a referral or authorization, cont.

Note: If you are a primary care physician, you will be excluded from viewing behavioral health authorizations and referrals for patients. This assures that privacy regulations around handling sensitive information are not violated.

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

You can search by **Reference ID**

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

You can search by **Patient**

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 (except behavioral health) the member has in the e-referral system. This includes cases outside your provider set.
- A case you cannot locate under the NPI.
- A specialty medical drug prior authorization for a case you’re not associated with.

Once the All Cases box is checked, you will see all the member’s cases (excluding behavioral health). Click the Reference ID to view the case details.

**NOTE:** Don’t submit additional clinical documentation or make any other changes on denied requests. We don’t receive notification of changes to authorization requests that have been closed. Instead, submit the clinical documentation during the appeals process. This will help to ensure that we see and review the additional documentation.
Searching for a referral or authorization, cont.

Searching for a temporary member
When searching for a temporary member, such as a newborn that is not assigned to a contract number yet, use the Reference ID. Do not search by a contract number.

1. Select the Search option.
2. Search by Reference ID. A Reference ID is the case number assigned to a specific patient or service.
3. The Date of Birth indicates a newborn.
4. Do not search by a contract number since a temporary member will not show on the contract yet. In this example, only the father appears in the results after entering the contract number and clicking Select.

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

1. Click Select after entering the Patient ID.
2. The Eligibility As Of field will default to the current date. Change the date to the date of service (date prior to termination) to locate the terminated member.
Searching for a referral or authorization, cont.

Click the Associated Providers option and select all providers by checking the check box next to Provider Name. This allows you to search for cases that are not assigned to you but opened to another provider in your provider set. Click Search.

Check the box under “All Cases.” This allows you to search for cases that may not be loaded into your provider set. Note: behavioral health cases will not be viewable.

2. Submit a global referral

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

Searching by Patient ID

Enter the patient’s subscriber ID without the three-character prefix. Results will include all members under that contract.

NOTE: Effective March 2019, BCN no longer accepts referrals for BCN Advantage members to see a provider in their health plan’s network. These referrals are no longer needed. Authorizations and plan notifications are still required for certain services. For more information, go to [ereferrals.bcbsm.com](http://ereferrals.bcbsm.com). Click on BCN then the Authorization Requirements & Criteria page.
Submit a global referral, cont.

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

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.

Submit a global referral, 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:
Submit a global referral, cont.

If you’ve selected the patient’s name, you are able to input the referral service information on this screen.

If you’ve selected the patient's name, you are able to input the referral service information on this screen.

- **Type of Care.** The type of care values are specific to where the member originated for the service. These definitions will help when selecting a value in e-referral:
  - **Direct** — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.
  - **Elective** — Typically selected for any planned services such as surgeries or treatments inpatient or outpatient.
  - **Emergency** — Member presented to the emergency room and was referred for care in another setting such as inpatient hospitalization or outpatient surgery.
  - **Transfer** — Member was transferred from another medical setting for the service being requested (e.g. member transferred from Skilled Nursing Facility to inpatient hospital for care).
  - **Urgent** — Member was transferred from urgent care setting for the service being requested (e.g. member seen in urgent care and sent to specialist for treatment of a condition).

- **Place of Service**
  
  You will see several options to choose from in the drop-down menu. Please choose **Office**.

- **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 (see the next page). For instruction on how to bookmark codes, please see the **Bookmarks** section.

Complete all the required fields (indicated with *) in the Submit Global Referral screen.

- **Service From/To**
  
  Enter the beginning date and end date of the referral. Global referrals must be issued for a minimum of 90 days, but no longer than 365 days. The system will default the minimum referral duration day based on the Referred To provider specialty. If the dates entered are not within these requirements, you will see this message:
Submit a global referral, cont.

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

- **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.** CPT is the default. CPT = American Medical Association's Current Procedural Terminology

- **Procedure Code**. The default is set to "99213 (office visit)."

---

Submit a global referral, cont.

- **Referring Provider Name, ID**
  Here, you can search for providers that you are provisioned to view. Ensure the provider listed here is the member’s primary care physician or the case may pend.

- **Servicing Provider Name, ID**
  Enter the provider’s name or NPI if known. Only those saved in your Bookmarks will begin to display. Use the Search to locate a servicing provider by partial/full name (a minimum of three characters is required), NPI, city, state, etc.

*CPT Copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*
Submit a global referral, 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.

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

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.

Submit a global referral, cont.

Submitting to a provider in a multispecialty group
If you’re submitting to a multispecialty group, you will see an Action message indicating you must respond to a Provider Specialty Questionnaire. Completing and submitting the questionnaire helps to speed up the process for the referral.

Select the specialty of the provider you’re referring to from the drop-down menu then click Next. There is only one question to answer. Answering the questionnaire will help your referral get to the right provider in the multispecialty group.
Submit a global referral, cont.

Submitting to the University of Michigan Health System or Henry Ford Health System

When issuing referrals to these two systems’ specialty providers, referring providers should use the specialty group NPI. No referrals or authorizations to the individual specialty providers should be issued. A list of Specialty Group NPIs can be found onereferrals.bcbsm.com under the Provider Search page.

Start by locating the correct NPI from the Specialty Group NPIs PDF. Click the Search link to begin locating the NPI.

![Specialty Group NPIs](ereferrals.bcbsm.com)

Click the provider's name to populate the Servicing Provider Name, ID fields.

![Servicing Provider Name, ID](ereferrals.bcbsm.com)

The Servicing Provider Name, ID fields are then populated.

![Servicing Facility Name, ID](ereferrals.bcbsm.com)

Submit a global referral, cont.

- Servicing Facility Name, ID

Global referrals cannot be issued to facilities. Therefore, Servicing Facility information is not applicable.

![Submit Global Referral](ereferrals.bcbsm.com)

Once finished, click Submit to process or Cancel to delete without processing. If there is any possible overlapping information within your referral when you click Submit, you will see this message:

![Submit to process or Cancel](ereferrals.bcbsm.com)

This means you will need to search the member's case history for an existing referral for the same service and similar dates of service. For instructions on how to search, see the Searching for a referral or authorization section. Searching for an existing case quickly shows the decision of the original case (if forgotten) and helps prevent unnecessary pends in e-referral.

If you need to change the dates of service and it’s not covered on the existing case, please contact the BCN Care Management at 1-800-392-2512.

Once you have checked your information, click Cancel or Proceed to complete the submission.
Submit a global referral, cont.

Once finished, click Submit to process or Cancel to delete without processing. After you have submitted the global referral information, your submission will look like this:

![Global Referral Details](image)

1. Reference ID and case status
   - The check mark indicates you have successfully submitted or updated a referral. Please allow 48 hours for us to complete our internal review before contacting our call center.

2. My List
   - Check this box to watch this global referral. A flag icon will be shown next to it on the My List page.

3. Printer-Friendly
   - Click this to print your referral to a Referral Request Confirmation PDF file.

4. Edit
   - Click here to return to your referral submission to extend the dates. If the Edit button is greyed out, the case has been closed by BCN. If you need to extend a stay on a closed case, please contact BCN.

5. New Referral/Global Referral/Inpatient/Outpatient
   - Use these buttons to create multiple cases for one patient.

6. Create New (communication)
   - This feature allows you to create a communication to BCN on this referral 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.

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: Don’t 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.
Submit a global referral, cont.

Extending a referral or authorization
If you need to extend a global referral, or any other referrals and authorizations that you’ve already submitted, start by locating the original request.

Click the Edit button.

Scroll down to the Create New extension button under each service you want to extend and add your new dates and units being requested.

If the case has expired/passed its one-year time span, you cannot edit the information. The Edit button will be greyed out and you must create a new case. You can choose the start date as one day after the last case expired.

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.

3. Submit a referral
Use Submit Referral to notify the plan about outpatient services that require plan notification. For example, in the BCN Referral and Authorization Requirements (PDF), neuropsychological testing for bariatric surgery is an outpatient service that requires plan notification for BCN members. You can also submit a referral for Blue Cross® Physician Choice PPO members with a Level 1 primary care physician. (For more information, see the Blue Cross Physician Choice PPO e-referral User Guide.)

In order to submit a Referral, 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.

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

Enter the patient’s last name and first name or first name initial.
Submit a referral, cont.

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

- **Service From/To**
  Enter the beginning date and end date of the referral.

- **Type of Care.** The type of care values are specific to where the member originated for the service. These definitions will help when selecting a value in e-referral:
  - Direct — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.
  - Elective — Typically selected for any planned services such as surgeries or treatments inpatient or outpatient.
  - Emergency — Member presented to the emergency room and was referred for care in another setting such as inpatient hospitalization or outpatient surgery.
  - Transfer — Member was transferred from another medical setting for the service being requested (e.g. member transferred from Skilled Nursing Facility to inpatient hospital for care).
  - Urgent — Member was transferred from urgent care setting for the service being requested (e.g. member seen in urgent care and sent to specialist for treatment of a condition).

**Submit a referral, cont.**

- **Place of Service**
  You will see several options to choose from in the drop-down menu.

  Referrals routinely use Office for Place of Service:
  - 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

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

  Diagnosis Code – Search by Description. Choose an active code. Click on the code’s link to populate the Diagnosis Code field for your Referral submission.
Submit a referral, 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

*CPT Copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

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

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

- **Units**
  Enter the number of requested units here.

- **Referring Provider Name, ID**
  Here, you can search for providers that you are provisioned to view. Ensure the provider listed here is the member’s primary care physician or the case may pend.

- **Servicing Provider Name, ID**
  Enter the provider's name or NPI if known. Only those saved in your Bookmarks will begin to display. Use the Search to locate a servicing provider by partial/full name (a minimum of three characters is required), NPI, city, state, etc.
Submit a referral, 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.

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

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.

### Add Service/Add Service Copy Providers buttons

We encourage providers to always use these buttons to avoid re-entering provider data. The Add Service button is found on the bottom right of the Submit Referral screen. Click this to add an additional service if needed. You can add up to 10 procedure codes. The Add Service Copy Providers button is also found on the bottom right of the Submit Referral screen. Click this to add an additional service and any providers you have input in the Servicing Provider fields in Service 1 will be automatically duplicated in Service 2.

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

Once finished, click Submit to process or Cancel to delete without processing. After you have submitted the global referral information, your submission will look like this:

1. Reference ID and case status
   The check mark indicates you have successfully submitted or updated a referral. Please allow 48 hours for us to complete our internal review before contacting our call center.

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

3. Printer-Friendly
   Click this to print your referral to a Referral Request Confirmation PDF file.

4. Edit
   Click here to return to your referral submission to extend the dates. If the Edit button is greyed out, the case has been closed by Blue Cross or BCN. If you need to extend a stay on a closed case, please contact Blue Cross or BCN.

5. New Referral/Global Referral/Inpatient/Outpatient
   Use these buttons to create multiple cases for one patient.

6. Create New (communication)
   This feature allows you to create a communication to Blue Cross or BCN on this referral 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.

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.

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.
4. Submit an inpatient authorization

Use Submit Inpatient Authorization for all inpatient services done by contracted or noncontracted providers that require authorization. For example, in the BCN Referral and Authorization Requirements (PDF), inpatient admissions, lumbar spine surgery, total joint replacement and small bowel resection are inpatient services that require authorization for BCN members.

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

Click the Search button to view the results.

Submit an inpatient authorization, cont.

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

• Admission Date
  Select the admission date from the calendar.

• Length of Stay
  For Blue Cross members, enter the length of stay in days. Refer to ereferrals.bcbsm.com, select Blue Cross at the top, then click the Authorization Requirements & Criteria in the left navigation to find guidelines for length of stay entry. For BCN members, enter an estimated length of stay in days for nonobstetric admissions.

• Type of Care. The type of care values are specific to where the member originated for the service. These definitions will help when selecting a value in e-referral:
  - Direct — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.
  - Elective — Typically selected for any planned services such as surgeries or treatments inpatient or outpatient.
  - Emergency — Member presented to the emergency room and was referred for care in another setting such as inpatient hospitalization or outpatient surgery.
  - Transfer — Member was transferred from another medical setting for the service being requested (e.g. member transferred from Skilled Nursing Facility to inpatient hospital for care).
  - Urgent — Member was transferred from urgent care setting for the service being requested (e.g. member seen in urgent care and sent to specialist for treatment of a condition).

• Place of Service. Select from:
  - Inpatient Hospital — This should only be selected for medical or surgical admissions.
  - Inpatient Psychiatric Facility — This should only be selected for Behavioral Health admissions.
  - Psychiatric Residential Treatment Center — This should only be selected for Behavioral Health admissions.
  - Residential Substance Abuse Treatment Facility — This should only be selected for Behavioral Health admissions.
  - Skilled Nursing Facility — This should only be selected for Skilled Nursing Facility admissions.
  - Long-Term Acute Care Hospital — This should only be selected for initial admissions and extensions.
Submit an inpatient authorization, 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. You can also choose a diagnosis code from any saved under the Bookmarks tab.

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

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

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

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

  - **Procedure Code** – Search by **Description**
    This is the description of the patient's condition. Choose an active code.

*CPT Copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.*

**Recommended code for Blue Cross members.**

Please see the **Submitting an emergency or urgent admission** section for more information.

---

**Submit an inpatient authorization, cont.**

A primary procedure code is required for all medical and obstetrical entries. Please use a CPT code in these ranges for medical entries:

<table>
<thead>
<tr>
<th>Place of service</th>
<th>Primary procedure codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>*99221 – *99239</td>
<td>Critical care services</td>
</tr>
<tr>
<td><em>99222</em>*</td>
<td>Urgent/emergent admissions</td>
</tr>
<tr>
<td>*99251 – *99255</td>
<td>Inpatient consultation</td>
</tr>
<tr>
<td>*99304 – *99306</td>
<td>Initial and consultation service</td>
</tr>
<tr>
<td>*99466 – *99482</td>
<td>Inpatient neonatal and pediatric critical care services</td>
</tr>
<tr>
<td>*99480</td>
<td>Newborn care services</td>
</tr>
</tbody>
</table>

**Critical care services**

*99221 – *99239

**Urgent/emergent admissions**

*99222

**Inpatient consultation**

*99251 – *99255

**Initial and consultation service**

*99304 – *99306

**Inpatient neonatal and pediatric critical care services**

*99466 – *99482

**Newborn care services**

*99480 – *99482

---

**Submit an inpatient authorization**

**Critical care services**

*99221 – *99239

**Urgent/emergent admissions**

*99222

**Inpatient consultation**

*99251 – *99255

**Initial and consultation service**

*99304 – *99306

**Inpatient neonatal and pediatric critical care services**

*99466 – *99482

**Newborn care services**

*99480 – *99482

---

**Submit an outpatient authorization**

**Critical care services**

*99221 – *99239

**Urgent/emergent admissions**

*99222

**Inpatient consultation**

*99251 – *99255

**Initial and consultation service**

*99304 – *99306

**Inpatient neonatal and pediatric critical care services**

*99466 – *99482

**Newborn care services**

*99480 – *99482

---

**Bookmarks**

**Templates**

**Behavioral Health**

---

**Checking member eligibility & benefits**

**Accessing e-referral**

**Navigating the Dashboard**

**Referrals & Authorizations**

**Searching for a referral or authorization**

**Submit a global referral**

**Submit an inpatient authorization**

**Submit an outpatient authorization**

---
Submit an inpatient authorization, 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**
  Here, you can search for providers that you are provisioned to view. Ensure the provider listed here is the member’s primary care physician or the case may pend.

- **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.

Submit an inpatient authorization, 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.

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

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.
Submit an inpatient authorization, 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. NOTE: Please ensure the Servicing Facility Provider is a “Facility” and not a “Provider Group.”

- **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.

Optional: The Add Service button is found on the bottom right of the Submit Inpatient Authorization screen. Click this to add an additional service if needed.

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

Optional: Click the Save As button to create a template with this particular Inpatient Authorization criteria. You can choose this template in the future from the Use Template button. NOTE: The Save As button does not save your case to e-referral. You must click the Submit button.

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

---

Submit an inpatient authorization, cont.

Your submitted authorization will look like this:

1. **Reference ID and case status**
The check mark indicates you have successfully submitted or updated an authorization. Please allow 48 hours for us to complete our internal review before contacting our call center.

1a. **Status note**
This shows when Blue Cross/BCN has pended the prior authorization request to our medical director. Once a determination (approval or denial) has been made, you’ll no longer see the note.

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

3. **Printer-Friendly**
Click this to print your authorization to an Inpatient Request Confirmation PDF file.

4. **Edit**
Click here to return to your authorization submission to extend the dates. If the Edit button is greyed out, the case has been closed by Blue Cross or BCN. If you need to extend a stay on a closed case, please contact Blue Cross or BCN.

5. **New Referral/Global Referral/Inpatient/Outpatient**
Use these buttons to create multiple cases for one patient.

6. **Create New (communication)**
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.
Submit an inpatient authorization, 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 conjunction with the Confinement Extension section, this field can also be used to attach clinical information when requesting inpatient authorization extensions. Do not use this field alone for an extension request. For extension requests, see the Extending an Inpatient Authorization section.

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.

Submit an emergency or urgent admission (includes Blue Cross member submissions)
Use the following information when entering this type of submission:

- Admission Date
  Select the admission date from the calendar.

- Length of Stay
  Enter the estimated length of stay in days.

- Type of Care
  Choose Emergency or Urgent.

- Place of Service
  For acute care inpatient medical or surgical admissions, please choose Inpatient Hospital.

- Primary Diagnosis Code
  Click Search and find the appropriate code by number, description or any saved in your Bookmarks tab.

- Primary Procedure Code
  For medical (non-surgical) admissions, please enter "99222.

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

- Servicing Provider Name, Facility Name, Admitting Provider Name/ID
  Use the Search to locate a provider by partial/full name, NPI, city, state, etc. You can also choose from your saved choices in the Bookmarks tab.

Once finished, click Submit. An Action will appear asking you to complete a questionnaire or submit clinical documentation. Completing and submitting the questionnaire helps to speed up the process for the authorization.

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

Submit an emergency or urgent admission – questionnaires and clinical documentation (BCN only)

Depending on the diagnosis code chosen, you will see an Action message at the top of the screen. The Action requires you to either complete a questionnaire or submit clinical documentation. Completing and submitting the questionnaire helps to speed up the process for the authorization.

- Most diagnosis codes will trigger a generic questionnaire that gathers non-clinical information.
- Others related to specific diagnosis codes may include clinical questions.
- Some questionnaires are undergoing revisions and may change in appearance and actions.
- An Action may display asking for clinical documentation. Please see the previous Create New (communication) page for instructions.

Many diagnosis codes trigger the IP Urgent Emergent Questionnaire. Answer each question and click Next to advance the questionnaire.

Once you have completed the questionnaire, you will see the “Questionnaire Saved Successfully” message at the top of the screen. You can now attach the supporting documentation in the Case Communication section. Please see the previous Create New (communication) page for instructions.

Submitting authorizations for sick/ill newborns

Initial newborn cases with temporary contract numbers (infants who are staying past their mother’s discharge) need to be submitted via fax until the infant is eligible.

The nurse reviewer will create a case for the newborn in the e-referral system and will be identified as “baby boy” or “baby girl” until he or she is added to the subscriber’s contract. You can attach updates or discharge information to the case in e-referral using the Case Communication field, as you would with a member.

Extending an Inpatient Authorization

To extend service on an existing Inpatient Authorization, begin by locating your authorization. Click the Edit button on the right side of the details page. Scroll down to the Confinement Extension(s) section, click the Create New button and enter your new dates and amount of days. Click Submit. If clinical information is required, please attach it in the Case Communication field. See the Create New (communication) section for instructions.

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.
5. Submit an Outpatient Authorization

Use Submit Outpatient Authorization for all outpatient procedures that require authorization and that are performed in a contracted or noncontracted outpatient facility setting or physician office. An outpatient authorization may also be referred to as preapproval, pre-service review, preauthorization or prior authorization.

- For BCN commercial and BCN AdvantageSM, please refer to the [BCN Referral and Authorization Requirements (PDF)](https://ereferrals.bcbsm.com) on the Authorization Requirements & Criteria page for a list of services that require authorization. You can also refer to the Care Management chapter (PDF) of the BCN Provider Manual, a link to which is on the Provider Manual Chapters page in the BCN section at ereferrals.bcbsm.com.

- For Blue Cross, please see the [Services that Require Authorization (PDF)](https://ereferrals.bcbsm.com) document in the Blue Cross section at ereferrals.bcbsm.com, on the Authorization Requirements & Criteria page.

Sleep studies

Effective October 3, 2016, all requests to authorize outpatient facility and clinic-based sleep management studies for adult BCN commercial or BCN AdvantageSM members 18 years of age and older require the submission of evidence from the member's medical record. This evidence must confirm the specific condition the member has that would exclude or contraindicate a home sleep study. Providers can facilitate the authorization request by completing the sleep study questionnaire for outpatient facilities or clinic-based settings in the e-referral system. Completing and submitting the questionnaire helps to speed up the process for the authorization.

Any documentation from the patient's medical record that is required can be attached to the request within the e-referral system, through the Case Communication field. Please see the Create New (communication) page for instructions.

For BCN commercial or BCN AdvantageSM members, home sleep studies do not require clinical review, but an authorization is still needed in the e-referral system so that claims can be paid. This means that there is no longer a need to complete a questionnaire in the e-referral system for home sleep studies.

BCN Behavioral Health requests

For assistance, please see the [Behavioral Health e-referral User Guide](https://ereferrals.bcbsm.com) at ereferrals.bcbsm.com under the Training Tools and BCN Behavioral Health and Blue Cross Behavioral Health pages.

Submit an outpatient authorization, cont.

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.

- Enter the patient’s ID here. This is the patient's ID number minus the three-character prefix found on the front of their BCN identification card.
- Enter the patient’s last name and first name or first name initial.
Submit an outpatient authorization, cont.

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

Note:
Requests to authorize emergency and urgent services should be submitted by phone to receive immediate attention. You may also submit through the e-referral system.

- For BCN or BCN Advantage™ members, please call the BCN Care Management department at 1-800-392-2512.
- For Medicare Plus Blue members, the contact varies by service. Please refer to the Services that Require Authorization (PDF) available at ereferrals.bcbsm.com under Blue Cross, then the Authorization Requirements & Criteria section. Click Blue Cross, then click 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 Provider resource guide at a glance.

- Service From/To
Enter a start date and end date appropriate for the services being requested. The scheduled date of procedure sometimes changes after you submit your request. If this occurs, please call BCN Care Management at 1-800-392-2512 to inform them of the change. For Blue Cross, please contact Provider Inquiry.

- Type of Care. The type of care values are specific to where the member originated for the service. These definitions will help when selecting a value in e-referral:
  - Direct — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.
  - Elective — Typically selected for any planned services such as surgeries or treatments inpatient or outpatient.
  - Emergency — Member presented to the emergency room and was referred for care in another setting such as inpatient hospitalization or outpatient surgery.
  - Transfer — Member was transferred from another medical setting for the service being requested (e.g. member transferred from Skilled Nursing Facility to inpatient hospital for care).
  - Urgent — Member was transferred from urgent care setting for the service being requested (e.g. member seen in urgent care and sent to specialist for treatment of a condition).

- Place of Service
  - Ambulance - Air or Water
  - Ambulance - Land
  - 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

- 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 (see the next page). 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. Choose an active code. Click on the code’s link to populate the Diagnosis Code field for your authorization.
Submit an outpatient authorization, cont.

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

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

- **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.
  For chiropractic, physical/occupational therapy and speech therapy authorizations, please see the e-referral Template Quick Guide (PDF) at ereferrals.bcbsm.com under the Training Tools page.

- **Units**
  Enter the number of requested units here. Please enter one for physical, occupational or speech therapy. Enter 30 or less for chiropractic authorizations. Please see the e-referral Template Quick Guide on ereferrals.bcbsm.com under Training Tools for other authorization examples.

- **Referring Provider Name, ID**
  Here, you can search for providers that you are provisioned to view. Ensure the provider listed here is the member’s primary care physician or the case may pend.

*CPT Copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.
Submit an outpatient authorization, cont.

- **Servicing Provider Name, ID**
  A provider may be listed multiple times – make sure to choose the correct one.
  Your provider search results may include several listings with the same name, NPI or address. The first listing is not always the correct one. In order to choose the correct provider, please follow these guidelines:

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

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

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](#).

Submit an outpatient authorization, 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 for medical referrals/authorizations](https://ereferrals.bcbsm.com) is available on e-referrals.bcbsm.com under **Provider Search**.

If you are a facility requesting an outpatient authorization (e.g. physical therapy) to **your own facility**, make sure the Referring Provider and Servicing Facility match. Enter the specialist or primary care physician in the Servicing Provider field.

If you are requesting an outpatient authorization (e.g. physical therapy) to a **group or individual** make sure the Primary Care Physician is assigned to the member OR it is the specialist with the global referral on file to make the order. The Primary Care Physician and Referring Provider should match. Enter the specialist performing the therapy in the Servicing Provider field.

**OPTIONAL:** The Add Service button is found on the bottom right of the Submit Outpatient Authorization screen. Click this to add an additional service if needed. Once finished, click Submit or Cancel.

The Add Service Copy Providers button is also found on the bottom right of the Submit Outpatient Authorization screen. Click this to add an additional service and any providers you have input in the Servicing Provider fields in Service 1 will be duplicated in Service 2.

**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 to process or Cancel to delete without processing.
Submit an outpatient authorization, cont.

Your submitted authorization will look like this:

1. Reference ID and case status
   The check mark indicates you have successfully submitted or updated an authorization. Please allow 48 hours for us to complete our internal review before contacting our call center.

1a. Questionnaire Assessment
   Depending on the procedure code chosen, you may see an Action message at the top of the screen. An action request to fill out the questionnaire usually results in a request for more information not supplied during the submit process, or it may indicate missing information. Click the Questionnaire link to open it and supply the information required. Completing and submitting the questionnaire helps to speed up the process for the referral or authorization. Please see the Action message page for instructions.

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 extend the dates. If the Edit button is greyed out, the case has been closed by Blue Cross or BCN. If you need to extend a stay on a closed case, please contact Blue Cross or BCN.

5. New Referral/Global Referral/Inpatient/Outpatient
   Use these buttons to create multiple cases for one patient.

6. Create New (communication)
   This feature allows you to create a communication to Blue Cross or BCN on this referral 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.

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.
Submit an outpatient authorization, cont.

Extending an outpatient authorization
To extend service on an existing Outpatient Authorization, begin by locating your authorization. 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.

Depending on the procedure code chosen, you will see an Action message at the top of the screen. The Action requires you to complete a specific questionnaire. Completing and submitting the questionnaire helps to speed up the process for the authorization.

Answer each question until you have completed the questionnaire.

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

Continue to answer each question until you reach the final Cancel or Submit screen.

Complete all the questions then click Cancel or Submit. Please be patient after submitting, the confirmation message may take some time to appear. If you click Submit more than once, you may cause unnecessary delays in completing your case.

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

Submitting a solid organ or bone marrow transplant authorization

Use the following information when entering this type of submission:

- **Service From date**
Enter today’s date.

- **Service To date**
Enter the date one year from today’s date. (Enter six months from today’s date for UAW Retiree Medical Benefits Trust, or URMBT, non-Medicare members.)

- **Type of Care**. Choose Elective.

- **Place of Service**
Choose Other Unlisted Facility.

- **Primary Diagnosis Code**
Click Search and find the appropriate code by number, description or any saved in your Bookmarks tab.

- **Primary Procedure Code**
Please enter *33933 for solid organ transplants and *38241 for bone marrow transplants.

- **Units**
Enter 1.

- **Referring Provider Name, ID**
This field is pre-populated with the provider you’re logged in under (shown at the top).

- **Servicing Provider Name, Facility Name, Admitting Provider Name/ID**
Use the Search to locate a provider by partial/full name, NPI, city, state, etc. You can also choose from your saved choices in the Bookmarks tab.

Once finished, click Submit. An Action will appear asking you to complete a questionnaire and submit clinical documentation. Completing and submitting the questionnaire helps to speed up the process for the authorization.
Submit an outpatient authorization, cont.

Submitting a solid organ or bone marrow transplant authorization, cont.
Complete all the questions then click Cancel or Submit. Please be patient after submitting, the confirmation message may take some time to appear. If you click Submit more than once, you may cause unnecessary delays in completing your case.

Once finished, you will see a “Questionnaire Saved Successfully” message. Your authorization has submitted and will be reviewed. 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 a solid organ or bone marrow transplant authorization — Extension/reauthorization requests
To apply for an extension — or reauthorization — start by entering the “To” date from the approved prior authorization in the “From” date field for the extension. Request the extension for one year (six months for URMBT members).

Clinical information must also be submitted with a completed reauthorization questionnaire and attached to the initial case. Failure to complete this step may delay the processing of your request. Reauthorization requests are valid for one year (six months for URMBT members).
Section V: 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.

Bookmarks, cont.

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

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

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.
**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:**

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. Blue Cross and BCN recommend 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 (for example, asthma). Choose the bookmark link to begin creating your bookmark on one of the *active* codes.
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:

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

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

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, Referring, 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 in a case and ready to submit a Global Referral, Referral, Inpatient or 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 VI: Templates

E-referral allows you to create and use templates for your most used inpatient and outpatient authorizations and referrals (not global referrals). This tool helps streamline your referral/authorization entries.

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

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

To create a template:

Choose Templates from the drop-down menu at the top of the Home page. The Manage Templates screen appears. You can create a new template category via the Categories tab or the Templates tab.

On the Categories tab, you can search for existing template categories or create a new one. Templates must be stored in categories. Each category can have only one kind of template form and form type (UM/Referral).

Click the Add New button to begin creating your category.
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 Inpatient Auth, Outpatient Auth or Referral.

3. **Name**: Enter a name for your new category.

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

Templates, cont.

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

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

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

2. **Form Type**: Choose Inpatient Auth, Outpatient Auth or Referral.

3. **Diagnosis Version**: Choose ICD9 (for retro entries prior to 10/1/2015) or ICD10.

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

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

1. **Category**. Your template must be stored in a category. Choose from the options in the drop-down menu.

2. **Name**. Enter a name for your template.

3. **Effective Date/Expiration Date**. Enter a date range for your new claim template. Leave the Expiration Date blank for an open-ended template. When searching for a specific template with an effective or expiration date outside of the current date, this template will not be shown in search results. Adding Effective and Expiration dates helps tailor your template.

4. **Active/Inactive**. The active status indicates the template is searchable from the search menus available within the form type. When templates are created from existing UMs, this option is hidden and automatically set to ACTIVE. By default, templates downloaded from the payer are set to INACTIVE.

5. **Confinement Information or 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:

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.
Section VII: Behavioral Health Authorizations

BCN: e-referral can be used to submit authorization requests for outpatient and provider office behavioral health services online. For instructions on how to submit a Behavioral Health authorization, please see the Behavioral Health e-referral User Guide at ereferrals.bcbsm.com under the Training Tools and BCN Behavioral Health pages.

Blue Cross: Most, but not all, Blue Cross members have their behavioral health coverage managed by Lucet (formerly New Directions). You can use the New Directions WebPass tool online at webpass.ndbh.com** to request initial and continuing stay authorizations for inpatient admissions and check the status of these requests. You can also call 1-800-762-2382. For Medicare Plus Blue members, please see the Behavioral Health e-referral User Guide at ereferrals.bcbsm.com under the Training Tools and Blue Cross Behavioral Health pages.

For information about care management requirements for a customer group not managed by Lucet, contact a care manager using the toll-free number on the patient’s card.

More information can be found in the Mental Health and Substance Abuse Managed Care Program chapter of the Blue Cross Commercial Provider Manual.

*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.

Templates, cont.

To use a template within a case:

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

Choose the Use Template button and begin your search.

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

To use a template when outside a case:

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

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

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

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

**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.
e-referral contact information

For password reset and technical help
Contact Availity Client Services: 1-800-AVAILITY (282-4548)

BCN Utilization Management
For Blue Care Network commercial or BCN Advantage℠ referral and authorization information, please call 1-800-392-2512.

Blue Cross Utilization Management
For Blue Cross commercial and Medicare Plus Blue℠ members, find the appropriate Provider Inquiry phone number in the Provider resource guide at a glance:
• Visit ereferrals.bcbsm.com
• Click Quick Guides
• Click Provider resource guide at a glance

For help using e-referral, contact your provider consultant.
To locate your provider consultant:
• Go to bcbsm.com/providers
• Click on Contact Us in the upper right corner of the page
• 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