

# e-referral User Guide

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





# July 2025

ereferrals.bcbsm.com

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 located within our 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 **bcbsm.com/providers**
- 2. Scroll down and click **Register for web tools** 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<sup>SM</sup> members, please call the BCN Utilization Management department at 1-800-392-2512.
  - For Medicare Plus Blue<sup>SM</sup> members, the contact varies by service. Please refer to the Services that Require Authorization (PDF) available at ereferrals.bcbsm.com. Click on **Blue Cross**, then click on **Prior Authorization**.
  - For Blue Cross commercial members, please contact Blue Cross Provider Inquiry. Find the appropriate phone number in the **Provider resource guide at a glance** document. You'll find it at the bottom of ereferrals.bcbsm.com under Frequently Accessed Documents.

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

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

If you have technical concerns, call the Web Support Help Desk at 1-877-258-3932.

I would also like to suggest that each time you visit e-referral, stop by the welcome page at ereferrals.bcbsm.com to read recent news and get the latest updates for your staff. This site has a comprehensive collection of resources to assist you.

Thank you for supporting our efforts to make referrals quick and easy.

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Taryn Szydlowski, Director **Clinical Program Operations** 

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# 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)
- o 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.



# Checking member eligibility and benefits, cont.

2. Select a provider from the list.



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

#### Eligibility & Benefits

Fields marked with an asterisk * are required.
* Organization
BCBS MICHIGAN AND BLUE CARE NETWOR
Provider Information
Select a provider or enter one of the following: P
Provider 🚱
WHITECOAT, DOCTOR (NPI: 0123456789)
Search for a provider by name, NPI, tax ID, taxonomy code,
Provider NPI 🕜
0123456789
Organization or Provider Last Name 😧
WHITECOAT
Patient Information

3. Choose a Member Search **Option(s)**. 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. Make sure the member has Active eligibility. Choose the patient from the list of results.





Checking member eligibility & benefits

Keyword Search Q	Accessing e-referral
Clear Section	Navigating the Dashboard
er Tax ID @	Referrals & Authorizations
S Q Feedback	Searching for a referral or authorization
Payer     Payer     BGBS MICHIGAN AND BLUE CARE NETWORK     Clear Section     ovider NPI or Provider Tax ID	Submit a global referral
Provider Tax ID @	Submit a referral
e Patients	Submit an inpatient authorization
rogram or Blue Exchange members. today, edit the "As of Date" to the date of the prior coverage before retrieving the Search. If there are member search records, please click on one before	Submit an outpatient authorization
LOB         Relationship         DOB         Coverage         Status           Vis, Hosp. Prof.         Subsorbor         06/28/1900         02/01/2022 - 1001 0000         Astron	Bookmarks
Dont, Pharm Substitution 2012/1000 12/31/0999 2005 - Dant, Vis, Hosp. Spouse 06/28/1901 02/01/2022 - Prof, Pharm Spouse 06/28/1901 12/31/9999	Templates

**Behavioral** Health

07/08/2025

# Checking member eligibility and benefits, cont.

4. 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 24 months in the past.

* As of Date @ 4	
* Benefit / Service Type @ 5	✔ clear
	Submit another patient

5. In the **Benefit/Service Type** field, select a service type to yield detailed benefit information. Choose Health Benefit Plan Coverage for basic coverage information.

6. Click Submit.

The patient's information will be displayed. Scroll down to the Plan Maxiumums and Deductibles section 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. Click the Expand button to review details for all benefit types or click the arrows beside each benefit type to review details one at a time.

Active Coverage	: Health Maintenance Organization (HMO)				
Plan / Product:					
Coverage Leve	I: Family				
	Information / Details	Individual		Family	
Annual Deductible	Network Not Applicable Plan Network ID: NO NETWORK	\$1,000 / Service Year(s) -\$0 Year to Date	\$1,000 Remaining	\$2,000 / Service Year(s) -\$0 Year to Date	\$2,000 Remaining
	Network Not Applicable Plan Network ID: NO NETWORK • EMBEDDED COINSURANCE MAXIMUM	\$3,500 / Service Year(s) -\$0 Year to Date	\$3,500 Remaining	\$7,000 / Service Year(s) -\$0 Year to Date	\$7,000 Remaining
Out Of Pocket	Network Not Applicable Plan Network ID: NO NETWORK	\$8,150 / Service Year(s) -\$0 Year to Date	\$8,150 Remaining	\$16,300 / Service Year(s) -\$2.05 Year to Date	\$16,297.95 Remaining

# Checking member eligibility and benefits, cont.

The Benefit Information section fully expanded.

<ul> <li>Chiropractic - 33</li> <li>Benefit Descriptions         <ul> <li>INCLUDES - X-RAY</li> <li>INCLUDES - SPECIALIST VISITS</li> <li>INCLUDES - PHYSICAL THERAPY/REHAB OUTPT I.</li> <li>INCLUDES - PHYSICAL THERAPY/REHAB OUTPT I.</li> </ul> </li> <li>Chiropractic - Physical Therapy/rehab Outpt - 33</li> <li>Benefit Descriptions         <ul> <li>Coverage Level: Family</li> <li>Static CoPWA FTER DEDUCTIBLE PER OUTPATIENT REHABILITATIVE AND HABILITATIVE VISIT</li> </ul> </li> <li>Chiropractic - Physical Therapy/rehab Outpt L - 33</li> <li>Benefit Descriptions         <ul> <li>Coverage Level: Family</li> <li>Static CoPWA FTER DEDUCTIBLE PER OUTPATIENT REHABILITATIVE AND HABILITATIVE VISIT</li> </ul> </li> <li>Chiropractic - Physical Therapy/rehab Outpt L - 33</li> <li>Benefit Descriptions         <ul> <li>Coverage Level: Family</li> <li>Static CoPWA FTER DEDUCTIBLE PER OUTPATIENT REHABILITATIVE SERVICES ARE LIMITED TO 30 COMBINED VISITS PER CALENDAR YEAR FOR PHYSICAL AND OCCUPATIONAL THERAPY AND A SEPARATE 30 VISIT LIMIT PER CALENDAR YEAR FOR PHYSICAL AND OCCUPATIONAL THERAPY AND A SEPARATE 30 VISIT LIMIT PER CALENDAR YEAR FOR SPECEL THERAPY AND A SEPARATE 30 VISIT LIMIT PER CALENDAR YEAR FOR SPECEL THERAPY AND A SEPARATE 30 VISIT LIMIT PER CALENDAR YEAR FOR SPECEL SPINAL MANAPOULINONAL THERAPY AND A SEPARATE 30 VISIT LIMIT PER CALENDAR YEAR FOR SPECEL SPINAL MANAPOULINONS LIMITED TO 30 COMBINED VISITS PER CALENDAR YEAR FOR PHYSICAL AND OCCUPATIONAL THERAPY AND A SEPARATE 30 VISIT LIMIT PER CALENDAR YEAR FOR SPECEL SPINAL MANAPOULINONS LIMITED TO 30 COMBINED VISITS PER CALENDAR YEAR FOR PHYSICAL AND SCREENINGS AS MANDADTED YITHEN AND ATTENTIONS LEMITED TO 30 COMBINED VISITS PER CALENDAR YEAR FOR PHYSICAL AND SCREENINGS AS MANDATED SY THEN SCREENINGS AS MANDATED SY THEN SCREENINGS AS MANDATED SY THERAPY AND A SEPARATE AND SCREEN</li></ul></li></ul>		
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Checking member eligibility & benefits

> Accessing e-referral

Navigating the Dashboard

> Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

> Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

**Templates** 



# Checking member eligibility and benefits, cont.

#### For Blue Cross Blue Shield of Michigan members:

A Benefit Explainer button may be present for members and provides more detailed information. Click the button to launch 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.

lue Care Network Mchigan	Explainer		Cl
BPR <u>Commercial Policy</u> <u>Manage Favorites</u> <u>Commu</u>	unications		
nefit Package	Contract Number: 012345678, Selected Member: Date of Service: 02/26/2025, Eligibility Period: 05/01/2024 To Pre Group Name: ABC GROUP, Group Number: 00000	sent, 10000, Division: 0057, Package Code: 002, BPID: 09C2X	
pic	Services and procedures	1000, Division, 0037, Fackage Code, 002, DFID, 09C2X	
equired Optional	Search		
▲ This info	rmation may not be all inclusive and should be used in conju	nction with other resources.	
CB HCR - ASC			
CB HCR - ASC Benefit Period: January - December			
Benefit Period: January - December	In Network	Out of Network	1-
	In Network \$ 250 per Individual General Deductible per Benefit Period \$ 500 per family General Deductible per Benefit Period	Out of Network \$ 500 per Individual General Deductible per Benefit Period \$ 1,000 per Family General Deductible per Benefit Period	
Benefit Period: January - December  Peductibles Copayment	\$ 250 per Individual General Deductible per Benefit Period	\$ 500 per Individual General Deductible per Benefit Period	
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Benefit Period: January - December           Deductibles	\$ 250 per Individual General Deductible per Benefit Period \$ 500 per Family General Deductible per Benefit Period PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20	\$ 500 per Individual General Deductible per Benefit Period	
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# Checking member eligibility and benefits, cont.

Click on the topics to view more detailed coverage information.

	In Network
General Topics	
* Abortion	
Medically Necessary	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Elective	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Acupuncture	Not Covered
Allergy and Clinical Immunology	
Allergen Immunotherapy	Covered Deductible may apply Coinsurance may apply (Limitations apply - dick Topic to view BPR)
Allergy Testing	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Ambulance Services	
Ambulance Facility	Covered Deductible may apply Coinsurance may apply (Limitations payle - click Topic to view BPR)
Ambulance Professional	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Ambulatory Surgical Facility (ASF)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Anesthesia - General Anesthesia Services Less or equal to 1 Units per Day(s) and Anesthesia and Surgery Less or equal to 1 Units per Day(s) is Payable	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Blood Products, Storage and Processing	Covered Deductible may apply Coinsurance may apply \$ 250 Copayment may apply (Limitations apply - click Topic to view BPR)
BlueHealth Connection	Covered (Limitations apply - click Topic to view BPR)
<u>Cardiac Rehabilitation</u> Cardiac Rehabilitation; per 3 Months Less or equal to 36 Visits per 3 Month(s) is Payable with <u>limitations</u>	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Chemotherapy	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
- Chiropractic	
Chiropractic Services	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Mechanical Traction Spinal Manipulation/Mechanical Traction, per day Less or equal to 1 Units per Day(s) and PT/OT/SIP Facility/Professional maximum; per calendar year Less or equal 60 Visits per Calendar Year is Payable PT/OT/SLP Facility/Professional maximum per calendar year Less or equal to 60 Visits	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
per Calendar Year is Sayable per Calendar Year is Payable Spinal Manipulation Spinal and Osteopathic Manipulations; per Calendar Year Less or equal to 24 Visits per Calendar Year is Payable	Covered (Limitations apply - click Topic to view
X-fays	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view





Checking member eligibility & benefits

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> Referrals **Authorizations**

**Searching for** a referral or authorization

Submit a global referral

# Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

# **Bookmarks**

**Templates** 

**Behavioral** Health

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# Section II: Accessing e-referral

### **Authorizations & Referrals Request tool**

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



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

### Using e-referral

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

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

#### Sign up for e-referral

Each prospective e-referral user must have a secure user ID and password for our provider portal (Availity) to use the e-referral application. Your Availity administrator sets this up for you. See instructions on the **Register for web tools** page on **bcbsm.com/providers**.

# Accessing e-referral, cont.

### Log in

Now you are ready to use e-referral.

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

Supporting you as you care for our members	Con .
Welcome to the Blue Cross and BCN Payer Space	121-
Find links to applications, resources and news you need	
Start typing to search this payer space	
Applications Resources News and Anno	uncements
THESE LINKS MAY RE-DIRECT TO THIRD PARTY SI CONTENT OR SECURITY OF ANY THIRD PARTY SIT	
<ul> <li>Additional Security Maintenance - Blue</li> </ul>	
Cross/BCN Request access to applications, like	Connect to AIM to re authorizations
Cross/BCN Request access to applications, like Health e-Blue, not covered by basic role	
Request access to applications, like Health e-Blue, not covered by basic	
Request access to applications, like Health e-Blue, not covered by basic role	authorizations
Request access to applications, like Health e-Blue, not covered by basic role	authorizations           Image: BCN Negative B           View BCN detailed n

#### Checking member eligibility & benefits

Accessing

e-referral

Navigating the

Dashboard



**Templates** 



# 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 ereferrals.bcbsm.com and Training Tools page. It can be opened, viewed and printed using the Adobe Acrobat Reader<sup>®</sup> available free at **<u>get.adobe.com/reader</u>**\*. 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.

# 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	I.	2 Netwo	ork 3	4		e-refe	rral					5	Welcom			LOG OUT
lom	e	My List P	atient Search	Referrals/Auth	orizations									- 7	HELP	UL CLINIC
lutho	rization	of services by BO	CBSM/BCN does no	ot guarantee payme	ent. Visit erefe	rrals.bcbsm.com	for helpful too	is and the late	est news. Log in to e	-referral and comple	ete at least one trans	action or activity each month to prev	ent deactiv	ration of yo	ord.	
	rovidor	Information														
	lovider		ITECOAT, DOCTOR													55
			234567891													
		Specialty Ger	neral Surgery													14
	1	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status		0 11
	1	000043214	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10, CAP	PITALA	INSJ GRF AORTA/GRT VSL W/SHUNT BYP		2 - Pending Decision		64 64
	1	000043037	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		2 - Pending Decision		44 44
-	1	000043216	Referral	Apple, John	Plan B	08/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRT VSL W/SHUNT BYP		2 - Pending Decision		<<
	1	000043207	Authorization	Apple, John	Plan B	08/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRT VSL W/SHUNT BYP		2 - Pending Decision		IAL
	1	000043039	Referral	Apple, John	Plan B	08/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		2 - Pending Decision		TUTORI
	1	000043032	Authorization	Apple, John	Plan B	08/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		2 - Pending Decision		IT WOHS
	1	000043479	Authorization	Apple, John	Plan B	08/15/1966	12/05/2019	12/10/2019	Custodial Care Facility	PhxQAProviderB- A. Mary	PHXPADMAHOS PITALA	DRG SUBDIPHRG/SUBPHRENIC ABSC OPN		2 - Pending Decision		HS
	1	000043478	Authorization	Apple, John	Plan B	08/15/1966	12/05/2019	12/05/2019	Custodial Care Facility	PhxQAProviderB- A, Mary	PHXPADMAHOS PITALA	DRG SUBDIPHRG/SUBPHRENIC ABSC OPN		2 - Pending Decision		<<
		000043477	Referral	Apple, John	Plan B	08/15/1966	12/05/2019	12/05/2019	Custodial Care			DRG SUBDIPHRG/SUBPHRENIC	4	2 - Pending		-14

- 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 Page 16 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.

Checking member eligibility & benefits

> Accessing e-referral



Referrals Authorizations

Searching for a referral or authorization

Submit a global referral

> Submit a referra

Submit an inpatient authorization

**Submit** an outpatient authorization

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# Navigating the dashboard, cont.

#### **Provider In Focus**

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

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

<b>₿</b>		Blue Cross Blue Shield Blue Care Netwo of Michigan	rk			e-refe	rral						Welcome PROVIDE	R USER ▼ [ t Customer Ser	L OI
	1	My List P	atient Search											HELPFUL	CLINI
uthoriz	tation o	of services by BC	BSM/BCN does no	ot guarantee payme	ent. Visit <u>eref</u> e	errals bebsm.com	for helpful too	ols and the late	est news. Log in to e	e-referral and c	ROVIDER IN FOCI	JS		C	Chang
											Provider Se	t 10177			
- Pro	vider	Information	TECOAT. DOCTOR								Provide	ABDOLKARIM, ADIB O			
			34567891								NF	1 1578699807			
	_	specially Ger	leral ourgery								Тур	e Practitioner			
-	1	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	Place of Service	Servicing Provider	Specialt	y Family Medicine			
	1	000043214	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma1 CAP	PITALA	WSHUNT BYP	Decision		
•	1	000043037	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS	2 - Pending Decision		
•	1	000043216	Referral	Apple, John	Plan B	08/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRT VSL W/SHUNT BYP	2 - Pending Decision		
	1	000043207	Authorization	Apple, John	Plan B	08/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRT VSL W/SHUNT BYP	2 - Pending Decision		
	1	000043039	Referral	Apple, John	Plan B	08/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS	2 - Pending Decision		
	1	000043032	Authorization	Apple, John	Plan B	08/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS	2 - Pending Decision		
	!	000043479	Authorization	Apple, John	Plan B	08/15/1966	12/05/2019	12/10/2019	Custodial Care Facility	PhxQAProviderB- A, Mary	- PHXPADMAHOS PITALA	DRG SUBDIPHRG/SUBPHRENIC ABSC OPN	2 - Pending Decision		
						and the second second		and the second s	Quete dist Qass	Disco & Description D	DUNDADMALIOO	DDO OUDDIDUDO/OUDDUDCNIO	O Deadles		_

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 in the <u>Set up and maintain the e-referral</u> tool within Availity Essentials (PDF) on the <u>Register for web tools</u> page on <u>bcbsm.com/providers</u>.

Use the In Focus bar when you are performing multiple case submissions for one patient. Here, you can change the provider "In Focus" to another provider for whom you are privileged to submit and view referral/authorizations.

# Navigating the dashboard, cont.

#### **Provider In Focus**

You will only have access to submit referrals/aut for providers for whom you are provisioned to c

Clicking on the change link allows you to choose

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

When searching for an associated provider, you Provider Group or Facility for a more accurate p

Filter Associated Providers		
Provider Set	Provider Name	Pro
01234 - Medical Clinic		
Searches will be limited to the provide	rs and facilities associated with your user acc	count.
Provider Name 💠	NPI	
HELPFUL CLINIC	0123456789	
HELPFUL HOSPITAL	0123456789	
HELPFUL HOSPITAL	0123456789	
HELPFUL CLINIC	0123456789	
HELPFUL, DOCTOR	0123456789	
HELPFUL PHYSICAL THERAPY	0123456789	
HELPFUL PHYSICAL THERAPY	0123456789	
	Page 1	of

		Ch elig	necking member gibility & benefits
thorization do so.	ns		Accessing e-referral
se from yo	our list of provider sets.		
	HELPFUL CLINIC 🔫		Navigating the Dashboard
	Change		
			Referrals & Authorizations
			Searching for a referral or authorization
	from Drootition or		Submit a global referral
vider ID	ose from Practitioner, ntry. Close V	Vindow	Submit a referral
	SEARCH	0	Submit
Type Practitioner	Specialty Family Medicine	•	an inpatient authorization
Facility Provider Gro	oup Laboratory Clinical		Submit
Practitioner	Family Medicine		an outpatient
Practitioner	Family Medicine	I	authorization
Provider Gro	Ambulatory Infusion Ther	ару	
Facility	View 1 -	9 of 9	Bookmarks
			Templates

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# Navigating the dashboard, cont.

### My List

A great way to keep an eye on specific cases you are montoring is to add them to My List. The custom list of cases flagged in My List helps filter out ones you are not associated with or interested in. It's also easier to see when BCBSM sends new communications. They are identified by an envelope icon with a blue dot.

### To add a case to My List:

1. Click on the Reference ID of the case you'd like to add.

Ø.		Blue Cross Blue Shield Blue Care Netwo of Michigan	rk			e-refe	rral						Welcon	ne <u>PROVIDE</u> Contac		[LOG OL Service H
		My List P	atient Search												HELPF	
uthoriz	tation	of services by BC	BSM/BCN does no	ot guarantee paym	ent. Visit <u>eref</u> e	errals.bcbsm.com	for helpful too	ils and the late	st news. Log in to e	-referral and comp	lete at least one trans	action or activity each month to pr	event deactiv	vation of your pass	word.	
- Pro	vider	Information														
		Provider WHI	TECOAT, DOCTOR													0
			34567891													
		Specialty Ger	eral Surgery													
	t.	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status		0
					Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10,		INSJ GRF AORTA/GRT VSL		2 - Pending		_
	1	000043214	Referral	Apple, John	Plan B	00/10/1000	01/13/2020	OLIOLOLO	Dirating Conton	CAP	PITALA	W/SHUNT BYP		Decision		
	<u>1</u> 1	000043214 000043037	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		Decision 2 - Pending Decision		

2. Check the box next My List at the top of the case details screen.



### 3. Your case will be added to the My List page.

\$	1	Rue Cross Rue Shield Rue Care Network		e-	referr	al								Welcome PROVIDER USER Contact Custom	GOUT ]
Home	0	ly List Patie	ent Search Refer	rals/Authorizations											
REN	NOVE SE	ELECTED ROWS	C												
	1	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	ŷ
		022394375	Referral/PreAuth	APPLE, JOHN	BCN	05/09/1960	07/28/2022	08/26/2022	On Campus Outpatient Hospital	HENRY FORD WEST BLOOMFIELD HOSPITAL	HENRY FORD WEST BLOOMFIELD HOSPITAL	MRI BRAIN STEM W/O DYE (CPT, 70551)		Fully Approved	
		025250275	Referral/PreAuth	APPLETON, JOHN	BCBSM	10/05/1932	06/01/2023	06/15/2023	Inpatient Hospital	ZAYZAFOON-MOSIER, SHAZA	BRONSON SOUTH HAVEN HOSPITAL	1ST HOSP IP/OBS MODERATE 55 (CPT, 99222)		Fully Approved	0
		025264541	Referral/PreAuth	APPLEMAN, JOHN	BCBSM	08/20/1946	06/01/2023	06/23/2023	Skilled Nursing Facility	BENSON II, DANIEL K.	MEDILODGE OF MONROE	See Definition and Uses document for crosswalk of code values to payment groups under SNF PDPM (HCPCS, GAKD0)		Fully Approved	

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.

3	000	Blue Cross Blue Shield Blue Care Net of Michigan	twork		e-referral							Welcome PROVIDER USER V [LOG OU Contact Customer Service He						
lon	ne		Patient Search	Referral	s/Autho	orizations												
R	EMO	/E SELECTED R	ows C	)														
-	1	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status		Ø		
V	1	004402438	Referral/PreAuth	Apple, John	BCN	02/26/1930	02/29/2016	08/29/2016	On Campus Outpatient Hospital	DIMON, CAIN E.	BEAUMONT HOSPITAL - ROYAL OAK	Injections of substances into lower or sacral spine (CPT, 62311)		Fully Approved				
	:	011012643	Referral/PreAuth	Apple, John	BCN	04/18/1968	Message from v	webpage	t to remove these rows f	rom your list ?		Fusion of lower spine bones with removal of disc, lateral approach (CPT, 22533)		Pending Decision				
	1	011012646	Referral/PreAuth	Apple, John	BCN	04/18/1968	00/10/2010	00/19/010	ОК	Cancel BATTLE CREEK	BRONSON BATTLE CREEK	Insertion of artificial upper spine disc, anterior approach (CPT, 22856)		Pending Decision				

## e-referral User Guide

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# Navigating the dashboard, cont.

### My List

When you log into e-referral, the system defaults to My List as the landing page. If you prefer having the Home screen as your landing page, follow these steps:

1. Go to the drop-down menu under your login name at the top right and choose Preferences.



2. Choose Home then click Save. These preferences can be changed at any time.

Preferences			Close 1
Landing Page:	Home My List		
	CANCEL	SAVE	1

Adding cases to My List makes it easier to see when we've sent a communication on a case. The case will have an envelope with a blue dot.

₿.	<b>V</b> :	lue Cross lue Shield lue Care Network Michigan	- 2000 - 2000 -	-	referra	al								Welcome PROVIDER USER Contact Custo	
Home		y List Patie	ent Search Refe	rrals/Authorizations											
REN	IOVE SE	Reference ID	Туро	Patient	Plan	Date of Birth	From	То	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	
0		022394375	Referral/PreAuth	APPLE, JOHN	BCN	05/09/1960	07/28/2022	08/26/2022	On Campus Outpatient Hospital	HENRY FORD WEST BLOOMFIELD HOSPITAL	HENRY FORD WEST BLOOMFIELD HOSPITAL	MRI BRAIN STEM W/O DYE (CPT, 70551)		Fully Approved	
		025250275	Referral/PreAuth	APPLETON, JOHN	BCBSM	10/05/1932	06/01/2023	06/15/2023	Inpatient Hospital	ZAYZAFOON-MUSIER, SHAZA	BRONSON SOUTH HAVEN HOSPITAL	1ST HOSP IP/OBS MODERATE 55 (CPT, 99222)		Fully Approved	
0		025264541	Referral/PreAuth	APPLEMAN, JOHN	BCBSM	08/20/1946	06/01/2023	06/23/2023	Skilled Nursing Facility	BENSON II, DANIEL K.	MEDILODGE OF MONROE	See Definition and Uses document for crosswalk of code values to payment groups under SNF PDPM (HCPCS, GAKDU)		Fully Approved	_

Click on the case and look in the Case Communication field. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Case C	ommu	From	To	Subject	
	0	BRONSON SOUTH HAVEN	10	Discharge	
2	0		BRONSON SOUTH HAVEN HOSPITAL	Approval Notification	
			BRONSON SOUTH HAVEN HOSPITAL	Case pended for secondary review	
2	0	BRONSON SOUTH HAVEN HOSPITAL	Workflow	IP	
				Page 1 of 1	
-				I allo I	
0	r I	more de	etail, se	e the <u>Create New</u>	

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> Submit a referral

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Submit an outpatient authorization

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# Navigating the dashboard, cont.

### Authorizations and Referrals Dashboard

The Authorizations and Referrals Dashboard is located below the Provider Information section of the main dashboard. The list you see is a guick 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.

₿.	(S)	Blue Cross Blue Shield Blue Care Netwo of Michigan	rk			e-refe	rral						Welcom		Custome		
	•	My List P	atient Search												HELP		INIC
Authori	ization o	of services by BC	BSM/BCN does no	ot guarantee payme	ent. Visit erefe	rrals bcbsm.com	for helpful too	is and the late	est news. Log in to e	-referral and comple	ete at least one trans	action or activity each month to prev	ent deactiv	ation of your pass	word.		
	ovider	Information															d.
			TECOAT, DOCTOR														1
		012	345679														
1	2	S 3 Ger	ieral 4	5	6	_ 7 _	8		9	_10_	_11		(13)		15	16	5
	,	Reference ID	Туре	Patient	Plan	Date of Birth	From	То	Place of Service	Servicing	Facility Provider	Description	Global	Status		0	ſ
(Feet	1* -	Reference ib	13100	Tutten	Tiun	Dute of Dirth	Tronn	10	There of berries	Provider		INSJ GRE AORTA/GRT VSL	Giobai			9	4
	1	000043214	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10, CAP	PITALA	W/SHUNT BYP		2 - Pending Decision			
	1	000043037	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		2 - Pending Decision		2	
	1	000043216	Referral	Apple, John	Plan B	08/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRT VSL W/SHUNT BYP		2 - Pending Decision			1
	1	000043207	Authorization	Apple, John	Plan B	08/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/GRT VSL W/SHUNT BYP		2 - Pending Decision			
	1	000043039	Referral	Apple, John	Plan B	08/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		2 - Pending Decision			
	1	000043032	Authorization	Apple, John	Plan B	08/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		2 - Pending Decision			
	1	000043479	Authorization	Apple, John	Plan B	08/15/1966	12/05/2019	12/10/2019	Custodial Care Facility	PhxQAProviderB- A, Mary	PHXPADMAHOS PITALA	DRG SUBDIPHRG/SUBPHRENIC ABSC OPN		2 - Pending Decision			
	Ϋ́.	000043478	Authorization	Apple, John	Plan B	08/15/1966	12/05/2019	12/05/2019	Custodial Care Facility	PhxQAProviderB- A, Mary	PHXPADMAHOS PITALA	DRG SUBDIPHRG/SUBPHRENIC ABSC OPN		2 - Pending Decision			

- 1. Flagged records These are the referrals and authorizations you have marked for follow up or watching.
- 2. This symbol indicates there is some action you must take to complete the case.
- 3. **Reference ID** This is the case number for the requested or authorized service. Click the number to bring the case details into view.
- **Type** Authorization or referral. 4.
- 5. **Patient** The patient's name.
- 6. Plan Indicates if it is a Blue Cross or BCN contract.
- **Date of Birth** The patient's date of birth. 7.
- 8. From and To These are the dates the referral/authorization covers.
- From = start date of the referral/authorization: To = end date of the referral/authorization.
- 9. Place of Service Location where service(s) will be provided.
- 10. Servicing Provider Name of provider performing the patient's service(s).
- 11. Facility Provider Facility that provided the service(s).
- 12. **Description** Captures the primary service on the request.
- 13. **Global** A check mark indicates a global referral has been made.
- 14. **Status** Here you will see one of the following messages:
  - 1. Incomplete 4. – Partially Approved
  - 2. Pending Decision 5. – Denied
  - 3. Fully Approved 6. – Voided
- 15.  $\square$  This icon indicates there is a message from Blue Cross/BCN to you on this case.
- 16. 0 This icon indicates that there is an attachment/documentation associated with this case.
- 17. Site Tutorial The tutorial provides answers to questions you might have about working with patient information, referrals and authorizations, or any number of frequently asked questions.

# **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: Home My List Patient Search

O You are not able to submit this request. Please contact the PCP of the member as 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:

Home My List Patient Search Referrals/Authorize

👩 You are not able to submit this request. Treating provider does not have a global referral on file for this member. Please contact member's PCP to request a global referra

#### Submit Outpatient Authorization

• For BCN Advantage<sup>SM</sup> 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

IF the member's primary care physician is in a medical care group based in these regions	And the specialist is located in these regions	THEN
East or Southeast	Any region	A global referral is required*
Mid or West	Mid or West	A global referral is not required
Mid or West	Outside Mid or West	A global referral is required*

\*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 Prior Authorization & Plan Notification page.

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# 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" (service 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.

Но	me	My Li	st	Patient	t Search
Find	Referral	/Authorizat	ion		
Se	arch C	Options			
1	Refere	ence ID	Prov	vider ID	Patier
	Refer	ence ID			
	0123	45678		×	SEARC



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# Searching for a referral or authorization, cont.

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

Home	My List	t Patient Search	Referrals/Authorizations						ABBOTT, CATHLEEN M. 🔫
Find Referral		n							
Refere		Provider ID Patie	nt						
Type All	~	From (mm/dd/yyyy)	0123456789	ID Select	Patient ID	Select	Associated Providers 1	SEARCH	

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.

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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.

Home	My List	t Patient
Find Referra	l/Authorizatio	n
Search (	Options	
Refere	ence ID	Provider ID
Туре		From (mm/
All	orization	

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

## Searching for a referral or authorization, cont.

#### You can search by **Patient**

Hom	o My List	Patient S	earch Referrals/Au												
nd Re	ferral/Authorization														
Sear	ch Options														
R	eference ID	Provider ID	Patient												
	ype	From (mm/de		Prov	ider or Facility ID		Patient ID		A	Cases					
	ssociated provid	ers are limited to	the current provider set			Select	0123456789		slect [	As	sociated Providers	SEARCH			
				Plan	Date of Birth		0123456789 To				Sociated Providers	All SEARCH	Global	Status	
	ssociated provid		the current provider set	Plan	Date of Birth 05/05/1071				Se				Global	Status 6 - Voided	
	ssociated provid Reference ID	Туре	the current provider set Patient	Plan BCN	a provide construction	From	То	Place of Service	Se BR BA BR	vicing Provider	Facility Provider BRONSON	Description Initial hospital inpatient care, typically	Global	1000 CONTRACTOR	

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.

lome	e My List	Patient Search												
d Rel	ferral/Authorization													
Sean	ch Options													
Re	eference ID F	Provider ID Patien	t											
A	ype All	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Provider of	Facility ID	Select	* Patient ID 012345678	9 Selec	All Cases	SEARCH				
•	Reference ID	Туре	Patient	Plan Dat	e of Birth F	rom	То	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	0
	012345678	Authorization	TEST, MARYBETH	BCN 05/0	15/1971 03	3/01/2018	03/09/2018	Outpatient Hospital	PINELIS, SUSANNA		Complete removal of nasal sinus using an endoscope (CPT, 31255)		6 - Voided	
	012345678	Authorization	TEST, MARYBETH	BCN 05/0	15/1971 02	2/06/2018	02/28/2018	Outpatient Hospital	PINELIS, SUSANNA		Sleep monitoring of patient (6 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube (CPT, 95811)		6 - Voided	
	012345678	Authorization	IESI, MARYBEIH	BCN 05/0	15/19/1 03	2/05/2018	03/04/2018	Home	PINELIS, SUSANNA		Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That (HCPCs, S1034)		6 - Voided	
	012345678	Authorization	TEST, MARYBETH	BCN 05/0	15/1971 01	1/29/2018	02/28/2018	Inpatient Hospital	SIEGEL, DAVID M.	ST JOHN MACOMB OAKLAND HOSPITAL - OAKLAND CENTER	Stomach reduction procedure with partial removal of stomach using an endoscope (CPT, 43775)		6 - Voided	
	012345678	Authorization	TEST, MARYBETH	BCN 05/0	15/1971 Oʻ	1/22/2018	02/02/2018	Outpatient Hospital	PINELIS, SUSANNA		Sleep monitoring of patient (6 years or older) in alcep lab with continued pressured respiratory assistance by mask or breathing tube (CPT, 95811)		6 - Voided	
	012345678	Authorization	TEST, MARYBETH	BCN 05/0	15/1971 Of	1/22/2018	11/30/2018	Office	SIEGEL, DAVID M.		Established patient office or other outpatient visit, typically 15 minutes (CPT, 99213)	×	6 Voided	

**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.

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# 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.

Find Referral/Authorization

Search Options

2



Reference ID Provider ID Patient \*Reference ID 0123456789 × SEARCH Search by Reference ID. A Reference ID

Patient Search

is the case number assigned to a specific patient or service.

My List

Search	h Options													
Refe	erence ID F	Provider ID Pa	tient											
	ference ID													
012	23456789	× SEAI		1	$\frown$									
012	23456789 Reference ID	× SEAI	RCH	Plan	Date of Birth	From	То	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	

The Date of Birth indicates a newborn.

Referral/Authorizatio	in									
earch Options										
Reference ID	Provider ID	Patient								
Туре	From (mn		To (mm/dd/yyyy)	Provider or Facility		* Patient ID 0123456789		All Cases	Associated Providers 1	SEARCH
All					Selec	0120400700	500001	-		SEARCH
All  Associated provid			Patient Search	· · · · · · · · · · · · · · · · · · ·	Selec					Close W
				Last Name	Selec	First Name		As Of (mm/dd/yy)		
			Patient Search	Last Name			Eligibility A	As Of (mm/dd/yy)	y) Birthdate (mm/dd/yyyy)	Close W
			Patient Search		atient ID	First Name	Eligibility A	As Of (mm/dd/yy)	y) Birthdate (mm/dd/yyyy)	Close W

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 referral or authorization, cont.

#### Searching for a terminated member

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

1						e-I	refe	er
	Referr	als/Auth	orizati	ions				
	(	Search						
		Submit G	ilobal	Referral				
D		Submit R	eferra	al				
		Submit Ir	npatie	nt Author	izati	on		
C				ient Auth				
2	My Lis	at Patient	Search	Referrals/Au	thorizat	tions		
Find Ref	ferral/Authorizati		Search	Referrals/Au	thorizat	ions		
Sear	ferral/Authorizations	on	<u></u>	Referrals/Au	thorizat	ions		
Find Ref	ferral/Authorizati		Search	Referrals/Au	thorizat	ions		
Find Ref	Ierral/Authorization ch Options eference ID	Provider ID From (mm	Patient	Referrals/Au To (mm/dd/yyyy)		ions rovider or Facility	ID Selec	* Patier 01234

Click Select after entering the Patient ID.

earch Options					
Reference ID	Provider ID	Patient			
Туре	From (mn	/dd/yyyy)	To (mm/dd/yyyy)	Provider or Facility ID	* Patient I
All	<b>~</b> ]	E.0.			Select 0123456
Associated prov	nacio are minico	to the curren			
Associated prot			Patient Search	Last Name	First Nam
Associated prof				Last Name	First Nam

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.

Authorization				
Options				
Reference ID Provider ID Patient				
Type From (mm/dd/yyyy) All	To (mm/dd/yyyy) Provider or Faci	liity ID *Patient ID Select 0123456789	All Cases Select I SEARCH	
	Patient Search			🔀 Close Win
No matching records found. Try your search again.	Patient ID Last Nam 0123456789	re First Name	Eligibility As Of (mm/dd/yyy) 06/01/2014	SEARCH advanced search
	Name *	Patient ID Plan	Birthdate Gender Address	Eligibility
	MEMBER, TEST	0123456789 BCBSM	01/02/1969 M 1234 MAIN STREET, ANYTOWN, MI 12	2345 View
			ige 1 of 1 25 V	



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# Searching for a referral or authorization, cont.

#### Searching for a terminated member, 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.

Filt	er Associated Providers							
Pro	vider Name	Provider ID						
La	st Name, First Name	Provider ID or NPI		SEARCH				
Sea	arches will be limited to the providers of	and facilities associated	d with yo	ur user account.				
∕	Provider Name ≑		NPI	l.	Туре	e	Specialty	
/	ABDOLKARIM, ADIB O.		157	8699807	Prac	titioner	Family Medicine	
/	ALACURA MEDICAL TRANSPORT	ATION	123	5504622	Prov	ider Group	Air Ambulance	
/	BADDIGAM, BASIVI R.		138	6645299	Prac	titioner	Psychiatry	
/	BATTLE CREEK HEALTH SYSTEM	1	108	3644579	Prov	ider Group	Laboratory Clinic	al
/	BICKLE, RANDALL A.		186	1462830	Prac	titioner	Family Medicine	
/	BRONSON BATTLE CREEK		108	3644579	Facil	ity		
/	CARBAJO SR, ALAN L.		111	4038726	Prac	titioner	Family Medicine	
/	CAUDILL-DEATON, TARA J.		115	4380129	Prac	titioner	Family Medicine	
		14	< Pag	e 1 of 2 🕨	▶ 25 ∨		View	/ 1 - 25 of

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.

0		lue Cross lue Shield lue Care Net Michigan	work			e-	refer	ral				Wei		tact Customer	[LOG O Service	
lome	My	y List	Patient Search	h Referra										HEL	PFUL CLIN	IIC
nd Referr	ral/Author	rization														
Search	Option	ıs														
	erence II	D Deer	ider ID Patie													
																_
Туре		F	rom (mm/dd/yyyy	) To (mm/da		Provider or	Facility ID		tient ID	Palast	All Cases	CEADCH				_
			rom (mm/dd/yyyy		<i>Vyyyy)</i>	Provider or	Facility ID		tient ID 15387457	Select	All Cases	SEARCH				
Туре		F	rom (mm/dd/yyyy	) To (mm/da		Provider or	Facility ID			Select		SEARCH				
Туре		F	rom (mm/dd/yyyy	) To (mm/da		Provider or	Facility ID		15387457	Select		SEARCH				
Туре	e	F	rom (mm/dd/yyyy	) To (mm/da		Provider or				Select Servicing Provider		SEARCH	Global	Status		

# 2. Submit a global referral

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 **<u>ereferrals.bcbsm.com</u>**. Click on <u>**BCN**</u> then the **Prior Authorization & Plan Notification** page.



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.

Search Options					
Patient ID 012345678	Last Name		First Name		Eligibility A
Name 🛊		Patient ID		Birthdate	Gender
PATIENT, JAMES		012345678		08/20/1959	М
PATIENT, SUSAN		012345678		08/07/1967	F
				Page 1	of 1 🔛 ы
				This is numbe charac on the identif	er min ter pro front

card.



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#### 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.

Search Options Patient ID	Last Name test	First Name marybeth	Eligibility	As Of (mm/dd/yyyy)	Birthdate (mm/dd/yyyy) 05/05/1971	: •:	SEARCH
							advanced search
			Access of the second				the second second
Name 🗢	Patien	t ID Birthe	date Gender	Address			Eligibility

#### **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.

e My List	Patient Searc	h Referrals	s/Authorizations						HELPFUL CLI
Patient Search You can type the j	patient's ID or patient's ne	me in combination v	with other search crite	na.					
Search Optio	ns								
Patient ID 0123456789		Last Name		First Name		Eligibility As C 01/01/2020	Of (mm/dd/yyyy)	Birthdate (mm/dd/yyyy)	SEARCH advanced search
Name 🚖			Patient ID		Birthdate	Gender	Address		Eligibility
PATIENT, JEFF			012345678		03/21/1961	М	20500 CIVIC CEN	TER DR, SOUTHFIELD, MI 48076	View
PATIENT, JEFF PATIENT, JEFF			012345678 012345678		03/21/1961 03/21/1961	M		TER DR, SOUTHFIELD, MI 48076 TER DR, SOUTHFIELD, MI 48076	

# Submit a global referral, cont.

Checking member eligibility & benefits You can also select the 'advanced search' option and enter additional Accessing information to locate a patient. Additional fields include Social Security e-referral 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: Navigating the Dashboard Referrals As Of (n Birthdate (mn Authorizations SEARCH 05/05/1971 nced searc **Searching for** 20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076 a referral or View 1 - 1 of 1 25 💌 authorization Submit a  $\triangleleft$ global referral **View** – Use this link to view the patient's product level eligibility (or ineligibility) but not their benefits. Make sure to choose the record showing **active** Submit **coverage**. To search for a referral benefit information, please see the **Checking member** eligibility and benefits section of this guide for login Submit instructions. an inpatient authorization Submit an outpatient authorization

Search Options Patient ID	Last Name		First Name		Eli
	test		marybeth		C
SSN (Numbers only)	Medicare ID		Medicaid ID		
Name 🗢		Patient ID		Birthdate	G
TEST, MARYBETH		012345678		05/05/1971	F
Select Pat					
<b>Name</b> – C member n hyperlink t member's You will th to enter th	lick the ame o view the informatic en be able e referral	n.			
<b>Name</b> – C member n hyperlink t member's You will th	lick the ame to view the informatic en be able e referral prmation	n.			

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

ent Information								
Patient TEST, MARYE	BETH		Plan BCN			Address 20500	D CIVIC CENTER DRIVE	
Birthdate 5/5/1971			Group ID 00000001			APT 123 SOUTHFIELD, MI 48076		
Age 46 years			Patient ID 012345678					
						PCP Name, ID SCRUE	BS, DOCTOR 012587411	
• 1								
* Service From	1	(mm/dd/yyyy)		*Referring Provider Name,ID		, 012345678	Search	
* Service To		(mm/dd/yyyy)			1255 MAIN ST, STE 104 ANYTOWN, MI 48006			
Duration								
* Type of Care		~		* Servicing Provider Name,ID Address			Search	
*Place Of Service			•	Address				
*Diagnosis Code		Search		Servicing Facility Name,ID			Search	
Description				Address			SCANOL	
*Procedure Code Type								
* Procedure Code	99213							
Description	Office							

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

Patient TEST, MARYBETH		Plan BCN	Addre	ss 20500 CIVIC CENTER DRIVE APT 123
Birthdate 5/5/19/1 Age 46 years		tient ID 010345678	PCP Name,	SOUTHFIELD, MI 48076 ID SCRUBS, DOCTOR 012587411
* Service From * Service To	(mm/dd/yyyy)	<sup>~</sup> Referring Provider Name,ID Address	WHITECOAT, DOCTOR	45678 Search
Duratio * Type of Co * Place Of Serv		* Servicing Provider Name,ID Address		Search
*Diagnosis e Descr pn *Procedure Coc pe CPT *Procedu pde 99213 Deg tion office	Search	Servicing Facility Name.JD Address		Search
/			_	
ent information section includes		Service 1 sect Enter the case	-	ere.

#### • 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.

• **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.

cription be	below a	and clic	k 'Searc	ch'.		
1)						
·/						
1	)	)	)	)	)	)

Close Window

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 $\triangleleft$ 

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

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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.

earch Boo	okmarks			
Enter a full or pa	artial diagnosis code or description below and click 'Search'.			
nclude decima	al if applicable (e.g. 250.01)			
ode or Descri				
asthma	SEARCH			
Code *	Description	Inactive	Action	
493.92	Asthma, Unspecified, With (Acute) Exacerbation (ICD9, 493.92)	Yes	Bookmark	~
J45	Asthma (ICD10, J45)	Yes	Bookmark	
J45.2	Mild intermittent asthma (ICD10, J45.2)	Yes	Bookmark	
J45.20	Mild intermittent asthma, uncomplicated (ICD10, J45.20)		Bookmark	
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)		Bookmark	
J45.22	Mild intermittent asthma with status asthmaticus (ICD10, J45.22)		Bookmark	
J45.3	Mild persistent asthma (ICD10, J45.3)	Yes	Bookmark	
J45.30	Mild persistent asthma, uncomplicated (ICD10, J45.30)		Bookmark	~
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### O 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.

earch	Bookmarks							
Select a Dia	gnosis code from the bookmarks b	elow						
ilter by Ca	tegory	Filter by Usage Type						
All		Diagnosis	$\checkmark$	SEARCH				
Code *	Description		Category		Owner	Usage Type	Action	
036.40	Meningococcal Carditis		05012014		Payer	Diagnosis	Delete	
036.41	Meningococcal Pericarditis		05012014		Payer	Diagnosis	Delete	
038.9	Unspecified Septicemia		BCN05152014		Payer	Diagnosis	Delete	
162.9	Malignant Neoplasm Of Bronch	us And Lung, Unspecified	BCN05152014		Payer	Diagnosis	Delete	
174.9	Malignant Neoplasm Of Breast	(Female), Unspecified	BCN05152014		Payer	Diagnosis	Delete	
200.00	Reticulosarcoma, Unspecified S Sites (ICD9, 200.00)	ite, Extranodal And Solid Organ	Test		Payer	Diagnosis	Delete	
211.3	Benign Neoplasm Of Colon		BCN05152014		Payer	Diagnosis	Delete	
218.9	Leiomyoma Of Uterus, Unspeci	fied	BCN05152014		Payer	Diagnosis	Delete	

- **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.

Patient Information						
Patient TEST, MARYB	ETH				Plan	BCN
Birthdate 5/5/1971					Group ID	00000001
Age 46 years					Patient ID	012345678
Service 1 * Service From * Service To	[		<ul> <li>(mm/dd/yyyy)</li> <li>(mm/dd/yyyy)</li> </ul>			(
Duration * Type of Care * Place Of Service		~		~		
* Diagnosis Code Description		2	earch			
*Procedure Code Type *Procedure Code Description	99213					

#### • 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.

Patient Information							
Patient TEST, MARYE	ETH				Plan	BCN	
Birthdate 5/5/1971					Group ID	00000001	
Age 46 years					Patient ID	012345678	
Service 1	1		(mm (ddfaaaa)				*R
	-		(mm/dd/yyyy)				R
* Service To Duration			(mm/dd/yyyy)				
* Type of Care		~					* S
		<b>`</b>		_			
* Place Of Service				~			
* Diagnosis Code		Sear	ch				3
Description							
*Procedure Code Type *Procedure Code							
	99213						

Checking member eligibility & benefits Accessing e-referral Navigating the Dashboard Address 20500 CIVIC CENTER DRIVE APT 123 SOUTI IFIELD, MI 40076 PCP Name, ID SCRUBS, DOCTOR 01258741 Referrals der Name,ID **Authorizations** ing Facility Name,ID Address **Searching for** a referral or authorization Submit a global referral Submit a referral Address 20500 CIVIC CENTER DRIVE APT 123 SOUTHFIELD, MI 48076 PCP Name ID SCRUBS DOCTOR 01258741 Submit an inpatient authorization vider Name,ID Address 012345678 Search g Facility Name,ID Address Submit an outpatient authorization **Bookmarks Templates** 

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

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

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

Network	Name *	M	Address	Group Affiliation	Туре	Specialty	Action
Ø Out	WHITECOAT, DOCTOR		34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
<b>O</b> In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Ø Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	4800 S SAGINAW ST, STE 1815, FLINT, MI, USA, 48507	JAWAD A SHAH MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	21230 DEQUINDRE RD, WARREN, MI, USA, 48091	MICHIGAN SURGICAL HOSPITAL SPECIALTY CLINIC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	2609 METROPOLITAN PKWY, STE 300, STERLING HEIGHTS, MI, USA, 48310	ESSENTIAL SPINE INTERVENTIONS PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
			Page 1 of 1 25 🗸			V	iew 1 - 10 of

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

Network	Name 🔶	NPI	Address	Group Affiliation	Туре	Specialty	Action
Ø Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practition	2 sical licine &	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Ø Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL	Practitioner	Physical Medicine & Rehab	Bookmark

**3** Note: Not all provider addresses will be considered in network. If you select a listing that shows the provider is out of network, your submission will then have to go through an out-of-network review. Network status definitions can be found in the <u>e-referral Quick Guide</u>.

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

Actions
1. The Provider Specialty Questionnaire is required <u>Questionr</u> 2. To accurately process Global Referrals to a Multi-Specialty

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.

e n	espond to	the following questionnaire.		
	Questio	onnaire		
	Drowid	ler Specialty		
	PIOVIU	ler specially		
	Answe	ring the question(s) below will prov	ide	additional information needed to process your r
	Provid	ler Specialty Page 1		
	0	Please select the Specialty of the F	Drow	ider you are referring to:
	U	Flease select the Specialty of the r	101	nder you are releming to.
	0			1
	~	Allergy/Immunology	~	
		Anesthesiology Audiology	~	
		Cardiovascular Disease		
		Critical Care Medicine		
		General Dentistry	2	
			15	CANCEL
		Dental Oral Surgeon		
		Dermatology		
		Endocrinology		
		Gastroenterology		IN IN Page 1 of 0 Provent
		General Surgery		Page 1 of U
		Gynecology		
		Hematology		
		Infectious Disease		
		Nephrology		
		Neurology		
		Obstetrics		
		Oncology		
		Ophthalmology & Otorhinolaryngo		
		Orthopedic Surgery		
		Otorhinolaryngology		
		Pain Management		
		Physical Medicine & Rehab		
		Plastic Surgery		
		Podiatric Medicine		
		Pulmonary Disease		
		Rheumatology		
ita		Urology	V	
uta	u	Vascular Surgery	*	
		Other		



#### • Servicing Facility Name, ID

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

ent Information									
Patient TEST, MARYE	BETH			Plan BCN			A	ddress 20500 CIVIO	C CENTER DRIVE
Birthdate 5/5/1971				Group ID 00000001				APT 123	D MI 49076
Age 46 years				Patient ID 012345678			DOD No		LD, MI 48076
							PCP Na	ime, ID SCRUBS, DOC	TOR 01258/411
1									
* Service From	1	(mm/dd/yyyy)			*Referring Provider Name,ID	WHITECOAT, DOCTOR		012345678	Search
* Service To		(mm/dd/yyyy)			Address	1255 MAIN ST, STE 104 ANYTOWN, MI 48006			
Duration									
* Type of Care		~			* Servicing Provider Name,ID Address		,(,(,(,(		Search
* Place Of Service			~		Audress				
Diagnosis Code		Search			Servicing Facility Name,ID		- h		Search
Description					Address				STATUT
* Procedure Code Type									
* Procedure Code									
* Procedure Code Description									

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:

Home	My List	Patient Search	Referrals/Authorizations
🜔 You a	are not able to	submit this request. P	lease search the case history of this member for existing authorizations as this member already has a decision with similar criteria.

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 <u>Searching for a</u> <u>referral or authorization</u> 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 BCN Utilization 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:

	Patient TES	T, MARYBETH	Plan	BCN	
	Birthdate 6/5/	971	Group ID	00000001	
	Age 11 y	ears	Patient ID	123456789	
			5	NEW REFI	
Case Communi	ication				
M Û	From	То	Subject		
	FIOII				
Service 1-Pende	ied		(4 - 14	Page 1 of	0 -
Service 1-Pende		8/23/2015	14 14	Page 1 of	0 ➡ ➡ 25 ▼
Service 1-Pende	ied Service From	0/23/2015 9/20/2015	ल स	Page 1 of	
Service 1-Pends	ied Service From	9/20/2015	14 44 1	Page 1 of	
Service 1-Pende	ded Service From Service To	9/20/2015 00 days	(4 -44 )	Page 1 of	
	ied Service From Service To Duration Type Of Care:	9/20/2015 00 days	in the sec	Page 1 of	Referring Prov
р	ied Service From Service To Duration Type Of Care:	2020/2015 00 days Direct Outpatient Hospital		Page 1 of	Referring Prov
р	ied Service From Service To Duration Type Of Care: Place Of Service Diagnosis Code	2020/2015 00 days Direct Outpatient Hospital	14 44	Page 1 of	Referring Prov
P	ied Service From Service To Duration Type Of Care: Place Of Service Diagnosis Code	9202015 00 days Direct Outpatient Hospital Usik 40 Meningococcal Carditis, Unspecified (ICD9, 036.40)	14 44	Page 1 of	Referring Prov
P E Proced	ied Service From Service To Duration Type Of Care: Place Of Service Diagnosis Code Description	0202015 60 days Direct Outpatient Hospital U38 40 Meningococcal Cardits, Unspecified (ICD9, 036 40) CPT	14 ed 1	Page 1 of	Referring Prov

#### 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. See <u>Page 16</u> for more detail.

#### 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.

Case C	ommu	inication			
	Q	From	То	Subject	Date 👙
				Page 1 of 0 >> >> 25 v	
					CREATE NEW

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

Case Communication		区 Close Window		
To create new communication, enter review the communication and respon	the subject, text and select the applicabl ad within a timely manner.	le procedure to be reviewed. The health plan will		
То	From			
Utilization Management	WHITECOAT, DOCTOR	2		
Subject				
Attachments				
		Case Communication		🔀 Close Window
ATTACH FILE		To Utilization Management	From WHITECOAT, DOCTOR	
Message		Subject Clinical documentation		
Type message here		Attachments		
		Clinical documentation.pdf 33K		
Select items to be reviewed		Original Message please see the attached		
<ul> <li>Procedure </li> <li>'Established patient office or ot minutes' (CPT, 99213)</li> </ul>	her outpatient visit, typically 15	g		
	Page 1 of 1 🕨 🕨	10		
	CANCEL	Procedure	Dates	Unit/Days
		Initial hospital inpatient care, typically 50	minutes per day' (CPT, 99222) 5/3/2016-5/8/2016	5
		14	< Page 1 of 1 🕨 🕨 10 🗸	View 1 - 1 of 1
			CANCEL	
Case Communication				
🖂 🕖 From	То	Subject	Date 🤤	
Sender Name	Receiver Name	approved	2/18/2016	6 10:06:58 AM

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.

Page 1 of 1 🗠 🖻 25 🗸

# Suł

#### Ext

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mit a global referral, co	nt.		Check eligibil	ing member ity & benefits
ending a referral or authoriza u need to extend a global refe you've already submitted, sta	erral, or any other referral		A	Accessing e-referral
C the Edit button.  C Global Referral Details My List  Reference ID 011066802 Status 2 - Pending Decision		Printer-Friends/		avigating the Dashboard
Birthdate 5/5/1971 Gro	APT APT	THFIELD, MI 48076		Referrals & Authorizations
From To Subject      Service 1-Pended  Service To 9/20/2015  Service To 9/20/2015  Duration 90 days  Type 07 car: Direct	Page 1 of 0 ++ 125 Referring Provider Name, D: WHIECONT, DOCTOR 10234576 Address: 1252 MAN 51 51 E 104 Art Town, M 4005 Servisions Provider Name, D: SCRUBS, DOCTOR 90754521	Date CREATE NEW		Searching for a referral or authorization
Procedure Control of Processing Procesing Processing Procesing Processing Processing Processing Processin	Servicing Provider Name, ID. SOUBLE DOCTOR 8076421 Address: SOUTHTELD, M 48015 Servicing Facility Name, ID Address:		Ø	Submit a global referral
Il down to the Create New extend and add your new dates		•		Submit a referral
rvice Extension(s) To Date To Date (mmxtdyyyy) * (mmxtdyyyy)	Units CR/JYYY) *	Status Remove CREATE N	w	Submit an inpatient authorization
e case has expired/passed its mation. The Edit button will b can choose the start date as c	be greyed out and you mu	ust create a new case	e.	Submit an outpatient authorization
u're trying to edit one of your s, you may also see an er- nessage that says, "The case navailable because it's being pwed. Please the again later."	Home My List Patient Search Referrals/Auth			Bookmarks
ewed. Please try again later." u encounter one of these sages, the case is locked ause the Utilization Manageme case later to give our team tim	•			<b>Femplates</b>
rral User Guide	39	07/08/2025	В	ehavioral Health

Scr to

bmit a global referral, co	nt.			Checking eligibility	member & benefits
<b>tending a referral or authoriz</b> ou need to extend a global ref t you've already submitted, sta	erral, or any other		rizations		essing ferral
Ck the Edit button.  C Global Referral Details My List Reference it) 011066602 Status 2 - Perding Decision		Printer, Found			Jating the Shboard
Birthdate 5/5/10/1 Gr Age 44 years PCP No Case Communication	Int ID 123456789 oup ID me, ID WHITECON, DOCTOR 012345789 NEW REFERRAL NEW GLOBAL REFER	EDI Address 20500 CIVIC CENTER DRIVE APT 123 SOUTHFIELD, MI 48076 RAL NEW INPATIENT NEW OUTPATIENT Date			eferrals & horizations
	Referring Provider Name, ID: WHITE Address: AAVIC Servicing Provider Name, ID: SORUS Address: AVIC	COAT DOCTOR (1/23/57/89 WAN ST STE TOA WAN MI 40005		a re	rching for eferral or horization
Procedure Code 034 0     Description Meningpococcal Carditis, Unspecified (ICD9, 038 40)     Procedure Code 1794: CPT     Procedure Code 09213     Description Established patient office or other outpatient      Notes	Servicing Facility Name, ID Address:				ubmit a bal referral
roll down to the Create New ex extend and add your new date			u want		Submit referral
Service Extension(s) From Date To Date (mm/dd/yyy) (mm/dd/yyy) (mm/dd/yyy)	Units	Status	Remove CREATE NEW	an	Submit inpatient horization
ne case has expired/passed its ormation. The Edit button will b u can choose the start date as o	be greyed out and	you must create a r		an c	Submit outpatient horization
ou're trying to edit one of your ses, you may also see an er- message that says, "The case inavailable because it's being iowed. Please the again later."	Home My List Patient Search	<b>E-refe</b> Referrals/Authorizations being reviewed. Please try again later.	erral	Boo	okmarks
iewed. Please try again later." ou encounter one of these ssages, the case is locked cause the Utilization Managem case later to give our team tin				Tem	plates
<sup>f</sup> erral User Guide	39	07/08/202	5		vioral alth

lf th info You

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View 1 - 1 of 1

CREATE NEW

# 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.

	e-I	refer
F	Referrals/Authorizations	
	Search	
	Submit Global Referral	_
ID	Submit Referral	_
	Submit Inpatient Authorization	
	Submit Outpatient Authorization	

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.

### Searching by **Patient ID**

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





Submit a referral, cont.	Checking member eligibility & benefits
Searching by <b>Patient ID with suffix</b> Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.	Accessing e-referral
You can type the patient's ID or patient's name in combination with other search criteria.  Search Options  attent to  I ast Name  First Name  Eligibility As Of (mm/dd/yyy)  Birthdate (mm/dd/yyy)  SEARCH advanced search  The total tot	Navigating the Dashboard
Name     Patient ID     Birthdate     Gender     Address     Eligibility       PATIENT, JAMES     012345678     09/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       25 Im       Colspan="4">Colspan="4"Colspan="4">Colspan="4"Colspan="4"Colspan="4">Colspan="4"Colspan="	Referrals & Authorizations
the hyphen before the suffix. 01 = subscriber 02 = spouse 03 = additional dependent(s)	Searching for a referral or authorization
Searching by <b>First and Last Name</b> Enter the patient's last name and first name or first name initial. You must also	Submit a global referral
include their birthdate.	Submit a referral
Image     Patient ID     Birthdate     Gender     Address     Eligibility       TEST, MARYBETH     012345678     05/05/1971     F     20500 CIVIC CENTER DRIVE, APT 123, SOUTHFIELD, MI 48076     View       Image     Image     of 1     Image     25     View 1 - 1 of 1	Submit an inpatient authorization
<b>Eligibility As Of</b> 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	Submit an outpatient authorization
Using this field.          Home       My List       Patient Search       MELPFUL CLANC *         Patient Search       You can type the patient's name in combination with other search criteria.	Bookmarks
Search Options         First Name         Eligibility As Of (mm/dd/yyyy)         Birthdate (mm/dd/yyyy)         SEARCH advanced search           0123456789         Patient ID         Birthdate         Gender         Address         Eligibility           Name         Patient ID         Birthdate         Gender         Address         Eligibility           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR. SOUTHFIELD, MI 48076         View           PATIENT, JEFF         012345678         03/21/1961         M         20500 CIVIC CENTER DR. SOUTHFIELD, MI 48076         View	Templates
PATIENT, JOSHUA         012345678         07/07/1987         M         20500 CIVIC CENTER DR. SOUTHFIELD, MI 48076         View           Preferral User Guide         41         07/08/2025	Behavioral Health

ıbmit a referral, cont.	Checking member eligibility & benefits
arching by <b>Patient ID with suffix</b> ter the patient's subscriber ID with two-digit suffix to narrow your results to a ecific patient.	Accessing e-referral
it search arch Options Itent ID Last Name First Name Eligibility As Of (mm/dd/yyyy) Birthdate (mm/dd/yyyy) advanced search advanced search	Navigating the Dashboard
me ←     Patient ID     Birthdate     Gender     Address     Eligibility       TENT, JAMES     012345678     08/20/1959     M     20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076     View       Enter the patient's ID with suffix here. Do not include the hyphen before the	Referrals & Authorizations
suffix. 01 = subscriber 02 = spouse 03 = additional dependent(s)	Searching for a referral or authorization
arching by <b>First and Last Name</b> ter the patient's last name and first name or first name initial. You must also	Submit a global referral
t search an type the patient's name in combination with other search criteria. arch Options tient ID Last Name First Name Eligibility As Of (mm/dd/yyy) Birthdate (mm/dd/yyy)	Submit a referral
Lest and the prist name prist nam	Submit an inpatient authorization
<b>gibility As Of</b> e Eligibility As Of field allows you to narrow your search results through gibility dates. You can populate this field with older dates to find what verage a patient had in the past. You must enter a patient's ID or name when	Submit an outpatient authorization
Home       My List       Patient Search       Referrals/Authorizations       HELPFUL CLINIC ~         Patient Search       You can type the patient's ID or patient's name in combination with other search criteria.       HELPFUL CLINIC ~	Bookmarks
Search Options         Patient ID       Last Name       First Name       Eligibility As Of (mm/dd/yyyy)       Birthdate (mm/dd/yyyy)       SEARCH advanced search         Name *       Patient ID       Birthdate       Gender       Address       Eligibility         Name *       Patient ID       Birthdate       Gender       Address       Eligibility         PATIENT, JEFF       012345678       03/21/1961       M       20500 CIVIC CENTER DR. SOUTHFIELD, MI 48076       View         PATIENT, JEFF       012345678       03/21/1961       M       20500 CIVIC CENTER DR. SOUTHFIELD, MI 48076       View	Templates
PATIENT, JOSHUA         012345678         07/07/1987         M         20500 CIVIC CENTER DR. SOUTHFIELD, MI 48076         View           ferral User Guide         41         07/08/2025	Behavioral Health

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 c	hoose from in th
Referrals routinely use Office	for Place of Ser
Ambulance - Air or Water	Independe
Ambulance - Land	Nursing Fa
Ambulatory Surgical Center	Off Campu

**Custodial Care Facility** Office **Emergency Room** End-Stage Renal Treatment Facility Home

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.

iagnosis	Code Search		
Search	Bookmarks		
Enter a fi	ull or partial diagnos	sis code or description below and click 'Search'.	
Include	decimal if applicab	nle (e.g. 250.01)	
Code or	Description		
		SEARCH	

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

gnosis Code	Search		🙁 Close \	Wind
earch Bo	okmarks			
	artial diagnosis code or description below and click 'Search'.			
clude decima	al if applicable (e.g. 250.01)			
asthma	SEARCH			
Code 📤	Description	Inactive	Action	
193.92	Asthma, Unspecified, With (Acute) Exacerbation (ICD9, 493.92)	Yes	Bookmark	~
J45	Asthma (ICD10, J45)	Yes	Bookmark	
J45.2	Mild intermittent asthma (ICD10, J45.2)	Yes	Bookmark	
J45.20	Mild intermittent asthma, uncomplicated (ICD10, J45.20)		Bookmark	
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)		Bookmark	
J45.22	Mild intermittent asthma with status asthmaticus (ICD10, J45.22)		Bookmark	
J45.3	Mild persistent asthma (ICD10, J45.3)	Yes	Bookmark	
J45.30	Mild persistent asthma, uncomplicated (ICD10, J45.30)		Bookmark	~
	Page 1 of 2 🍉 💌 25 🗸		View 1 - 25 of	

Checking member eligibility & benefits

he drop-down menu. ervice ent Laboratory

acility Off Campus Outpatient Hospital



Accessing e-referral

Navigating the Dashboard

> Referrals Authorizations

**Searching for** a referral or authorization

Submit a global referral

> Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

**Templates** 



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

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

Search	Bookmarks							
Select a D Filter by C	iagnosis code from the bookmarks b	elow Filter by Usage Type						
All		Diagnosis	~	SEARCH				
Code *	Description		Category		Owner	Usage Type	Action	
036.40	Meningococcal Carditis		05012014		Payer	Diagnosis	Delete	
036.41	Meningococcal Pericarditis		05012014		Payer	Diagnosis	Delete	
038.9	Unspecified Septicemia		BCN05152014		Payer	Diagnosis	Delete	
162.9	Malignant Neoplasm Of Bronch	us And Lung, Unspecified	BCN05152014		Payer	Diagnosis	Delete	
174.9	Malignant Neoplasm Of Breast (	(Female), Unspecified	BCN05152014		Payer	Diagnosis	Delete	
200.00	Reticulosarcoma, Unspecified S Sites (ICD9, 200.00)	ite, Extranodal And Solid Organ	Test		Payer	Diagnosis	Delete	
211.3	Benign Neoplasm Of Colon		BCN05152014		Payer	Diagnosis	Delete	5
218.9	Leiomyoma Of Uterus, Unspecif	fied	BCN05152014		Payer	Diagnosis	Delete	

#### • Procedure Code Type

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

#### Procedure Code •

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.

earch	Bookmarks		
		ure code or description below and click	k 'Search'.
riter a fl	ii or partial procedu	are coue or acourption below and click	
	lecimal if applicab		
Include d			

**Procedure Code** – Search by **Description.** Choose an active code. Click on the 0 code's link to populate the Procedure Code field for your Referral submission.

earch Boo	okmarks			
Enter a full or pa	artial procedure code or description below and click 'Search'.			
nclude decima	al if applicable (e.g. 250.01)			
Procedure Cod	de Type Code or Description			
CPT	Knee × SEARCH			
Code *	Description	Inactive	Action	
0012T	Arthroscopy, knee, surgical, osteochondral graft implantation, autograft (CPT, 0012T)	Yes	Bookmark	
0013T	Arthroscopy, knee, surgical, osteochondral graft implantation, allograft (CPT, 0013T)	Yes	Bookmark	1
0014T	Meniscal transplantation, medial or lateral, knee (any method) (CPT, 0014T)	Yes	Bookmark	
01300	Anes Integumentary Knee Popliteal Area (CPT, 01300)	Yes	Bookmark	
01320	'Anesthesia for procedure on nerves, muscles, tendons, fascia, and/or bursae of knee' (CPT	, 01320)	Bookmark	
01380	Anesthesia for closed procedure on knee joint (CPT, 01380)		Bookmark	
01382	Anesthesia for diagnostic examination of knee joint using an endoscope (CPT, 01382)		Bookmark	
01390	Anesthesia for closed procedure at kneecap and/or upper foreleg bones (CPT, 01390)		Bookmark	~
	Page 1 of 4		View 1 - 25 of 10	00

# Submit a referral, 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.

ocedure Co Search	de Search Bookmarks						Close \	Nind
Select a Pro	ocedure code from the bookmarks	below Filter by Usage Type						
All	~	All	~	SEARCH				
Code *	Description		Category		Owner	Usage Type	Action	
21501	Incision and drainage of absce tissues of neck or chest (CPT,	ss or blood accumulation in soft 21501)	Test		Payer	CPT	Delete	~
22533	Fusion of lower spine bones wi approach (CPT, 22533)	th removal of disc, lateral	Uncategorized		Provider	CPT	Delete	
23605	Closed treatment of broken up (CPT, 23605)	per arm bone with manipulation	Uncategorized		Provider	CPT	Delete	
29877	Removal or shaving of knee joi (CPT, 29877)	nt cartilage using an endoscope	BCN05192014		Provider	CPT	Delete	
43775	Laparoscopy, surgical, gastric i gastrectomy (ie, sleeve gastrectomy	estrictive procedure; longitudinal tomy)	Uncategorized		Provider	CPT	Delete	
47562	Removal of gall bladder using a	an endoscope	BCN05152014		Payer	CPT	Delete	Ξ.
49310	Laparoscopy, Surg.;cholecyste	ctomy (CPT, 49310)	Uncategorized		Provider	CPT	Delete	~
		Page 1	of 6 🕨 🕨	25 🗸		View	1 - 25 of 1	26

#### • 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.

Patient Information						
Patient TEST, MARYB	ЕТН			Pla	BCN	
Birthdate 5/5/1971				Group II	012345678	
Age 46 years				Patient II	915387457	
USE TEMPLATE						
Service 1						_
* Service From	03/14/2018		<ul> <li>(mm-tkb/yyyy)</li> </ul>			"Referr
* Service To	07/13/2018		<ul> <li>(mm400/yyyy)</li> </ul>			
* Type of Care	Elective	~				DELAIS
Place Of Service	Office			V		
* Diagnosis Code	110	2	earch			
Description		rision (ICD1)	0, 110)			Serv
* Procedure Code Type						
*Procedure Code	99213	2	earch			
Description						
"Units	100					

#### • 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.

Patient Information							
Patient TEST, MARYB	ETH				Plan	BCN	
Birthdate 5/5/1971					Group ID	012345678	
Age 46 years					Patient ID	915387457	
USE TEMPLATE							
Service 1							_
Service From	03/14/2018		(mm4535yyyy)			(	*Referri
* Service To	07/13/2018		(mmdddiyyyy)				
* Type of Care	Elective	~					acrvic
*Place Of Service	Office			~			
* Diagnosis Code	110		Search				
Description	Essential (primary)	hypertension (IC	010, 110)				Servi
* Procedure Code Type	CPT	<b>v</b>					
*Procedure Code	99213		Saarch				
Description							
"Units	100						

Checking member eligibility & benefits





07/08/2025

Accessing e-referral

## Navigating the Dashboard

Referrals Authorizations

**Searching for** a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

**Templates** 

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

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

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

Network	Name *	NPI	Address	Group Affiliation	Туре	Specialty	Action
Ø Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
0 In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmarl
O In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmarl
O In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmarl
• Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmarl
Ø Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmar
O In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL	Practitioner	Physical Medicine & Rehab	Bookmar
• Pref	WHITECOAT, DOCTOR	0123456789	4800 S SAGINAW ST, STE 1815, FLINT, MI, USA, 48507	JAWAD A SHAH MD PC	Practitioner	Physical Medicine & Rehab	Bookmar
O In	WHITECOAT, DOCTOR	0123456789	21230 DEQUINDRE RD, WARREN, MI, USA, 48091	MICHIGAN SURGICAL HOSPITAL SPECIALTY CLINIC	Practitioner	Physical Medicine & Rehab	Bookmarl
O In	WHITECOAT, DOCTOR	0123456789	2609 METROPOLITAN PKWY, STE 300, STERLING HEIGHTS, MI, USA, 48310	ESSENTIAL SPINE INTERVENTIONS PLLC	Practitioner	Physical Medicine & Rehab	Bookman
			Page 1 of 1 25 V			V	/iew 1 - 10 of

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

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

Note: Not all provider addresses will be considered in network. If you select a listing that shows the provider is out of network, your submission will then have to go through an out-of-network review. Network status definitions can be found in the **e-referral Quick Guide**.

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

# Submit a referral, cont.

#### • Servicing Facility Name, ID

When issuing a referral for a hospital-based group, please enter the facility NPI in the Servicing Facility ID field.

Patient Information							
Patient TEST, MARY	ETH				Plan	BCN	
Birthdate 5/5/1971					Group ID	012345678	
Age 46 years					Patient ID	915387457	
USE TEMPLATE							
Service 1							
* Service From	03/14/2018		(mm/dd/yyyy	0			*Referr
Service To	07/13/2018		(mm/dd/yyyy	2			
* Type of Care	Elective		•				* Servic
* Place Of Service	Office			~			ourrie
*Diagnosis Code	110		Search				
Description	Essential (primary	) hypertension (	CD10, I10)				Servi
* Procedure Code Type	CPT	<b>~</b>					
* Procedure Code	99213		Search				_
Description							
Units	100						

• Add Service/Add Service Copy Providers buttons

We encourage providers to always use the 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.

er Name,ID Address	, 1558535245	Search
ity Name,ID Address	,	Search
	ADD SERVICE	ADD SERVICE COPY PROVIDERS

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

#### Checking member eligibility & benefits

Accessing

e-referral

			Address	20500 CIVIC CEN APT 123 SOUTI IFIELD, MI	
		PCP	Name, ID	SCRUBS, DOCTOR	
ovider Name,ID	SCRUBS, DOCTOR		01258741	1	Search
Address	12345 MAIN ST ANYTOWN, MI 12345				
ovider Name,ID		)	01258741	1	Search
Address	12345 MAIN ST ANYTOWN, MI 12345 4195				
acility Name,ID Address					Search

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**Templates** 

**Behavioral** Health

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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:

					4 EDIT
Patient Information					
Patient testing deid, wifey	Plan BCBSM		Address 06012		
Birthdate 3/1/1955	Group ID 00000001			MI 48503	
Age 63 years	Patient ID 123456789		PCP Name, ID SCRU	JBS, DOCTOR, 012587411	
	5	NEW REFERRAL NEW			EW OUTPATIENT
se Communication					
🗹 🕖 From To	Subject			Date	
	Page 1 of	0 🔛 🖬 25 🗸			
				6	CREATE NEW
ervice 1-Pended					
Service From 4/3/2018		Referring Provider Name, ID:	WHITECOAT. DOCTOR 01234567	89	
Service From 4/3/2018 Service To 4/30/2018		Referring Provider Name, ID: Address:	WHITECOAT. DOCTOR 01234567 1255 MAIN ST. STE 104 ANYTOWN, MI 48006	89	
		Referring Provider Name, ID: Address:	1255 MAIN ST. STE 104	89	
Service To 4/30/2018		Address: Servicing Provider Name, ID:	1255 MAIN ST. STE 104 ANYTOWN, MI 48005 SCRUBS, DOCTOR 987654321	09	
Service To 4/30/2018 Type Of Care: Elective		Address: Servicing Provider Name, ID:	1255 MAIN ST, STE 104 ANYTOWN, MI 48006	89	
Service To 4/30/2018 Type Of Care: Elective Place Of Service Office		Address: Servicing Provider Name, ID:	1255 MAIN ST. STE 104 ANYTOWN, MI 48006 SCRUBS, DOCTOR 967654321 20500 CIVIC CENTER DR	09	
Service To 4/30/2018 Type Of Care: Elective Place Of Service Office Diagnosis Code M54.5		Address: Servicing Provider Name, ID: Address: Servicing Facility Name, ID	1255 MAIN ST. STE 104 ANYTOWN, MI 48006 SCRUBS, DOCTOR 967654321 20500 CIVIC CENTER DR	89	
Service To 4/03/2018 Type Of Carrie Elective Place Of Service Office Diagnosis Cede M/5.5 Description Low back pain (ICD10, M54.5)		Address: Servicing Provider Name, ID: Address:	1255 MAIN ST. STE 104 ANYTOWN, MI 48006 SCRUBS, DOCTOR 967654321 20500 CIVIC CENTER DR	89	
Service To 4/30/2018 Type Of Care: Elective Place Of Service Office Diagnosis Code MS4.5 Description Love back pain (/CD10, MS4.5) Procedure Code Type: CPT	_	Address: Servicing Provider Name, ID: Address: Servicing Facility Name, ID	1255 MAIN ST. STE 104 ANYTOWN, MI 48006 SCRUBS, DOCTOR 967654321 20500 CIVIC CENTER DR	89	
Sarvice To 4/30/2018 Type Of Care: Elective Place Of Service Office Diagnosis Code M61.5 Description Low back pain (ICD10, M64.5) Procedure Code Type: CPT Procedure Code 99213	-	Address: Servicing Provider Name, ID: Address: Servicing Facility Name, ID	1255 MAIN ST. STE 104 ANYTOWN, MI 48006 SCRUBS, DOCTOR 967654321 20500 CIVIC CENTER DR	00	
Service To 4/38/2018 Type Of Care: Elective Place Of Service Office Diagnosis Cede M6.5 Description Low back pain (ICD10, M64.5) Proceedure Cede Type: OPT Proceedure Cede Type: OPT Description Established patient office or other outpatient.	- -	Address: Servicing Provider Name, ID: Address: Servicing Facility Name, ID	1255 MAIN ST. STE 104 ANYTOWN, MI 48006 SCRUBS, DOCTOR 967654321 20500 CIVIC CENTER DR	99	
Service To 4/33/2018 Type Of Carse: Electrice Place Of Service Office Diagnosis Code Mik 5 Description: Low back pain (ICD10, M54.5) Procedure Code Type: OPT Proceedure Code G9(3) Description: Established patient office or other outpatient.	-	Address: Servicing Provider Name, ID: Address: Servicing Facility Name, ID	1255 MAIN ST. STE 104 ANYTOWN, MI 48006 SCRUBS, DOCTOR 967654321 20500 CIVIC CENTER DR	99	

### 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. See **Page 16** for more detail.

### 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.

# Submit a referral, 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.

				nication	Commu	Case C
		Subject	То	From	Û	
» »I 2	Page 1 of 0					
0	Page 1 of 0					

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: .doc, .docx, .gif, .jpg, .pdf, .png, .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.

Case Communication		Clo
To create new communication, enter review the communication and respo		able procedure to be reviewed. The health
То	From	
Utilization Management	WHITECOAT, DOCTO	DR
Subject		
Attachments		
		Case Communication
		То
ATTACH FILE		Utilization Management
ATTACH FILE		Subject
Message		Clinical documentation
Type message here		Attachments
		Clinical documentation.pdf 33K
		Original Message
Select items to be reviewed		please see the attached
Procedure      Procedure	ther outpatient visit, typically 15	
minutes' (CPT, 99213)	ther outpatient visit, typically 15	
	🛤 < Page 1 of 1 🕨	6-1
	CANCEL	ND Procedure
		Initial hospital inpatient care, t
Case Communication		
From	То	Subject
Sender Name	Receiver Name	approved

From	То	Subject
Sender Name	Receiver Name	approved
		Page 1 of 1

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.

Referral Details

Reference ID 000022691

Status 2 - Pending Decision



# 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.

Patient Information							
Patient TEST	MADVDETH		Plan BCN			ddress 06012011 date	
Birthdate 5/5/19			Group ID 00000001		, ,	Flint, MI 48503	
Age 45 yes			Patient ID 012587411		PCP N	ame, ID WHITECOAT, DOCT	OR, 012587411
Age 45 ye	15		Fatericity 012307411				
nfinement Information					Comment and	) (compared	
*Admission Date	08/24/2016 (mm/dd/yyyy)		"Re	eferring Provider Name,ID	HELPFUL CLINIC 555 Main St.	012345678	Search
"Length of Stay	1 days			Address	Anytown, MI 48000		
*Type of Care	Emergency		*Se	ervicing Provider Name,ID	HELPEUL CLINIC	012345678	Search
*Place Of Service	Inpatient Hospital	~		Address		) 012010070	
Flace of Service	A40.3 Search						
*Primary Diagnosis Code			- 0	Servicing Facility Name,ID	HELPFUL CLINIC	012345678	Search
*Primary Diagnosis Code	Sepsis due to Streptococcus pneumoniae (ICD10,						
*Primary Diagnosis Code	Sepsis due to Streptocorcus pneumoniae (ICD10,			Address			
*Primary Diagnosis Code Description	Sepsis due to Streptococcus pneumoniae (ICD10, CPT			Address mitting Provider Name, ID		012345678	Search

#### 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 **Prior Authorization** 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.

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**Templates** 



#### • 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.

	le Search	Close Windov
earch E	Bookmarks	
nter a full o	r partial diagnosis code or description below and click 'Search'.	
nclude deci	imal if applicable (e.g. 250.01)	
ode or Des	scription	
	SEARCH	

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

Search Boo	okmarks		
Enter a full or pa	artial diagnosis code or description below and click 'Search'.		
	al if applicable (e.g. 250.01)		
Code or Descri asthma	SEARCH		
uounna			
Code *	Description	Inactive	Action
493.92	Asthma, Unspecified, With (Acute) Exacerbation (ICD9, 493.92)	Yes	Bookmark
J45	Asthma (ICD10, J45)	Yes	Bookmark
J45.2	Mild intermittent asthma (ICD10, J45.2)	Yes	Bookmark
J45.20	Mild intermittent asthma, uncomplicated (ICD10, J45.20)		Bookmark
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)		Bookmark
J45.22	Mild intermittent asthma with status asthmaticus (ICD10, J45.22)		Bookmark
J45.3	Mild persistent asthma (ICD10, J45.3)	Yes	Bookmark
J45.30	Mild persistent asthma, uncomplicated (ICD10, J45.30)		Bookmark
	Page 1 of 2 >> >> 25 V		View 1 - 25 of 4

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

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

Search	Bookmarks							
Select a Dia	agnosis code from the bookmarks t	elow						
Filter by Ca	ategory	Filter by Usage Type						
All	<b>v</b>	Diagnosis	<b>~</b>	SEARCH				
Code *	Description		Category		Owner	Usage Type	Action	
036.40	Meningococcal Carditis		05012014		Payer	Diagnosis	Delete	
036.41	Meningococcal Pericarditis		05012014		Payer	Diagnosis	Delete	ľ
038.9	Unspecified Septicemia		BCN05152014		Payer	Diagnosis	Delete	
162.9	Malignant Neoplasm Of Bronch	us And Lung, Unspecified	BCN05152014		Payer	Diagnosis	Delete	
174.9	Malignant Neoplasm Of Breast	(Female), Unspecified	BCN05152014		Payer	Diagnosis	Delete	
200.00	Reticulosarcoma, Unspecified S Sites (ICD9, 200.00)	ite, Extranodal And Solid Organ	Test		Payer	Diagnosis	Delete	
211.3	Benign Neoplasm Of Colon		BCN05152014		Payer	Diagnosis	Delete	
218.9	Leiomyoma Of Uterus, Unspeci	fied	BCN05152014		Payer	Diagnosis	Delete	

# 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:

<b>Acute hospital</b> Place of service: Inpatient Hospital Primary procedure codes: **99221 – **99239	Crit **99
Acute inpatient rehab Place of service: Inpatient Hospital Primary procedure code: **97150	Urg **99
Long-term acute care hospital Place of service: Inpatient Hospital Primary procedure code: **99304	Inpa **99
<b>Skilled nursing facility</b> Place of service: Skilled Nursing Facility Primary procedure codes: **99304 – **99306	Initi **99
	Inpa care **99
	Nev **99

#### • 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.

Search	Bookmarks		
Enter a fu	Ill or partial proced	ure code or description below a	nd click 'Search'.
	lecimal if applicat		
		10 (0.9. 200.01)	
	100 100 Ex	and south land to such	
	re Code Type	Code or Description	

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

<sup>†</sup>Recommended code for Blue Cross members. Please see the **Submitting an emergency or urgent admission** section for more information.

tical care services 9291 - \*\*99292

gent/emergent admissions 9222†

atient consultation 9251 - \*\*99255

ial and consultation service 9477 - \*\*99480

atient neonatal and pediatric critical e services 9466 – \*\*99482

wborn care services 9460 - \*\*99465

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Close Window

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#### O **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.

Search	Bookmarks						
Select a Pr Filter by C	ocedure code from the bookmarks ategory	below Filter by Usage Type					
All	<b>v</b>	All	SEARCH				
Code *	Description		Category	Owner	Usage Type	Action	ľ
21501	Incision and drainage of absces tissues of neck or chest (CPT, 2		Test	Payer	CPT	Delete	
22533	Fusion of lower spine bones wit approach (CPT, 22533)	h removal of disc, lateral	Uncategorized	Provider	CPT	Delete	
23605	Closed treatment of broken upp (CPT, 23605)	er arm bone with manipulation	Uncategorized	Provider	CPT	Delete	
29877	Removal or shaving of knee joir (CPT, 29877)	nt cartilage using an endoscope	BCN05192014	Provider	CPT	Delete	
43775	Laparoscopy, surgical, gastric re gastrectomy (ie, sleeve gastrect	estrictive procedure; longitudinal tomy)	Uncategorized	Provider	CPT	Delete	
47562	Removal of gall bladder using a	n endoscope	BCN05152014	Payer	CPT	Delete	
49310	Laparoscopy, Surg.;cholecystee	tomy (CPT, 49310)	Uncategorized	Provider	CPT	Delete	

#### • 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.

Submit Inpatient Author	rization							
Patient Information								
Patient TEST,	MARYBETH			Plan BCN		Address	06012011 date	
Birthdate 5/5/19	71		G	Group ID 00000001			Flint, MI 48503	
Age 45 yea	ars		Pa	atient ID 012587411		PCP Name, ID	WHITECOAT, DOCTOR,	012587411
USE TEMPLATE								
Confinement Information								
*Admission Date	08/24/2016	(mm/dd/yyyy)			*Referring Provider Name,ID		345678	Bearch
"Length of Stay	1	days				555 Main St. Anytown, MI 48000		
*Type of Care	Emergency 🔽				*Servicing Provider Name,ID	HELPFUL CLINIC . 012	345678	Search
*Place Of Service	Inpatient Hospital		$\checkmark$		Address			
*Primary Diagnosis Code	A40.3	Search						
Description	Densis die to Divisione and				*Convising Ensility Name ID	LEI DELLI CLINIC 012	245670	Dearsh

#### • 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 Inpatient Author	rization								
Patient Information									
Patient TEST,	MARYBETH			Plan BCN			Address 06012011 date		
Birthdate 5/5/19	71			Group ID 00000001			Flint, MI 48503		
Age 45 year	ars			Patient ID 012587411			PCP Name, ID WHITECOAT, I	OOCTOR, 012587411	
USE TEMPLATE Confinement Information "Admission Date "Length of Stay	1	💌 (mm/dd/yyyy) days				HELPFUL CLINIC 555 Main St. Anytown, MI 48000	012345678	Search	
*Type of Care					*Servicing Provider Name,ID	HELPFUL CLINIC	012345678	Search	
*Place Of Service			~		Address				
*Primary Diagnosis Code		Search			Manufalian Paulities Manual ID		012345678		
	Sepsis due to Streptococcus pneumo	iniae (ICD10,			*Servicing Facility Name,ID Address	HELPFUL CLINIC	. 012345678	Search	
	CPT 🔽								
"Primary Procedure Code		Search			Admitting Provider Name, ID	HELPFUL CLINIC	012345678	Search	
Description	Anesthesia for procedure on heart to	correct ab			Address				

# 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 <u>where</u> the member is going to see the provider. In this example, the provider has the same NPI but different address locations.

Network	Name *		Address	Group Affiliation	Туре	Specialty	Action
Ø Out	WHITECOAT, DOCTOR	0	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
<b>O</b> In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
<b>O</b> In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
<b>O</b> In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Ø Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	4800 S SAGINAW ST, STE 1815, FLINT, MI, USA, 48507	JAWAD A SHAH MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
<b>O</b> In	WHITECOAT, DOCTOR	0123456789	21230 DEQUINDRE RD, WARREN, MI, USA, 48091	MICHIGAN SURGICAL HOSPITAL SPECIALTY CLINIC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	2609 METROPOLITAN PKWY, STE 300, STERLING HEIGHTS, MI, USA, 48310	ESSENTIAL SPINE INTERVENTIONS PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
			Page 1 of 1 25 V			V	iew 1 - 10 of

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

Network	Name 📤	NPI	Address	Group Affiliation	Туре	Specialty	Action
Ø Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitio	2 sical icine &	Bookmark
• Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practioner	Physical Medicine & Rehab	Bookmark
Ø Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL	Practitioner	Physical Medicine & Rehab	Bookmark
o In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL	Practitioner	Physical Medicine & Rehab	Bookmark

3 Note: Not all provider addresses will be considered in network. If you select a listing that shows the provider is out of network, your submission will then have to go through an out-of-network review. Network status definitions can be found in the e-referral Quick Guide.

_	Network	Name 🔺	NPI	Address
	Ø Out	WHITECOAT, DOCTOR	0123456789	30055 NOR FARMINGTI
<b>→</b>	Ø Out	WHITECOAT, DOCTOR	0123456789	30055 NOR FARMINGT
	Pref	WHITECOAT, DOCTOR	0123456789	SHORES, M

Checking member eligibility & benefits

	Group Affiliation	
RTHWESTERN HWY, STE 101, IN HLS, MI, USA, 48334		F
RTHWESTERN HWY, STE 101, IN HLS, MI, USA, 48334	MICHIGAN EAR	F
MILE RD, STE 111, ST CLR MI, USA, 48081	SJFHS LAKESHORE ENT	F
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Accessing e-referral

# Navigating the Dashboard

Referrals 2. Authorizations

**Searching for** a referral or authorization

Submit a global referral

> Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

**Templates** 

#### • 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."

nit Inpatient Autho	rization							
tient Information								
Patient TEST	MARYBETH			Plan BCN			Address 06012011 date	
Birthdate 5/5/19	971			Group ID 00000001			Flint, MI 40503	
Age 45 ye	ars			Patient ID 012587411			PCP Name, ID WHITECOAT, D	OCTOR, 012587411
*Admission Date *Length of Stay		(mm/dd/yyyy) days				HELPFUL CLINIC 555 Main St Anytown, MI 48000	012345678	Search
						Anytown, Mil 40000		
*Type of Care	Emergency 🔽				*Servicing Provider Name ID	HELPELIL CLINIC	012345678	Search
			~		*Servicing Provider Name,ID Address		, 012345678	Search
*Type of Care *Place Of Service *Primary Diagnosis Code	Inpatient Hospital Add.3	Scarsh	V		Address		71	
*Type of Care *Place Of Service *Primary Diagnosis Code Description	Inpatient Hospital A10.3 Sepsis due to Streptococcus pneum	Scarsh	V		Address *Servicing Facility Name,ID	HELPFUL CLINIC	, 012345678	Search Search
*Type of Care *Place Of Service *Primary Diagnosis Code	Inpatient Hospital A10.3 Sepsis due to Streptococcus pneum	Scarsh	<b>v</b>		Address	HELPFUL CLINIC	71	
*Type of Care *Place Of Service *Primary Diagnosis Code Description	Inpatient Hospital A10.3 Sepsis due to Streptococcus pneum CPT	Scarsh	<b>V</b>		Address *Servicing Facility Name,ID	HELPFUL CLINIC	71	

#### 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.

ient Information								
Patient TEST	MARYRETH			Plan BCN			Address 06012011 date	
Birthdate 5/5/1				Group ID 00000001		Flint, MI 48503		
Age 45 ye				Patient ID 012587411		PCP	Name, ID WHITECOAT, I	DOCTOR, 012587411
Age 40 ye	ar5			Fatencie 01230/411				
EMPLATE								
ement Information								
*Admission Date	08/24/2016	(mm/dd/yyyy)			*Referring Provider Name,ID	HELPFUL CLINIC	012345678	Search
"Length of Stay	1	davs				555 Main St. Anytown, MI 48000		
	Emorraneu	~						
*Type of Care					*Servicing Provider Name, ID	HELPFUL CLINIC	. 012345678	Search
*Type of Care								
*Place Of Service	Inpatient I lospital		~		Address			
"Place Of Service "Primary Diagnosis Code	Inpatient I lospital A40.3	Search	Y		Address	HELPFUL CLINIC	012345678	Search
"Place Of Service "Primary Diagnosis Code	Inpatient I Iospital A40.3 Sepsis due to Streptococcus pre	Search				HELPFUL CLINIC	, 012345678	Search
"Place Of Service "Primary Diagnosis Code Description "Procedure Code Type	Inpatient I Iospital A40.3 Sepsis due to Streptococcus pne CPT	Search umoniae (ICD10,	Y		Address Servicing Facility Name,ID	(HELPFUL CLINIC	. 012345678	Search
*Place Of Service *Primary Diagnosis Code Description *Procedure Code Type *Primary Procedure Code	Inpatient I Iospital A40.3 Sepsis due to Streptococcus pne CPT	Search umoniae (ICD10, Search	Y		Address Servicing Facility Name,ID		. 012345678	Search

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:

Inpatient Authorizat	ion Details	My List				
Reference ID 025272788		6				
Reference ID 025272788 Ratus 2 - Pending Decision						
Actions						
1 Request is being reviewed by	otysician 1a					
- Patient Information						
	Patient TEST, M	ARYBETH		Plan	BCBSM	
	Birthdate 05/05/19	271		Group II	600872625	
	Age 52 years			Patient IL	123456789	
Decision Support						
InterQual® Criteria:						
	gnosis / Procedure	Subset		Product		Versi
No InterQual Guidelines to dis	play.					
Case Communication						
🖂 🕼 From	T	0	Subject			
					Page 1 of 0 25	•
Contact Information						
	Name					
Confinement Information-Pend	d					
	Admission Date:					Ref
	Length of Stay:	1 days				
	Patient Risk:					Ser
	Type Of Care:					
		Inpatient Hospital				
Prima	y Disgnosis Code:					51
		Chest pain, unspecified (ICD	10, R07.9)			
	reduce Code Type: ny Procedure Code					Adir
Prima		1ST HOSP IPIOES MODER				
	Lescoppen	TST HOSP IPIOES MODER	(1E 55 (CP1, 99222)			
Notes						
		Subjec		Supporting In	formation	
Date						
Date		Julie				

# 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. See Page 16 for more detail.

#### **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.



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**Bookmarks** 

**Templates** 

#### **Create New (communication)**

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

ase Co	nmuni	ation			
	0	From	То	Subject	Date 🧅
				I ≪ Page 1 of 0 ⇒ ► 25 ∨	
					CREATE NEW

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

Case Communication		Close Window	
To create new communication, enter the subje review the communication and respond within	ect, text and select the applicable pro a timely manner.	cedure to be reviewed. The health plan will	
То	From		
Utilization Management	WHITECOAT, DOCTOR		
Subject			
Attachments			
		Case Communication	Close Window
ATTACH FILE		To From Utilization Management WHITECOAT, DOCTOR Subject	
Message		Clinical documentation	
Type message here		Attachments Clinical documentation.pdf 33K	
Select items to be reviewed		Original Message	
		please see the attached	
<ul> <li>'Established patient office or other outp minutes' (CPT, 99213)</li> </ul>	atient visit, typically 15		
	CANCEL SEND	Procedure  Dates	Unit/Days
		✓ 'Initial hospital inpatient care, typically 50 minutes per day' (CPT, 99222) 5/3/2016-5/8/201	6 5
		i d d Page 1 of 1 >> > 10 V	View 1 - 1 of 1
		CANCEL	

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.

Date 🤤	Subject	То	From	U
2/18/2016 10:06:58 AM	approved	Receiver Name	Sender Name	
View 1 - 1	i≪ Page 1 of 1 → → 25 ∨			

# Submit an inpatient authorization, cont.

### Submitting an emergency or urgent admission (includes Blue Cross member submissions)

Use the following information when entering this type of submission:

Patient Information					
Patient TEST,	MARYBETH		Plan	BCN	
Birthdate 5/5/19	71		Group ID	00000001	
Age 45 yea	ars		Patient ID	012587411	
onfinement Information	04/03/2018	(mm/dd/www)			*Ref
*Admission Date		(mm/dd/yyyy)			*Ref
"Admission Date "Length of Stay	1	days			*Ref
"Admission Date "Length of Stay "Type of Care	1 Emergency	days			
"Admission Date "Length of Stay	1	days			
"Admission Date "Length of Stay "Type of Care "Place Of Service "Primary Diagnosis Code	1 Emergency S Inpatient Hospital A40.3	days			*Ser
"Admission Date "Length of Stay "Type of Care "Place Of Service "Primary Diagnosis Code Description	1 Emergency Inpatient Hospital A40.3 Sepsis due to Streptococcus pneu	days			*Ser
"Admission Date "Length of Stay "Type of Care "Place Of Service "Primary Diagnosis Code	1 Emergency S Inpatient Hospital A40.3	days			"Ref "Ser "Se

#### 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 vour 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.

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		Address	06012011 date Flint, MI 48503	
		PCP Name, ID	WHITECOAT,	DOCTOR, 01258741
Provider Name,ID	HELPFUL CLINIC	012	345678	Search
Address			The state of the	
Provider Name,ID Address	HELPFUL CLINIC	, 012	345678	Search
Facility Name,ID Address	HELPFUL CLINIC	. 012	345678	Search
Provider Name, ID Address	HELPFUL CLINIC	, 012	345678	Search

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> Submit a referral



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### Submitting an emergency or urgent admission – guestionnaires 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 guestionnaire 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.

Questionnaire	🗴 Close Window
IP Urgent Emergent Diagnosis	25% complete
Answering the question(s) below will provide additional information needed to process your request.	
Inpatient Urgent Emergent Autoapprove Dx - Page 1	
*Is this a readmission within 14 days?	
	1
CANCEL	

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



# Submit an inpatient authorization, cont.

### Submitting an emergency or urgent admission – guestionnaires and clinical documentation

IP Urgent Emerg	ent Diagnosis				
Answering the qu	estion(s) below	will provide addit	ional information	needed to pro	cess you
Final					

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.

(mm/dd/yyy) will be automatically corrected: tension = Admission Date + Le er extensions = To Date of the	ngth Of Stay previous extension	(mm/dd/yyyy)	*
Subject		Supporting I	Information
	Subject	Subject	Subject Supporting

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.





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#### Submitting requests with required InterQual<sup>®</sup> criteria

Depending on the procedure code chosen, you may see an Action message at the top of the screen asking you to complete InterQual Criteria guideline guestions. See the **Submit an Outpatient** Authorization section for step-by-step instructions.

# Submitting requests for peer-to-peer reviews (Michigan acute inpatient facilities only)

Follow these steps if you need to submit a request for a **peer-to-peer review**:

- 1. Begin by locating the case ID on your homepage dashboard or searching for the case. Refer to the **Searching for a referral or authorization** section for instructions. The case should show as "4 – Partially Approved" or "5 – Denied" in the Status column.
- 2. Click on the Reference ID of the case you'd like to review.
- 3. Look for an active Questionnaire Assessment link in the Actions section of the open case. Make sure to read any communications present in the Case Communication section before submitting a peer-to-peer review or appeal.

Blue Cross Blue Sheld Blue Sheld		Welcome <u>Example Tootez</u> ¥ [LOG OUT] Contact Customer Service Help
Home My List Patient Search Referrals/Authorizations		
Inpatient Authorization Details  My List		
inputent Automation Beams and an		Printer-Friendly 28
Reference ID 025312255 Status 5 - Denied		
Office of American		
Actions		
The Pear-to-Pear or Appeal Questionnaire is required <u>Questionnaire Assessment</u> .     This case is eligible for an additional review. Please respond to the questionnaire in order to route your inquiry correctly.     3 Please atlach any additional pertinent clinical information you would like to have included in the review.		
		EDIT
Patient Information Patient NAME PATIENT B	Plan BCBSM	Address 1234 ELM ST
Birthdate 12/31/1958	Group ID 123123123	HOMESS 1234 ELM 31 HOMETOWN, MI 48999-0000
Age 65 years	Patient ID 123456789	PCP Name, ID PROVIDER NAME, 987654321
		NEW REFERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT
Decision Support		
InterQual® Criteria:	Ref. x	
Taken By Diagnosis / Procedure Subset No InterQual Guidelines to display.	Product Version	Criteria Status Created Date Last Activity 👳
No intercual Guidelines to display.		
Case Communication		
🖂 🕖 From To Subject		Date 😅
BCBSM RN EXAMPLE HOSPITAL Denial of Inpatient Stay		11/8/2023 9:10:46 AM
	Page 1 of 1 → → 25 V	View 1 - 1 of 1
		CREATE NEW
Contact Information		
Name: BCBSM RN		Phone: 0
Confinement Information-Denied Admission Date: 11/01/2023	Defension De	ovider Name, ID: EXAMPLE HOSPITAL 1112223333
Length of Stay: 14 days	Ketering Pr	Ovider Name, IU: EXAMPLE HOSPIAL 112223333 Address: 12345 MAIN ST CITY, MI 4000

4. Click the Questionnaire Assessment link and answer each question. Click Next to advance the questionnaire.



# Submit an inpatient authorization, cont.

### Submitting requests for peer-to-peer reviews (Michigan acute inpatient facilities only), cont.

Questionnaire	🔀 Close Window
Peer-to-Peer or Appeal Answering the question(s) below will provide additional information	needed to process your request.
Only Answer the below questions if requesting a Peer-to-Peer	Review. Not Required for an Appeal.
Patient Status:	
A	
Names of physician requesting the peer-to-peer review	
Telephone number to call to conduct the peer-to-peer review	
Fax number of person submitting the request, to provide con	firmation of receipt
Alternate telephone number to call to conduct the peer-to-pe	er review with the physician
(	CANCEL
	r the peer-to-peer review call. riday, 9 a.m. to noon and 1 to 4 p.m.
Questionnaire	🗴 Close Window

Enter a Reviews (exclud

Questionnaire		Close Window
Peer-to-Peer or Appeal Answering the question(s) below will provide additional information needed to process your request.	<u> </u>	60% complete
List six dates and times you're available for the peer-to-peer review:		
0 Date and Time 1:		
A		
Date and Time 2:		
Date and Time 3:		
Date and Time 4:		
0 Date and Time 5:		
Date and Time 6:		
CANCEL		

When you have finished the questionnaire, click Submit. If you close out of the questionnaire without clicking Submit, the request will not be processed. Once you see the "Questionnaire Saved Successfully" message, your request has been submitted and will be reviewed. Please login to e-referral and check the Case Communication section for any new communications from Blue Cross and BCN. You will receive a response within one business day indicating the date and time the peer-to-peer review has been scheduled or a request to submit additional dates and times.

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### Submitting requests for appeals (Michigan acute inpatient facilities only)

There are two parts to an appeal request: completing the questionnaire and uploading clinical documentation. To submit an **appeal request**, follow these steps:

- 1. Begin by locating the case ID on your homepage dashboard or searching for the case. Refer to the **Searching for a referral or authorization** section for instructions. The case should show as "4 – Partially Approved" or "5 – Denied" in the Status column. (Bundled cases will display "3 – Fully Approved".)
- 2. Click on the Reference ID of the case you'd like to review.
- 3. Check the Case Communication section for the latest communication from Blue Cross and BCN. It will indicate that the case is eligible for an appeal.

	e-referral			Welcome Example Doctor ▼ [LOG OUT
Blue Care Network				Contact Customer Service Hel
fome My List Patient Search Referrals/Authorizati	ons			EXAMPLE HOSPITAL
npatient Authorization Details My List				
				Printer-Friendly
Reference ID 025312255 Itatus 5 - Denied				
Actions				
The Appeal 1 Questionnaire is required <u>Questionnaire Assessment</u> 2.This case is eligible for an additional review. Please respond to the ques	tionnaire in order to route your inquiry correctly.			
3. Please attach any additional pertinent clinical information you would like	to have included in the review. Case Communication		Close Window	
	Communication has been sent to you by	the health plan. To Respond, Select the reply button.		EDIT
- Patient Information	То	From		
	EXAMPLE HOSPITAL	BCBSM RN		
Patient NAME, PATIENT B	Subject			Address 1234 ELM ST HOMETOWN, MI 48999-0000
Birthdate 12/31/1958	Peer to peer determination			PCP Name, ID PROVIDER NAME, 987654321
Age 65 years	Original Message			
		between one of your physicians and our medical		NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT
	continued appeals process. Y	s been upheld. Please refer to the original denial l ou may submit an appeal request by completing th	letter for	
Decision Support	questionnaire.	a may submit an appear request by completing a	ic appear	
InterQual® Criteria:				
Taken By Diagnosis / Procedure Subset	Procedure *	Dates	Unit/Days	Criteria Status Created Date Last Activity -
No InterQual Guidelines to display.	1ST HOSP IP/OBS MODERATE 5		14	
		Page 1 of 1 10 -	View 1 - 1 of 1	
Case Communication			View 1 - 1 of 1	
Case Communication	Subject		View 1 - 1 of 1	Date -
	Peer to peer determination		View 1 - 1 of 1	Date 2 11/0/2023 9 37 00 AM
🖂 🖲 From To			View 1 - 1 of 1	
Image: Prom         To           Image: Decision of the second	Peer to peer determination		View 1 - 1 of 1	11/8/2023 9:37:00 AM
From         To           BCBSM RN         EXAMPLE HOSPITAL           BCBSM RN         EXAMPLE HOSPITAL	Peer to peer determination Peer to Peer Appointment		View 1 - 1 of 1	11/8/2023 9:37:00 AM 11/8/2023 9:32:18 AM 11/8/2023 9:10:46 AM
From         To           BCBSM RN         EXAMPLE HOSPITAL           BCBSM RN         EXAMPLE HOSPITAL	Peer to peer determination Peer to Peer Appointment	CANCEL REPLY	View 1 - 1 of 1	11/8/2023 9 37 00 AM 11/8/2023 9 32 18 AM 11/8/2023 9 30 46 AM
If From To     BCBSM RN EXAMPLE HOSPITAL     BCBSM RN EXAMPLE HOSPITAL     BCBSM RN EXAMPLE HOSPITAL	Peer to peer determination Peer to Peer Appointment	CANCEL REPLY	View 1 - 1 of 1	11/8/2023 9 37 00 AM 11/8/2023 9 32 16 AM 11/8/2023 9 10 46 AM Wew 1 - 3 of 3
BCBSM RN EXAMPLE HOSPITAL     BCBSM RN EXAMPLE HOSPITAL     BCBSM RN EXAMPLE HOSPITAL     Contact Information	Peer to peer determination Peer to Peer Appointment	CANCEL REPLY		11/8/2023 9 37 00 AM 11/8/2023 9 32 16 AM 11/8/2023 9 10 46 AM Wew 1 - 3 of 3
II From To     BOSSM RN EXAMPLE HOSPITAL     BOSSM RN EXAMPLE HOSPITAL     BOSSM RN EXAMPLE HOSPITAL	Peer to peer determination Peer to Peer Appointment	CANCEL REPLY	View 1 - 1 of 1	11/8/2023 9 37 00 AM 11/8/2023 9 32 16 AM 11/8/2023 9 10 46 AM Wew 1 - 3 of 3

4. Click the Questionnaire Assessment link and answer each question. Click Next to advance the questionnaire.

(F)	Blue Cross Blue Shield Blue Care Network		e-referral							Example Doctor V [LOG OUT]
<b>1</b> . V	of Michigan								с	ontact Customer Service Help
Home M	Ay List Patient Search	Referrals/Authorizations								EXAMPLE HOSPITAL 🔻
Inpatient	Authorization Deta	ills 🖾 My List								Printer-Friendly
Reference ID 0 Status 5 - Denie	25312255 d									
Action	15									
1.The Appen 2.This case	al 1 Questionnaire is required Que	Please respond to the questionn	aire in order to route your inquiry correctly. ve included in the review.							
_										EDIT
Patient Inf	formation									
	Patient NAM	IE, PATIENT B			Plan BCBSM			Address 1234 ELM ST		
	Birthdate 12/31	1/1958			Group ID 123123123			PCP Name, ID PROVIDER N	, MI 48999-0000	
	Age 65 ye	ars			Patient ID 123456789			PCP Name, ID PROVIDER N	VAME, 987054321	
							NEW REFERRAL	NEW GLOBAL REFERRAL	NEW INPATIENT	NEW OUTPATIENT
Decision Sup	port									
InterQual® C										
Taken By	Diagnosis / Proc	cedure Subset		Product		Version		Criteria Status	Created Date Last A	ctivity 😄
No InterQua	I Guidelines to display.									
Case Commu	nication									
	From	То	Subject							Date 🜩
	BCBSM RN	EXAMPLE HOSPITAL	Peer to peer determination							11/8/2023 9:37:00 AM
	BCBSM RN	EXAMPLE HOSPITAL	Peer to Peer Appointment							11/8/2023 9:32:18 AM
	BCBSM RN	EXAMPLE HOSPITAL	Denial of Inpatient Stay							11/8/2023 9:10:46 AM
					Page 1 of 1	25 ¥				View 1 - 3 of 3

# Submit an inpatient authorization, cont.

## Submitting requests for appeals (Michigan acute inpatient facilities only), cont.

Questionnaire	Close Window
Appeal 1	50% complete
Answering the question(s) below will provide additional information needed to process your re	equest.
Appeal 1 Page 1	
Requestor Name:	
Example Doctor	
Requestor Phone Number:	
A 313-555-1234	
CANCEL	
Questionnaire	🗴 Close Windo
Appeal 1	75% complet
Answering the question(s) below will provide additional information needed to process your	
Appeal 2 Score	
Occumentation Guidelines for Submitting an Appeal 2. Include the following contact and email. 2. Appeal letter must contain member name, date of birth, contract numb include observation). 3. Identify the reason for denial referenced in the denial letter. contained in the initial request. 5. Include physician's and consult's rationale that sug InterQual criteria. 6. Include CPT codes for surgical admission. 7. Include physician third-party vendor is submitting the appeal on behalf of the facility, ensure the vendo appeal request. Additional information can be found in the Provider Manuals found here.	er and date of service appealing (date of service should not 4. Submit documentation to support InterQual Criteria not pports medical necessity for the admission which is outside of discharge summary if the member has been discharged. 8. If a or submits the Appointment of Representation (AOR) with the
CANCEL	ĸŢ
ake sure to check the I Acknowledge box or	n this screen, then click Next.
Questionnaire	Close Window
Appeal 1	100% complete
Answering the question(s) below will provide additional information needed to process your re	
Final	

Answering the question(s) below will provide addi		
	tional information needed to pro	ocess your re
Final		
r mai		

When you have finished the questionnaire, click Submit. If you close out of the questionnaire without clicking Submit, the request will not be processed.

Next, you need to upload the required clinical documentation. See the **<u>Create</u> New (communication)** section for instructions. Make sure to select the procedure that should be reviewed by checking the box. Then click Send. You will receive a response within one business day confirming that we have received your submission.

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# Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

> Referrals Authorizations

**Searching for** a referral or authorization

Submit a global referral

> Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

**Templates** 

# 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 Advantage<sup>SM</sup>, please refer to the **BCN Referral** and Authorization Requirements (PDF) in the BCN section at ereferrals.bcbsm.com on the **Prior Authorization & Plan Notification** page for a list of services that require authorization. You can also refer to the Utilization 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)** document in the Blue Cross section at ereferrals.bcbsm.com, on the Prior Authorization 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 Advantage<sup>sM</sup> 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 guestionnaire 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 Advantage<sup>SM</sup> 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** section.

# 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.



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SEARCH

advanced search

Submit an outpatient authorization

**Bookmarks** 

**Templates** 



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

	Plan E Group ID 0				Address	06012011 date	
	Group ID (				71441633	U0012011 date	
		0000001				Flint, MI 48503	
	Patient ID 0	12345678		PCP Name, ID		SCRUBS, DOCTOR, 012587411	
(mm/c	d/yyyy)	*Ret		HELPFUL CLINIC	01234567	8 Search	
(mm/c	d/yyyy)		Address				
•		* Ser	vicing Provider Name.ID			Search	
			Address				
Search							
		Se				Search	
•			Address				
Search							
	Search	Search	s (mm/dd/yyy) second second s	Address     im (mwkddyyyy)     Servicing Provider Name, JD     Address     Address     Address     Search     Search     Servicing Facility Name, JD     Address     Address	Address      Address      Address      Servicing Provider Name,ID      Address      Search      Search      Address      Address      Address	Address      Address	

**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<sup>SM</sup> members, please call the BCN Utilization 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 **Prior Authorization** section. Click Blue Cross, then click Prior Authorization.
- For Blue Cross commercial members, please contact Blue Cross Provider Inquiry. Find the appropriate phone number in the **Provider resource guide at a glance** document. You'll find it at the bottom of **ereferrals.bcbsm.com** under Frequently Accessed Documents.

#### 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 Utilization 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).

# Submit an outpatient authorization, cont.

#### • Place of Service Ambulance - Air or Water Ambulance - Land Ambulatory Surgical Center Custodial Care Facility **Emergency Room**

End-Stage Renal Disease Treatment Facility Home

Nursing Facility 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.

Search	Bookmarks	
Enter a fu	Ill or partial diagnos	sis code or description below and click 'Search'.
Include of	III or partial diagnos decimal if applicat Description	

O 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.

	a company and
earch Bo	okmarks
Enter a full or p	artial diagnosis code or description below and click 'Search'.
nclude decima	al if applicable (e.g. 250.01)
Code or Descr	iption
asthma	SEARCH
Code *	Description
493.92	Asthma, Unspecified, With (Acute) Exacerbation (ICD9, 493.92)
J45	Asthma (ICD10, J45)
J45.2	Mild intermittent asthma (ICD10, J45.2)
J45.20	Mild intermittent asthma, uncomplicated (ICD10, J45.20)
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)
J45.22	Mild intermittent asthma with status asthmaticus (ICD10, J45.22)
J45.3	Mild persistent asthma (ICD10, J45.3)
J45.30	Mild persistent asthma, uncomplicated (ICD10, J45.30)
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Independent Laboratory Off Campus Outpatient Hospital

On Campus Outpatient Hospital Other Unlisted Facility (do not use) Telehealth (do not use) Urgent Care Facility

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Navigating the Dashboard

> Referrals Authorizations

**Searching for** a referral or authorization

Close Window

🔀 Close Window

Action

Bookmark

Bookmark

Bookmark Bookmark Bookmark

Bookmark

Bookmark Bookmark

View 1 - 25 of 45

 $\triangleleft$ 

Submit a global referral

> Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

**Templates** 

**Behavioral** Health

07/08/2025

Inactive

Yes

Yes

Yes

Yes

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

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

Search	Bookmarks							
Select a Dia Filter by Ca	gnosis code from the bookmarks b	elow Filter by Usage Type						
All	×	Diagnosis	~	SEARCH				
Code 🔷	Description		Category		Owner	Usage Type	Action	
036.40	Meningococcal Carditis		05012014		Payer	Diagnosis	Delete	
036.41	Meningococcal Pericarditis		05012014		Payer	Diagnosis	Delete	
038.9	Unspecified Septicemia		BCN05152014		Payer	Diagnosis	Delete	
162.9	Malignant Neoplasm Of Bronch	us And Lung, Unspecified	BCN05152014		Payer	Diagnosis	Delete	
174.9	Malignant Neoplasm Of Breast	Female), Unspecified	BCN05152014		Payer	Diagnosis	Delete	
200.00	Reticulosarcoma, Unspecified S Sites (ICD9, 200.00)	ite, Extranodal And Solid Organ	Test		Payer	Diagnosis	Delete	
211.3	Benign Neoplasm Of Colon		BCN05152014		Payer	Diagnosis	Delete	
218.9	Leiomyoma Of Uterus, Unspecit	īed	BCN05152014		Payer	Diagnosis	Delete	

### • 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.

Procedure Code Search			🗴 Close Window
Search Bookmarks			
	re code or description below and	ick 'Search'.	
Include decimal if applicable Procedure Code Type	e (e.g. 250.01) Code or Description		
CPT 💌		SEARCH	

### Submit an outpatient authorization, cont.

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

earch Bo	okmarks		
Enter a full or pa	artial procedure code or description below and click 'Search'.		
nclude decima	al if applicable (e.g. 250.01)		
Procedure Coc			
CPT	Knee × SEARCH		
Code *	Description	Inactive	Action
0012T	Arthroscopy, knee, surgical, osteochondral graft implantation, autograft (CP	T, 0012T) Yes	Bookmark
0013T	Arthroscopy, knee, surgical, osteochondral graft implantation, allograft (CPT	, 0013T) Yes	Bookmark
0014T	Meniscal transplantation, medial or lateral, knee (any method) (CPT, 0014T	) Yes	Bookmark
01300	Anes Integumentary Knee Popliteal Area (CPT, 01300)	Yes	Bookmark
01320	'Anesthesia for procedure on nerves, muscles, tendons, fascia, and/or bursa	ae of knee' (CPT, 01320)	Bookmark
01380	Anesthesia for closed procedure on knee joint (CPT, 01380)		Bookmark
01382	Anesthesia for diagnostic examination of knee joint using an endoscope (CF	PT, 01382)	Bookmark
01390	Anesthesia for closed procedure at kneecap and/or upper foreleg bones (CF	PT, 01390)	Bookmark
	Page 1 of 4 🕨 🕨	25.54	View 1 - 25 of 10

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

earch	Bookmarks							
	rocedure code from the bookmarks	below						
ilter by C	Category	Filter by Usage Type						
All	v	All	▼ (	SEARCH				
Code *	Description		Category		Owner	Usage Type	Action	
21501	Incision and drainage of abscest tissues of neck or chest (CPT, 2	ss or blood accumulation in soft 21501)	Test		Payer	CPT	Delete	,
22533	Fusion of lower spine bones wir approach (CPT, 22533)	th removal of disc, lateral	Uncategorized		Provider	CPT	Delete	1
23605	Closed treatment of broken upp (CPT, 23605)	per arm bone with manipulation	Uncategorized		Provider	CPT	Delete	1
29877	Removal or shaving of knee joi (CPT, 29877)	nt cartilage using an endoscope	BCN05192014		Provider	CPT	Delete	
43775	Laparoscopy, surgical, gastric r gastrectomy (ie, sleeve gastrec	restrictive procedure; longitudinal tomy)	Uncategorized		Provider	CPT	Delete	
47562	Removal of gall bladder using a	an endoscope	BCN05152014		Payer	CPT	Delete	Ξ,
49310	Laparoscopy, Surg.;cholecyste	ctomy (CPT, 49310)	Uncategorized		Provider	CPT	Delete	-
		Page 1	of 6 🕨 🕨	25 🗸		View	1 - 25 of 1	26

#### • Units

Enter the number of requested units here. Please enter one for physical, occupational or speech therapy. Enter 30 or less for chiropractic authorizations.

# 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.

Patient Information								
Patient TEST, MAR	YBETH			Plan BCN			Address 00012	
Birthdate 5/5/1971			9	100000001 Cliquer				#1 46503
Ape 64 years			Pa	tient ID 012345678			PCP Name, ID SCRU	BS, DOCTOR, 012587411
USE TEMPLATE								
Service 1								
* Service From			(mmbbb/yyyy)		*Referring Provider Name,ID Address	HELPFUL CLINIC	012345678	Seatsb
"Service To			(mm4959yyyy)		Abbress			
"Type of Care					*Servicing Provider Name.ID			Dearch
*Place Of Service					Address			ADM LO
*Diagnosis Code		20	a:10					
Description					Servicing Facility Name,ID			Seatth
*Procedure Code Type	CPT				Address			
*Procedure Code		26	ant					
Description "Unite								
SAVE AS.							ADD SERVICE	ADD SERVICE COPY PROMID

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#### Checking member eligibility & benefits

Accessing e-referral



Referrals 2. **Authorizations** 

**Searching for** a referral or authorization

Submit a global referral

> Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

 $\triangleleft$ 

**Bookmarks** 

**Templates**
• 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 <u>where</u> the member is going to see the provider. In this example, the provider has the same NPI but different address locations.

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

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

Network	Name 🔺	NPI	Address	Group Affiliation	Туре	Specialty	Action
Ø Out	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152		Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	26222 TELEGRAPH RD, STE 100, SOUTHFIELD, MI, USA, 48033	RAJ AND ASSO MD PC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	20905 GREENFIELD RD, STE 105, SOUTHFIELD, MI, USA, 48075	NORTHLAND RADIOLOGY INC	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	17187 SCHAEFER HWY, DETROIT, MI, USA, 48235	MILLER REHABILITATION PHYSICIANS PC	Practitioner	Physical Medicine & Rehab	Bookmark
Pref	WHITECOAT, DOCTOR	0123456789	25932 DEQUINDRE RD, STE C, WARREN, MI, USA, 48091	MICHIGAN HEALTHCARE CENTER PLLC	Practitioner	Physical Medicine & Rehab	Bookmark
Ø Out	WHITECOAT, DOCTOR	0123456789	17563 GREENFIELD RD, STE B, DETROIT, MI, USA, 48235	URBAN FAMILY MEDICAL SERVICES	Practitioner	Physical Medicine & Rehab	Bookmark
O In	WHITECOAT, DOCTOR	0123456789	34020 7 MILE RD, STE 101, LIVONIA, MI, USA, 48152	ENHANCE CENTER FOR INTERVENTIONAL	Practitioner	Physical Medicine & Rehab	Bookmark
			1000 C CA CINIANI OT OTE 4045 ELINT AN			Physical	

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. Network status definitions can be found in the <u>e-referral Quick Guide</u>.

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

## 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.

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.

*Referring Provider Name,ID Address	ADVENT REHABILITATION
* Servicing Provider Name,ID	ABDOLKARIM, ADIB O.
Address	33000 PALMER RD WESTLAND, MI 48186
Servicing Facility Name,ID	ADVENT REHABILITATION
Address	150 JEFFERSON AVE SE, STE 10 GRAND RAPIDS, MI 49503

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.

Er Primary Care Physician Name	mail	EISNER, ARLYNNE M	1 100
Trindry care r hysician hann	5, IU	LIGHER, ARETHIE	n, 100
*Referring Provider Name,ID	EISN	NER, ARLYNNE M	
Address			
* Servicing Provider Name,ID	THE	RAMAX REHAB INC	٦,٢
Address		GRAND HAVEN DR , MI 48083	
Servicing Facility Name,ID			
Address			

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.

## Checking member eligibility & benefits





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Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

**Templates** 

Your submitted authorization will look like this:

Status 2 - Pending Decision				
Actions				
a 1.*The Home Sleep Study Qu 2.Please attach any clinical in	estionnaire is required <u>Questionnaire Assessment</u> , formation from the patient's medical record that you	would like BCN to consider for this request in the C	ase Communication field.	
				4
- Patient Information				
Patient TES	T, MARYBETH	Plan BCN	Address 20500 CIVI	C CENTER DRIVE
Birthdate 05/0		Group ID	APT 123	LD, MI 48076
Age 48 ye	ears	Patient ID 123456789	PCP Name, ID WHITECO	
		5 NEW REFERRAL NEW GL	OBAL REFERRAL NEW INPATIEN	
			i na San	
Case Communication				
🖂 🕕 From	То	Subject		Date 🤤
		🖽 🖽 Page 1 of 0 🐏 ы 25 🗸		
				6 CREATE NE
Service 1-Pended				
Service From	2/4/2020	Referring Provide	r Name, ID: WHITECOAT, DOCTOR 012345678	
Service To	2/28/2020		Address: 1255 MAIN ST, STE 104 ANYTOWN, NI 48006	
	Direct			
Type Of Care:				
	Off Campus Outpatient Hospital	Servicing Provide	r Name, ID: SCRUBS, DOCTOR 012345678	
	Off Campus Outpatient Hospital	Servicing Provide	Address: 1255 MAIN ST, STE 104 ANYTOWN, MI 48006	
Place Of Service Diagnosis Code	Off Campus Outpatient Hospital	Servicing Provide	Address: 1255 MAIN ST, STE 104	
Place Of Service Diagnosis Code	Off Campus Outpatient Hospital G47.33 Obstructive sleep apnea (adult) (pediatric) (IC	Servicing Provide Servicing Facili	Address: 1255 MAIN ST, STE 104 ANYTOWA, MI 48006	
Place Of Service Diagnosis Code Description	Off Campus Outpatient Hospital G47 33 Obstructive sleep apnea (adult) (pediatric) (IC CP1	5.469.65 <b>6</b> - 9.659.463	Address: 1255 MAIN ST, STE 104 ANYTOWN, MI 48006	
Place Of Service Diagnosis Code Description Procedure Code Type: Procedure Code	Off Campus Outpatient Hospital G47 33 Obstructive sleep apnea (adult) (pediatric) (IC CPT 95800	5 APR 25 - 40 E APR 2	Address: 1255 MAIN ST, STE 104 ANYTOWA, MI 48006	
Place Of Service Diagnosis Code Description Procedure Code Type: Procedure Code	Off Campus Outpatient Hospital G47:33 Obstructive sleep apnea (adult) (pediatric) (IC CPT 56606 Unattended sleep study with recording of heart	5 APR 25 - 40 E APR 2	Address: 1255 MAIN ST, STE 104 ANYTOWA, MI 48006	
Place Of Service Diagnosis Code Description Procedure Code Type: Procedure Code Description	Off Campus Outpatient Hospital G47:33 Obstructive sleep apnea (adult) (pediatric) (IC CPT 56606 Unattended sleep study with recording of heart	5 APR 25 - 40 E APR 2	Address: 1255 MAIN ST, STE 104 ANYTOWA, MI 48006	

## 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. See Page 16 for more detail.

## 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.

## Submit an outpatient 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.

Case	Commu	inication				
	0	From	То	Subject		
					🖙 < Page 1 of 0 🕨 🕨	25

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: .doc, .docx, .gif, .jpg, .pdf, .png, .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.

Case Communication	🙁 Cic
To create new communication, enter the subject, t review the communication and respond within a tir	ext and select the applicable procedure to be reviewed. The health mely manner.
То	From
Utilization Management	WHITECOAT, DOCTOR
Subject	
Attachments	Case Communication
	Case Communication
	То
	Utilization Management
ATTACH FILE	Subject
	Clinical documentation
Message	Attachments
Type message here	Clinical documentation.pdf 33K
	Original Message
Select items to be reviewed	please see the attached
Procedure *	
'Established patient office or other outpatien minutes' (CPT, 99213)	nt visit, typically 15
14 <4	Page 1 of 1 🔛
	Procedure *
	CANCEL SEI / Initial hospital inpatient care, typ

	From	То	Subject
3	Sender Name	Receiver Name	approved
			Page 1 of 1

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.

## Checking member eligibility & benefits



07/08/2025

## 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.

Home	My List	Patient Search	Referrals/Authorizations				HELPFUL CLINIC -
Outpa	tient Aut	horization De	tails				
							Printer-Friendly
Reference ID Status 2 - I	004165798 Pending Decisio	n					
							EDIT
- Patie	ent Information	i i i i i i i i i i i i i i i i i i i					
		Patient testing deid,	wifey	Plan BCN	Address	1255 MAIN ST, STE 104	
	Bi	thdate 3/1/1955		Group ID 00000001		ANYTOWN, MI 48006	
		Age 63 years		Patient ID 012345678	PCP Name, ID	WHITECOAT, DOCTOR, 0123456	789
					NEW REFERRAL NEW GLOBAL REFERRAL		NEW OUTPATIENT
		Blu	ue Cross		a sector sector		
	Q		ue Cross ue Shield ue Care Network Aichigan		e-referral		
			wengen				



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

FIC	om Date	To Date	Days	Status	
*	(mm/dd/yyyy)	*	(mm/dd/yyyy) *	Remove	
	rom Date will be automatically corrected: • For 1 <sup>st</sup> extension = Admission Date + L • For all other extensions = To Date of the	ength Of Stay		CREATE NEW	
					ADD SERVICE
	Subject		Supporting Information		
					CREATE NEW

## Submit an outpatient authorization, cont.

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.

Home	My List	Patient Search	Referrals/Authorizations
Outpa	tient Aut	horization De	tails 🗆 My List
Reference ID Status 2 - F	011096854 Pending Decisio	'n	
1 A	ctions		

Answer each question until you have completed the questionnaire.

	Close Window
p Studies – Outpatient Facility or Clinic-Based Setting	30% complete
vering the question(s) below will provide additional information needed to process your request.	
patient-Provider Office Sleep Study - Pg 1	
If the clean study is being performed for the COLE surgeous of DIACNOCING and of the following conditions, please about the	a condition that applies
If the sleep study is being performed for the SOLE purpose of DIAGNOSING one of the following conditions, please check the If this doesn't apply, you MUST pick NOT APPLICABLE	e condition that applies.
✓	
Is the sleep study being performed SOLELY to meet a legal requirement (for example, as part of an application for or mainter	and the second
Is the sleep study being performed SOLELY to meet a legal requirement (for example, as part of an application for or mainter vehicle licensure)? If this doesn't apply as the SOLE purpose of this test, you MUST select NO.	lance of all of ground
Is this an ADULT with a previous home sleep study diagnostic for OSA? A home sleep study should be considered for patien	ts with symptoms of
OSA without comorbid conditions. If this is a pediatric patient, you MUST select Not Applicable.	
▼	
Please select any of the following conditions this patient has that might alter breathing or require alternative treatment during the patient doesn't have any of the following conditions you MUST pick NOT APPLICABLE.	a home sleep study. If
×	
Is excessive daytime sleepiness present noted by Epworth Sleepiness Scale greater than 10 OR sleepiness interfering with d explained by other conditions? Does the patient snore habitually or have gasping or choking episodes that wake them up? V	
Does the patient have unexplained high blood pressure?	
Does the patient have a body mass index greater than 35?	
CANCEL	

	HELPFUL CLINIC 👻
	Printer-Friendly
in the Case Communication field.	
	EDIT

07/08/2025

# Checking member eligibility & benefits

Accessing e-referral

## Navigating the Dashboard

Referrals **Authorizations** 

**Searching for** a referral or authorization

Submit a global referral

> Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

**Templates** 

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

Questionnaire	Close Window
Sleep Studies – Outpatient Facility or Clinic-Based Setting	60% complete
Answering the question(s) below will provide additional information needed to process your request.	
Outpatient-Provider Office Sleep Study - Pg 2	
0 Does the patient have soft tissue abnormalities of the upper airway, head, skull or face?	
Has anyone observed apnea (pauses in breathing) during sleep?	
O Does the patient have SUSPECTED sleep apnea AND one of the following conditions? Please select any of the following condition patient.	ons that apply to this
Is a REPEAT sleep study being done to titrate or re-evaluate CPAP?**	
0 Is a REPEAT sleep study being done following surgery to determine if the surgery was effective?**	
CANCEL NEXT	

Questionnaire	lose Window
Sleep Studies - Outpatient Facility or Clinic-Based Setting       90         Answering the question(s) below will provide additional information needed to process your request.       90	)% complete
Outpatient-Provider Office Sleep Study - Pg 3	
<ul> <li>Is a REPEAT sleep study being done to assess the efficacy of a dental appliance on sleep? **</li> <li>Image: State of the state of</li></ul>	
<ul> <li>Is a REPEAT sleep study being done due to equipment failure with less than six hours of recording available as a result? **</li> <li>Image: A state of the st</li></ul>	
<ul> <li>Is a REPEAT sleep study being done due to less than two hours of recorded sleep? **</li> <li>Image: State of the state</li></ul>	
<ul> <li>Is a REPEAT sleep study being done for a patient who already has a CPAP but isn't having an adequate response or whose symptoms have returned? **</li> <li>T</li> </ul>	
<ul> <li>Is a REPEAT sleep study being done due to the patient having a weight loss or gain of 10 percent with a change in symptoms? **</li> <li>Image: A manual structure of the patient having a weight loss or gain of 10 percent with a change in symptoms? **</li> </ul>	
CANCEL NEXT	

## Submit an outpatient 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.

Questionnaire	🔀 Close Window
Sleep Studies – Outpatient Facility or Clinic-Based Setting	100% complete
Answering the question(s) below will provide additional information needed to process your request.	
Final	
CANCEL	

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.

Questionnaire Saved Succes	sfully
Outpatient Auth	orizati
Reference ID 011096854 Status 2 - Pending Decision	

Checking member eligibility & benefits



Accessing e-referral

Navigating the Dashboard

> Referrals 2. **Authorizations**

**Searching for** a referral or authorization

Submit a global referral

> Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

**Templates** 



## Submitting a solid organ or bone marrow transplant authorization (for Blue Cross commercial and BCN commercial members)

Use the following information when entering this type of submission:

Submit Outpatient Authorization					
submit Outpatient Autorization					
Patient Information					
Patient TEST, MARYBE	TH	Plan BCN		Address	12345 HEALTHY WAY
Birthdate 5/5/1971		Group ID 00000001			ANYTOWN, MI 00001-0000
Age 44 years		Patient ID 012345678		PCP Name, ID	
Contact Information					
^ Name	Your Name Here	190	one		
USE TEMPLATE					
USE TEMPLATE					
Service 1					
* Service From	A Read of the second	* Referring Provider Nam	Iness 1255 MAIN ST, STE 208	156789101	Search
* Service To	05/03/2024 (mm/dd/)yyy/	Add	ANYTOWN, MI 48006		
*Type of Care	Elective V	Servicing Provider Nam		\$56789101	Search
* Place Of Service	Other Unlisted Facility	Servicing Provider Nam	A,ID DR WHITEGOAT , 4	.56789101	Search
			ress 1255 MAIN ST, STF 209		
Diagnosis Code		Ade	ANYTOWN, MI 48006		
			ANYTOWN, MI 48006	56789101	Search
	R07.89 Search Other chest pain (ICD10, R07.89)	Servicing Facility Nam	ANYTOWN, MI 48006 ne.ID ANY HOSPITAL	156789101	Search
Description	R07.89 Search Other chest pain (ICD 10, R07.89) CPT •	Servicing Facility Nam	ANYTOWN, MI 48006	156789101	Search
Description *Procedure Code Type *Procedure Code	R07.89         Search           Other chest pain (ICD 10, R07.89)         CPT	Servicing Facility Nam	ANYTOWN, MI 48006 ne.ID ANY HOSPITAL	156789101	Search

## 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 the appropriate procedure code for solid organ or bone marrow transplants. New for Jan. 1, 2024 for commercial fully insured members: For kidney-only transplants, enter procedure codes \*\*50360, \*\*50365 and \*\*50380.

## 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

Enter a Blue Distinction<sup>®</sup> Center for Transplants. 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. For more information about Blue Distinction Centers, see the **Blue Distinction Centers webpage**.

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

screen.

Questi	
_	onnaire
Speci	fied Organ Transplant - Prior Authorization
Answ	ering the question(s) below will provide additional information needed to process your reque
Spec	ified Organ Transplant - Prior Authorization - Pg 1
0	Is the patient already admitted as inpatient for the requested transplant?
(A)	
0	Is the request urgent? Urgent is defined as eminent transplantation within 72 hours.
(	
0	Have the patient's eligibility and transplant benefit been verified by the Human Organ Tran
0	<b>v</b>
0	Has the patient had a social work evaluation within the last 12 months?
0	
0	Do test reports document the disease pertinent to the transplant type?
6	
0	
4	<b>~</b>
-	Has the patient had a HIV result within the last 12 months?
(A)	<b>v</b>
0	Has the patient had a dental clearance within the last 12 months?
(A)	
0	Has the patient had an appropriate cancer screening results depending on age and gende
A	
0	Has the patient had toxicology screens performed within the last 6 months? Examples inclusted
0	ETOH screening for liver transplant.
_	
	CANCEL
_	
uestio	nnaire
C	
	ed Organ Transplant - Prior Authorization
Answen	ing the question(s) below will provide additional information needed to process your requi
nswen	
nswen Specifi	ing the question(s) below will provide additional information needed to process your requi
Answen Specifi	ing the question(s) below will provide additional information needed to process your requied Organ Transplant - Prior Authorization - Pg 2
nswen pecifi Q H	ing the question(s) below will provide additional information needed to process your required Organ Transplant - Prior Authorization - Pg 2 Has the member had a psychology report within the last 12 months?
inswen Specifi Q H Q H	Ing the question(s) below will provide additional information needed to process your required Organ Transplant - Prior Authorization - Pg 2 Has the member had a psychology report within the last 12 months?
nswen pecifi () () () () () () () () () ()	ed Organ Transplant - Prior Authorization - Pg 2 Has the member had a psychology report within the last 12 months? Has the member had a recent renal testing withing the last 12 months?
Specifi () () () () () () () () () ()	ed Organ Transplant - Prior Authorization - Pg 2 Has the member had a psychology report within the last 12 months? Has the member had a recent renal testing withing the last 12 months?
Specifi Q H A [ Q H A [ Q H A [ A [	Ing the question(s) below will provide additional information needed to process your required Organ Transplant - Prior Authorization - Pg 2 Has the member had a psychology report within the last 12 months?  Has the member had a recent renal testing withing the last 12 months?  Has the member had a pulmonary report when indicated by medical history or abnormal for the second sec
nswen           ipecifi           (a)           (a)           (a)           (a)           (a)           (b)           (c)	Ing the question(s) below will provide additional information needed to process your required Organ Transplant - Prior Authorization - Pg 2 Has the member had a psychology report within the last 12 months? Has the member had a recent renal testing withing the last 12 months? Has the member had a pulmonary report when indicated by medical history or abnormal for Has the member had a cardiology report within the last 12 months? Has the member had a cardiology report within the last 12 months?
specifi	Ing the question(s) below will provide additional information needed to process your required Organ Transplant - Prior Authorization - Pg 2 Has the member had a psychology report within the last 12 months?    Has the member had a recent renal testing withing the last 12 months?   Has the member had a pulmonary report when indicated by medical history or abnormal for the set of the s
Specifi Q F A ( Q F) A (	Ing the question(s) below will provide additional information needed to process your required Organ Transplant - Prior Authorization - Pg 2 Has the member had a psychology report within the last 12 months? Has the member had a recent renal testing withing the last 12 months? Has the member had a pulmonary report when indicated by medical history or abnormal for Has the member had a cardiology report within the last 12 months? Has the member had a cardiology report within the last 12 months? Has the member had a cardiology report within the last 12 months? Has the member had a cardiology report within the last 12 months? Has the member had a cardiology report within the last 12 months?
Answen Specifi A ( C + A ( C + A ( C + A ( C + A ( C + A ( C + C + C + C + C + C + C + C + C + C +	Ing the question(s) below will provide additional information needed to process your required Organ Transplant - Prior Authorization - Pg 2 Has the member had a psychology report within the last 12 months?    Has the member had a recent renal testing withing the last 12 months?   Has the member had a pulmonary report when indicated by medical history or abnormal for the set of the s
Answern Specifi () () () () () () () () () () () () ()	Ing the question(s) below will provide additional information needed to process your required Organ Transplant - Prior Authorization - Pg 2 that the member had a psychology report within the last 12 months? that the member had a recent renal testing withing the last 12 months? that the member had a pulmonary report when indicated by medical history or abnormal F that the member had a cardiology report within the last 12 months? that the member had a cardiology report within the last 12 months? that the member had a cardiology report within the last 12 months? that the member participated in substance abuse activities or programs pertinent to the pro-
Answern Specifi () () () () () () () () () () () () ()	Ing the question(s) below will provide additional information needed to process your required Organ Transplant - Prior Authorization - Pg 2 that the member had a psychology report within the last 12 months? that the member had a recent renal testing withing the last 12 months? that the member had a pulmonary report when indicated by medical history or abnormal F that the member had a cardiology report within the last 12 months? that the member had a cardiology report within the last 12 months? that the member had a cardiology report within the last 12 months? that the member participated in substance abuse activities or programs pertinent to the pro-
Answen  Specifi	Ing the question(s) below will provide additional information needed to process your required Organ Transplant - Prior Authorization - Pg 2 Has the member had a psychology report within the last 12 months?   Has the member had a recent renal testing withing the last 12 months?  Has the member had a pulmonary report when indicated by medical history or abnormal F  Has the member had a cardiology report within the last 12 months?  Has the member had a cardiology report within the last 12 months?   Has the member had a cardiology report within the last 12 months?   Authorization a cardiology report within the last 12 months?   Authorization a cardiology report within the last 12 months?   Authorization a cardiology report within the last 12 months?   Authorization a cardiology report within the last 12 months?   Authorization a cardiology report within the last 12 months?    Authorization a cardiology report within the last 12 months?    Authorization a cardiology report within the last 12 months?    Authorization a cardiology report within the last 12 months?     Authorization a cardiology report within the last 12 months?     Authorization a cardiology report within the last 12 months?
Answern Specifi () () () () () () () () () () () () ()	Ing the question(s) below will provide additional information needed to process your required Organ Transplant - Prior Authorization - Pg 2 Has the member had a psychology report within the last 12 months?   Has the member had a recent renal testing withing the last 12 months?  Has the member had a pulmonary report when indicated by medical history or abnormal F  Has the member had a cardiology report within the last 12 months?  Has the member had a cardiology report within the last 12 months?   Has the member had a cardiology report within the last 12 months?   Authorization a cardiology report within the last 12 months?   Authorization a cardiology report within the last 12 months?   Authorization a cardiology report within the last 12 months?   Authorization a cardiology report within the last 12 months?   Authorization a cardiology report within the last 12 months?    Authorization a cardiology report within the last 12 months?    Authorization a cardiology report within the last 12 months?    Authorization a cardiology report within the last 12 months?     Authorization a cardiology report within the last 12 months?     Authorization a cardiology report within the last 12 months?

	Close Window
	25% complete
iest.	25% complete
nsplant Program?	
er?	
clude Cotinine screening for lung and live	r transplants or
)	
	Close Window
	0
	50% complete
uest.	
Pulmonary function tests (PFT's)?	
I Pulmonary function tests (PFT's)? patient if indicated? nsplant or CMS accredited?	
patient if indicated?	

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> Accessing e-referral

Navigating the Dashboard

> Referrals Authorizations

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Submit a global referral

> Submit a referral

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Submit an outpatient authorization

**Bookmarks** 

**Templates** 

## 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.

Bone Marrow Transplant - Prior Authorization	40.0%
	100% complete
Answering the question(s) below will provide additional information needed to process your request.	
Bone Marrow Transplant - Prior Authorization - Final	
Bone warrow mansplant - r nor Addionzation - r indi	

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.

(i) Questionnaire Saved Succes	ssfully
Outpatient Auth	norization Details My List
Reference ID 011096854 Status 2 - Pending Decision	

## Submit an outpatient authorization, cont.

## 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).

Dutpatient Authorization Details						
Reference ID 010074827 Itatus 3 - Fully Approved						
concernent i men forgeneration						ED
Patient Information						
Patient TEST, MARYBETH			n BCBSM		Address 1234	5 HEALTHY WAY FOWN, MI 00001-0000
Birthdate 06/22/1943			00000001		PCP Name, ID	COVIN, MI 00001-0000
Age 79 years		Patient II	D 012345678		PCP Name, ID	
Case Communication						
🖂 🕅 From To	Subject					Date 👳
			Page 1 of 0 ►	▶ 25 ♥		
						CREATE NEV
Contact Information						
*Name Your Name Here				* Phone		
Service 1-Approved						
Service From 5/3/2023				Referring Provider Name, ID:	DOCTOR, DOCTOR 456789101	
				Address:	1255 MAIN ST, STE 208	
Service To 5/3/2024 Type Of Care: Elective					ANYTOWN, MI 48006	
Place Of Service Other Unlisted Facility				Servicing Provider Name, ID:	DR. WHITECOAT 456789101	
Diagnosis Code R07.89				Address:	1255 MAIN ST, STE 209	
Description Other chest pain (ICD10, R07.89)					ANYTOWN, MI 48006	
				Annalation Facility Manager	ANY HOSPITAL 456789101	
Procedure Code Type: CPT					7774 MAIN ST	
Procedure Code 33933					ANYTOWN, MI 48006	
Description Preparation of donor heart and lung	for transpl					
Units 1						
Service Extension(s)						
From Date	To Date		Units		Status	
* 5/3/2024 💿 (mm/dd/)yyy)	* 5/3/2025	(mm/dd/yyyy)	1			Remove
						CREATE NEW
						DD SERVICE ADD SERVICE COPY PROVIDER
Notes						ADD SERVICE COPT PROVIDER
Date Subject		Supportin	g Information			
						CREATE NEW
			CANCEL	47		
			CANCEL SUBI	WI I		

Checking member eligibility & benefits

> Accessing e-referral

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> Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

 $\triangleleft$ 

**Bookmarks** 

**Templates** 



## Submitting requests with required InterQual<sup>®</sup> criteria

Depending on the procedure code chosen, you may see an Action message at the top of the screen asking you to complete InterQual Criteria guideline guestions. Completing and submitting the this helps to speed up the process for the authorization. Have the patient's medical record ready to reference as you answer the guideline guestions.

Begin by clicking the InterQual Criteria link.

Home	My List	Patient Search	Referrals/Authorizations	HELPFUL CLINIC	
Reference	tient Auth		tails 🗆 My List		Printer-Eriendly
A 1.The N		ge Determination for Pe	rcutaneous Left Atrial Appendage Closure (LAAC) (20.34) GuideLine is require (InterQual Criteria (Restricted Guideline)		
					EDIT

- A Subset Overview screen will launch.
- 1. InterQual version There is a default version checked, but you can select a different version by the release date.
- 2. Informational Note This is a description of the source being used for the guideline. The hyperlink takes you to a description of the standard.
- 3. Show Codes This will show you procedure codes specific to the guideline being applied.
- 4. Medical Review Click this when you are ready to start processing the guideline.
- 5. Book View Avoid using this feature. It does not submit the details you have selected when completing the guideline.

Click the Medical Review button to begin.

InterQual Cor	GE InterQual®		Signed in as HELPFUL CLINIC, 07/31/2024, 02:33:01 PM
HEALTHC	ARE		Sign
	AV280353		HI
Culture	0		
Subset	Overview		
Subset Not	tes		
	© 2024, May 2024 Release, Medicare:Proc		3 SHOW CODES CLINICAL REFERENCE
Treatment	of Varicose Veins of the Lower Extremitie	as WPS	
	Version	Release Date	
$\odot$	InterQual 2024, May 2024 Release	05/03/2024	
0	InterQual 2024, May 2024 Release	05/03/2024	
0	InterQual 2024, Mar. 2024 Release	03/22/2024	
MEDICA	RE COVERAGE DATABASE		
MEDICA	RE COVERAGE DATABASE		
Informatio	onal Note		
	Physicians Service Insurance Corporation	on	
Treatment	of Varicose Veins of the Lower Extremitie	os (L34536)	
https://www	w.cms.gov/medicare-coverage-database/viev	//lcd.aspx?lcdid=34536&ver=34&bc=0	
	fective Date: 10/01/2015		
		-	
MEDICAL	REVIEW S BOOK VIEW	5	Privacy No

## Submit an outpatient authorization, cont.

## Submitting requests with required InterQual<sup>®</sup> criteria, cont.

Complete all the questions as they appear. Avoid using the Save Review button at the bottom of the screen. Save Review creates an incomplete guideline submission that may cause unnecessary delays in completing your case. It's best to fully answer all the questions in one sitting.

InterQual Connect™	E
CHANGE InterQual®	Signed in as HELPFUL CLINIC,08/05/2024, 05:03:35 PM EDT <u>Sign out</u>
<b>■ MENU</b> AV280353	HELP
Medical Review Treatment of Varicose Veins of the Lower Extremities WPS CLINICAL COMMENTS ()	REFERENCE
Choose one: Required	
Spider veins/telangiectasis with associated hemorrhage	
Symptomatic varicose vein(s) by history and physical examination	
None of the above	
At least 3 month trial of conservative therapy <i>Required</i> Yes No Choose an enswer to continue	
	Privacy Notice

Once you've answered all the questions, the View Recommendations button will appear as an option. Click to continue.

InterQual Connect™	×
CHANGE InterQual®	Signed in as HELPFUL CLINIC,08/06/2024, 09:09:58 AM EDT <u>Sign out</u>
<b>E</b> MENU AV280353	HELP
Medical Review Treatment of Varicose Veins of the Lower Extremities WPS CLINICAL REFE COMMENTS ()	RENCE
Compressive sclerotherapy only Endoluminal radiofrequency ablation	
Endoluminal laser ablation Surgical treatment (e.g., ligation +/- stripping)	
Other clinical information (add comment)	
Choose one: Required	
Single vessel to be treated Multiple vessels to be treated	
Other clinical information (add comment) No remaining que	estions. Click View Recommendations to continue.
PREVIOUS SAVE REVIEW      VIEW RECOMMENDATIONS	Privacy Notice

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**Searching for** a referral or authorization

Submit a global referral

> Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

**Templates** 



## Submitting requests with required InterQual<sup>®</sup> criteria, cont.

The Recommendations screen will appear. You will either be able to select the recommendation(s) or you will see the Not Recommended message:

## Recommended



VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH ULCER OF CALF

COMPLETE 🥑

### CH∆NGE | InterQual® MENU AV280353 **Review Summary** SETTINGS 🌣 👻 PRINT 🖨 InterQual® Review Summar 3 Patient Name: LAST NAME, FIRST NAME Date of Birth: 01/01/1944 Created By: PROVIDER NAME Criter Created Date: 08/06/2024, 01:58 PM EDT Criter Review Status: In Primary Extre Completed Date: Criter Facility: AV280353 Deter Recommendations ✓ indicates **RECOMMENDED** Evidence supports services as medically necessary ✓ Ligation +/- stripping - WPS - Outpatient **G** PREVIOUS SAVE REVIEW 🗟 COMPLETE 🛇 4

InterQual Connect<sup>17</sup>

- 1. **Print** Choose this to print a hard copy of your Review Summary.
- 2. **Previous** Click to go back to previous screens.
- 3. Criteria Status Shows whether the criteria have been met or not.
- 4. **Complete** Scroll down to review all the information in the Review Sumary and choose this once you are satisfied.

## Not Recommended



183.012

SAVE REVIEW 🔞

Privacy Notice

## Submit an outpatient authorization, cont.

## Submitting requests with required InterQual® criteria, cont.

On the Review Summary screen, take note of the options available:

	×
Signed in as HELPFUL CLINIC, 08/06/2024, 02	:01:48 PM EDT <u>Sign out</u>
	HELP
ia Status: <b>Criteria Met</b> ia Product: <b>Medicare:Procedures</b> ia Subset: <b>Treatment of Varicose Veins of the Lower</b>	
mities WPS a Version: InterQual® 2024, May 2024 Release mination #: L34536, A56914	
eviewer selection	
	•
Pri	vacy Notice

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Searching for a referral or authorization

Submit a global referral

> Submit a referra

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

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## Submitting requests with required InterQual<sup>®</sup> criteria, cont.

Click Complete Review to complete the submission.

rQual Connect™		
	Signed in as HELPFUL CLINIC, 08/06/2024	4, 02:03:24 PM <u>Sign</u>
<b>MENU</b> AV280353	Warning	HE
view Summary	Complete this review?	
	Completing the Medical Review will lock it from any further edits.	
Choose one:	COMPLETE REVIEW CANCEL 08/06/2024, 02:02:37 PM EDT	
✓ Spider veins/telangiectasis with	associated nemormage	
Symptomatic varicose vein(s) by hi None of the above	story and physical examination	
At least 3 month trial of conservativ Yes	e therapy	
No		
Continued symptoms after conserv	ative therapy Choose all that apply:[≥ One, except Other clinical information (add comment)]	
<ul> <li>Pain, aching, cramping, burning, Recurrent superficial phlebitis</li> </ul>	, itching and/or swelling during activity or after prolonged standing impairs mobility	
Non-healing skin ulceration		
PREVIOUS SAVE REVIEW		Privacy No

## Submit an outpatient authorization, cont.

## Submitting requests with required InterQual® criteria, cont.

The submission now shows the InterQual criteria have been completed under the Criteria Status field. You can also see the recommended procedures again or reopen the guideline to review the summary. Do not click the delete button. This will cause delays in processing. If you need to make changes, please submit them as a Case Communication. Please see the <u>Create New (communication)</u> page for instructions.

Home My List	Patient Search	Referrals/Authorizations			
Outpatient Autho	rization Deta	IS 🗆 My List			
Decision Support InterQual® Criteria:					
Actions					
Detient Information					
3					
					01
Age	89 years		Patient ID	012345	678
				(	NEW REFERRA
Decision Support					
InterQual® Criteria:					
Taken By	Diagnosis / Procedu	ire Subset	Product		Ver
HELPFUL CLINIC	R07.89	Treatment of Varicose Veins of the Lower Extremities WPS	Medicare:Pr	ocedures	Inte Rel
			14 44	Page 1	of 1 🔛 🖭
Case Communication					
Erom		To Subject			
From		ID Subject		_	

If the submission does not meet the requirements, you will see Criteria Not Met under the Criteria Status field.

lome My List	Patient Search	Referrals/Authorizations					HELPFUL CLINIC		
patient Auth	orization Deta	IS 🗆 My List							
								Pri	nter-Friendly
eference ID 0254234									
atus 2 - Pending Decis	sion								
Actions									
	ber eligibility and benefits	as this authorization is not a guarantee of payme	nt.						
									EDIT
									EDIT
Patient Informatio	n								
	atient TEST, MARYBETH		Plan BCBSM			Addres	S 12345 HEALTHY WAY ANYTOWN, MI 00001-0	0000	
Birt	hdate 07/19/1956		Group ID 00000001			PCP Name,	D		
	Age 68 years		Patient ID 012345678			i or manie,			
			NEV	V REFERRAL	NEW GLOBAL REF	ERRAL	NEW INPATIENT	NEW OUT	PATIENT
Decision Support									
InterQual® Criteria:		the second s		1					1 I I
Taken By	Diagnosis / Proce	edure Subset Percutaneous Left Atrial Appendage	Product	Version		Criteria Status		Last Activity 🖨	V 1 1
HELPFUL CLINIC	R07.89	Closure (LAAC) NCD	Medicare: Procedures	InterQual®	2024, July 2024 Releas	Criteria Not Me	t 08/09/2024	08/09/2024	<b>1</b>
			ra 🛹 Page 1 of	1 🕨 🖿 25 🗸				V	iew 1 - 1 of 1

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\_\_\_\_\_ Referrals

Referrals & Authorizations

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> Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

Templates



# 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.

ategories Code Provider Manage Categories Edit, delete or add new category					
Search Options	Description	Type All	Owner All	▼ SEARCH	
Category Name ::	Category Type	Category Description	Owner	Action	
05012014	Code	Add Category with valid code and code descripti	Payer	edit   delete	
BCN05152014	Code	Uploaded on 5152014	Payer	edit   delete	
BCN05192014	Code	Uploaded on 5192014	Payer	edit   delete	
Diagnoses	Code		Provider	edit   delete	
Uncategorized	Code		Provider	edit   delete	
Uncategorized	Code		Payer	edit   delete	
		Page 1 of 1 == == 25 V			View 1 - 7

## 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."

Provider	edit   del
Provider	edit   del
<b>.</b>	P. 1. 1.

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.

d Category		Close Window		
Enter information for the	new category			Submit an inpatient authorizatio
* Name * Type	Cardiologists / Botsford Provider			Submit an outpatien authorization
Description			3	Bookmarks
	SAVE CANCEL			Templates
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a referral or authorization

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global referral

Submit

a referral



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

## To search for an existing bookmark by code:

ategories	Code Provider						
Manage Bookmark	15						
	ting bookmark or add new						_
Search Optio			<b>A</b>				
Code	1 Description 2	Category	Owner 4	Usage Type 5			
		All	All	✓ All	<b>~</b>	SEARCH	
Code 🚖	Description		Category	Category Owner	Usage Type	Action	
036.40	Meningococcal Carditis		05012014	Payer	Diagnosis	copy   delete	
036.41	Meningococcal Pericarditis		05012014	Payer	Diagnosis	copy   delete	
038.9	Unspecified Septicemia		BCN05152014	Payer	Diagnosis	copy   delete	
162.9	Malignant Neoplasm Of Bronchus And Lung, Unspecified	ung, Unspecified BCN05152014 Payer		Payer	Diagnosis	copy   delete	
174.9	Malignant Neoplasm Of Breast (Female), Unspecified		BCN05152014	Payer	Diagnosis	copy   delete	
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ	S	Test	Payer	Diagnosis	copy   delete	
			Page 1 of 8 🕨 🕨 25 🗸			View 1 - 25 c	11

- 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".

All	-
All	
CPT	
Diagnosis	
HCPCS	
ICD9 Procedure	

## 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.

сору
5

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

Search	Bookmarks		
Enter a fu	ll or partial diagnosis code or des	cription below and click 'Search'.	
Include	decimal if applicable (e.g. 2	50.01)	
Code		Description	
[			

Enter your search terms (for example, asthma). Choose the bookmark link to begin creating your bookmark on one of the **active** codes.

Search	Bookmarks	
include de	or partial diagnosis code or o cimal if applicable (e.g. 250 escription	lescription below and click 'Search'. 9.01)
asthma	SEA	RCH
Code *	Description	
493.92	Asthma, Unspec	ified, With (Acute) Exacerbation (ICD9, 493.92)
J45	Asthma (ICD10,	J45)
J45.2	Mild intermittent	asthma (ICD10, J45.2)
J45.20	Mild intermittent	asthma, uncomplicated (ICD10, J45.20)
J45.21	Mild intermittent	asthma with (acute) exacerbation (ICD10, J45.21)
J45.22	Mild intermittent	asthma with status asthmaticus (ICD10, J45.22)
J45.3	Mild persistent a	sthma (ICD10, J45.3)
J45.30	Mild persistent a	sthma, uncomplicated (ICD10, J45.30)
		Page 1 of 2 🍉



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

Select	Category 🚖	Category Description	Owner
~	Uncategorized		Provider
	Uncategorized		Payer
	05012014	Add Category with valid code and code description	Payer
	BCN05152014	Uploaded on 5152014	Payer
	BCN05192014	Uploaded on 5192014	Payer
	BCN05192014	testing	Provider
	Bookmarks for quick guide		Provider
	Cardiology		Provider
		I A A Page 1 of 1 >>>> > 25 🗸	View 1 - 11 of 11

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

earch Bookr	marks			
inter a full or parti Include decimal il	a the state	Confirmation	Close Window	
ode or Descripti		Bookmark J45.21 Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21) we created in categories Uncategorized	as successfully	
Code *	Descript	ОК		Action
	A CLU Lot and	nittent asthma with (acute) exacerbation (ICD10, J45.21)		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 exist

## To search for an existing bookmark:

ategories	Code	Provider				
Manage Dooks Search for an		kmark or add new				
Search Op	tions					
NPI	1		Provider Name	Category	3	Us
				All	~	AJ
Provider N	ame 🔺		NPI	Specialty	Address	
			012345678		1234 Happy St	
HELPFUL CL						

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



	Checking member eligibility & benefits
ting bookmark or add a new one.	Accessing e-referral
ge Type 4 SEARCH	Navigating the Dashboard
Category         Usage Type         Action           Uncategorized         Servicing Facility         copy (delete           ** 25 V         View 1-1 of 1	Referrals & Authorizations
ct Search.	Searching for a referral or authorization
ı can choose from the ones you	Submit a global referral
е Туре	Submit a referral
tting ring cing	Submit an inpatient authorization
Rig Facility	Submit an outpatient authorization
	Bookmarks
	Templates
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## 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.

Convision	aanu l dalata	-
Servicing	copy   delete	
Servicing Facility	copy   delete	
	View 1 - 25 of '	100

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.

ovider and Facility Search						Clos	se Wir
Search							
Name	ID		Specialty				
WHITEC	ID o	r 10 digit NPI	All	~			
City	State	P	Zip				
	All	$\checkmark$					
		CA	NCEL SEARCH				
Name *	NPI	Address		Group Affiliation	Туре	Specialty	
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER	DR, SOUTHFIELD, MI 48076		Provider Group	Durable Medical Equipment	
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER	DR, SOUTHFIELD, MI 48076		Facility		
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER	DR, SOUTHFIELD, MI 48076		Facility		
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER	DR, SOUTHFIELD, MI 48076		Facility		
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER	DR, SOUTHFIELD, MI 48076		Facility		
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER	DR, SOUTHFIELD, MI 48076		Facility		
		Page	1 of 4 🕨 💌 25 🗸			View 1 - 25	

Checking member eligibility & benefits Bookmarks, cont. You will then be asked to choose a category for your new provider bookmark. Accessing If you do not choose a category, the bookmark will be added to the e-referral Uncategorized folder and you will receive this message: 🔀 Close Window Navigating the Dashboard 🔀 Close Window older View 1 - 1 of 1 ОК Referrals **Authorizations** Click OK to save in the Uncategorized folder or Cancel to return and choose a category. **Searching for** You are also required to choose from the Saving as menu. Your choices are a referral or Admitting, Referring, Servicing, and Servicing Facility. Please do not use R authorization eferring. Once you have chosen a category and Saving as option, click Save or Cancel. 🙁 Close Window Submit a global referral Description Submit ookmark Test st a referral ▶> ► 25 ¥ View 1 - 5 of 5 Submit an inpatient authorization SAVE Submit an outpatient authorization  $\boldsymbol{<}$ **Bookmarks Templates** 

Select cate	egories for EASTWOC	DCLINICS
Select	Category 🍵	
	Uncategorized	Message
		Bookmark will be added to Uncategorized
Saving as		CANCEL

Select	Category 🗢	Cat	egory
	Uncategorized Cardiologists / Botsford		
	Chiru	Prov	vider E
	Diane's Providers	Prov	vider I
	Training Manual	San	ple
		Page 1	of 1
Saving as			

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## 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.

Ubmit Outpatient Authori Patient Information Patient TEST, MAI Birthdate 5/5/171 Age 44 years USE TEMPLATE USE TEMPLATE		NTER DRIVE Al 48076
Patient TEST, MA Birthdate 5/5/1971 Age 44 years Patient TEST, MA Birthdate 5/5/1971 Age 44 years CANCEL SEARCH		
Patient TEST, MAI     Birthdate 5(5/1971)       Age 44 years     All         CANCEL     SEARCH		
All CANCEL SEARCH		vii 48076
Age 44 years CANCEL SEARCH		vii 48076
Network Name NPI Address Group Affiliation	Type Specialty Action	
	Facility 3 Bookmark	Search
* Service Out HELPFUL CLINIC 0123456789 1234 Happy St., Ste C, Southfield, MI, USA 48034 F	Facility Bookmark	
* Type of C O In HELPFUL CLINIC 0123456789 1234 Happy St., Ste C, Southfield, MI, USA 48034 F	Facility Bookmark	Search
Place Of Service Of Service On HELPFUL CLINIC 0123456789 1234 Happy St., Ste C, Southfield, MI, USA 48034	Facility Bookmark	) otaru
* Diagnosis C O In HELPFUL CLINIC 0123456789 1234 Happy St., Ste C, Southfield, MI, USA 48034 F	Facility Bookmark	2
Descript Procedure Code T O In HELPFUL CLINIC 0123456789 1234 Happy St., Ste C, Southfield, MI, USA 48034 F	Facility Bookmark	Search
	Facility Bookmark	
Descript	View 1 - 24 of 24	

- 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.

tegories Templates You can search for an existing Template Catego	ory or create a new Template Category.	
Search Options	Form	
Name	rorm	

¥

SEARCH

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ADD NEW

<u>₹</u> ¥	[LOG OUT]	
	ice Help	

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Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

Templates

## Templates, cont.

<u> </u>		- II - I	· · · · · · · · · · · · · · · · · · ·	(•	/	•il. ↓\	11/1	(	
Com	piete	all the	reauirea :	rieias i	lindicated	with ^).	vvnen	tinishea,	click Continue.
					(·····	,,.			

v Template Category		Close Window
Configurable hint text	here >>	
* Form		
*Form Type	2	
* Name	3	

- 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.

## Te

emplates, cont.			Checking member eligibility & benefits
n the Templates tab, you ca ne. Click the Add New butto			Accessing e-referral
Categories Templates You can search for an existing Template Category or create a new Template Category. Search Options Name Form	Form Type	• SEARCH ADD NEW	Navigating the Dashboard
he New Template pop-up be ndicated with *).	ox will appear. Complet	te all the required fields	Referrals & Authorizations
New Template		Close Windov	Searching for
configurable hint text here >>			a referral or authorization
* Form * Form Type * Diagnosis Version			Submit a global referral
		UE	Submit a referral
. Form: Choose UM from t UM = Utilization Manage		referrals, inpatient and	Submit an inpatient authorization
outpatient authorizations. . <b>Form Type:</b> Choose Inpat	ient Auth, Outpatient A		Submit an outpatient authorization
<ul> <li>Diagnosis Version: Choo or ICD10.</li> </ul>	se ICD9 (for retro entrie	es prior to 10/1/2015)	
lick Continue or Cancel. Afte Ianage Templates screen.	er clicking Continue, yc	ou will be returned to the	Bookmarks
			Templates
eferral User Guide	101	07/08/2025	Behavioral

nplates, cont.	Checking member eligibility & benefits
the Templates tab, you can search for an existing template or create a new e. Click the Add New button to begin creating your template.	Accessing e-referral
Ategories Templates You can search for an existing Template Category or create a new Template Category.       Search Options       Name     Form       Point     Form       You can search for an existing Template Category.	Navigating the Dashboard
e New Template pop-up box will appear. Complete all the required fields licated with *).	Referrals & Authorizations
New Template Close Window  configurable hint text here >>	Searching for a referral or authorization
* Form Type 2	Submit a global referral
* Diagnosis Version 3 CANCEL CONTINUE	Submit a referral
Form: Choose UM from the drop-down menu. UM = Utilization Management. UM consists of referrals, inpatient and	Submit an inpatient authorization
outpatient authorizations. Form Type: Choose Inpatient Auth, Outpatient Auth or Referral. Diagnosis Version: Choose ICD9 (for retro entries prior to 10/1/2015)	Submit an outpatient authorization
or ICD10. ck Continue or Cancel. After clicking Continue, you will be returned to the nage Templates screen.	Bookmarks
	Templates
	Behavioral

- 1
- 2.
- 3.

Health

## Templates, cont.

On the Manage <sup>·</sup>	Templates screen,	complete all the re	equired fields	(indicated with	*).

Template Information       *Category     Image: Category and the second s	
2 Name Description Expiration Date (mm/dd/yyy)	
Diagnosis Version ICD9 4 Active	
Confinement Information 5 Admission Date	
Length of Stay	
Type of Care	
Place Of Service	
Primary Diagnosis Code Search	
Description	
Procedure Code Type CPT 🔹	
Primary Procedure Code Search Description	

- 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:

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

ent Information							
Patient testing deid,	wifey		Plan BCN		Address	06012011 date	
Birthdate 3/1/1955			Group ID 00000001		D0D N	Flint, MI 48503	450700
Age 63 years			Patient ID 012345678		PCP Name, ID	WHITECOAT, DOCTOR, 012	3456789
				NEW REFERRAL	NEW GLOBAL REFERRAL	NEW INPATIENT	NEW OUTPATIENT
1							
2 · Service From	n (	(mm/dd/yyyy)		*Referring Provider Name,ID		8 Search	
* Service To	•	(mm/dd/yyyy)		Address	555 Main St. Anytown, MI 48000		
* Type of Can	e 🔍 🗸			* Servicing Provider Name,ID	HELPFUL CLINIC 01234567	8 Search	
*Place Of Service	•		~		555 Main St.	0 253131	
* Diagnosis Code	•	Search			Anytown, MI 48000		
Description				Servicing Facility Name,ID		Dearsh	
*Procedure Code Type	e CPT 🔽			Address			
* Procedure Code		Search					
Description Unit							
	s						

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

* Service From	11/09/2018
* Service To	11/30/2018
* Type of Care	Direct
*Place Of Service	Off Campu
*Diagnosis Code	F43.20
Description	Adjustment dis
* Procedure Code Type	CPT
* Procedure Code	90791
Description	Psychiatric dia
* Units	10

## Checking member eligibility & benefits

8 ( <i>mm/dd/yyyy</i> )	Submit an inpatient authorization
8 (mm/dd/yyyy)	Submit an outpatient authorization
Search agnostic evaluation (CPT, 90791)	Bookmarks
	Templates
07/08/2025	Behavioral Health

Accessing e-referral

Navigating the Dashboard

> Referrals 2. **Authorizations**

**Searching for** a referral or authorization

Submit a global referral

> Submit a referral

## 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.

nfigurable hint text here >>			
Search Options Name	Description	Category	SEARCH
Procedure Code	Diagnosis Code	OP MH Eastwood	SEARCH

**Patient Information** 

**USE TEMPLATE** 

Patient

Patient ID

Group ID

Birthdate

Age

test, test 921182529 - 01

00275566

5/20/1940

73 years

## 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.

tegories Templates								
can search for an existing Template or	create a new Template							
earch Options	and a new yearpoint.							
Name	Description	Category	Form	Form Type				
HELPFUL CLINIC					$\checkmark$	SEARCH		
Procedure Code	Diagnosis Code	Created By	Active Status	Expired Status	-	advanced search		
					$\checkmark$			
ime e	Description		Categ	ory	Form Type		Active	Action
LPFUL CLINIC			OP MH		Outpatient Auth	1	Active	Delete
		Page	1 of 1 \cdots 🗠 25 🗸				3	View 1 - 1 u

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.

# **Section VII:** Behavioral Health Authorizations

**NOTE:** Effective Jan. 1, 2024, Blue Cross Blue Shield of Michigan and Blue Care Network consolidated all behavioral health prior authorization and case management services under Blue Cross Behavioral Health<sup>SM</sup>. Submit prior authorization and concurrent review requests through the Blue Cross Behavioral Health tool rather than the e-referral tool for dates of service on or after Jan. 1, 2024.

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

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

\*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.

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Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

**Bookmarks** 

**Templates** 

Behavioral Health

07/08/2025

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# 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<sup>sM</sup> referral and authorization information, please call 1-800-392-2512.

## **Blue Cross Utilization Management**

For Blue Cross commercial and Medicare Plus Blue<sup>SM</sup> members, find the appropriate Provider Inquiry phone number in the *Provider resource guide at a glance*:

- Visit ereferrals.bcbsm.com
- Scroll to the bottom for *Provider resource guide at a glance* (PDF) under Frequently Accessed Documents

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

To locate your provider consultant:

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

