e-referral
User Guide

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

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

Confidence comes with every card.®

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.

To get up and running on the e-referral application, you must have a Blue Cross or BCN Provider Secured Services ID and password. Some still refer to it as a web-DENIS ID, but Provider Secured Services provides access to all Blue Cross and BCN secured provider sites, including e-referral. All e-referral users in your office must have their own Provider Secured Services ID and password to log in to e-referral. Here's how to sign up:

1. Go to **ereferrals.bcbsm.com**
2. Click on the ***Sign Up or Change a User*** link and follow the instructions

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

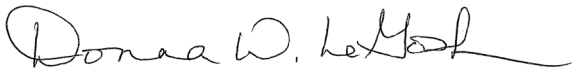There are only two instances when a referral request cannot be made via e-referral:
- When making changes to an existing referral, other than extending the date of the referral
- For urgent requests in the event of a life threatening situation:
  - For BCN HMO^{SM} (commercial) or BCN Advantage^{SM} members, please call the BCN Care Management department at 1-800-392-2512.
  - For Blue Cross Medicare Plus Blue^{SM} PPO (Medicare Advantage PPO) members, the contact varies by service. Please refer to the ***Services that Require Authorization (PDF)*** available at **ereferrals.bcbsm.com**. Click on ***Blue Cross***, then click on ***Authorization Requirements & Criteria***.
  - For Blue Cross PPO members (not Medicare), please contact Blue Cross Provider Inquiry. Find the appropriate phone number at **ereferrals.bcbsm.com**. Click on ***Quick Guides***, and then click on ***Blue Cross Provider Resource Guide At-a-Glance***.

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.

Donna W. LaGosh, Director
Provider Outreach

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Section I: Checking Member Eligibility and Benefits

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

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

- web-DENIS
- Provider Inquiry's automated response system or speaking to a Provider Inquiry representative
- 270/271 electronic standard transaction
- Provider Inquiry

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

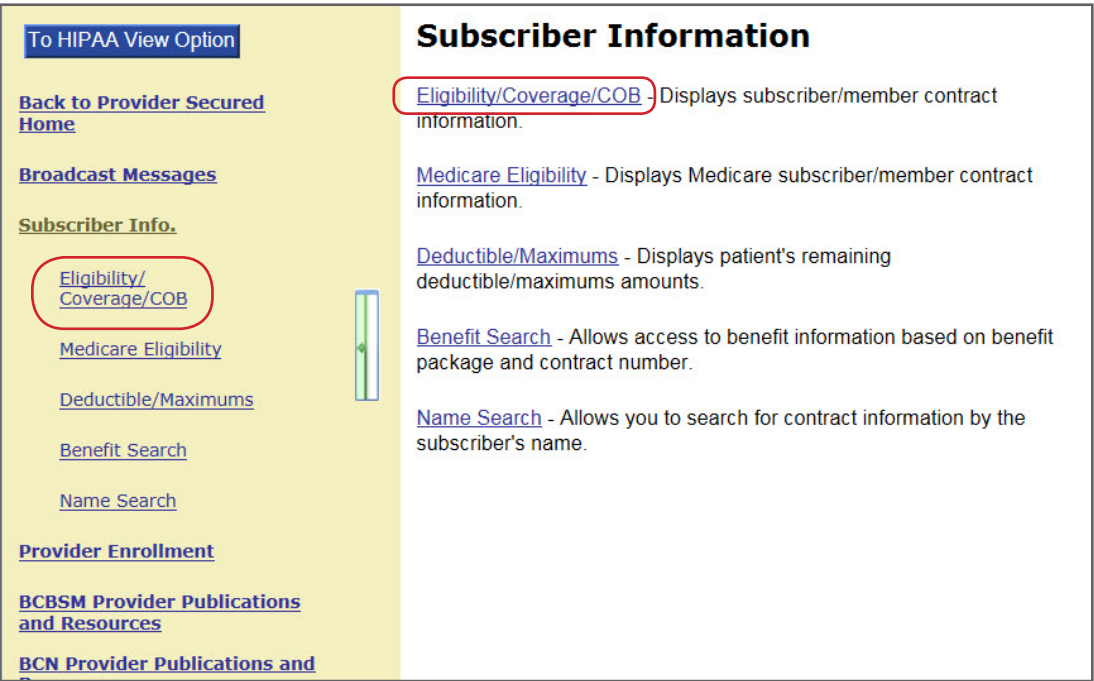1. To check via web-DENIS, log in to Provider Secured Services. Choose web-DENIS.
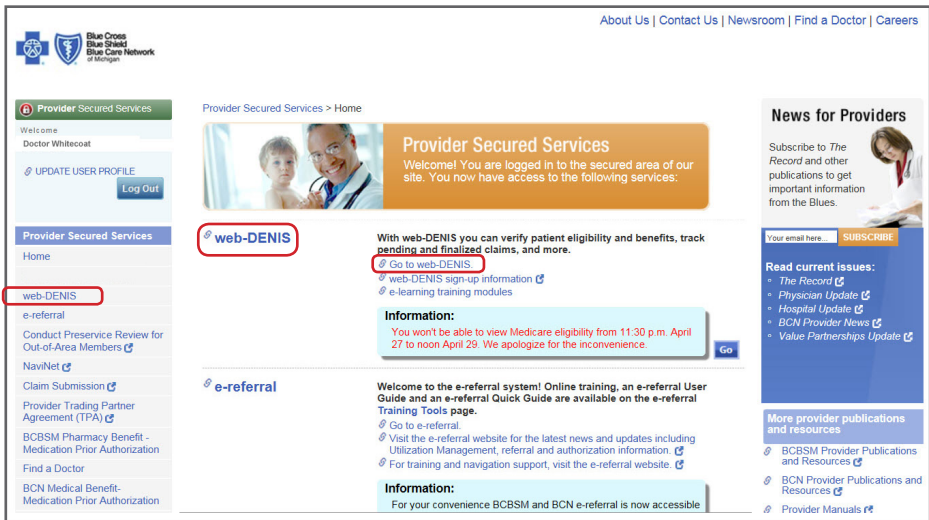
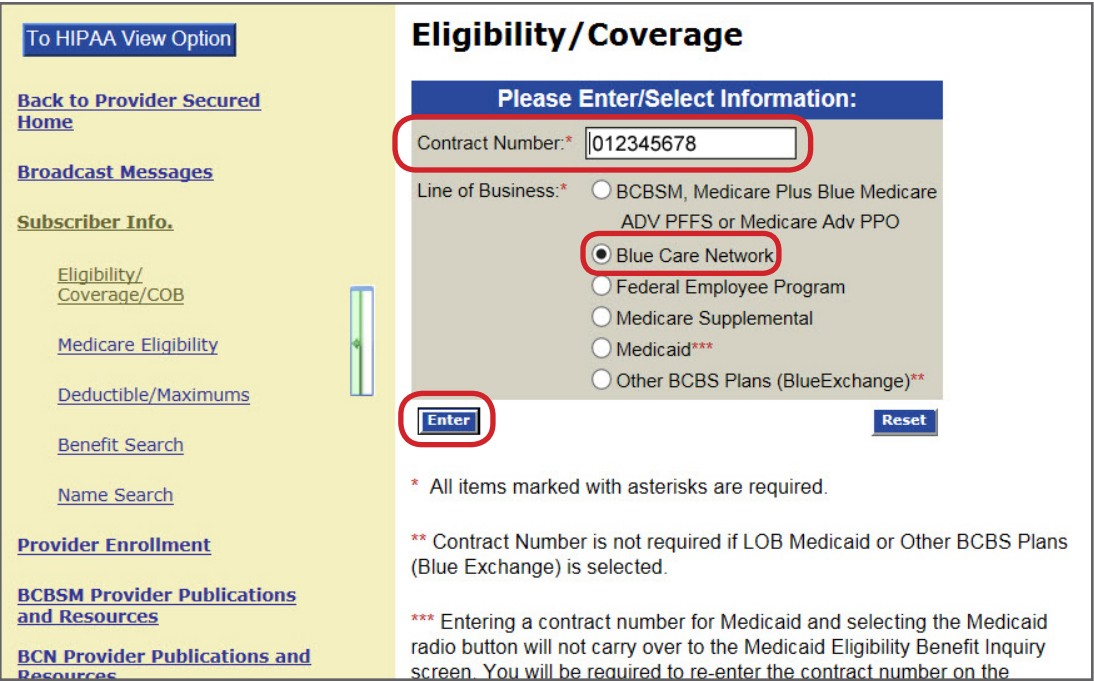2. Choose Subscriber Info.
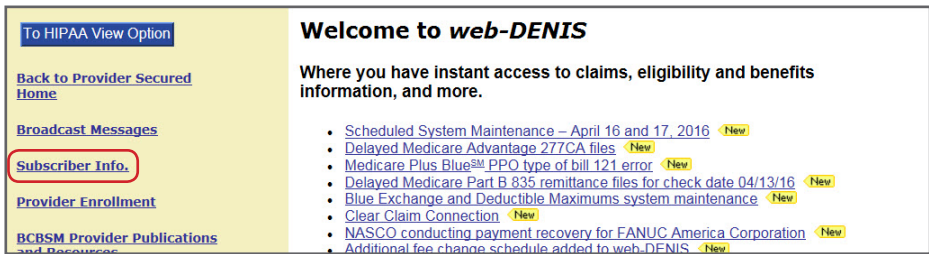
Checking member eligibility and benefits, cont.

3. Choose Eligibility/Coverage/COB

4. Enter the member's Contract Number, select the Line of Business button and click Enter.

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Checking member eligibility & benefits, cont.

For BCN members:

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

Choose Medical Benefits. A list will open.

Checking member eligibility and benefits, cont.

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

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For Blue Cross Blue Shield of Michigan members:

Make sure they have Active eligibility. Click MED under Detailed Benefits.

Depending on the member's benefits, a pop-up window will appear launching Benefit Explainer or NASCO Benefits.

Benefit Explainer
Click Benefits.

Checking member eligibility and benefits, cont.

Under the Benefit Package Report tab, click Search to see a list of General Topics that display In Network and Out of Network coverage.

Checking member eligibility and benefits, cont.

Click on the topics to view more detailed coverage information.

Checking member eligibility and benefits, cont.

A NASCO Benefit window will ask you to choose a Provider type and then the benefits information will show.

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Section II: Accessing e-referral

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

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

Sign up for e-referral
Each prospective e-referral user must have a Provider Secured Services ID (sometimes referred to as a web-DENIS ID) and password to use the e-referral application.
- If you do not have a user ID and password, see instructions on the *Sign Up or Change a User* page on **ereferrals.bcbsm.com**.
- Once you have completed the Provider Secured Services application process and received your account, access the account immediately to set up your password. After that, you should use it at least monthly to keep your account active.

Log in
Now you are ready to use e-referral. Just log in to Provider Secured Services and select e-referral. You can find the link to Provider Secured Services two ways:
1. Go to **bcbsm.com/providers** and click LOGIN. Make sure Provider is selected, then type in your username and password.
2. You can also access it by logging in at the top of **ereferrals.bcbsm.com**.

If your account becomes disabled: call the Web Support Help Desk at 1-877-258-3932 to get it reactivated.

If for any reason you're having an issue accessing e-referral: fax your request on company letterhead to 1-800-495-0812 asking for the ID to be reconnected. Include the user ID, your name and email address, and have it signed by the authorized individual in the office. For additional help, please call the Web Support Help Desk at 1-877-258-3932.

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

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

Accessing e-referral, cont.

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

Log in to e-referral via Provider Secured Services.

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

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Click any of the e-referral links.

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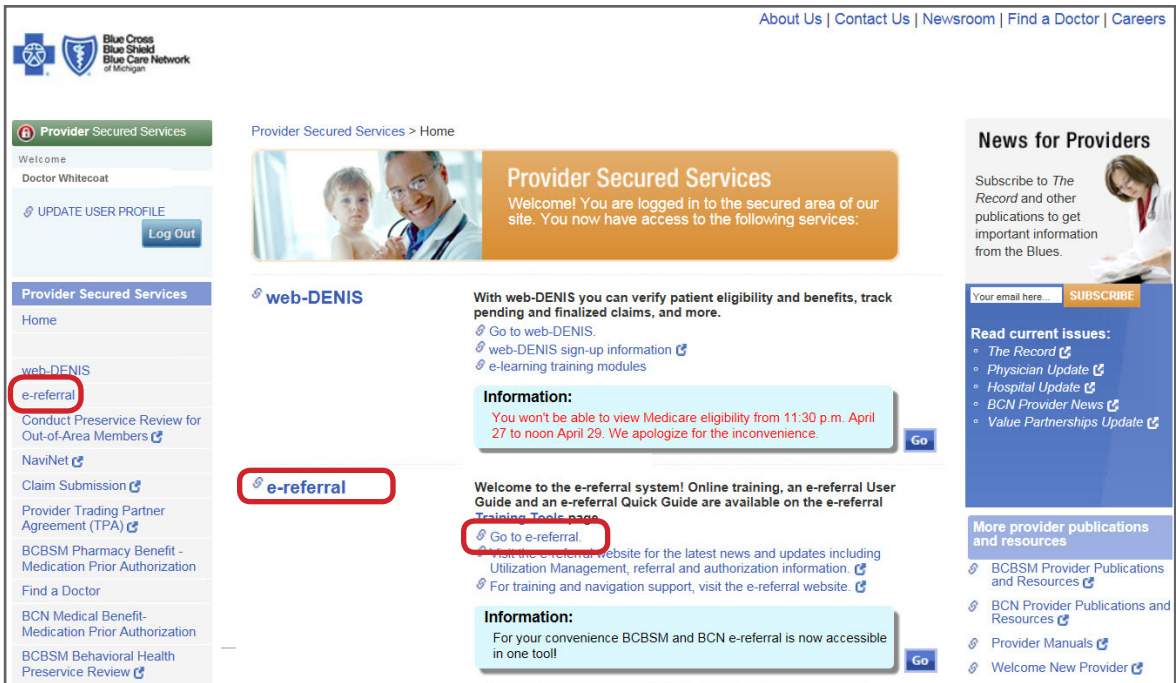
Section III: Navigating the Dashboard Home Page

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

The list you see is a quick list of all your open cases 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.
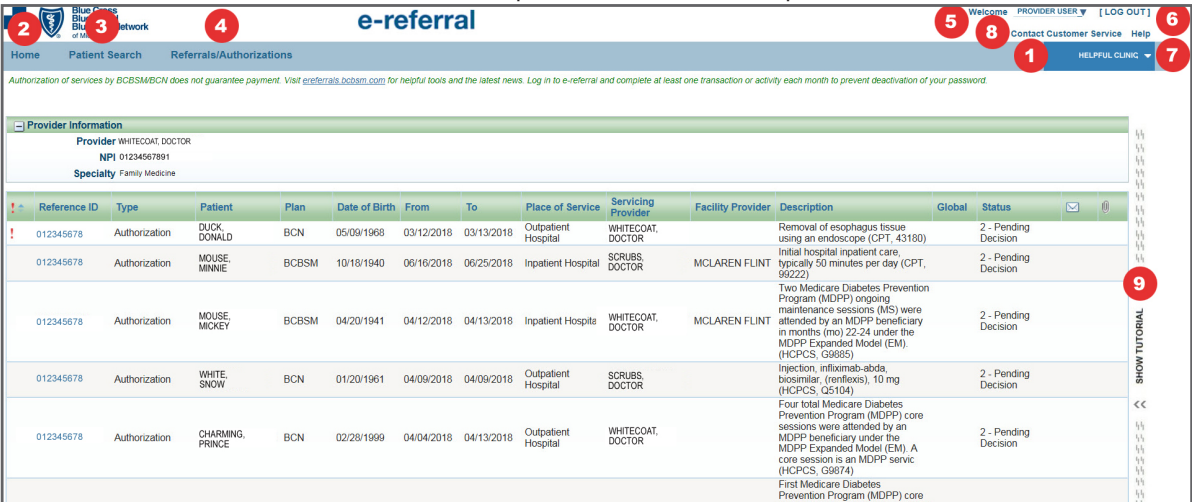
1. **In Focus** – The Provider In Focus bar has been moved from the left to the top right of the screen. See the next page for more detail.
2. **Home** - The "Home" link returns you to the provider "dashboard" for the provider "In Focus".
3. **Patient Search** – The Patient Search link allows you to search for a member and view eligibility. NOTE: Rather than using this feature, Blue Cross and BCN recommend that you search for eligibility and benefit information in web-DENIS prior to referral authorization activities. See the ***Checking member eligibility and benefits*** section in this guide for more information.
4. **Referrals/Authorizations** – You can search for or submit a referral/authorization here.
5. **Logged in user name** - The logged in user's name is found in the upper right hand corner of the screen. The user's name includes a drop down menu of Bookmarks and Templates. See the ***Bookmarks*** and ***Templates*** sections in this guide for more detail.
6. **Log Out** – Click here to log off the application.
7. **Help** – A CareAdvance Provider online help resource center. If the question is Blue Cross- or BCN-specific, please use this guide instead.
8. **Contact Customer Service** - Key contact information can be found here.
9. **Site Tutorial** – The tutorial provides answers to questions you might have about working with patient information, referrals and authorizations, or any number of frequently asked questions. Check ***ereferrals.bcbsm.com*** for a ***Blue Cross FAQs*** document under the ***Training Tools*** page as well.

Navigating the dashboard, cont.

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

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 fill out the **_Request for Group ID Changes (PDF)_** form found on **ereferrals.bcbsm.com** at the bottom of the **_Sign Up or Change a User_** page.

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

Navigating the dashboard, cont.

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

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

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

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Navigating the dashboard, cont.

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

1. **!** – This symbol indicates there is some action you must take to complete the case.
2. **Reference ID** – This is the case number for the requested or authorized service. Click the number to bring the case details into view.
3. **Type** – Authorization or referral.
4. **Patient** – The patient's name.
5. **Plan** – Indicates if it is a Blue Cross or BCN contract.
6. **Date of Birth** – The patient's date of birth.
7. **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.
8. **Place of Service** – Location where service(s) will be provided.
9. **Servicing Provider** – Name of provider performing the patient's service(s).
10. **Facility Provider** – Facility that provided the service(s).
11. **Description** – Captures the primary service on the request.
12. **Global** – A check mark indicates a global referral has been made.
13. **Status** – Here you will see one of the following messages:
    1. – Incomplete
    2. – Pending Decision
    3. – Fully Approved
    4. – Partially Approved
    5. – Denied
    6. – Voided
14. ✉ – This icon indicates there is a message from Blue Cross/BCN to you on this case.
15. 📎 – This icon indicates that there is an attachment/documentation associated with this case.

Section IV: Referrals and Authorizations

Global referrals
Global referrals are for BCN 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. 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.
- For BCN Advantage℠ HMO-POS members in any region, no global referral is required as long as the specialist is part of the BCN Advantage HMO-POS network.

For BCN 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*

*An authorization is needed for services that require benefit or clinical review. Plan notification through an authorization is required when the service is performed in a facility outpatient setting.

For more information, see *The BCN referral process* in the *Care Management* chapter of the *BCN Provider Manual*. The manual is in web-DENIS within *BCN Provider Publications and Resources*. You can also refer to the ***BCN Referral and Authorization Requirements (PDF)*** at **ereferrals.bcbsm.com** on the ***Authorization Requirements & Criteria*** 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:
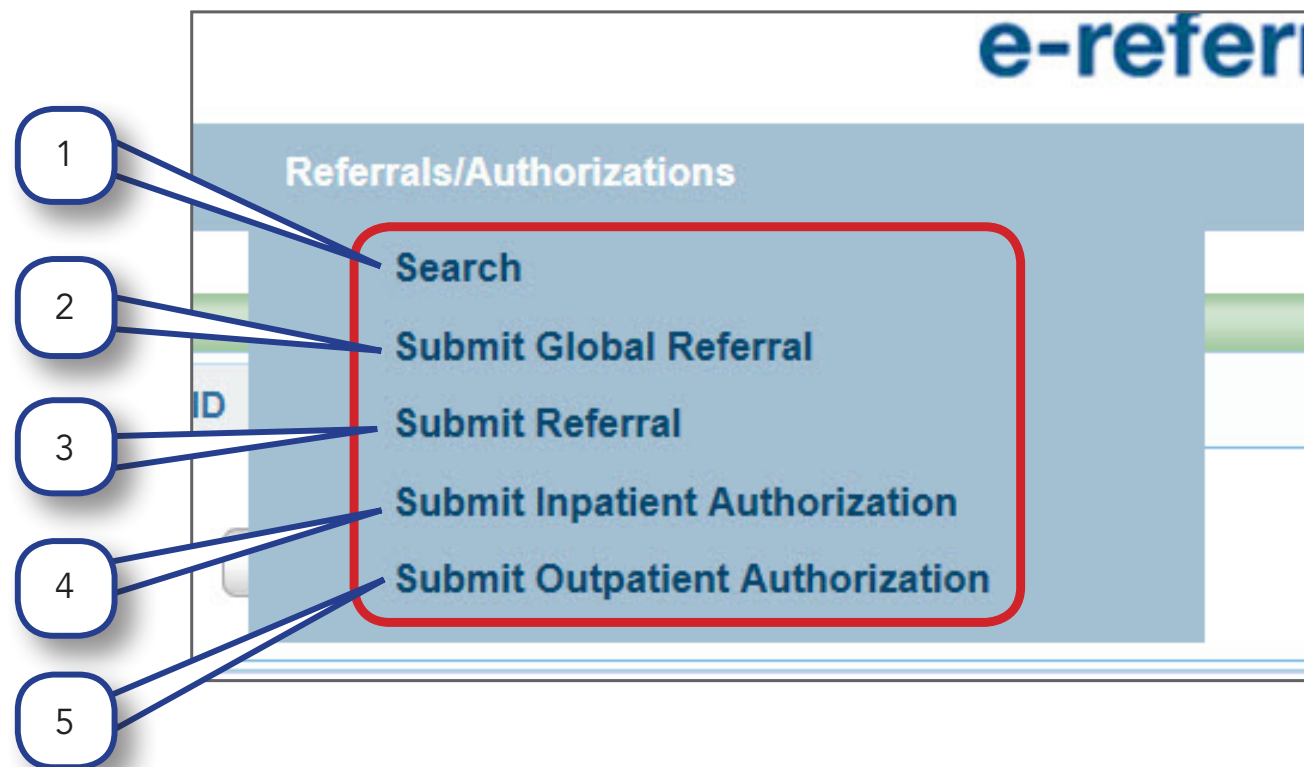
1. Search for one or more referrals or authorizations for a particular member. Specify a date of service range to more easily find the appropriate referral or authorization.

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:
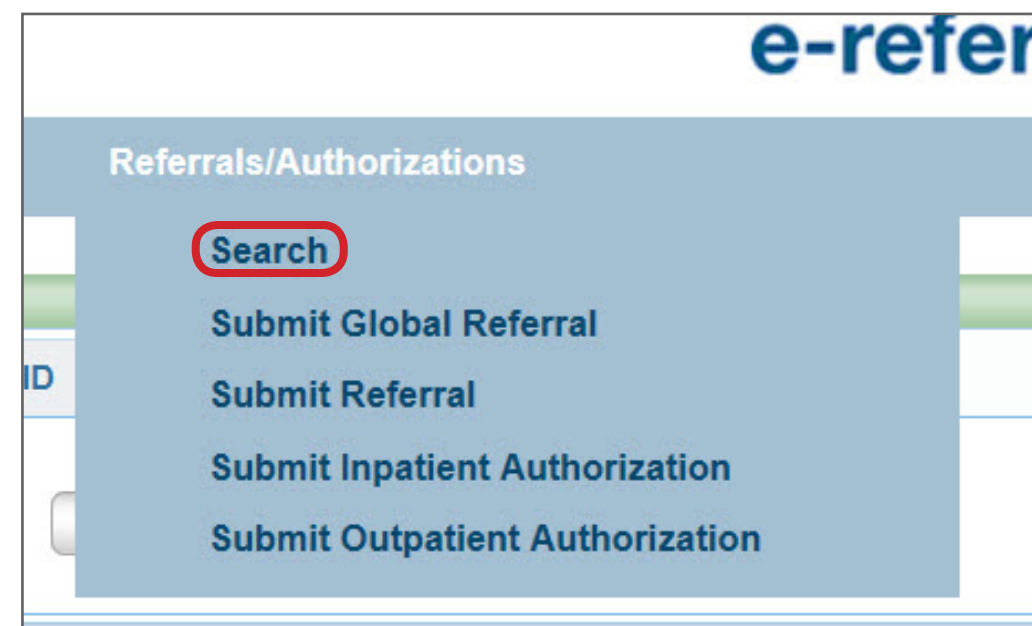
You can search by **Reference ID**

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.

Searching for a referral or authorization, cont.

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

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

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

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

Searching for a referral or authorization, cont.

You can search by **Patient**

Here, you can enter the Patient ID (if known) 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.

Searching for a referral or authorization, cont.

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

1

Select the Search option.

2

Search by Reference ID. A Reference ID is the case number assigned to a specific patient or service.

3

The Date of Birth indicates a newborn.

4

Do not search by a contract number since a temporary member will not show on the contract yet. In this example, only the father appears in the results after entering the contract number and clicking Select.

Searching for a 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

2

Click Select after entering the Patient ID.

3

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.

4

The terminated member appears when the Eligibility As Of date is changed to a date prior to their termination.

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.

5

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.

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2. Submit a global referral

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

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

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

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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.

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

Searching by First and Last Name
Enter the patient's last name and first name or first name initial. You must also include their birthdate.

Eligibility As Of

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

Submit a global referral, cont.

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

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

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

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

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

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

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

Service 1 section
Enter the case information here.

- • **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:
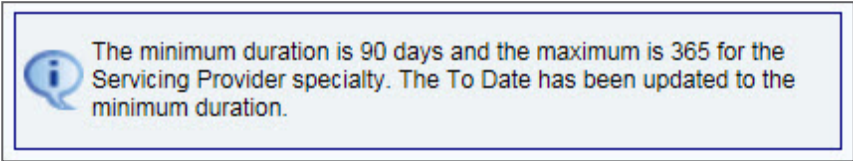
Submit a global referral, cont.

- • **Type of Care**. Your options include:

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 - Use for all services whether prospective or retrospective that are not urgent or emergent.

Emergency - Use only for inpatient admissions that originated in the emergency room. Do not use for outpatient services. For all BCN or BCN Advantage^{SM} emergency outpatient services, please call 1-800-392-2512. For Blue Cross Medicare Plus Blue^{SM} PPO members, the contact varies by service. Please refer to the *Services that Require Authorization (PDF)* available at *ereferrals.bcbsm.com*. Click on Blue Cross, then click on *Authorization Requirements & Criteria*.

Transfer - Used for admissions only when a patient is transferred from one inpatient admission to another.

Urgent - Use only to document inpatient admissions that are urgent in nature. Do not use for outpatient services. For all BCN or BCN Advantage^{SM} urgent outpatient services, please call 1-800-392-2512. For Blue Cross Medicare Plus Blue^{SM} PPO members, the contact varies by service. Please refer to the *Services that Require Authorization (PDF)* available at *ereferrals.bcbsm.com*. Click on Blue Cross, then click on *Authorization Requirements & Criteria*.

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

- • **Place of Service**
You will see several options to choose from in the drop-down menu.
Ambulance - Air or Water
Ambulance - Land
Ambulatory Surgical Center
Custodial Care Facility
Emergency Room
End-Stage Renal Disease
   Treatment Facility
Home
Independent Laboratory
Nursing Facility
Off Campus Outpatient Hospital
Office
On Campus Outpatient Hospital
Other Unlisted Facility **(do not use)**
Telehealth **(do not use)**
Urgent Care Facility

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

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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.

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

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

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

Submit a global referral, cont.

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

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

NOTE: When you are searching for a Servicing Provider, you must choose one:
- • In network (Preferred or In)
- • With the correct group NPI
- • With the correct address for the appropriate practitioner

Submit a global referral, cont.

The Network Status is displayed in the far left column:

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

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

*Note: the following products are considered tiered products: Metro Health Select, Trinity Health, U-M Premier Care. The following products are considered narrow network products: Blue Cross® Partnered, Blue Cross® Metro Detroit HMO, BCN Advantage℠ HMO MyChoice Wellness, BCN Advantage℠ HMO ConnectedCare.

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

If your provider search results include several listings with the same name, look for the proper NPI, group affiliation and/or location associated with your authorization. The first listing is not always the correct one.

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.

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

Submit a global referral, cont.
Submitting to the University of Michigan Health System or Henry Ford Health System

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

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

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

The Servicing Provider Name, ID fields are then populated.

Submit a global referral, cont.

• **Servicing Facility Name, ID**
When issuing a global referral for a hospital-based group, please enter the facility NPI in the Servicing Facility ID field. A list of *Hospital NPIs (for medical referrals/authorizations) (PDF)* is available on **ereferrals.bcbsm.com** under *Provider Search*.

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

Check your information and 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:

1. Reference ID and case status ▶
The check mark indicates you have successfully submitted or updated a referral.

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

3. Edit
Click here to return to your referral submission to 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.

4. Create New (communication) – preferred
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.

5. Create New (note)
Creates a simple note to BCN on this referral case (for example, person submitting, contact info).

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

Submit a global 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.

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

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

Submit a global referral, cont.

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

Click the Edit button.

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

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

If you're trying to edit one of your cases, you may also see an error message that says, "The case is unavailable because it's being reviewed. Please try again later." If you encounter one of these messages, the case is locked because the Utilization Management team is working on it. Try editing the case later to give our team time to review and exit the case.

3. Submit a referral

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

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

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

Enter the patient's last name **and** first name or first name initial.

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

Use Template
You can use a template previously created from this screen. Please see the *Templates* section of this user guide for more information.

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

Service 1 section
Enter the case information here.

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

- **Type of Care**. Your options include:

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 - Use for all services whether prospective or retrospective that are not urgent or emergent.

Emergency - Use only for inpatient admissions that originated in the emergency room. Do not use for outpatient services. For all BCN or BCN Advantage℠ emergency outpatient services, please call 1-800-392-2512. For Blue Cross Medicare Plus Blue℠ PPO members, the contact varies by service. Please refer to the *Services that Require Authorization (PDF)* available at **ereferrals.bcbsm.com**. Click on Blue Cross, then click on *Authorization Requirements & Criteria*.

Transfer - Used for admissions only when a patient is transferred from one inpatient admission to another.

Urgent - Use only to document inpatient admissions that are urgent in nature. Do not use for outpatient services. For all BCN or BCN Advantage℠ urgent outpatient services, please call 1-800-392-2512. For Blue Cross Medicare Plus Blue℠ PPO members, the contact varies by service. Please refer to the *Services that Require Authorization (PDF)* available at **ereferrals.bcbsm.com**. Click on Blue Cross, then click on *Authorization Requirements & Criteria*.

Submit a referral, cont.

- **Place of Service**
You will see several options to choose from in the drop-down menu. **Referrals routinely use Office for Place of Service**:
Ambulance - Air or Water
Ambulance - Land
Ambulatory Surgical Center
Custodial Care Facility
Emergency Room

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

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

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

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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.

• **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.

Submit a referral, cont.

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

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.

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- **Units**

Enter the number of requested units here.

- **Referring Provider Name, ID**

Here, you can search for providers that you are provisioned to view. Ensure the provider listed here is the member's primary care physician or the case may pend.

- **Servicing Provider Name, ID**

Enter the provider's name or NPI if known. Only those saved in your Bookmarks will 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. **A provider may be listed multiple times – make sure to choose the correct one.** If your provider search results include several listings with the same name, look for the proper NPI, group affiliation and/or location associated with your authorization. The first listing is not always the correct one.

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. A list of ***Hospital NPIs (for medical referrals/ authorizations) (PDF)*** is available on **ereferrals.bcbsm.com** under ***Provider Search***.

- **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.

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

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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:

1. Reference ID and case status ▶
The check mark indicates you have successfully submitted or updated a referral.

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

3. Edit
Click here to return to your referral submission to 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.

4. Create New (communication) – preferred
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.

5. Create New (note)
Creates a simple note to Blue Cross or BCN on this referral case (for example, person submitting, contact info).

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

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.

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

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

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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.

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

Enter the patient's last name **and** first name or first name initial.

Submit an inpatient authorization, cont.

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

- **Admission Date**
Select the admission date from the calendar.

- **Length of Stay**
For Blue Cross members, enter the length of stay in days. Refer to **ereferrals.bcbsm.com**, select **_Blue Cross_** at the top, then click the **_Authorization Requirements & Criteria_** in the left navigation to find guidelines for length of stay entry. For BCN members, enter a one-day stay for nonobstetric admissions.

- **Type of Care**. Your options include:
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 – Use for all services whether prospective or retrospective that are not urgent or emergent.
Emergency – Use only for inpatient admissions that originated in the emergency room. Do not use for outpatient services. See submission instructions in the **_Submitting an emergency or urgent admission_** section.
Transfer – Used for admissions only when a patient is transferred from one inpatient admission to another.
Urgent – Use only to document inpatient admissions that are urgent in nature. Do not use for outpatient services. See submission instructions in the **_Submitting an emergency or urgent admission_** section.

- **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.

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- **Primary Diagnosis Code**

This is the code of the patient's condition. If a diagnosis code is unknown, you can search for it by a partial (or full) code number or English description and click Search. You can also choose a diagnosis code from any saved under the Bookmarks tab.

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

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

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:

Urgent/Emergent Admissions
*99222**

Inpatient hospital care Care Services
*99221 – *99239

Inpatient Consultation
*99251 – *99255

Critical Care Services
*99291 – *99292

Newborn Care Services
*99460 – *99465

Initial and Consultation Service
*99477 – *99480

Inpatient Neonatal and Pediatric Critical
*99466 – *99482

Inpatient medical rehab
*97150

Skilled Nursing Facility
*99304 – *99306

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

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

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

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

Submit an inpatient authorization, cont.

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

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

• **Servicing Provider Name, ID**
Enter the provider's name or NPI. Only those saved in your Bookmarks will display. Use the Search to locate a servicing provider by partial/full name, NPI, city, state, etc. You can also choose from your saved Servicing Providers in the Bookmarks tab. **A provider may be listed multiple times – make sure to choose the correct one.** If your provider search results include several listings with the same name, look for the proper NPI, group affiliation and/or location associated with your authorization. The first listing is not always the correct one.

Submit an inpatient authorization, cont.

• **Servicing Facility Name, ID**
Enter the facility's name or NPI. Only those saved in your Bookmarks will display. Use the Search to locate a servicing facility by partial/full name, NPI, city, state, etc. You can also choose from your saved Servicing Facilities in the Bookmarks tab. NOTE: Please ensure the Servicing Facility Provider is a "Facility" and not a "Provider Group."

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

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

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

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

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

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

Submit an inpatient authorization, cont.

Your submitted authorization will look like this:

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

2. Printer-Friendly
Click this to print your authorization to a Inpatient Request Confirmation PDF file.

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

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

5. Create New (note)
Creates a simple note to Blue Cross or BCN on this referral case (for example, person submitting, contact info).

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

Submit an inpatient authorization, cont.

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

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

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

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:

- **Admission Date**
Select the admission date from the calendar.

- **Length of Stay**
For Blue Cross members, enter the estimated length of stay in days.
For BCN members, enter a one-day stay for nonobstetric admissions.

- **Type of Care**. Choose Emergency or Urgent.

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

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

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

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

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

Once finished, click Submit. An Action will appear asking you to complete a questionnaire or submit clinical documentation.

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2018 American Medical Association. All rights reserved.
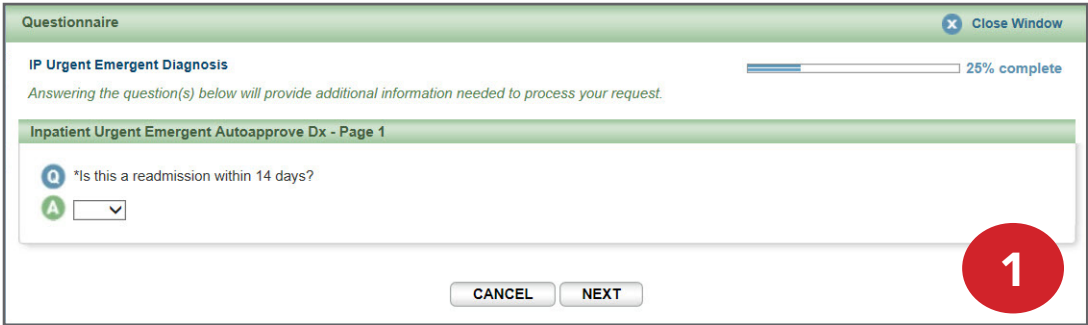
Submit an inpatient authorization, cont.

Submitting an emergency or urgent admission – questionnaires and clinical documentation (BCN only)
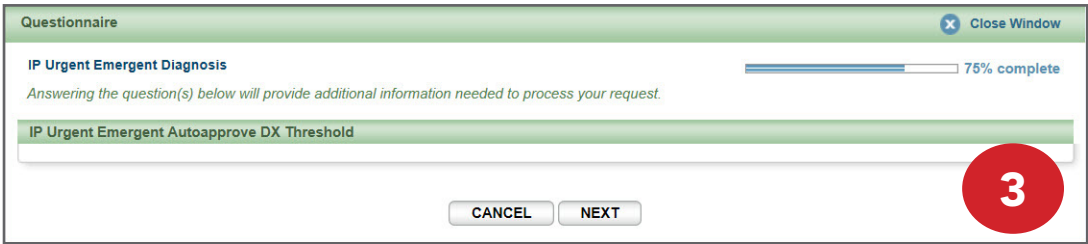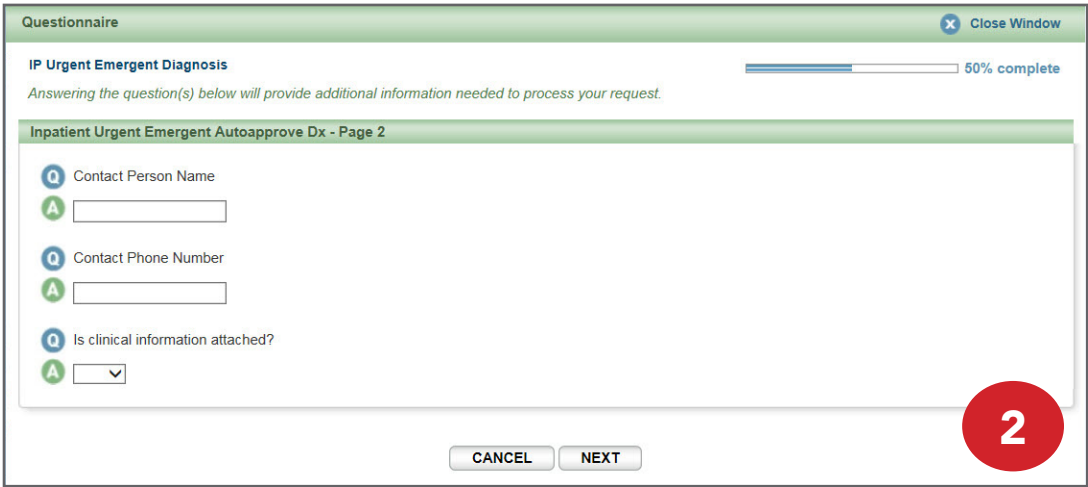
Depending on the diagnosis code chosen, you will see an Action message at the top of the screen. The Action requires you to either complete a questionnaire or submit clinical documentation.

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

Many diagnosis codes trigger the IP Urgent Emergent Questionnaire.
Answer each question and click Next to advance the questionnaire.
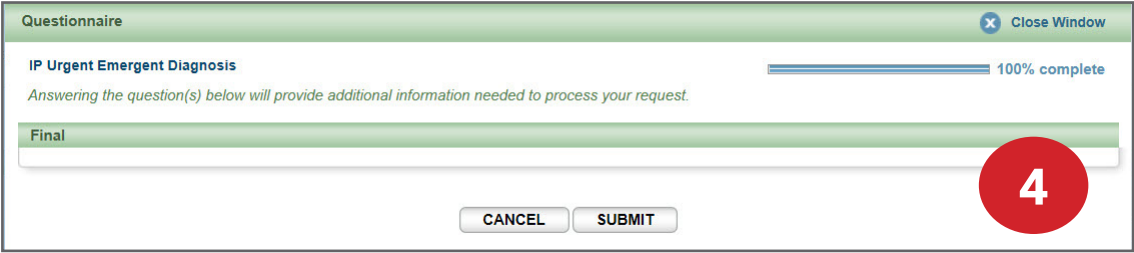
Here, the Contact Person Name and Contact Phone Number is the name of a person or a department that Blue Cross or BCN can contact with questions regarding clinical information, if needed.

Submit an inpatient authorization, cont.

Submitting an emergency or urgent admission – questionnaires and clinical documentation

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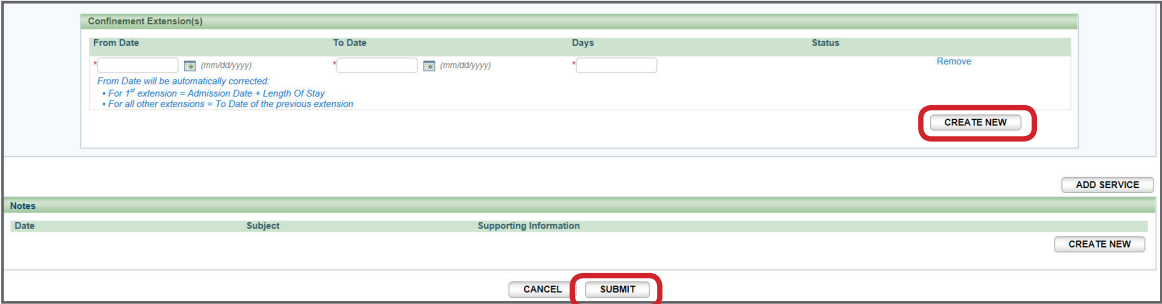
Initial newborn cases with temporary contract numbers (infants who are staying past their mother's discharge) need to be submitted via fax until the infant is eligible.

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 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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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 HMO^{SM} (commercial) and BCN Advantage^{SM}, please refer to the ***BCN Referral and Authorization Requirements (PDF)*** in the ***BCN*** section at **ereferrals.bcbsm.com** on the ***Authorization Requirements & Criteria*** page for a list of services that require authorization. You can also refer to the ***Care Management chapter (PDF)*** of the *BCN Provider Manual*, a link to which is on the ***Provider Manual Chapters page*** in the ***BCN*** section at **ereferrals.bcbsm.com**.

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

Sleep studies
Effective October 3, 2016, all requests to authorize **outpatient facility and clinic-based sleep management studies** for adult BCN HMO^{SM} (commercial) or BCN Advantage^{SM} 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. 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 HMO^{SM} (commercial) or BCN Advantage^{SM} members, **home sleep studies** do not require clinical review, but an authorization is still needed in the e-referral system so that claims can be paid. This means that there is no longer a need to complete a questionnaire in the e-referral system for home sleep studies.

BCN Behavioral Health requests
For assistance, please see the ***Behavioral Health e-referral User Guide*** at **ereferrals.bcbsm.com** under the ***Training Tools*** and ***BCN Behavioral Health*** and ***Blue Cross Behavioral Health*** pages.

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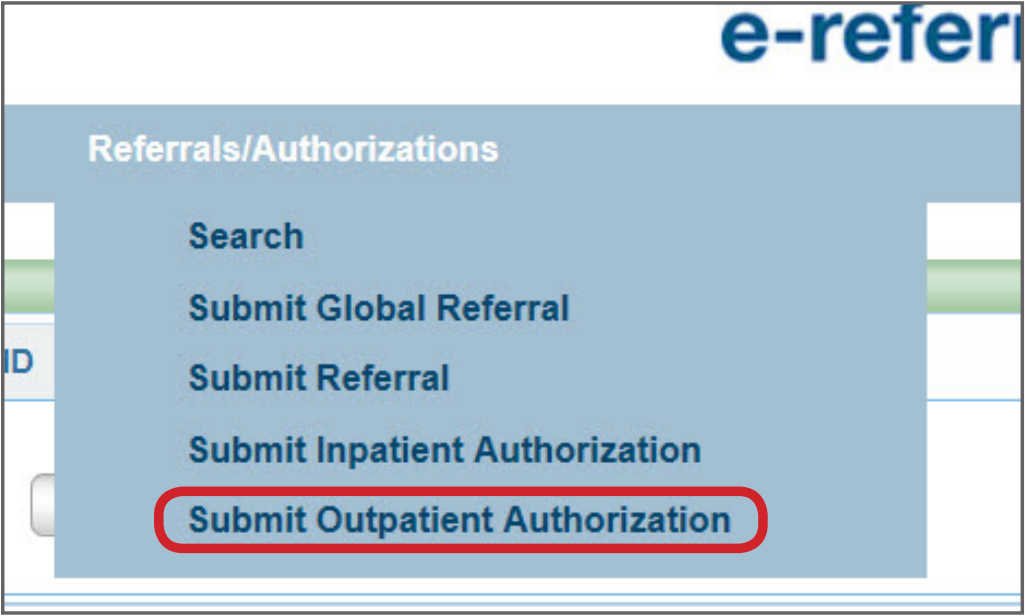
In order to submit an Outpatient Authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name **and** Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate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

Click the Search button to view the results.

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

Enter the patient's last name **and** first name or first name initial.

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

Note: Requests to authorize emergency and urgent services should always be submitted by phone, not through the e-referral system.

- For BCN or BCN Advantage℠ members, please call the BCN Care Management department at 1-800-392-2512.
- For Blue Cross Medicare Plus Blue℠ PPO (Medicare Advantage PPO) members, the contact varies by service. Please refer to the *Services that Require Authorization (PDF)* available at **ereferrals.bcbsm.com** under *Blue Cross*, then the *Authorization Requirements & Criteria* section. Click on Blue Cross, then click on *Authorization Requirements & Criteria*.
- For Blue Cross PPO members (not Medicare), please contact Blue Cross Provider Inquiry. Find the appropriate phone number at **ereferrals.bcbsm.com**. Click on *Quick Guides*, and then click on *Blue Cross Provider Resource Guide At-a-Glance*.

- **Service From/To**

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

- **Type of Care**

Select from Direct, Elective, Emergency (do not use), Transfer, or Urgent.

- **Place of Service**

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

Submit an outpatient authorization, cont.

- **Diagnosis Code**

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

- ○ **Diagnosis Code** – Search by **Description**

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

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

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

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

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

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2018 American Medical Association. All rights reserved.

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.

○ **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.

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

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

Submit an outpatient authorization, cont.

- **Servicing Provider Name, ID**

Enter the provider's name or NPI. Only those saved in your Bookmarks will display. **It is recommended you enter the group's NPI for an exact match.** You can also 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.

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

> **NOTE:** If the provider you're searching for has a Group Affiliation, select that listing, not the individual. Be aware some providers may have multiple group affiliations.

- **Servicing Facility Name, ID**

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

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

Submit an outpatient authorization, cont.

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

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

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

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

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

Submit an outpatient authorization, cont.

Your submitted authorization will look like this:

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

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

3. Edit
Click here to return to your referral submission to 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.

4. Create New (communication) – preferred
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.

5. Create New (note)
Creates a simple note to Blue Cross or BCN on this referral case (for example, person submitting, contact info).

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

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.

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

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

Submit an outpatient authorization, cont.

Extending an outpaitient 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.

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

Submit an outpatient authorization, cont.

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.

Answer each question until you have completed the questionnaire.

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

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

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

Section V: Bookmarks

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

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

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

Choose Bookmarks
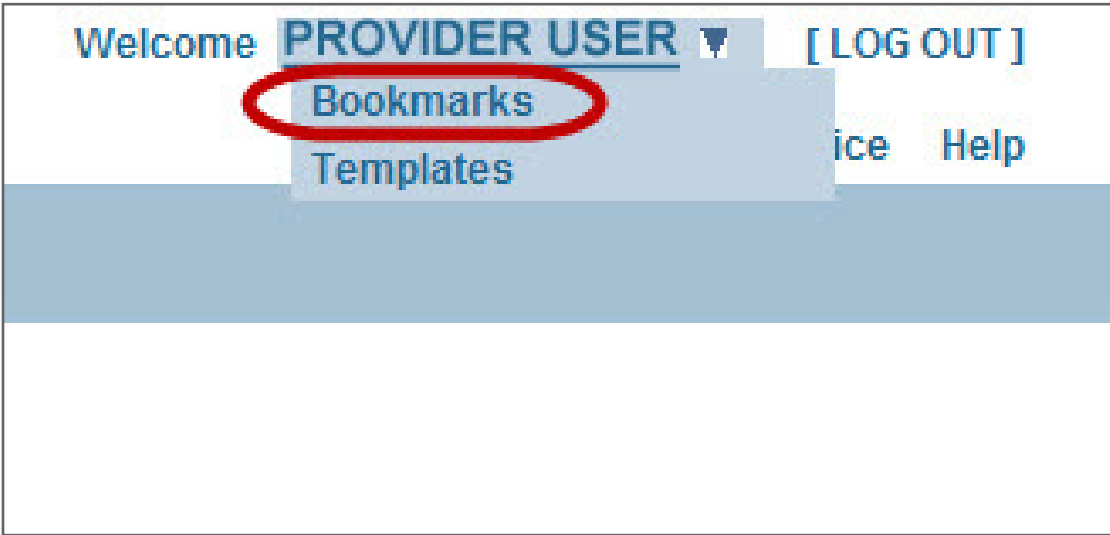
Select the bookmark type you'd like to manage from this screen. Your choices are Categories, Code and Provider.
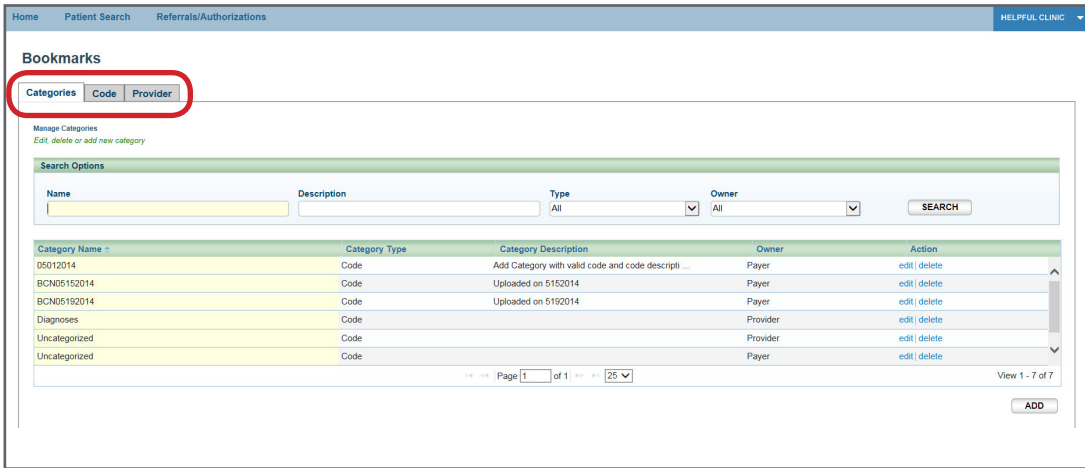
Bookmarks, cont.

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

If no categories are created, all codes and providers will be saved as "uncategorized."
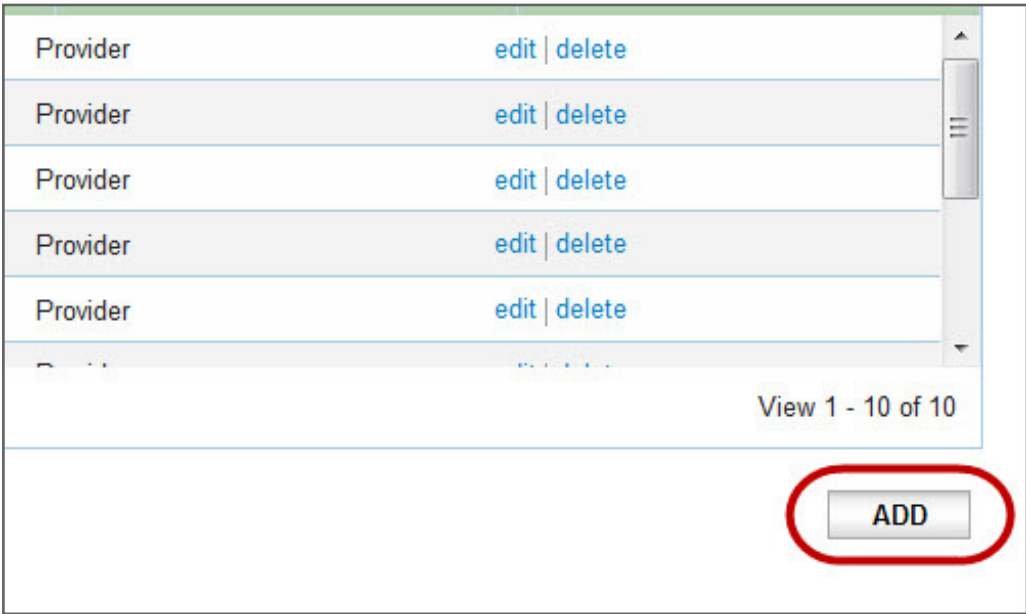
The Add Category window will open where you can create your new bookmark. Name your category and select the type – Code or Provider. Click Save.

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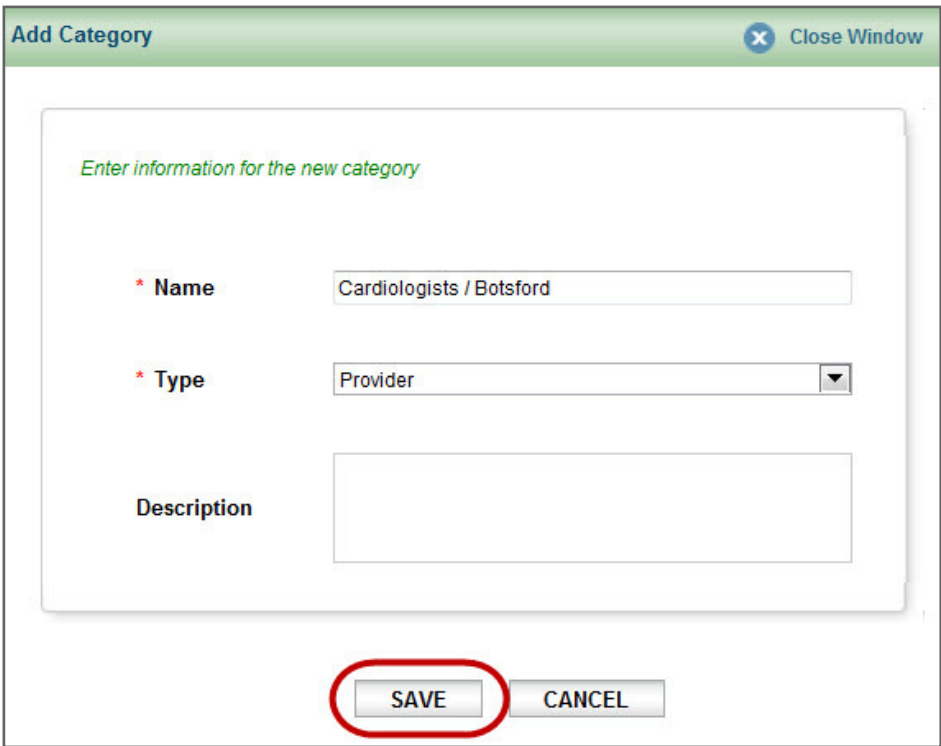
Bookmarks, cont.

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

To search for an existing bookmark by code:

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

5. Under the Usage Type drop-down menu, you can sort from various diagnosis code types. Blue Cross and BCN recommend selecting "All".

Bookmarks, cont.

To add a new bookmark:
To save your most used diagnosis and procedure codes, you can create bookmarks by choosing the Add Diagnosis or Add Procedure buttons.

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

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

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

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

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

Bookmarks, cont.

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

To search for an existing bookmark:

1. Enter an **NPI** if known, then select Search.

2. Enter a **Provider Name** if known, then select Search.

3. Under the **Category** drop-down menu, you can choose from the ones you created as bookmarks.

4. Under the **Usage Type** drop-down menu, you can choose from **Admitting, Servicing**, and **Servicing Facility** options. Please do not use **Referring**. ▶

Bookmarks, cont.

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

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

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

Bookmarks, cont.

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

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

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

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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.

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.

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

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

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

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

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

Templates, cont.

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

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

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

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

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

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

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

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

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

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

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

5. Confinement Information or Service 1. Enter information into these options for a more specific template.

Click Save. You will be then be able to Edit or Copy the same information if needed.

Templates, cont.

To create a template from within a case:

When you're in a case and ready to submit a Global Referral, 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.

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.

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To use a template within a case:

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

Choose the Use Template button and begin your search.

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

To use a template when outside a case:
1. Choose Templates from the drop-down menu at the top right of the Home page.
2. Click on the Templates tab and search by Name, Description, Category, Form.

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

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

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

Section VII: Behavioral Health Authorizations

BCN e-referral can be used to submit authorization requests for outpatient and provider office behavioral health services online. For instructions on how to submit a Behavioral Health authorization, please see the **_Behavioral Health e-referral User Guide_** at **ereferrals.bcbsm.com** under the **_Training Tools_** and **_BCN Behavioral Health_** pages.

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

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

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

e-referral contact information

For password reset and technical help

Web Help Desk: 1-877-258-3932

BCN Care Management

For BCN or BCN Advantage^{SM} referral and authorization information, please call 1-800-392-2512.

Blue Cross Utilization Management

For Blue Cross PPO members, find the appropriate Provider Inquiry phone number in the *Blue Cross Provider Resource Guide At-a-Glance*:
• Visit **ereferrals.bcbsm.com**
• Click *Quick Guides*
• Click *Blue Cross Provider Resource Guide At a Glance*

For Blue Cross Medicare Plus Blue^{SM} PPO members, find the appropriate Provider Inquiry phone number in the *Services That Require Authorization*:
• Visit **ereferrals.bcbsm.com**
• Click *Blue Cross*
• Click *Authorization Requirements & Criteria*
• Click *Services That Require Authorization – Medicare Plus Blue PPO*

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

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

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

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

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