



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.®

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:

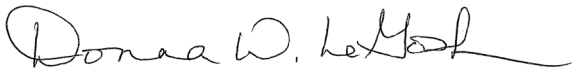
- When making changes to an existing referral, other than extending the date of the referral
- For urgent requests in the event of a life threatening situation:
 - For BCN HMOSM (commercial) or BCN AdvantageSM members, please call the BCN Care Management department at 1-800-392-2512.
 - For Blue Cross Medicare Plus BlueSM 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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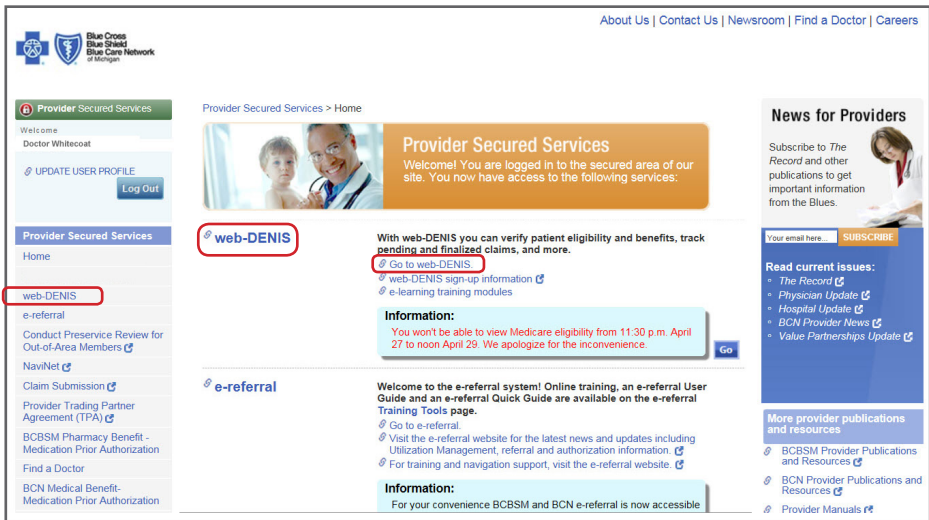
Section I: Checking Member Eligibility and Benefits

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.

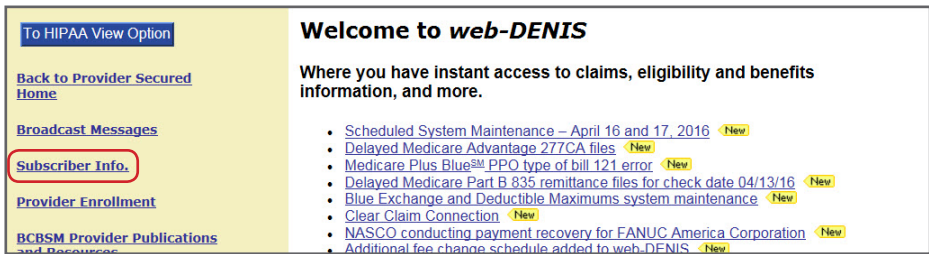
- Before searching or selecting a member in e-referral, it's important to check their eligibility and benefits information to ensure their coverage is active. You can check eligibility and benefits in:
- web-DENIS
 - Provider Inquiry's automated response system or speaking to a Provider Inquiry representative
 - 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.

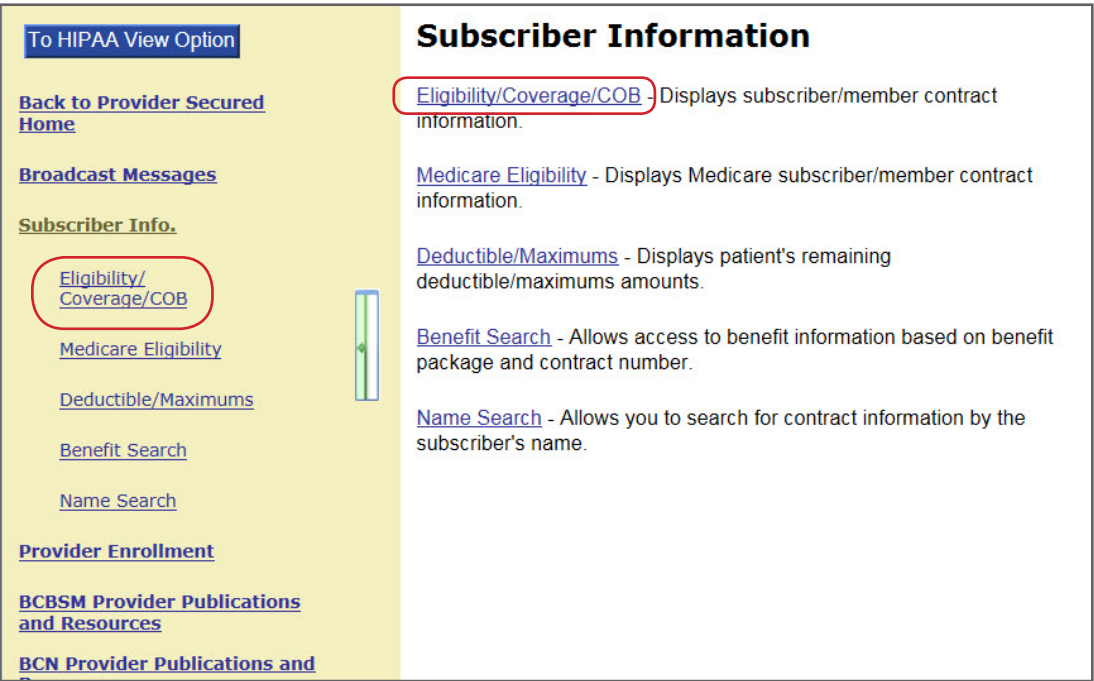


2. Choose Subscriber Info.

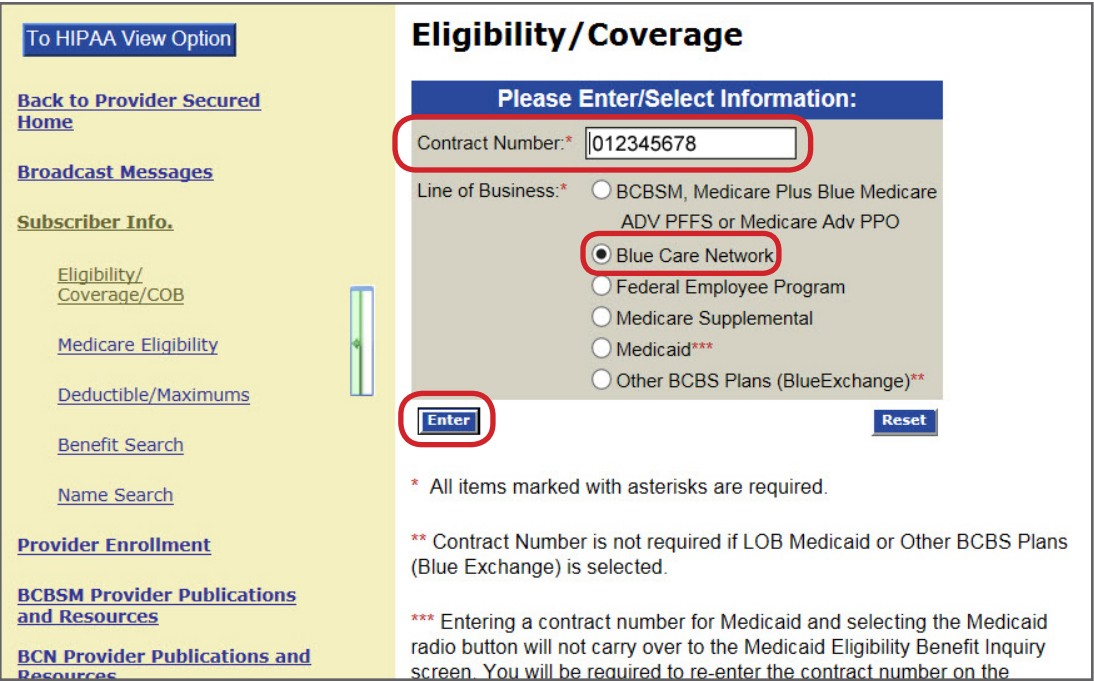


Checking member eligibility and benefits, cont.

3. Choose Eligibility/Coverage/COB



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



- Checking member eligibility & benefits
- Accessing e-referral
- Navigating the Dashboard
- Referrals & Authorizations
- Searching for a referral or authorization
- Submit a global referral
- Submitting a referral
- Submitting an inpatient authorization
- Submitting an outpatient authorization
- Bookmarks
- Templates
- Behavioral Health



Checking member eligibility & benefits, cont.

For BCN members:

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

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

Eligibility/Coverage

BCN HMO

CONTRACT NO: 012345678 GROUP: 01234567

MEMBER NAME: NAME HUSBAND

Active

Alpha Prefix Lookup

Billing Status: Active

NEXT CONTRACT

DEDUCTIBLE/MAXIMUMS

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

Member Selection

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

Choose Medical Benefits. A list will open.

Member Eligibility/Coverage

BCN HMO

CONTRACT NO: 012345678 GROUP NO: 01234567

MEMBER NAME: NAME HUSBAND

Active

Relation: Subscriber

PCP Copay: \$ See Medical Benefits Below

Billing Status: Active

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

Sex: M

Birth Date: 11-13-1954

BCBSM Coverage

Member Selection

Next Contract

Provider Network

Medical Benefits

Deductible/Maximum

BCN COB

mm: 04 dd: 15 yyyy: 2016

Vision Benefits

MemberCareAlert

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

Checking member eligibility and benefits, cont.

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

Benefits Description

BCN HMO

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

MEMBER NAME: NAME HUSBAND

Active

MEMBER INFO

MEMBER SELECTION

NEXT CONTRACT

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

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submitting a referral

Submitting an inpatient authorization

Submitting an outpatient authorization

Bookmarks

Templates

Behavioral Health



Checking member eligibility & benefits, cont.

For Blue Cross Blue Shield of Michigan members:

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

To HIPAA View Option

Back to Provider Secured Home

Broadcast Messages

Subscriber Info.

Eligibility/Coverage/COB

Medicare Eligibility

Deductible/Maximums

Benefit Search

Name Search

Provider Enrollment

BCBSM Provider Publications and Resources

BCN Provider Publications and Resources

Claim Submission

Facility Claims

Professional Claims

Hospital Prenotification

BCBSM Contact Us.

BCN Contact Us.

Web-DENIS Documentation

Eligibility/Coverage

The contract number displayed below is different than the contract number you entered. Please use the contract number below for all future inquiries.

Blue Cross Blue Shield of Michigan

PPO

CONTRACT NO: 012345678 Alpha Prefix Lookup.

GROUP/DIV: 001234567/1000 NASCO

ENROLLEE NAME: NAME HUSBAND

Active

Billing Status: Active

Control Plan Code: 710

Emp. Pay Code: Active

Current Coverage Dates Start: 06-12-2014 Expires 07-01-2016

Grace Period: 31 days grace from paid to date

NEXT CONTRACT

Prior Auth Lookup

Office Visit/ER Copay

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

Current Coverage Member Information:

Member	Relationship	Birth Date	Program Type	Detailed Benefits	COB	Deductible/Maximums	MemberCareAlert
HUSBAND	005- Male Subscriber, Regular Coverage	06-10-1979	PPO	HOSP MED DRUG	COB	04 15 2016	MemberCareAlert
HUSBAND	074- Female Spouse, Regular Coverage	04-02-1979	PPO	HOSP MED DRUG	COB	04 15 2016	MemberCareAlert
	050- Female Dependent			HOSP MED DRUG	COB		

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

Benefit Explorer

Click Benefits.

Migrated Benefits - Windows Internet Explorer provided by Blue Cross Blue Shield of MI

Name	Description of Coverage
MED	Basic Medical/Surgical

For information about benefits, 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.

Blue Cross Blue Shield of Michigan

Explainer

Logout

Home BPR Medical/Payment Policy Provider Manuals Jobs Manage Favorites Communications*

BPR

Benefit Package BPID: 05QF4, Date: 04/19/2016

Topic Services and procedures

Required Optional

Search

Reset All

Migrated Group.

Form Alert

Quickview Report Benefit Package Report Contractual Documents

Medical Services

Community Blue - HCR Compliant - ASC

Benefit Period: January - December

	In Network	Out of Network																						
Deductibles	\$ 0 per In Network Individual General Deductible per Benefit Period \$ 0 per In Network Family General Deductible per Benefit Period	\$ 250 per Out of Network Individual General Deductible per Benefit Period \$ 500 per Out of Network Family General Deductible per Benefit Period																						
Copayment																								
Fixed Dollar Copays	<table><thead><tr><th>Topic</th><th>Value</th></tr></thead><tbody><tr><td>90845 - Psychoanalysis</td><td>INN PCP Office Visit Copay - \$ 20 INN SPEC Office Visit Copay - \$ 20 INN UC Office Visit Copay - \$ 20</td></tr><tr><td>Emergency room charges</td><td>Emergency Room Copay - \$ 250</td></tr><tr><td>Established Patient</td><td>INN PCP Office Visit Copay - \$ 20 INN SPEC Office Visit Copay - \$ 20 INN UC Office Visit Copay - \$ 20</td></tr><tr><td>Evaluation and management for office or other outpatient services</td><td>INN PCP Office Visit Copay - \$ 20 INN SPEC Office Visit Copay - \$ 20 INN UC Office Visit Copay - \$ 20</td></tr><tr><td>Family psychotherapy</td><td>INN PCP Office Visit Copay - \$ 20 INN SPEC Office Visit Copay - \$ 20 INN UC Office Visit Copay - \$ 20</td></tr><tr><td>General ophthalmological services</td><td>INN PCP Office Visit Copay - \$ 20 INN SPEC Office Visit Copay - \$ 20 INN UC Office Visit Copay - \$ 20</td></tr><tr><td>Group psychotherapy</td><td>INN PCP Office Visit Copay - \$ 20 INN SPEC Office Visit Copay - \$ 20 INN UC Office Visit Copay - \$ 20</td></tr></tbody></table>	Topic	Value	90845 - Psychoanalysis	INN PCP Office Visit Copay - \$ 20 INN SPEC Office Visit Copay - \$ 20 INN UC Office Visit Copay - \$ 20	Emergency room charges	Emergency Room Copay - \$ 250	Established Patient	INN PCP Office Visit Copay - \$ 20 INN SPEC Office Visit Copay - \$ 20 INN UC Office Visit Copay - \$ 20	Evaluation and management for office or other outpatient services	INN PCP Office Visit Copay - \$ 20 INN SPEC Office Visit Copay - \$ 20 INN UC Office Visit Copay - \$ 20	Family psychotherapy	INN PCP Office Visit Copay - \$ 20 INN SPEC Office Visit Copay - \$ 20 INN UC Office Visit Copay - \$ 20	General ophthalmological services	INN PCP Office Visit Copay - \$ 20 INN SPEC Office Visit Copay - \$ 20 INN UC Office Visit Copay - \$ 20	Group psychotherapy	INN PCP Office Visit Copay - \$ 20 INN SPEC Office Visit Copay - \$ 20 INN UC Office Visit Copay - \$ 20	<table><thead><tr><th>Topic</th><th>Value</th></tr></thead><tbody><tr><td>Emergency room charges</td><td>Emergency Room Copay - \$ 250</td></tr><tr><td>Outpatient hospital</td><td>Emergency Room Copay - \$ 250</td></tr></tbody></table>	Topic	Value	Emergency room charges	Emergency Room Copay - \$ 250	Outpatient hospital	Emergency Room Copay - \$ 250
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Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submitting a referral

Submitting an inpatient authorization

Submitting an outpatient authorization

Bookmarks

Templates

Behavioral Health



Checking member eligibility and benefits, cont.

Click on the topics to view more detailed coverage information.

	In Network	Out of Network
▼ General Topics		
▼ Abortion		
Medically Necessary	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	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)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Acupuncture	Not Covered	Not Covered
▼ Allergy and Clinical Immunology		
Allergen Immunotherapy	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Allergy Testing	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	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 apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Ambulance Professional	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	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)	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)	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)	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)	Covered (Limitations apply - click Topic to view BPR)
Cardiac Rehabilitation Cardiac Rehabilitation; per 3 Months Less or equal to 36 Visits per 3 Month(s) is Payable with limitations	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	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)	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)	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/SLP Facility/Professional maximum; per calendar year Less or equal to 60 Visits per Calendar Year is Payable	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
PT/OT/SLP Facility/Professional maximum; per calendar year Less or equal to 60 Visits 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 BPR)	Covered Deductible applies Coinsurance applies (Limitations apply - click Topic to view BPR)
X-rays	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)

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.

Close Window

Please select a Provider type

Select a Provider type

OB GYN
Psychiatric
General Practice
Podiatrist
Chiropractic
DME or Prosthetic & Orthotic
Ambulance
All other providers

GO

Provider SelectionPrintClose Window

Benefits Information for General Practice Provider

Member information	
Contract Number	012345678
Member Name	NAME
Subscriber Last Name	HUSBAND
Member Birth Year	1979
Member Relationship Code	Male Subscriber
Status	01/Member Active
Group Number	12312
Current Effective Date	06-12-2014
Contract Paid To Date	

PPO In Network Deductible/Copay Information for Member

Member In Network Copay	00%
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PPO Out of Network Deductible/Copay Information for Member

Member Out of Network Copay	20%
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PPO In Network Deductible/Copay Information for Family

Family In Network Copay	00%
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PPO Out of Network Deductible/Copay Information for Family

Family Out of Network Copay	20%
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Messages

UNLESS OTHERWISE STATED, THIS COST SHARING INFORMATION APPLIES.

UNLIMITED LIFETIME MAX EXCLUDING S.O.T

WAIVE COINSURANCE FOR IN-NETWORK.

THIS MEMBER PARTICIPATES IN THE PROVIDER DELIVERED CARE MANAGEMENT PROGRAM. PDCM SERVICES WILL NOT BE SUBJECT TO THEIR ANNUAL DEDUCTIBLE AND BCBSM WILL NOT IMPOSE THE COPAYMENT OR COINSURANCE REQUIRED UNDER THE MEMBERS CONTRACT.

Benefits

ABORTION WHEN MEDICALLY NECESSARY.

ALLERGY TESTING

ALLERGY THERAPY

BARIUM ENEMA FOR ROUTINE SERVICES BENEFITS PAYABLE IN-NETWORK ONLY. ONE VISIT PER BENEFIT PERIOD NO DEDUCTIBLE OR COINSURANCE FOR IN-NETWORK.

CERTIFIED NURSE MIDWIFE

CERTIFIED NURSE PRACTITIONER

CHEMOTHERAPY

COLONOSCOPY FOR ROUTINE SERVICES BENEFITS PAYABLE IN-NETWORK ONLY. ONE VISIT PER BENEFIT PERIOD NO DEDUCTIBLE OR COINSURANCE FOR IN-NETWORK. WAIVE THE IN-NETWORK DEDUCTIBLE AND COINSURANCE FOR AN INITIAL ENDOSCOPIC PROCEDURE.

CONSULTATIONS WHEN PERFORMED IN AN OFFICE SETTING \$20 COPAY APPLIES FOR IN NETWORK SERVICES THIS SERVICE REMAINS SUBJECT TO THE DEDUCTIBLE.

CONTRACEPTION NO DEDUCTIBLE OR COINSURANCE FOR IN-NETWORK.

DELIVERY

DIAGNOSTIC SERVICES FOR ROUTINE SERVICES BENEFITS PAYABLE IN-NETWORK ONLY. ONE VISIT PER BENEFIT PERIOD NO DEDUCTIBLE OR COINSURANCE FOR IN-NETWORK.

DRE (DIGITAL RECTAL EXAM) FOR ROUTINE SERVICES BENEFITS PAYABLE IN-NETWORK ONLY. UNLIMITED VISITS. NO DEDUCTIBLE OR COINSURANCE FOR IN-NETWORK.

EMERGENCY FIRST AID FOR HOME, OFFICE OR OUTPATIENT CONSULTATIONS, WHEN RELATED TO A MEDICAL

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submitting a referral

Submitting an inpatient authorization

Submitting an outpatient authorization

Bookmarks

Templates

Behavioral Health

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.

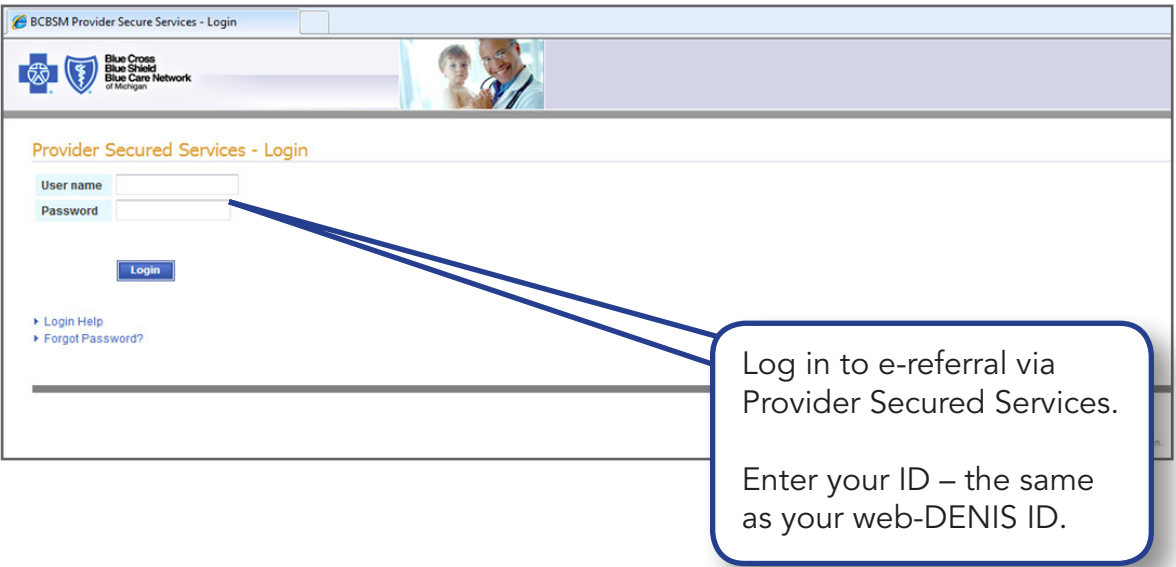
If for any reason you’re having an issue accessing e-referral: fax your request on company letterhead to 1-800-495-0812 asking for the ID to be reconnected. Include the user ID, your name and email address, and have it signed by the authorized individual in the office. For additional help, please call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

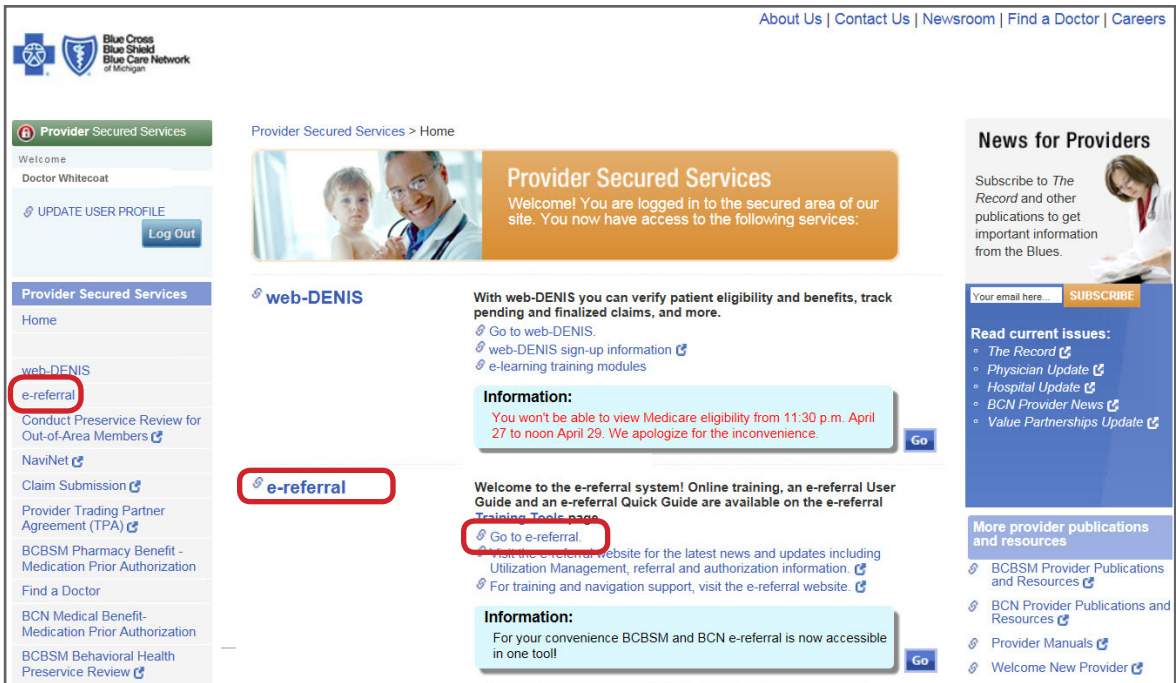
Accessing e-referral, cont.

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



Accessing e-referral, cont.

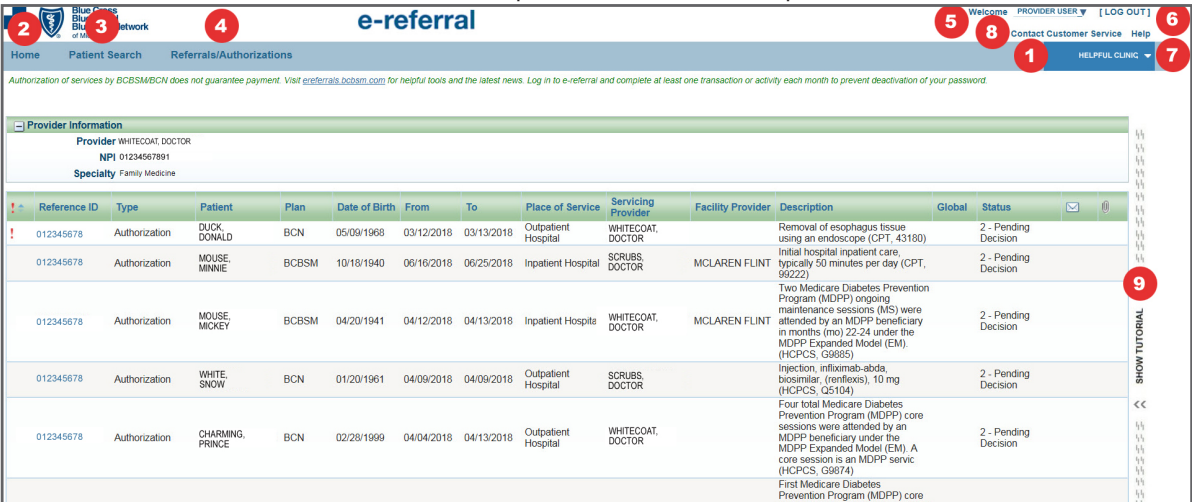
Click any of the e-referral links.



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.bcbasm.com](#) for a [Blue Cross FAQs](#) document under the [Training Tools](#) page as well.

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Accessing e-referral



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Searching for a referral or authorization

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Submitting an inpatient authorization

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Behavioral Health

Navigating the dashboard, cont.

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

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
012345678	Authorization	DUCK, DONALD	BCN	05/09/1968	03/12/2018	03/13/2018	Outpatient Hospital	WHITECOAT, DOCTOR		Removal of esophagus tissue using an endoscope (CPT, 43180)		2 - Pending Decision
012345678	Authorization	MOUSE, MINNIE	BCBSM	10/18/1940	06/16/2018	06/25/2018	Inpatient Hospital	SCRUBS, DOCTOR	MCLAREN FLINT	Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)		2 - Pending Decision
012345678	Authorization	MOUSE, MICKEY	BCBSM	04/20/1941	04/12/2018	04/13/2018	Inpatient Hospital	WHITECOAT, DOCTOR	MCLAREN FLINT	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 22-24 under the MDPP Expanded Model (EM). (HCPCS, G9895)		2 - Pending Decision
012345678	Authorization	WHITE, SNOW	BCN	01/20/1961	04/09/2018	04/09/2018	Outpatient Hospital	SCRUBS, DOCTOR		Injection, infliximab-abda, biosimilar, (rentlexis), 10 mg (HCPCS, Q5104)		2 - Pending Decision

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).

e-referral														
Authorization of services by BCBSM/BCN does not guarantee payment. Visit ereferrals.bcbsm.com for helpful tools and the latest news. Log in to e-referral and complete at least one transaction or activity each month to prevent deactivation of your password.														
Provider Information														
Provider WHITECOAT, DOCTOR NPI 01234567891														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status		
012345678	Authorization	DUCK, DONALD	BCN	05/09/1968	03/12/2018	03/13/2018	Outpatient Hospital	WHITECOAT, DOCTOR		Removal of esophagus tissue using an endoscope (CPT, 43180)		2 - Pending Decision		
012345678	Authorization	MOUSE, MINNIE	BCBSM	10/18/1940	06/16/2018	06/25/2018	Inpatient Hospital	SCRUBS, DOCTOR	MCLAREN FLINT	Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)		2 - Pending Decision		
012345678	Authorization	MOUSE, MICKEY	BCBSM	04/20/1941	04/12/2018	04/13/2018	Inpatient Hospita	WHITECOAT, DOCTOR	MCLAREN FLINT	Two Medicare Diabetes Prevention Program (MDPP) ongoing maintenance sessions (MS) were attended by an MDPP beneficiary in months (mo) 22-24 under the MDPP Expanded Model (EM). (HCPCS, G9885)		2 - Pending Decision		
012345678	Authorization	WHITE, SNOW	BCN	01/20/1961	04/09/2018	04/09/2018	Outpatient Hospital	SCRUBS, DOCTOR		Injection, infliximab-abda, biosimilar (renflexis), 10 mg (HCPCS, Q6104)		2 - Pending Decision		
BCBSM														

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:
 - Noncontracted practitioners or facility services
 - Chiropractic services or physical, occupational or speech therapy
- Specialists may not refer to another specialist for services.
- For BCN AdvantageSM 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*

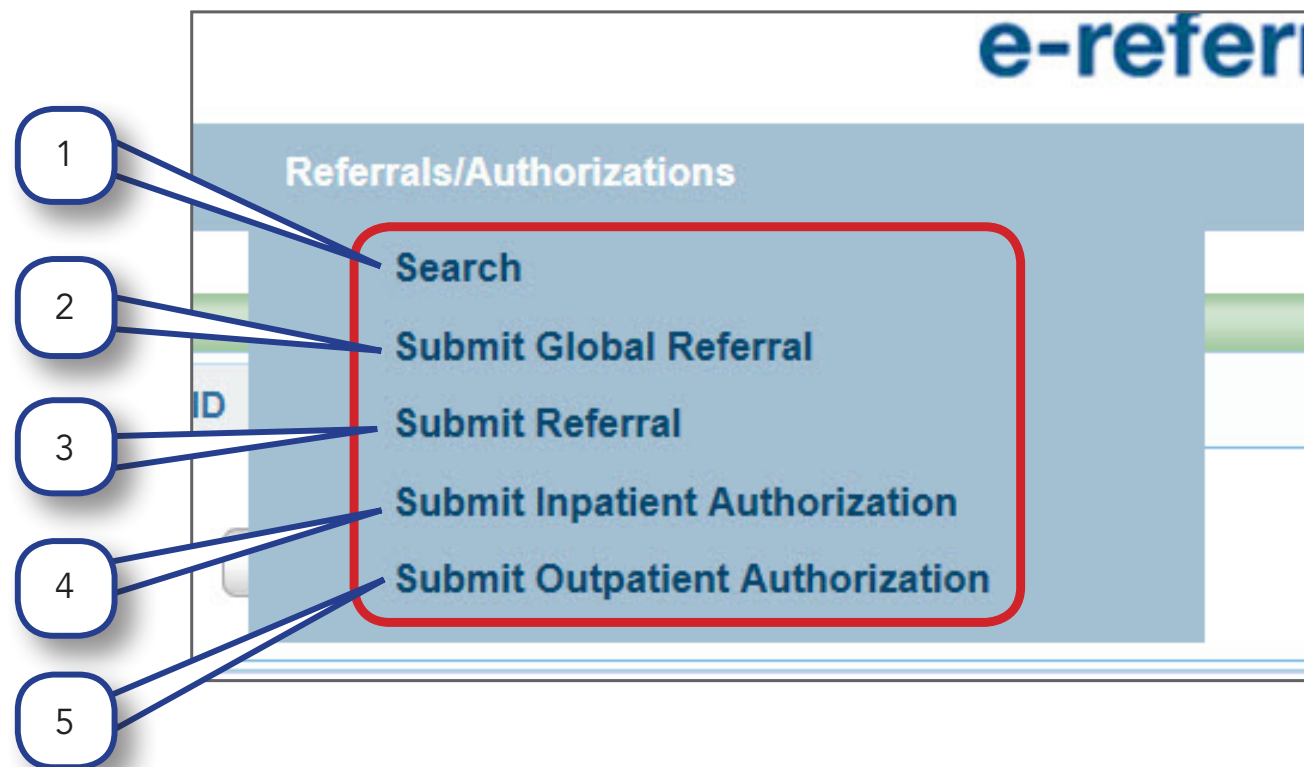
*An authorization is needed for services that require benefit or clinical review. Plan notification through an authorization is required when the service is performed in a facility outpatient setting.

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.

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:

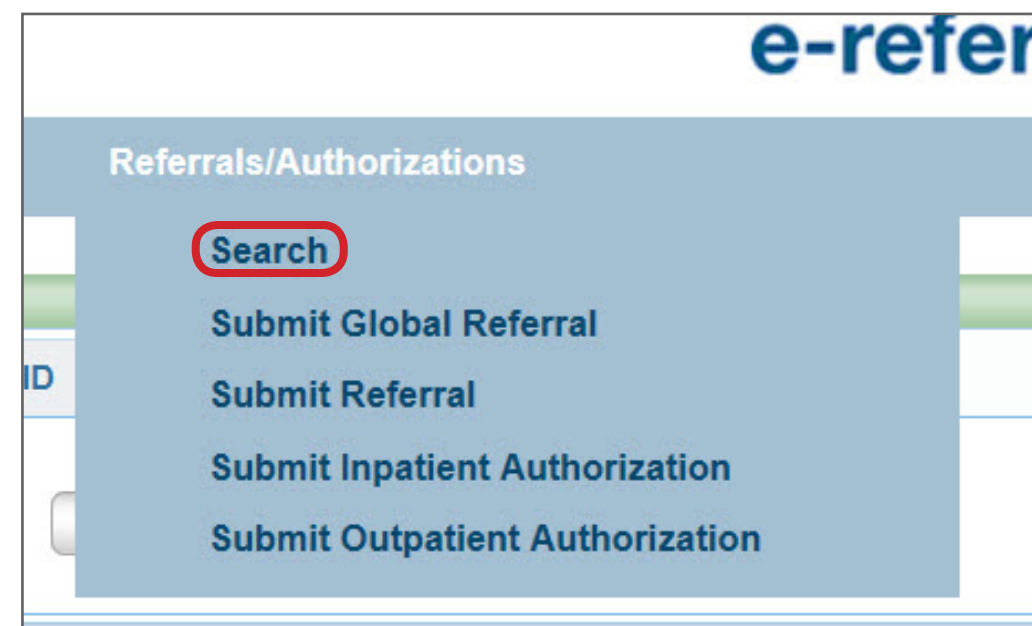


1. Search for one or more referrals or authorizations for a particular member. Specify a date of service range to more easily find the appropriate referral or authorization.
2. Submit a request for a "Global Referral" (referral to a contracted specialist/provider for services to be performed in the provider 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)**

Home Patient Search Referrals/Authorizations APPIAH, JACQUELINE G.

Find Referral/Authorization

Search Options

Reference ID Provider ID Patient

Type From (mm/dd/yyyy) To (mm/dd/yyyy) * Provider or Facility ID 0123456789 Select Patient ID Select Associated Providers All SEARCH

Associated providers are limited to the current provider set

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.

Select Associated Providers Close Window

Filter Associated Providers

Provider Name Provider ID or NPI SEARCH

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

Provider Name	NPI	Type	Specialty
<input checked="" type="checkbox"/> HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
<input type="checkbox"/> HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
<input type="checkbox"/> HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
<input type="checkbox"/> HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
<input type="checkbox"/> HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
<input type="checkbox"/> HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
<input type="checkbox"/> HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
<input type="checkbox"/> HELPPFUL COMMUNITY CLINIC	0123456789	Facility	

1 of 14 associated providers selected

CANCEL OK

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 Patient Search

Find Referral/Authorization

Search Options

Reference ID Provider ID

Type All Authorization Referral Incomplete From (mm/dd/yyyy)

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**

Home Patient Search Referrals/Authorizations HELPPFUL CLINIC

Find Referral/Authorization

Search Options

Reference ID Provider ID Patient

Type From (mm/dd/yyyy) To (mm/dd/yyyy) Provider or Facility ID Select * Patient ID 0123456789 Select All Cases Associated Providers All SEARCH

Associated providers are limited to the current provider set

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	02/20/2015	02/21/2015	Inpatient Hospital	BRONSON BATTLE CREEK	BRONSON BATTLE CREEK	Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)	6	Voided
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	02/03/2015	02/04/2015	Inpatient Hospital	BRONSON BATTLE CREEK	BRONSON BATTLE CREEK	Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)	6	Voided

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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).

Home Patient Search Referrals/Authorizations HELPPFUL CLINIC

Find Referral/Authorization

Search Options

Reference ID Provider ID Patient

Type From (mm/dd/yyyy) To (mm/dd/yyyy) Provider or Facility ID Select * Patient ID 0123456789 Select All Cases Associated Providers All SEARCH

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	03/01/2018	03/09/2018	Outpatient Hospital	PINELIS, SUSANNA		Complete removal of nasal sinus using an endoscope (CPT, 31255)	6	Voided
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	02/06/2018	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	TEST, MARYBETH	BCN	05/05/1971	02/05/2018	03/04/2018	Home	PINELIS, SUSANNA		Artificial Pancreas Device System (eg, Low Glucose Suspend [LGS] Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That (HGPCS, S1034)	6	Voided
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	01/29/2018	02/28/2018	Inpatient Hospital	SIEGEL, DAVID M.	ST JOHN MACOMB OAKLAND HOSPITAL - OAKLAND CENTER	Stomach reduction procedure with partial removal of stomach using an endoscope (CPT, 43775)	6	Voided
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	01/22/2018	02/02/2018	Outpatient Hospital	PINELIS, SUSANNA		Sleep monitoring of patient (6 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube (CPT, 95811)	6	Voided
012345678	Authorization	TEST, MARYBETH	BCN	05/05/1971	01/22/2018	11/30/2018	Office	SIEGEL, DAVID M.		Established patient office or other outpatient visit, typically 15 minutes (CPT, 99213)	6	Voided

Click the Reference ID to view the case details.

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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.

1 Select the Search option.

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

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
0123456789	Authorization	CHURCHILL, WINSTONE	BCN	03/04/2018	5/30/2018	05/31/2018	Inpatient Hospital	WHITECOAT, DOCTOR	MCLAREN FLINT	Initial hospital inpatient care, typically 50 minutes per day (CPT, 99222)	3	Fully Approved

3 The Date of Birth indicates a newborn.

Name	Patient ID	Plan	Birthdate	Gender	Address	Eligibility
CHURCHILL III, WINSTON	0123456789	BCN	02/11/1969	M	1234 MAIN STREET, ANYTOWN, MI 12345	View

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.

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.

Name	Patient ID	Plan	Birthdate	Gender	Address	Eligibility
MEMBER, TEST	0123456789	BCBSM	01/02/1969	M	1234 MAIN STREET, ANYTOWN, MI 12345	View

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

Filter Associated Providers

Provider Name

Provider ID

SEARCH

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

<input checked="" type="checkbox"/>	Provider Name	NPI	Type	Specialty
<input checked="" type="checkbox"/>	ABDOLKARIM, ADIB O.	1578699807	Practitioner	Family Medicine
<input checked="" type="checkbox"/>	ALACURA MEDICAL TRANSPORTATION	1235504622	Provider Group	Air Ambulance
<input checked="" type="checkbox"/>	BADDIGAM, BASIM R.	1386645299	Practitioner	Psychiatry
<input checked="" type="checkbox"/>	BATTLE CREEK HEALTH SYSTEM	1083644579	Provider Group	Laboratory Clinical
<input checked="" type="checkbox"/>	BICKLE, RANDALL A.	1861462830	Practitioner	Family Medicine
<input checked="" type="checkbox"/>	BRONSON BATTLE CREEK	1083644579	Facility	
<input checked="" type="checkbox"/>	CARBAJO SR, ALAN L.	1114038726	Practitioner	Family Medicine
<input checked="" type="checkbox"/>	CAUDILL-DEATON, TARA J.	1154380129	Practitioner	Family Medicine

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All 50 associated providers selected

CANCEL

OK

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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e-referral

Home

Patient Search

Referrals/Authorizations

Find Referral/Authorization

Search Options

Reference ID

Provider ID

Patient

Type

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Provider or Facility ID

Patient ID

All Cases

SEARCH

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
007864304	Authorization	NAWROT, DAVID	BCBSM	12/13/1952	01/09/2018	04/29/2018	Outpatient Hospital	UNIVERSITY OF MICHIGAN SYSTEM		Management of radiation therapy (CPT, 77486)	3	Fully Approved

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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 [ereferrals.bcbsm.com](#). Click on **BCN** then the **Authorization Requirements & Criteria** page.

e-referral

Referrals/Authorizations

Search

Submit Global Referral

Submit Referral

Submit Inpatient Authorization

Submit Outpatient Authorization

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.

Patient Search

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

Search Options

Patient ID

Last Name

First Name

Eligibility As Of (mm/dd/yyyy)

Birthdate (mm/dd/yyyy)

SEARCH

advanced search

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

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

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Submit a global referral, cont.

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

Patient Search

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

Search Options

Patient ID: 01234567801

Last Name:

First Name:

Eligibility As Of (mm/dd/yyyy):

Birthdate (mm/dd/yyyy):

SEARCH

advanced search

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

View 1 - 1 of 1

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

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

Patient Search

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

Search Options

Patient ID:

Last Name: test

First Name: marybeth

Eligibility As Of (mm/dd/yyyy):

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

SEARCH

advanced search

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

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

Home Patient Search Referrals/Authorizations

HELPFUL CLINIC

Patient Search

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

Search Options

Patient ID: 0123456789

Last Name:

First Name:

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

Birthdate (mm/dd/yyyy):

SEARCH

advanced search

Name	Patient ID	Birthdate	Gender	Address	Eligibility
PATIENT, JEFF	012345678	03/21/1961	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, JEFF	012345678	03/21/1961	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View
PATIENT, JOSHUA	012345678	07/07/1987	M	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076	View

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:

Home Patient Search Referrals/Authorizations

HELPFUL CLINIC

Patient Search

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

Search Options

Patient ID:

Last Name: test

First Name: marybeth

Eligibility As Of (mm/dd/yyyy):

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

SEARCH

advanced search

SSN (Numbers only):

Medicare ID:

Medicaid ID:

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

Page 1 of 1

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.

Submit a global referral, cont.

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

Submit Global Referral

Patient Information

Patient

TEST, MARYBETH

Birthdate

5/5/1971

Age

46 years

Plan

BCN

Group ID

00000001

Patient ID

012345678

Address

20500 CIVIC CENTER DRIVE
APT 123
SOUTHFIELD, MI 48076

PCP Name, ID

SCRUBS, DOCTOR 012587411

Service 1

* Service From

(mm/dd/yyyy)

* Service To

(mm/dd/yyyy)

* Duration

* Type of Care

* Place Of Service

* Diagnosis Code

Description

* Procedure Code Type

CPT

99213

* Procedure Code

Description

Office

* Referring Provider Name, ID

WHITECOAT, DOCTOR

Address

1255 MAIN ST, STE 104
ANYTOWN, MI 48006

012345678

Search

* Servicing Provider Name, ID

Address

Search

Servicing Facility Name, ID

Address

Search

CANCEL

SUBMIT

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

Submit Global Referral

Patient Information

Patient

TEST, MARYBETH

Birthdate

5/5/1971

Age

46 years

Plan

BCN

Group ID

00000001

Patient ID

012345678

Address

20500 CIVIC CENTER DRIVE
APT 123
SOUTHFIELD, MI 48076

PCP Name, ID

SCRUBS, DOCTOR 012587411

Service 1

* Service From

(mm/dd/yyyy)

* Service To

(mm/dd/yyyy)

* Duration

* Type of Care

* Place Of Service

* Diagnosis Code

Description

* Procedure Code Type

CPT

99213

* Procedure Code

Description

Office

* Referring Provider Name, ID

WHITECOAT, DOCTOR

Address

1255 MAIN ST, STE 104
ANYTOWN, MI 48006

012345678

Search

* Servicing Provider Name, ID

Address

Search

Servicing Facility Name, ID

Address

Search

CANCEL

SUBMIT

Patient information

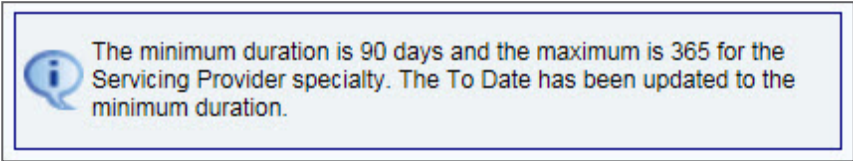
This section includes the patient's information, PCP name and NPI displayed, if available.

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 AdvantageSM emergency outpatient services, please call 1-800-392-2512. For Blue Cross Medicare Plus BlueSM 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 AdvantageSM urgent outpatient services, please call 1-800-392-2512. For Blue Cross Medicare Plus BlueSM 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.

Diagnosis Code Search

Search

Bookmarks

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

Include decimal if applicable (e.g. 250.01)

Code or Description

SEARCH

Submit a global referral, cont.

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

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

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

Code	Description	Category	Owner	Usage Type	Action
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 Bronchus And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete
174.9	Malignant Neoplasm Of Breast (Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ Sites (ICD9, 200.00)	Test	Payer	Diagnosis	Delete
211.3	Benign Neoplasm Of Colon	BCN05152014	Payer	Diagnosis	Delete
218.9	Leiomyoma Of Uterus, Unspecified	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).

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

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

(See the next page for more details.)

Submit a global referral, cont.

The Network Status is displayed in the far left column:

Search

Bookmarks

Name

ID

Specialty

City

State

Zip

CANCEL

SEARCH

Network	Name	NPI	Address	Group Affiliation	Type	Specialty	Action
● Pref	Test, Doctor	1111111141	1234 Bloomfield Detroit, MI Suite 03	MD Practice	Practitioner	OB/GYN	Bookmark
○ In	Test, Provider	1211111111	4321 Rochester Road, Suite 001		Practitioner	OB/GYN	Bookmark
○ Out	David, Provider	1311111111	2222 Southfield Road, Suite 003		Practitioner	OB/GYN	Bookmark
○ Out	Mike, Doctor	1711111111	1244 Hickory Grove Road, Suite 10	Mike's OB/GYN	Practitioner	OB/GYN	Bookmark
● Pref	Joe, Doctor	1210000000	1010 One Lane Road, Suite 1234	West Private Practice DO	Practitioner	OB/GYN	Bookmark
○ Out	Maria, Doctor	1310001011	1212 Leo Road, Suite 134		Practitioner	Anesthesiology	Bookmark

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View 1 - 12 of 12

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 AdvantageSM HMO MyChoice Wellness, BCN AdvantageSM 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.

Network	Name	NPI	Address	Group Affiliation	Type	Specialty	Action
○ Out	COVENANT BREAST IMAGING CENTER SAGINAW LLC	1376599837	5570 STATE ST, STE 3, SAGINAW, MI 48603		GROUPS/CLINICS	Multiple Specialty Group	Bookmark
● In	COVENANT COMMUNITY CARE INC	1720134943	559 W GRAND BLVD, DETROIT, MI 48216		GROUPS/CLINICS	Multiple Specialty Group	Bookmark
○ Out	COVENANT COMMUNITY CARE INC	1073834818	27776 WOODWARD AVE, ROYAL OAK, MI 48067		GROUPS/CLINICS	Multiple Specialty Group	Bookmark
○ Out	COVENANT COMMUNITY CARE INC	1730465162	16411 CURTIS ST, DETROIT, MI 48235		GROUPS/CLINICS	Multiple Specialty Group	Bookmark
○ Out	COVENANT FAMILY CARE PLLC	1225289069	41935 W. 12 MILE RD., SUITE 302, NOVI, MI 48377		GROUPS/CLINICS	Family Medicine	Bookmark

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View 1 - 15 of 15

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.

⚠ Actions

1. The Provider Specialty Questionnaire is required [Questionnaire Assessment](#).

2. To accurately process Global Referrals to a Multi-Specialty group, please respond to the following 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.

Respond to the following questionnaire.

Questionnaire

Close Window

Provider Specialty

50% complete

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

Provider Specialty Page 1

Please select the Specialty of the Provider you are referring to:

Allergy/Immunology

Anesthesiology

Audiology

Cardiovascular Disease

Critical Care Medicine

General Dentistry

Dental Oral Surgeon

Dermatology

Endocrinology

Gastroenterology

General Surgery

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

Urology

Vascular Surgery

Other

CANCEL

NEXT

Page 1 of 0

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Referring Provider Name, ID: ALACURA MEDICAL TRANSPORTA

Address: 3100 MONTICELLO AVE, STE 340 DALLAS, TX 75205

Servicing Provider Name, ID: UNIVERSITY OF MICHIGAN MEDIC

Address: 1500 E MEDICAL CENTER DR ANN ARBOR, MI 48109

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.

Form showing Referring Provider Name, ID, Address, and Servicing Provider Name, ID, Address fields. The Search button is highlighted.

Servicing Provider Search window showing search criteria (Name, ID, Specialty, City, State, Zip) and a list of results. The Search button is highlighted.

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

Servicing Provider Search window showing search criteria and a list of results. The provider name 'UMHS OB GYN ONCOLOGY' is highlighted in the results list.

The Servicing Provider Name, ID fields are then populated.

Form showing Referring Provider Name, ID, Address, and Servicing Provider Name, ID, Address fields. The Servicing Provider Name, ID fields are populated with 'UMHS OB GYN ONCOLOGY' and '1194750026'.

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](#).

Submit Global Referral form showing Patient Information, Service 1, and Referring Provider Name, ID, Address fields. The Servicing Facility Name, ID field is highlighted.

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:

Potential Duplicate Referral or Authorization screen showing a table of existing potential duplicate Referrals/Authorizations. The table includes columns for Reference ID, From, To, Place of Service, Servicing Provider, Facility Provider, Description, and Status.

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

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submitting a referral

Submitting an inpatient authorization

Submitting an outpatient authorization

Bookmarks

Templates

Behavioral Health

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:

The screenshot shows the 'Global Referral Details' page. Callout 1 points to the 'Reference ID 000071995' and 'Status 2 - Pending Decision'. Callout 2 points to the 'Printer-Friendly' link. Callout 3 points to the 'EDIT' button. Callout 4 points to the 'CREATE NEW' button in the 'Case Communication' section. Callout 5 points to the 'CREATE NEW' button in the 'Service 1-Pending' section. Callout 6 points to the 'NEW REFERRAL' button.

1. Reference ID and case status

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

A small thumbnail of the 'Global Referral Details' page, showing the check mark icon and the text 'Reference ID 000022695' and 'Status 2 - Pending Decision'.

2. Printer-Friendly

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

3. Edit

Click here to return to your referral submission to 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.

A screenshot of the 'Case Communication' dialog box. The 'CREATE NEW' button is highlighted with a red circle.

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 screenshot shows the 'Case Communication' dialog box. The 'ATTACH FILE' button is highlighted with a red circle. Below it, the 'Select items to be reviewed' table is visible. The table has columns for 'Procedure', 'Dates', and 'Unit/Days'. The first row is checked, and the second row is unchecked.

Procedure	Dates	Unit/Days
<input checked="" type="checkbox"/> 'Established patient office or other outpatient visit, typically 15 minutes' (CPT, 99213)	9/23/2015-8/7/2016	9999
<input type="checkbox"/> 'Initial hospital inpatient care, typically 50 minutes per day' (CPT, 99222)	5/3/2016-5/8/2016	5

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.

Global Referral Details

Reference ID: 002671995
Status: 2 - Pending Decision

Patient Information

Patient: TEST, MARYBETH
Birthdate: 5/5/1971
Age: 44 years

Plan: BCN
Group ID: 00000001
Patient ID: 123456789

Address: 1235 MAIN ST, STE 104
ANYTOWN, MI 48006

PCP Name, ID: WHITEOAK, DOCTOR 0123456789

Buttons: NEW REFERRAL, NEW GLOBAL REFERRAL, NEW INPATIENT, NEW OUTPATIENT

Case Communication

From: To: Subject: Date

Page 1 of 0

CREATE NEW

Service 1-Pending

Service From: 6/23/2015
Service To: 9/20/2015
Duration: 90 days
Type Of Care: Direct
Place Of Service: Outpatient Hospital
Diagnosis Code: 036.40
Description: Meningococcal Carditis, Unspecified (ICD9, 036.40)
Procedure Code Type: CPT
Procedure Code: 99213
Description: Established patient office or other outpatient ...

Referring Provider Name, ID: WHITEOAK, DOCTOR 0123456789
Address: 1235 MAIN ST, STE 104
ANYTOWN, MI 48006

Servicing Provider Name, ID: SCRIBS, DOCTOR 987654321
Address: 20500 CIVIC CENTER DR
SOUTHFIELD, MI 48076

Servicing Facility Name, ID: Address:

Notes

Date: Subject: Supporting Information

CREATE NEW

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

Service Extension(s)

From Date: To Date: Units: Status:

Remove

CREATE NEW

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.

Blue Cross Blue Shield Blue Care Network of Michigan

Home Patient Search Referrals/Authorizations

This case is unavailable because it's being reviewed. Please try again later.

Global Referral Details

Reference ID: 011009434
Status: 3 - Fully Approved

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](#).)

e-referral

Referrals/Authorizations

Search

Submit Global Referral

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.

Home Patient Search Referrals/Authorizations

HELPFUL CLINIC

Patient Search

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

Search Options

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

SEARCH

advanced search

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.

Submit a referral, cont.

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

The screenshot shows the 'Submit Referral' form. A red box highlights the 'Patient Information' section, which includes fields for Patient Name, Birthdate, Age, Plan, Group ID, Address, and PCP Name, ID. Another red box highlights the 'Service 1' section, which includes fields for Service To, Type of Care, Place of Service, Diagnosis Code, Procedure Code Type, and Procedure Code. A third red box highlights the 'Use Template' button. Callouts point to these sections with descriptive text.

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 AdvantageSM emergency outpatient services, please call 1-800-392-2512. For Blue Cross Medicare Plus BlueSM PPO members, the contact varies by service. Please refer to the [Services that Require Authorization \(PDF\)](#) available at referrals.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 AdvantageSM urgent outpatient services, please call 1-800-392-2512. For Blue Cross Medicare Plus BlueSM PPO members, the contact varies by service. Please refer to the [Services that Require Authorization \(PDF\)](#) available at referrals.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.

The screenshot shows the 'Diagnosis Code Search' window. It has a 'Search' tab and a 'Bookmarks' tab. The 'Search' tab is active, showing a text input field for 'Code or Description' and a 'SEARCH' button. Below the input field, there is a table of search results.

- **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.

The screenshot shows the 'Diagnosis Code Search' window with search results for 'asthma'. The results are displayed in a table with columns for Code, Description, Inactive, and Action. The code J45.2 is highlighted with a red box.

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

Submit a referral, cont.

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

The screenshot shows the 'Diagnosis Code Search' window with the 'Bookmarks' tab selected. It displays a table of saved diagnosis codes with columns for Code, Description, Category, Owner, Usage Type, and Action. The table lists several codes, including 036.40, 036.41, 038.9, 162.9, 174.9, 200.00, 211.3, and 218.9. A search bar and filters are visible at the top.

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 Bronchus And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete
174.9	Malignant Neoplasm Of Breast (Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ Sites (ICD9, 200.00)	Test	Payer	Diagnosis	Delete
211.3	Benign Neoplasm Of Colon	BCN05152014	Payer	Diagnosis	Delete
218.9	Leiomyoma Of Uterus, Unspecified	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.

The screenshot shows the 'Procedure Code Search' window with the 'Search' tab selected. It includes a search bar, filters for Procedure Code Type (CPT) and Code or Description, and a SEARCH button.

Submit a referral, cont.

- **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.

The screenshot shows the 'Procedure Code Search' window with the 'Bookmarks' tab selected. It displays a table of saved procedure codes with columns for Code, Description, Inactive status, and Action. The table lists several codes, including 0012T, 0013T, 0014T, 01300, 01320, 01380, 01382, and 01390. A search bar and filters are visible at the top.

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
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

- **Procedure Code** – Search by **Bookmarks**
Select a procedure code from the list of your saved bookmarks.
For more information on Bookmarks, please see the [Bookmarks](#) section.

The screenshot shows the 'Procedure Code Search' window with the 'Bookmarks' tab selected. It displays a table of saved procedure codes with columns for Code, Description, Category, Owner, Usage Type, and Action. The table lists several codes, including 21501, 22533, 23605, 29877, 43775, 47562, and 49310. A search bar and filters are visible at the top.

Code	Description	Category	Owner	Usage Type	Action
21501	Incision and drainage of abscess or blood accumulation in soft tissues of neck or chest (CPT, 21501)	Test	Payer	CPT	Delete
22533	Fusion of lower spine bones with removal of disc, lateral approach (CPT, 22533)	Uncategorized	Provider	CPT	Delete
23605	Closed treatment of broken upper arm bone with manipulation (CPT, 23605)	Uncategorized	Provider	CPT	Delete
29877	Removal or shaving of knee joint cartilage using an endoscope (CPT, 29877)	BCN05192014	Provider	CPT	Delete
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Uncategorized	Provider	CPT	Delete
47562	Removal of gall bladder using an endoscope	BCN05152014	Payer	CPT	Delete
49310	Laparoscopy, Surg.;cholecystectomy (CPT, 49310)	Uncategorized	Provider	CPT	Delete

Submit a referral, cont.

- 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.

The screenshot shows the 'Submit Referral' form. The 'Referring Provider Name, ID' field is highlighted with a red box. The form includes patient information, service details, and provider selection fields.

- 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.

The screenshot shows the 'Submit Referral' form. The 'Servicing Provider Name, ID' field is highlighted with a red box. The form includes patient information, service details, and provider selection fields.

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](#).

The screenshot shows the 'Submit Referral' form. The 'Servicing Facility Name, ID' field is highlighted with a red box. The form includes patient information, service details, and provider selection fields.

- Add Service/Add Service Copy Providers buttons

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

The screenshot shows the 'Submit Referral' form. The 'ADD SERVICE' and 'ADD SERVICE COPY PROVIDERS' buttons are highlighted with a red box. The form includes patient information, service details, and provider selection fields.

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

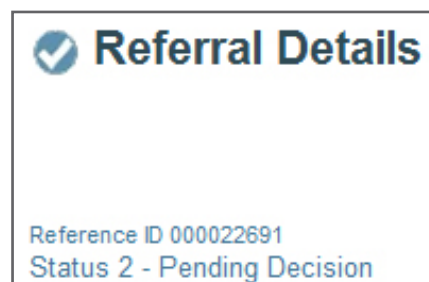
Submit a referral, cont.

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

The screenshot shows the 'Referral Details' page. Callout 1 points to the 'Reference ID 00795474' and 'Status 2 - Pending Decision'. Callout 2 points to the 'Printer-Friendly' link. Callout 3 points to the 'EDIT' button. Callout 4 points to the 'CREATE NEW' button in the 'Case Communication' section. Callout 5 points to the 'CREATE NEW' button in the 'Notes' section. Callout 6 points to the 'NEW REFERRAL', 'NEW GLOBAL REFERRAL', 'NEW INPATIENT', and 'NEW OUTPATIENT' buttons.

1. Reference ID and case status

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



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.

The screenshot shows the 'Case Communication' dialog box. The 'CREATE NEW' button is highlighted with a red circle.

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 screenshot shows the 'Case Communication' dialog box. The 'ATTACH FILE' button is highlighted with a red circle. Below it, there is a 'Message' field and a table for 'Select items to be reviewed'.

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

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

The screenshot shows the 'Case Communication' dialog box after the file has been attached. The 'Attachments' section shows 'Clinical documentation.pdf 33K'.

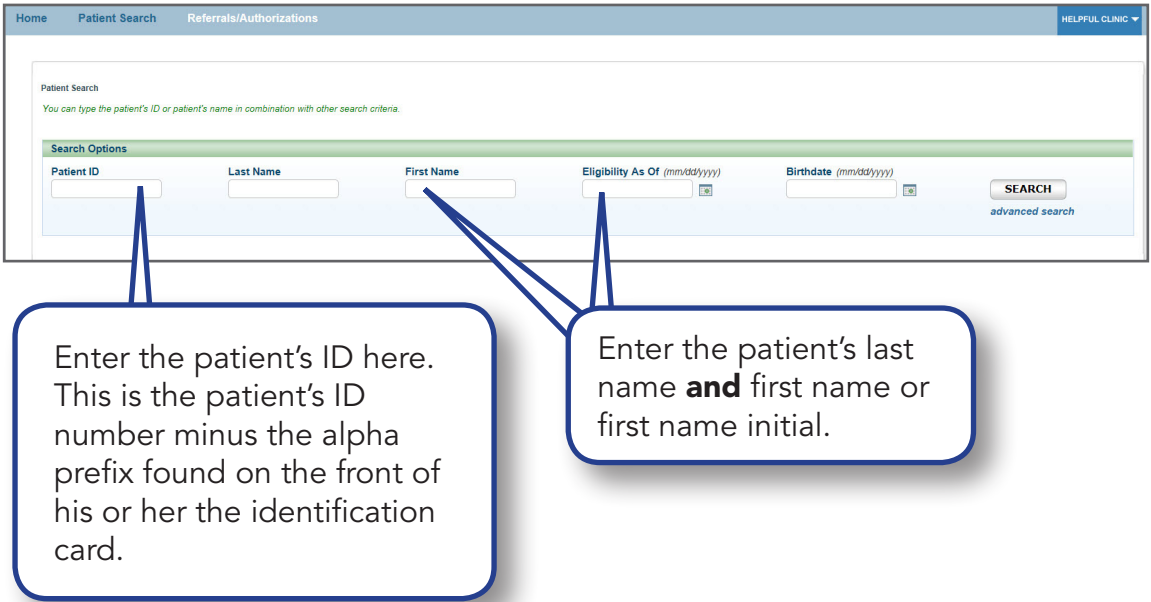
4. Submit an inpatient authorization

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.

A screenshot of the 'Submit Inpatient Authorization' form. The form is divided into several sections. The 'Patient Information' section at the top contains fields for Patient (TEST, MARYBETH), Birthdate (5/5/1971), Age (45 years), Plan (BCN), Group ID (00000001), Patient ID (012587411), Address (05012011 date, Flint, MI 48503), and PCP Name, ID (WHITECOAT, DOCTOR, 012587411). Below this is a 'USE TEMPLATE' button. The 'Confinement Information' section contains several required fields marked with an asterisk (*): Admission Date (08/24/2016), Length of Stay (1 days), Type of Care (Emergency), Place Of Service (Inpatient Hospital), Primary Diagnosis Code (A40.3), Procedure Code Type (CPT), Primary Procedure Code (00537), Referring Provider Name, ID, Address, Servicing Provider Name, ID, Address, Servicing Facility Name, ID, Address, and Admitting Provider Name, ID, Address. Each of these fields has a search button next to it.

- **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.

Submit an inpatient authorization, cont.

Primary Diagnosis Code

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

Diagnosis Code Search

Search Bookmarks

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

Code or Description

SEARCH

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

Diagnosis Code Search

Search Bookmarks

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

Code or Description

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

Diagnosis Code Search

Search Bookmarks

Select a Diagnosis code from the bookmarks below

Filter by Category All Filter by Usage Type 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 Bronchus And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete
174.9	Malignant Neoplasm Of Breast (Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ Sites (ICD9, 200.00)	Test	Payer	Diagnosis	Delete
211.3	Benign Neoplasm Of Colon	BCN05152014	Payer	Diagnosis	Delete
218.9	Leiomyoma Of Uterus, Unspecified	BCN05152014	Payer	Diagnosis	Delete

Page 1 of 5 25 View 1 - 25 of 107

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** | Initial and Consultation Service
*99477 – *99480 |
| Inpatient hospital care
Care Services
*99221 – *99239 | Inpatient Neonatal and Pediatric Critical
*99466 – *99482 |
| Inpatient Consultation
*99251 – *99255 | Inpatient medical rehab
*97150 |
| Critical Care Services
*99291 – *99292 | Skilled Nursing Facility
*99304 – *99306 |
| Newborn Care Services
*99460 – *99465 | |

- **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

Search Bookmarks

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

Procedure Code Type CPT Code or Description

SEARCH

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

Procedure Code Search

Search Bookmarks

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

Procedure Code Type CPT Code or Description

SEARCH

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
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
01382	Anesthesia for closed procedure on knee joint (CPT, 01382)		Bookmark
01390	Anesthesia for closed procedure at knee and/or upper foreleg bones (CPT, 01390)		Bookmark

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**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.

The screenshot shows the 'Procedure Code Search' window. It has tabs for 'Search' and 'Bookmarks'. Under 'Bookmarks', there's a message: 'Select a Procedure code from the bookmarks below'. Below this are two filters: 'Filter by Category' (set to 'All') and 'Filter by Usage Type' (set to 'All'). A 'SEARCH' button is present. The main area is a table with columns: Code, Description, Category, Owner, Usage Type, and Action. The table lists several procedure codes, including 21501, 22533, 23605, 29877, 43775, 47562, and 49310. At the bottom, it shows 'Page 1 of 6' and 'View 1 - 25 of 126'.

- **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.

The screenshot shows the 'Submit Inpatient Authorization' form. The 'Patient Information' section is filled out with patient details. The 'Confinement Information' section has several fields. The 'Referring Provider Name, ID' field is highlighted with a red box. It contains the text 'HELPUFUL CLINIC' and '012345678'.

- **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.

The screenshot shows the 'Submit Inpatient Authorization' form. The 'Patient Information' section is filled out. The 'Confinement Information' section has several fields. The 'Servicing Provider Name, ID' field is highlighted with a red box. It contains the text 'HELPUFUL CLINIC' and '012345678'.

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."

The screenshot shows the 'Submit Inpatient Authorization' form. The 'Patient Information' section is filled out. The 'Confinement Information' section has several fields. The 'Servicing Facility Name, ID' field is highlighted with a red box. It contains the text 'HELPUFUL CLINIC' and '012345678'.

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

The screenshot shows the 'Submit Inpatient Authorization' form. The 'Patient Information' section is filled out. The 'Confinement Information' section has several fields. The 'Admitting Provider Name, ID' field is highlighted with a red box. It contains the text 'HELPUFUL CLINIC' and '012345678'.

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

Submit an inpatient authorization, cont.

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.

*Referring Provider Name, ID

WHITECOAT, DOCTOR

012345678

Address

1255 MAIN ST, STE 104

ANYTOWN, MI 48006

*Servicing Provider Name, ID

SCRUBS, DOCTOR

012345678

Search

Address

1255 MAIN ST, STE 104

ANYTOWN, MI 48006

*Servicing Facility Name, ID

ANY HOSPITAL

987654321

Search

Address

7774 MAIN ST, STE 104

ANYTOWN, MI 48006

*Admitting Provider Name, ID

DOCTOR, DOCTOR

456789101

Search

Address

1255 MAIN ST, STE 208

ANYTOWN, MI 48006

ADD SERVICE

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.

*Admission Date

05/18/2016

(mm/dd/yyyy)

*Length of Stay

3

days

*Type of Care

Direct

*Place Of Service

Inpatient Hospital

*Primary Diagnosis Code

E86.0

Search

Description

Dehydration (ICD10, E86.0)

*Procedure Code Type

CPT

*Primary Procedure Code

0358T

Search

Description

Whole body composition tissue and fluid measure...

SAVE AS...

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 Authorization Details

Reference ID 000022719

Status 2 - Pending Decision

1

2

3

4

5

6

Patient Information

Patient

TEST, MARYBETH

Birthdate

5/5/1971

Age

44 years

Plan

BCN

Group ID

00000001

Address

06012011 date

Flint, MI 48503

Patient ID

123456789

PCP Name, ID

SCRUBS, DOCTOR, 012567411

NEW REFERRAL

NEW GLOBAL REFERRAL

NEW INPATIENT

NEW OUTPATIENT

Case Communication

From

To

Subject

Date

Page 1

of 0

25

Confinement Information-Pended

Admission Date:

04/03/2018

Length of Stay:

3 days

Type Of Care:

Direct

Place Of Service:

Inpatient Hospital

Primary Diagnosis Code:

J06.X1

Description:

Influenza due to identified novel influenza A v...

Procedure Code Type:

CPT

Primary Procedure Code:

99222

Description:

Initial hospital inpatient care, typically 50 m...

Referring Provider Name, ID:

WHITECOAT, DOCTOR 012345678

Address:

1255 MAIN ST, STE 104

ANYTOWN, MI 48006

Servicing Provider Name, ID:

SCRUBS, DOCTOR 012345678

Address:

1255 MAIN ST, STE 104

ANYTOWN, MI 48006

Servicing Facility Name, ID:

ANY HOSPITAL 01234567

Address:

7774 MAIN ST, STE 104

ANYTOWN, MI 48006

Admitting Provider Name, ID:

DOCTOR, DOCTOR 456789101

Address:

1255 MAIN ST, STE 208

ANYTOWN, MI 48006

Notes

Date

Subject

Supporting Information

CREATE NEW

1. Reference ID and case status

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

2. Printer-Friendly

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

3. Edit

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

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submitting a referral

Submitting an inpatient authorization

Submitting an outpatient authorization

Bookmarks

Templates

Behavioral Health

e-referral User Guide

56

03/20/2019

e-referral User Guide

57

03/20/2019

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.

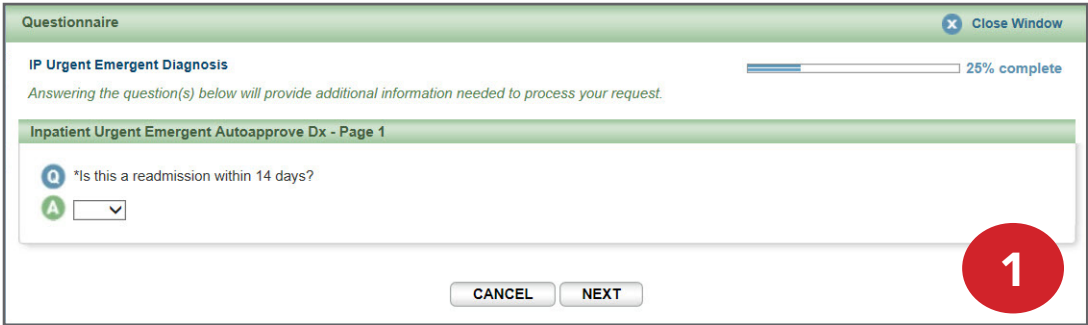
Submit an inpatient authorization, cont.

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

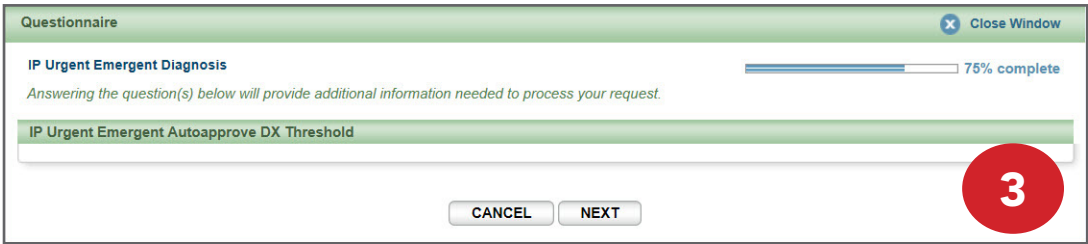
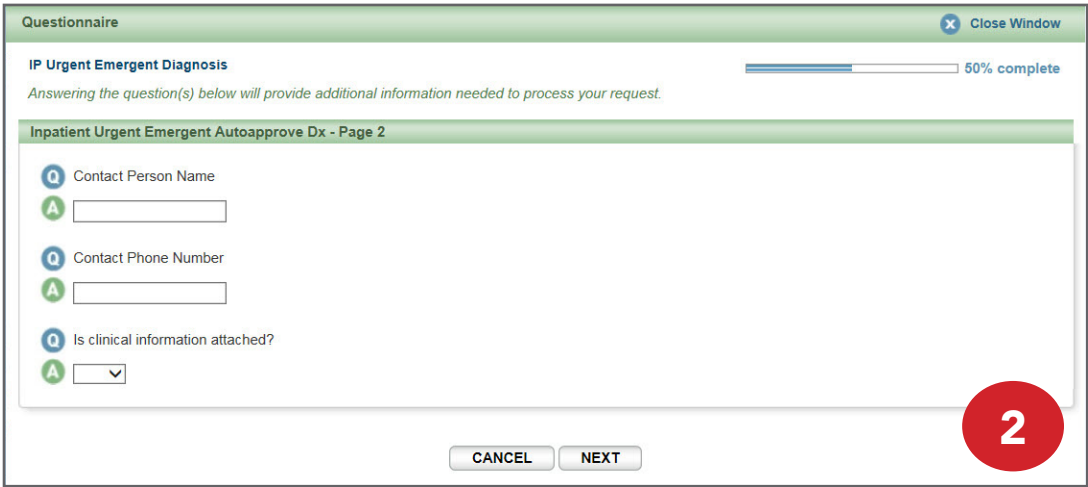
Depending on the diagnosis code chosen, you will see an Action message at the top of the screen. The Action requires you to either complete a questionnaire or submit clinical documentation.

- 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.

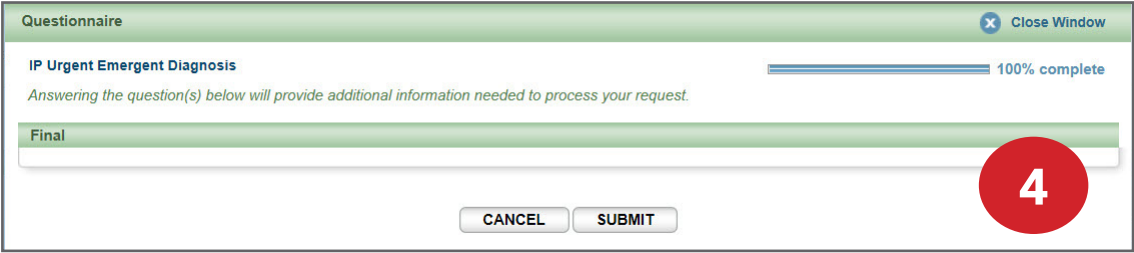


Here, the Contact Person Name and Contact Phone Number is the name of a person or a department that Blue Cross or BCN can contact with questions regarding clinical information, if needed.



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

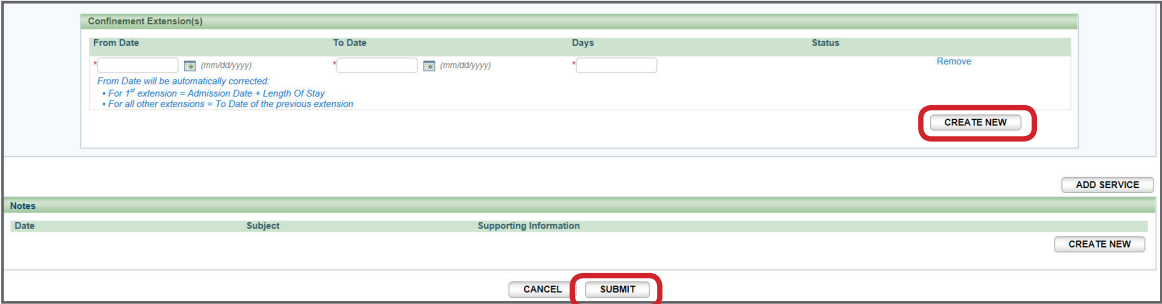
Initial newborn cases with temporary contract numbers (infants who are staying past their mother's discharge) need to be submitted via fax until the infant is eligible.

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.

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
012345678	Authorization	TEST, BABY GIRL	BCN	04/03/2018	04/03/2018	04/13/2018	Inpatient Hospital	BRONSON BATTLE CREEK	BRONSON BATTLE CREEK	Initial inpatient hospital critical care of newborn, 28 days of age or younger, per day (CPT, 96.08)		3 - Fully Approved

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.

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 HMOSM (commercial) and BCN AdvantageSM, 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

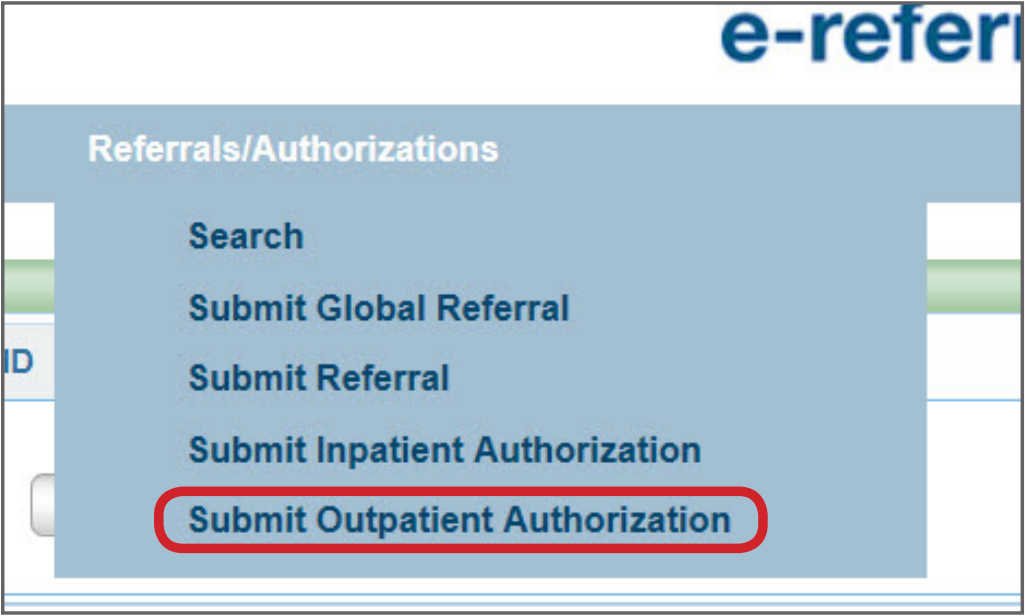
Effective October 3, 2016, all requests to authorize **outpatient facility and clinic-based sleep management studies** for adult BCN HMOSM (commercial) or BCN AdvantageSM members 18 years of age and older require the submission of evidence from the member’s medical record. This evidence must confirm the specific condition the member has that would exclude or contraindicate a home sleep study. Providers can facilitate the authorization request by completing the sleep study questionnaire for outpatient facilities or clinic-based settings in the e-referral system. 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 HMOSM (commercial) or BCN AdvantageSM members, **home sleep studies** do not require clinical review, but an authorization is still needed in the e-referral system so that claims can be paid. This means that there is no longer a need to complete a questionnaire in the e-referral system for home sleep studies.

BCN Behavioral Health requests

For assistance, please see the [Behavioral Health e-referral User Guide](#) 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.

Submit an outpatient authorization, cont.

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

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

- For BCN or BCN AdvantageSM members, please call the BCN Care Management department at 1-800-392-2512.
- For Blue Cross Medicare Plus BlueSM 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 | Other Unlisted Facility (do not use) |
| Treatment Facility | 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.

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

Submit an outpatient authorization, cont.

○ Diagnosis Code – Search by Bookmarks

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

The screenshot shows the 'Diagnosis Code Search' window with the 'Bookmarks' tab selected. It displays a table of saved diagnosis codes with columns for Code, Description, Category, Owner, Usage Type, and Action. The table lists several codes, including 036.40, 036.41, 038.9, 162.9, 174.9, 200.00, 211.3, and 218.9. The 'Action' column for each row contains a 'Delete' link. The interface also includes filters for 'Filter by Category' and 'Filter by Usage Type', and a 'SEARCH' button.

• 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.

The screenshot shows the 'Procedure Code Search' window with the 'Search' tab selected. It includes a text input field for entering a full or partial procedure code or description, a 'SEARCH' button, and a 'Bookmarks' tab. The interface also features filters for 'Filter by Category' and 'Filter by Usage Type'.

*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.

The screenshot shows the 'Procedure Code Search' window with the 'Bookmarks' tab selected. It displays a table of saved procedure codes with columns for Code, Description, Inactive, and Action. The table lists several codes, including 0012T, 0013T, 0014T, 01300, 01320, 01380, 01382, and 01390. The 'Action' column for each row contains a 'Bookmark' link. The interface also includes filters for 'Filter by Category' and 'Filter by Usage Type', and a 'SEARCH' button.

○ Procedure Code – Search by Bookmarks

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

The screenshot shows the 'Procedure Code Search' window with the 'Bookmarks' tab selected. It displays a table of saved procedure codes with columns for Code, Description, Category, Owner, Usage Type, and Action. The table lists several codes, including 21501, 22533, 23605, 29877, 43775, 47562, and 49310. The 'Action' column for each row contains a 'Delete' link. The interface also includes filters for 'Filter by Category' and 'Filter by Usage Type', and a 'SEARCH' button.

• 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.

The screenshot shows the 'Submit Outpatient Authorization' form. It includes fields for Patient Information, Referring Provider Name, ID, and Address. The 'Referring Provider Name, ID' field is highlighted with a red box, indicating it is a required field.

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.

Network	Name	NPI	Address	Group Affiliation	Type	Specialty	Action
In	GAVORIN, DENISE E	1700046307	455 BARCLAY CIR, STE D, ROCHESTER HILLS, MI, USA, 48307	KARLE MEDICAL GROUP PC	Practitioner	Family Medicine	Bookmark
Pref	GAVORIN, DENISE E	1700046307	455 BARCLAY CIR, STE D, ROCHESTER HILLS, MI, USA, 48307	UNITED PHYSICIANS INC - PDCM	Practitioner	Family Medicine	Bookmark
In	GAVORIN, DENISE E	1700046307	30600 TELEGRAPH RD, STE 4000, BINGHAM FARMS, MI, USA, 48025	UNITED PHYSICIANS INC - PDCM	Practitioner	Family Medicine	Bookmark

• 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 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.

The screenshot shows the 'Outpatient Authorization Details' page. At the top, there's a navigation bar with 'Home', 'Patient Search', and 'Referrals/Authorizations'. Below this, the page title is 'Outpatient Authorization Details'. A red box highlights the 'EDIT' button in the top right corner. The main section is titled 'Patient Information' and contains fields for Patient (testing deid, wify), Birthdate (3/1/1955), Age (63 years), Plan (BCN), Group ID (00000001), Address (06012011 date, Flint, MI 48503), and PCP Name, ID (WHITECOAT, DOCTOR, 0123456789). At the bottom, there are buttons for 'NEW REFERRAL', 'NEW GLOBAL REFERRAL', 'NEW INPATIENT', and 'NEW OUTPATIENT'.

The screenshot shows the 'e-referral' dashboard. At the top, there's a navigation bar with 'Home', 'Patient Search', and 'Referrals/Authorizations'. Below this, there's a red banner with the message: 'This case is unavailable because it's being reviewed. Please try again later.' Below the banner, the page title is 'Outpatient Authorization Details'. At the bottom, there's a reference ID '011009289' and status '3 - Fully Approved'.

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

The screenshot shows the 'Service Extension(s)' section. It contains a table with columns: From Date, To Date, Units, and Status. The table has one row with values: 06/01/2016, 06/30/2016, 10, and a status icon. Below the table, there's a 'CREATE NEW' button. At the bottom, there's a 'SUBMIT' button highlighted with a red box.

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.

The screenshot shows the 'Outpatient Authorization Details' page. At the top, there's a navigation bar with 'Home', 'Patient Search', and 'Referrals/Authorizations'. Below this, the page title is 'Outpatient Authorization Details'. A yellow banner at the top contains an 'Actions' section with a message: '1 *The Sleep Studies - Outpatient Facility or Clinic-Based Setting Questionnaire is required.' A red box highlights the 'Questionnaire Assessment' button. At the bottom right, there's an 'EDIT' button.

Answer each question until you have completed the questionnaire.

The screenshot shows the 'Questionnaire' for 'Sleep Studies - Outpatient Facility or Clinic-Based Setting'. The progress bar shows '30% complete'. The questionnaire consists of several questions with dropdown menus for answers. The questions are: 1. If the sleep study is being performed for the SOLE purpose of DIAGNOSING one of the following conditions, please check the condition that applies. If this doesn't apply, you MUST pick NOT APPLICABLE. 2. Is the sleep study being performed SOLELY to meet a legal requirement (for example, as part of an application for or maintenance of air or ground vehicle licensure)? If this doesn't apply as the SOLE purpose of this test, you MUST select NO. 3. Is this an ADULT with a previous home sleep study diagnostic for OSA? A home sleep study should be considered for patients with symptoms of OSA without comorbid conditions. If this is a pediatric patient, you MUST select Not Applicable. 4. Please select any of the following conditions this patient has that might alter breathing or require alternative treatment during a home sleep study. If the patient doesn't have any of the following conditions you MUST pick NOT APPLICABLE. 5. Is excessive daytime sleepiness present noted by Epworth Sleepiness Scale greater than 10 OR sleepiness interfering with daily activities NOT explained by other conditions? 6. Does the patient snore habitually or have gasping or choking episodes that wake them up? 7. Does the patient have unexplained high blood pressure? 8. Does the patient have a body mass index greater than 35? At the bottom, there are 'CANCEL' and 'NEXT' buttons.

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submitting a referral

Submitting an inpatient authorization

Submitting an outpatient authorization

Bookmarks

Templates

Behavioral Health

Submit an outpatient authorization, cont.

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

Questionnaire

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

Q

Does the patient have soft tissue abnormalities of the upper airway, head, skull or face?

A

Q

Has anyone observed apnea (pauses in breathing) during sleep?

A

Q

Does the patient have SUSPECTED sleep apnea AND one of the following conditions? Please select any of the following conditions that apply to this patient.

A

Q

Is a REPEAT sleep study being done to titrate or re-evaluate CPAP?*

A

Q

Is a REPEAT sleep study being done following surgery to determine if the surgery was effective?*

A

CANCEL

NEXT

Questionnaire

Sleep Studies – Outpatient Facility or Clinic-Based Setting

90% complete

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

Outpatient-Provider Office Sleep Study - Pg 3

Q

Is a REPEAT sleep study being done to assess the efficacy of a dental appliance on sleep? **

A

Q

Is a REPEAT sleep study being done due to equipment failure with less than six hours of recording available as a result? **

A

Q

Is a REPEAT sleep study being done due to less than two hours of recorded sleep? **

A

Q

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? **

A

Q

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? **

A

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

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

SUBMIT

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 Successfully

Outpatient Authorization Details

Reference ID 002466574

Status 2 - Pending Decision

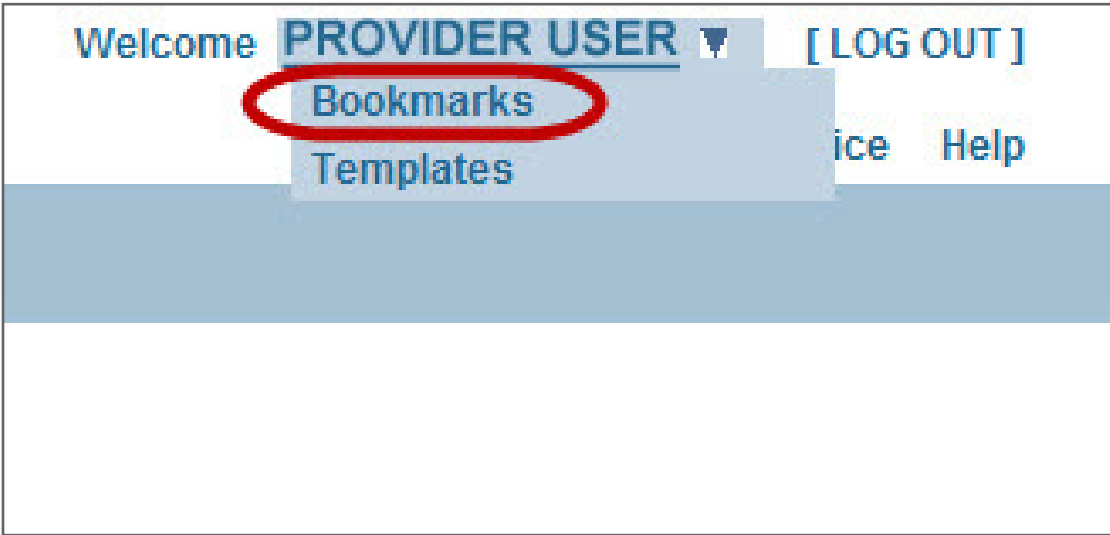
Section V: Bookmarks

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

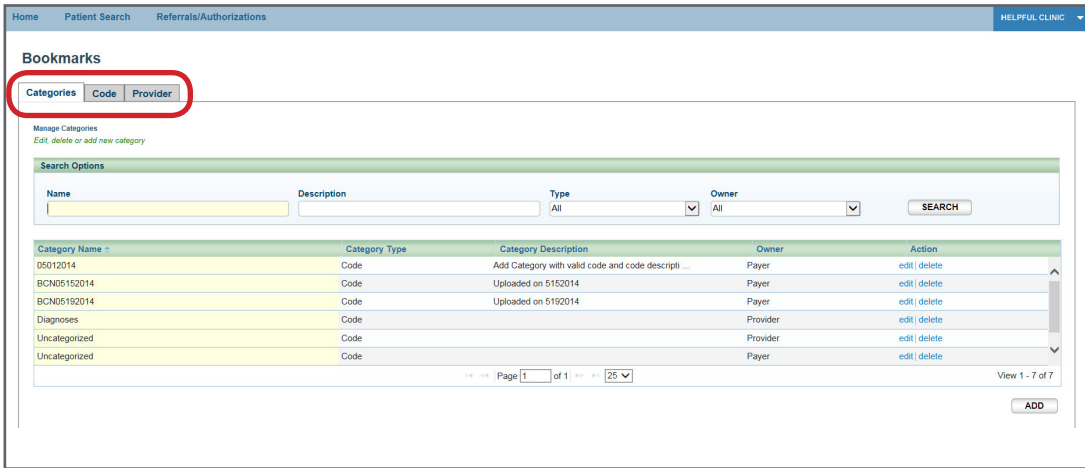
There are two ways to create a bookmark. Choose Bookmarks from the drop-down menu at the top of the Home page or create them from within a patient’s record.

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

Choose Bookmarks



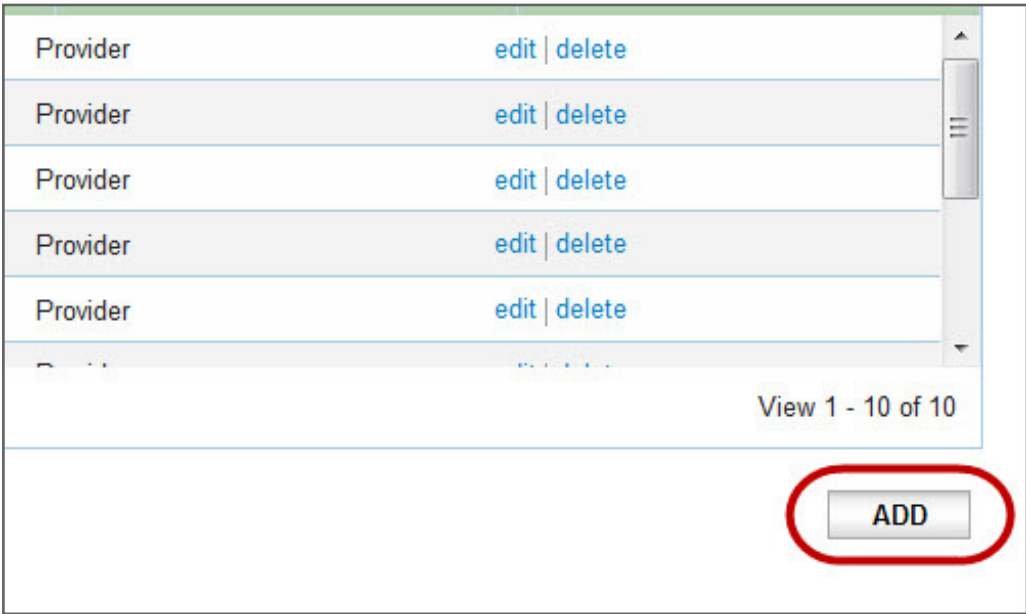
Select the bookmark type you’d like to manage from this screen. Your choices are Categories, Code and Provider.



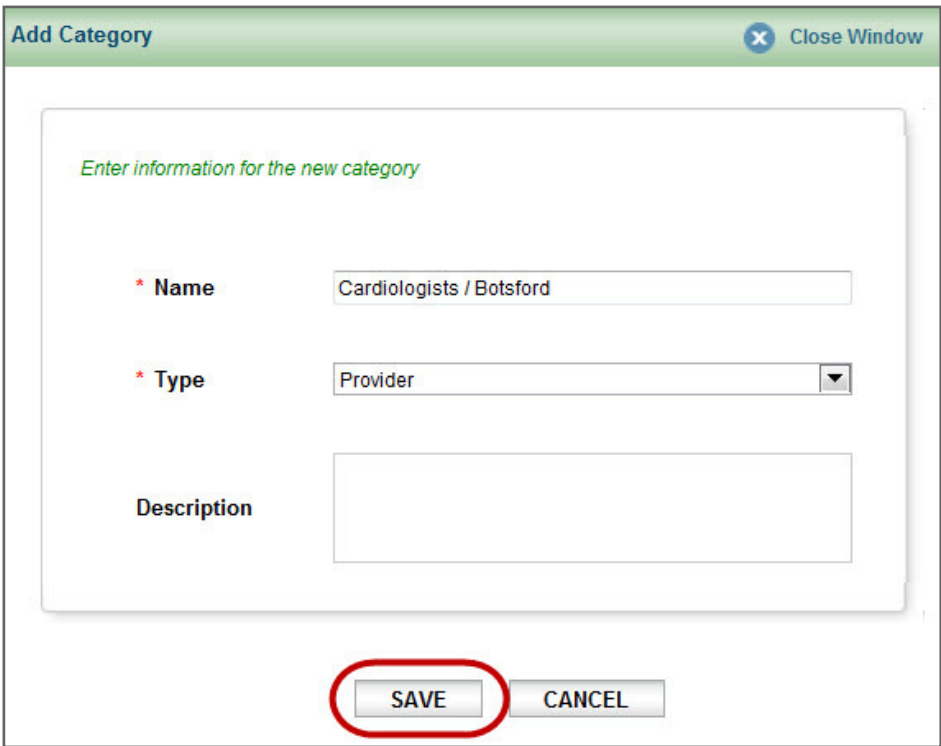
Bookmarks, cont.

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

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



The Add Category window will open where you can create your new bookmark. Name your category and select the type – Code or Provider. Click Save.



Bookmarks, cont.

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

To search for an existing bookmark by code:

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

Bookmarks, cont.

To add a new bookmark:

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

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

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

Bookmarks, cont.

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

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

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

Bookmarks, cont.

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

To search for an existing bookmark:

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

Bookmarks, cont.

To add a new bookmark:

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

Servicing Facilitycopy | delete

Servicingcopy | delete

Servicing Facilitycopy | delete

View 1 - 25 of 100

ADD BOOKMARK

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

Provider and Facility Search

Close Window

Search

Name

ID

Specialty

City

State

Zip

WHITEC

ID or 10 digit NPI

All

All

CANCEL

SEARCH

Name	NPI	Address	Group Affiliation	Type	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	

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Bookmarks, cont.

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

Add Bookmark

Close Window

Select categories for EASTWOOD CLINICS

Select	Category
<input checked="" type="checkbox"/>	Uncategorized

Message

Close Window

Bookmark will be added to Uncategorized Folder.

CANCEL

OK

Saving as

Admitting

View 1 - 1 of 1

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.

Add Bookmark

Close Window

Select categories for MERCY CARE OF W MI INC DBA WHITE CLD MED CTR

Select	Category	Category Description
<input checked="" type="checkbox"/>	Uncategorized	
<input type="checkbox"/>	Cardiologists / Botsford	
<input type="checkbox"/>	Chiru	Provider Bookmark Test
<input type="checkbox"/>	Diane's Providers	Provider list
<input type="checkbox"/>	Training Manual	Sample

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View 1 - 5 of 5

Saving as

Select

Admitting

Referring

Servicing

Servicing Facility

CANCEL

SAVE



Bookmarks, cont.

To create a bookmark from within a case:

When you're in a case and ready to submit a Global Referral, Referral, Inpatient or Outpatient Authorization, search for the Servicing Provider or Servicing Facility you wish to save as a bookmark.

Network	Name	NPI	Address	Group Affiliation	Type	Specialty	Action
In	HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility		Bookmark
Out	HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility		Bookmark
In	HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility		Bookmark
In	HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility		Bookmark
In	HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility		Bookmark
In	HELPFUL CLINIC	0123456789	1234 Happy St., Ste C, Southfield, MI, USA 48034		Facility		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.

* Referring Provider Name, ID Address HELPFUL CLINIC 012345678 Search

* Servicing Provider Name, ID Address help 0123456789 - HELPFUL CLINIC Search

Servicing Facility Name, ID Address Search

* Referring Provider Name, ID Address HELPFUL CLINIC 012345678 Search

* Servicing Provider Name, ID Address HELPFUL CLINIC 1255 MAIN ST, STE 104 ANYTOWN, MI 48006 Search

Servicing Facility Name, ID Address Search

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.

Welcome PROVIDER USER [LOG OUT]

Bookmarks

Templates

ice Help

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.

Manage Templates

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

Templates, cont.

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

- 1. **Form:** Choose UM from the drop-down menu. **UM = Utilization Management.** UM consists of referrals, inpatient and outpatient authorizations.
 - 2. **Form Type:** Choose Inpatient Auth, Outpatient Auth or Referral.
 - 3. **Name:** Enter a name for your new category.
- Click Save or Cancel. After clicking Save, a confirmation message will appear that you have successfully created your category.

Templates, cont.

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

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

- 1. **Form:** Choose UM from the drop-down menu. **UM = Utilization Management.** UM consists of referrals, inpatient and outpatient authorizations.
 - 2. **Form Type:** Choose Inpatient Auth, Outpatient Auth or Referral.
 - 3. **Diagnosis Version:** Choose ICD9 (for retro entries prior to 10/1/2015) or ICD10.
- Click Continue or Cancel. After clicking Continue, you will be returned to the Manage Templates screen.

Templates, cont.

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

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

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

Templates, cont.

To create a template from within a case:

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.

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.

Patient Information

Patient	test, test
Patient ID	921182529 - 01
Group ID	00275566
Birthdate	5/20/1940
Age	73 years

USE TEMPLATE

Use Template

configurable hint text here >>

Search Options

Name	Description	Category	SEARCH
Procedure Code	Diagnosis Code		

CLOSE

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.

Manage Templates

Categories

Templates

You can search for an existing Template or create a new Template

Search Options

Name	Description	Category	Form	Form Type	SEARCH
Procedure Code	Diagnosis Code	Created By	Active Status	Expired Status	

Name	Description	Category	Form Type	Active	Action
HELPFUL CLINIC		OP MH	Outpatient Auth	Active	Delete

Page 1 of 1

ADD NEW

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 BlueSM 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 AdvantageSM 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 BlueSM 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

ereferrals.bcbsm.com