e-referral User Guide

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

READY TO HELP

Confidence comes with every card.®

October 2025

authorizations.bcbsm.com

Dear Blue Cross Blue Shield of Michigan and Blue Care Network health care provider:

Welcome to e-referral (also known as CareAdvance Provider), Blue Cross and BCN's system for submitting and managing your referrals and authorizations electronically.

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

1. Go to **bcbsm.com/providers**
2. Scroll down and click ***Register for web tools*** and follow the instructions

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

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

- Out-of-state providers who do not participate with Blue Cross or BCN
- When making changes to an existing referral, other than extending the date of the referral
- For urgent requests in the event of a life threatening situation:
  - For Blue Care Network commercial or BCN Advantage℠ members, please call the BCN Utilization Management department at 1-800-392-2512.
  - For Medicare Plus Blue℠ members, the contact varies by service. Please refer to the ***Services that Require Authorization (PDF)*** available at **authorizations.bcbsm.com**. Click ***Referrals & Prior Authorizations***, then click ***Blue Cross Prior Authorization***.
  - For Blue Cross commercial members, please contact Blue Cross Provider Inquiry. Find the appropriate phone number in the ***Provider resource guide at a glance*** document. You'll find it at the bottom of **authorizations.bcbsm.com** under Frequently Accessed Documents.

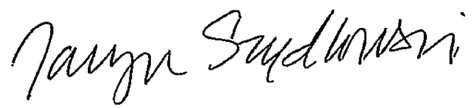
NOTE: For faster service, please have member demographics, procedure, and diagnosis codes available before calling.

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

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

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

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



Taryn Szydlowski, Director
Clinical Program Operations

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Section I: Checking Member Eligibility and Benefits

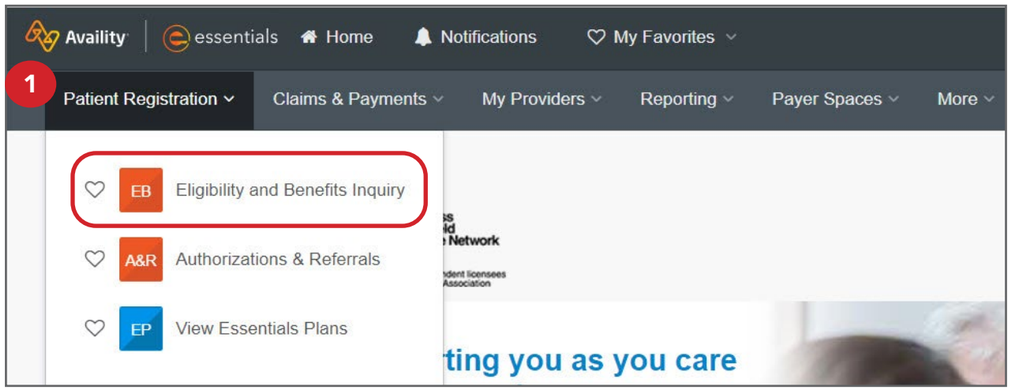
Before searching or selecting a member in e-referral, it's important to check their eligibility and benefits information to ensure their coverage is active. You can check eligibility and benefits in:

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

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

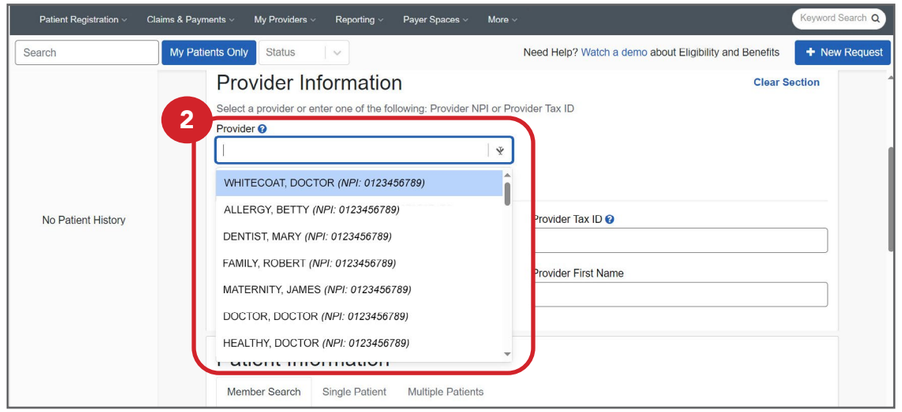
1. Log in to our provider portal (**availity.com**).
2. Click *Payer Spaces* on the menu bar.
3. Click the BCBSM and BCN logo.
4. Click the *Resources* tab.
5. Click *Secure Provider Resources (Blue Cross and BCN)*.

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

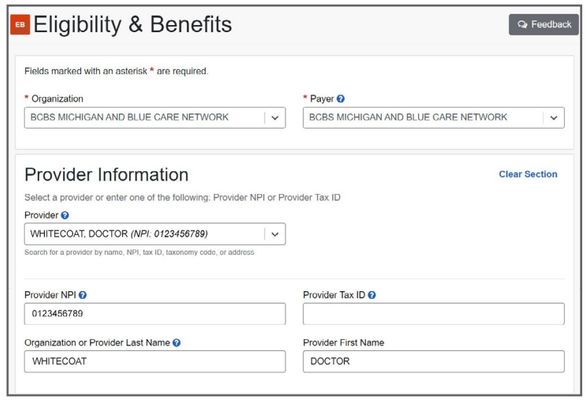


Checking member eligibility and benefits, cont.

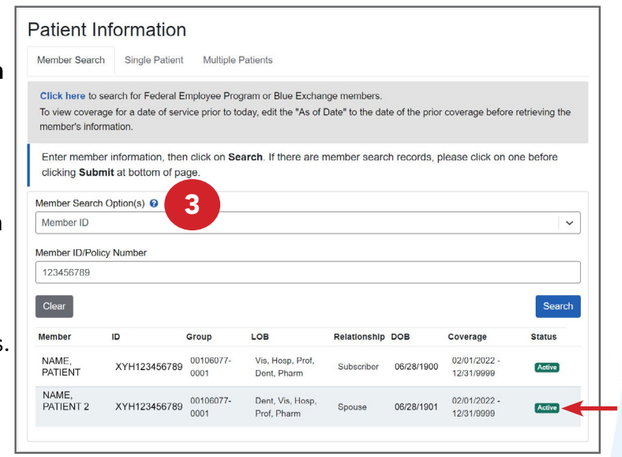
2. Select a provider from the list.



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

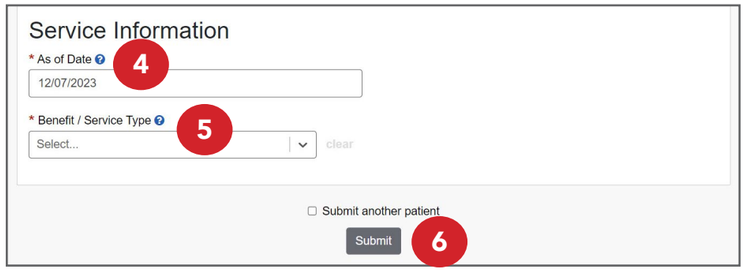


3. Choose a **Member Search Option(s)**. Either enter the payer-assigned number that displays on the patient's ID card for the Patient ID or choose other options from the drop-down menu. Make sure the member has Active eligibility. Choose the patient from the list of results.



Checking member eligibility and benefits, cont.

4. The **As of Date** defaults to the current date. You can enter the date for which you are verifying the patient's eligibility and benefits information. You can enter a date up to 24 months in the past.

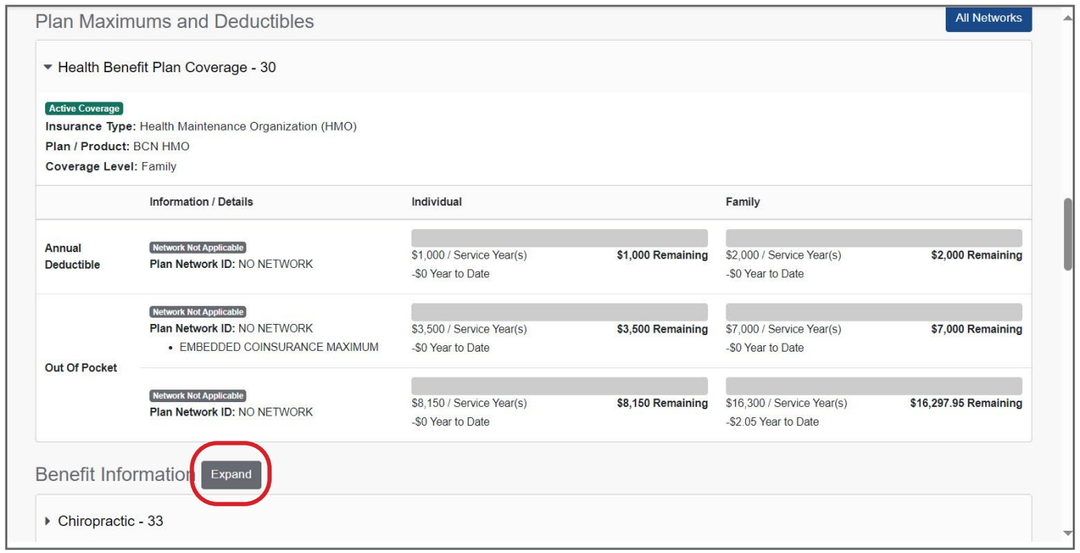


5. In the **Benefit/Service Type** field, select a service type to yield detailed benefit information. Choose Health Benefit Plan Coverage for basic coverage information.

6. Click Submit.

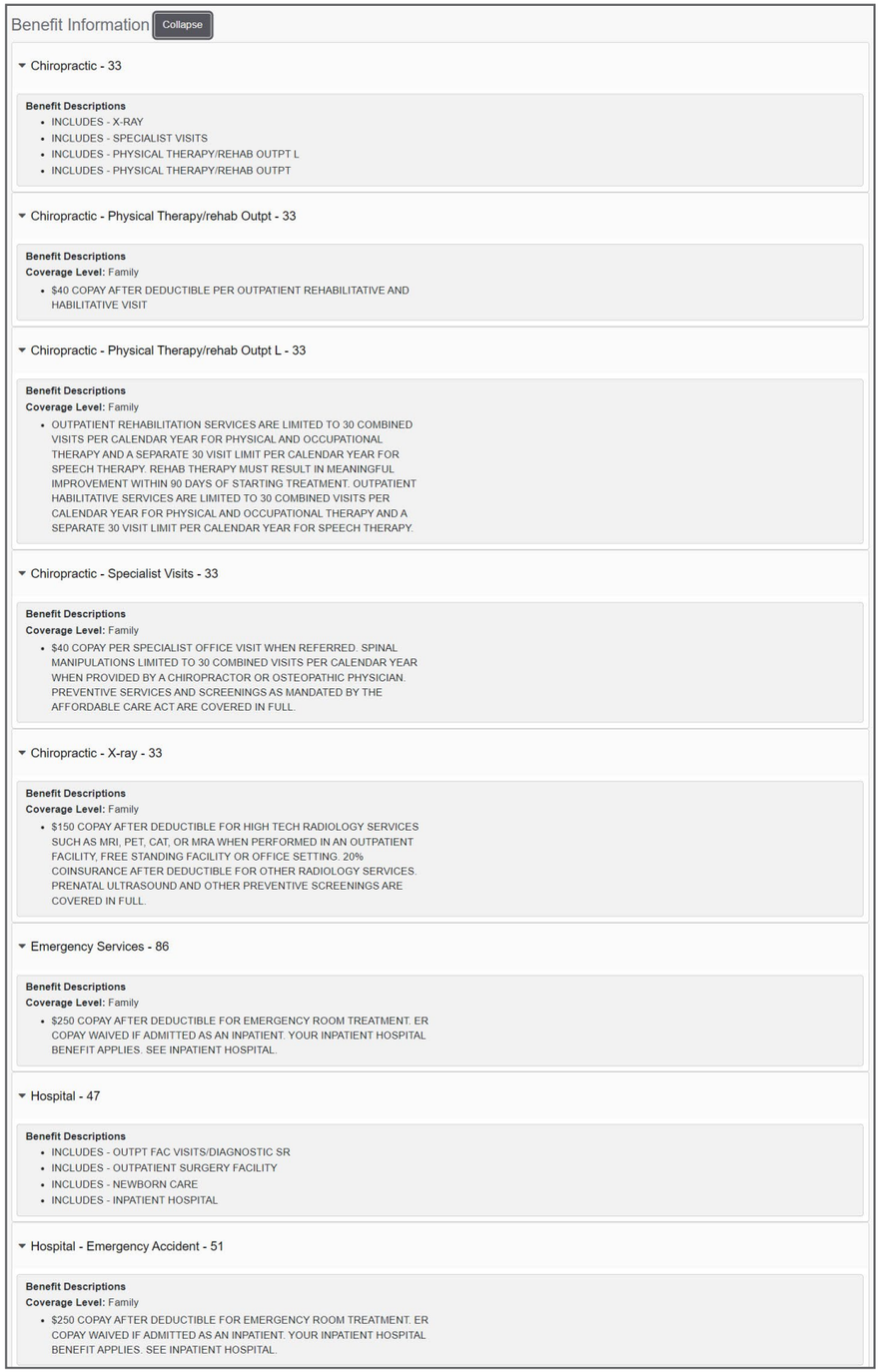
The patient's information will be displayed. Scroll down to the Plan Maxiumums and Deductibles section to see a general list of coinsurance and deductibles for services.

If you are looking for benefits more specific to your specialty, make sure to choose that specialty in the Benefit / Service Type drop-down menu prior to searching. Click the Expand button to review details for all benefit types or click the arrows beside each benefit type to review details one at a time.



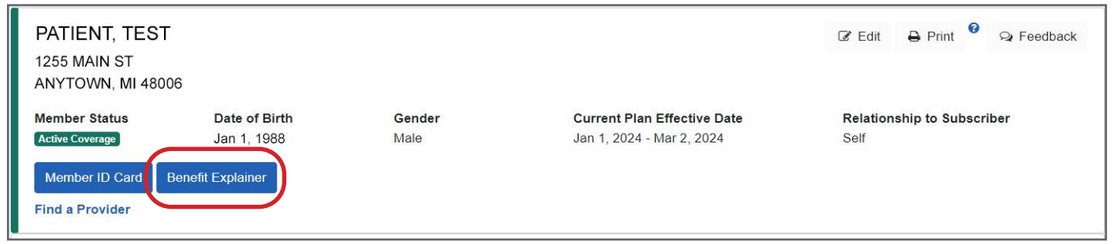
Checking member eligibility and benefits, cont.

The Benefit Information section fully expanded.

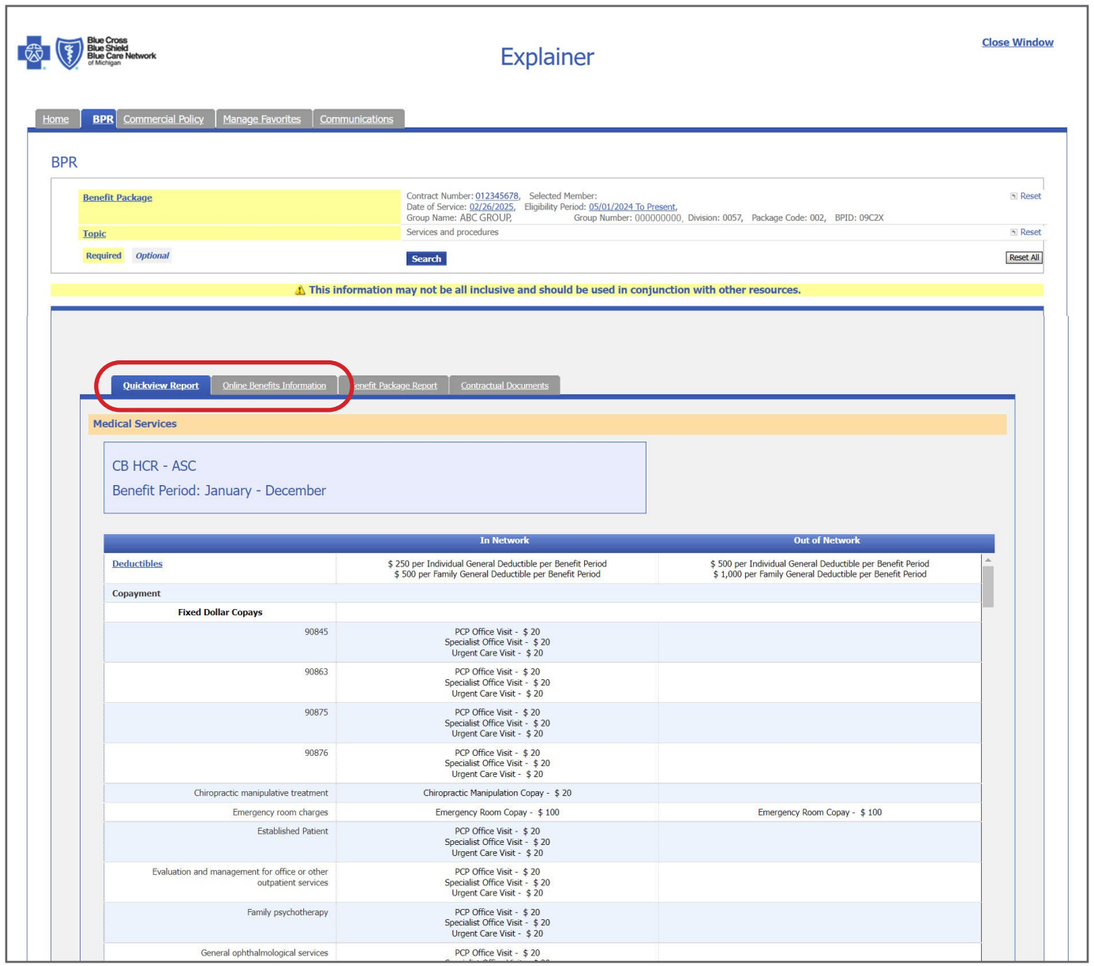


Checking member eligibility and benefits, cont.

<u>For Blue Cross Blue Shield of Michigan members</u>:
A Benefit Explainer button may be present for members and provides more detailed information. Click the button to launch the application.

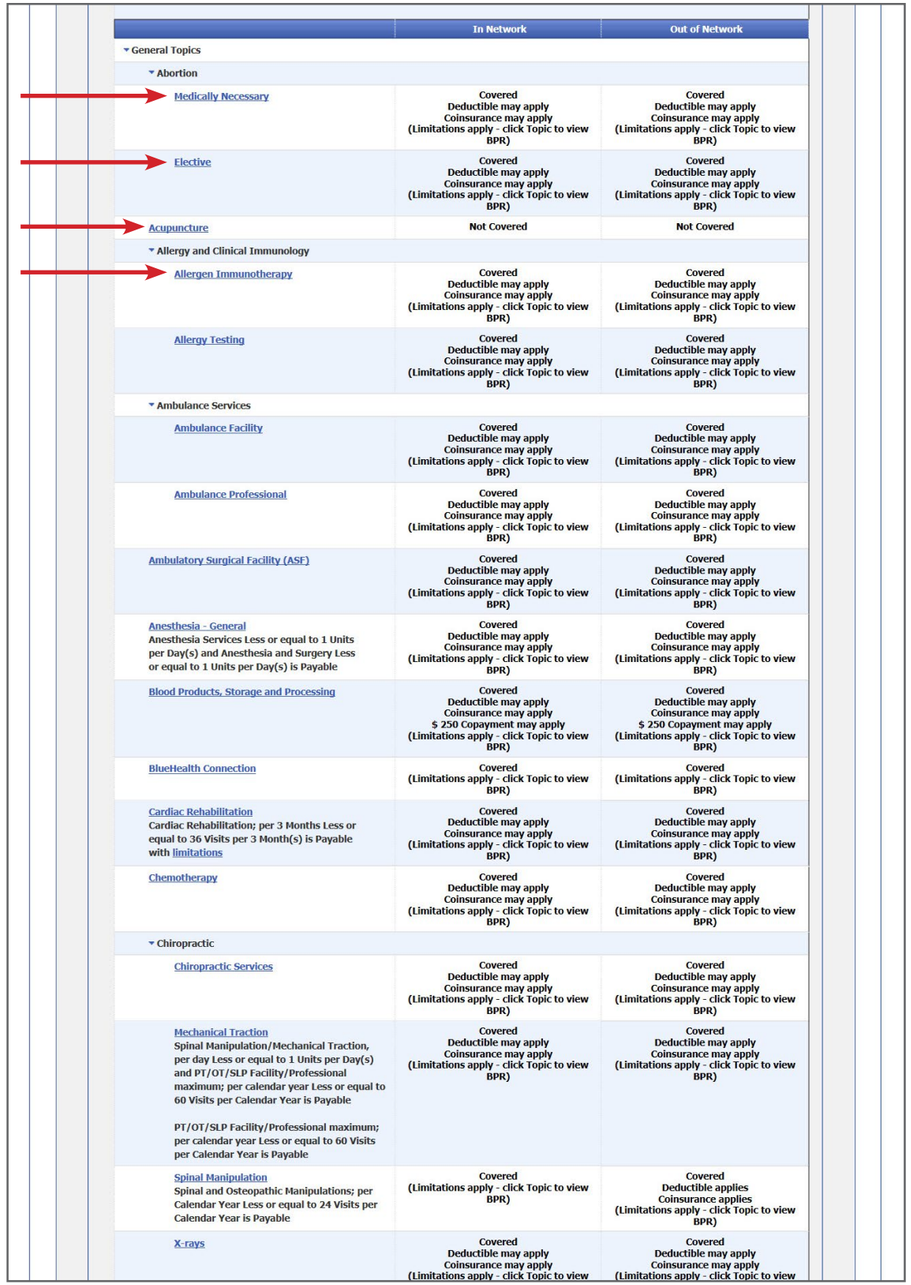


Under the Benefit Package Report tab, click Search to see a list of General Topics that display In Network and Out of Network coverage. Information can be found under the Quickview Report and Online Benefits Information tabs.



Checking member eligibility and benefits, cont.

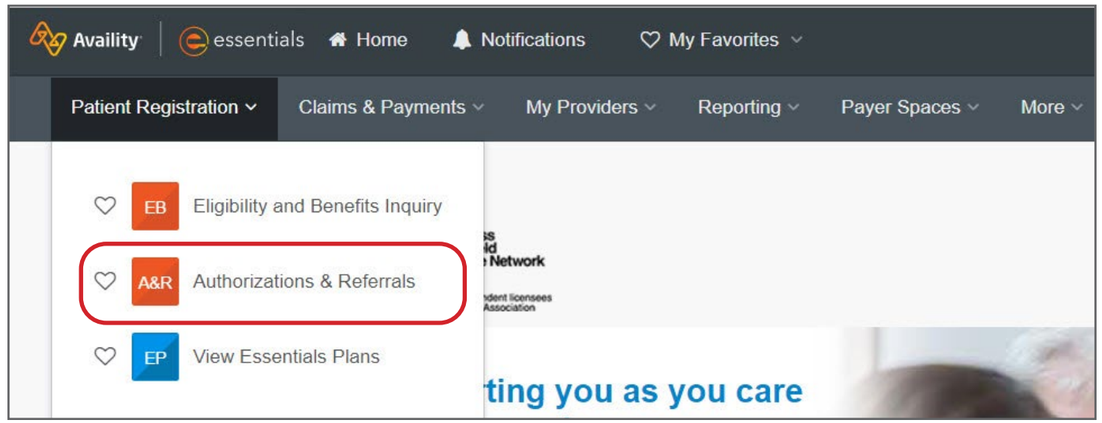
Click on the topics to view more detailed coverage information.



	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 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)
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	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view

Section II: Accessing e-referral

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



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

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

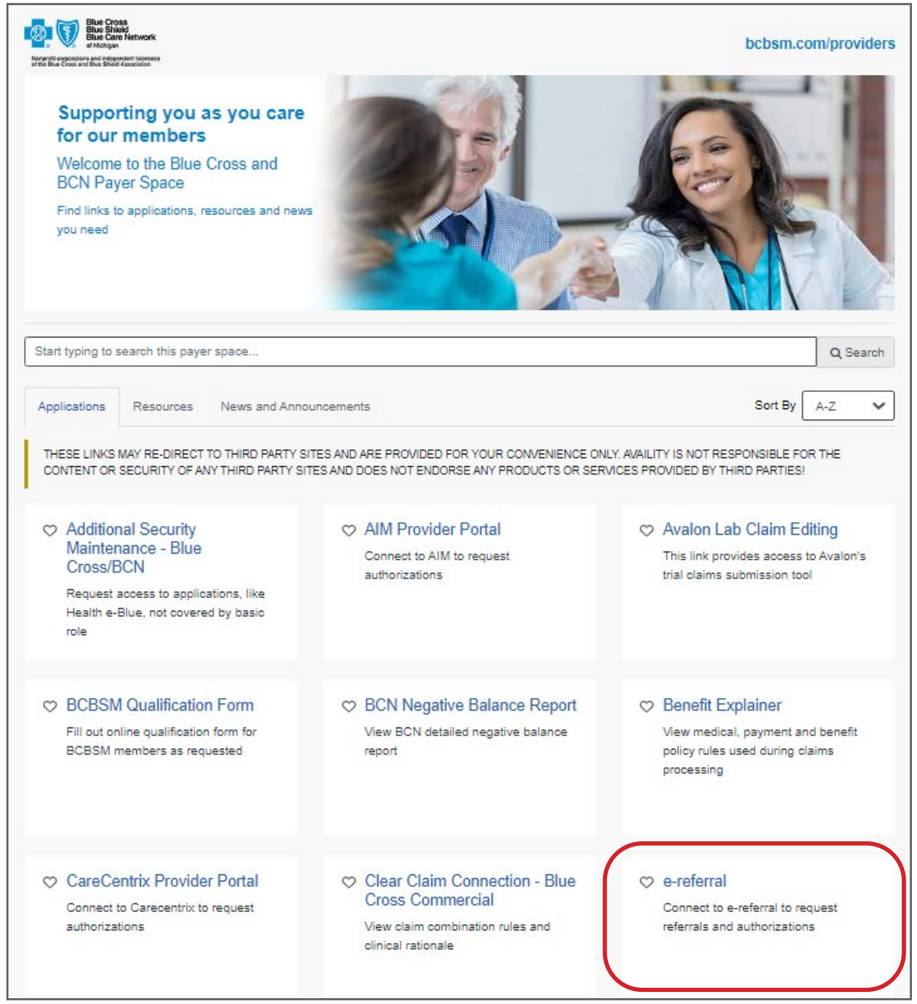
- Computer processor: computer with a 3.3 GHz Intel Core i3 processor or higher (or comparable)
- 4 GB memory (RAM)
- 10 GB hard drive space
- Monitor able to display 1024x768 pixels or higher
- Browser requirements: latest versions of Firefox and Google Chrome

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

Accessing e-referral, cont.

Log in
Now you are ready to use e-referral.

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



Accessing e-referral, cont.

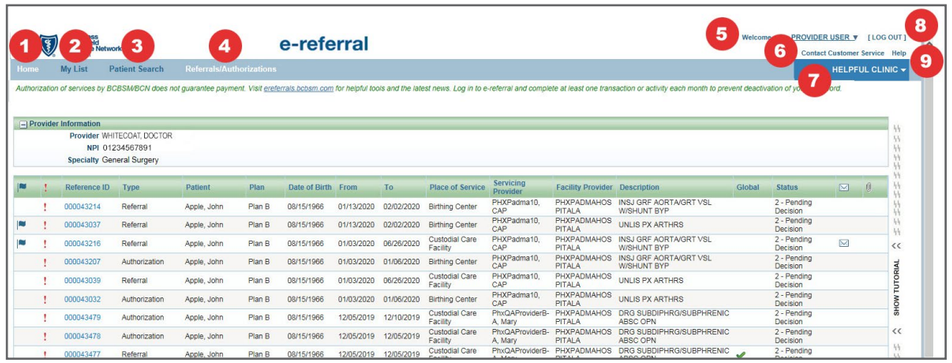
If your account becomes disabled: You must login at least once every 90 days to keep you user ID active. If your user ID is not working, please contact Availity Client Services at 1-800-AVAILITY (1-800-282-4548).

The e-referral User Guide is available in full color in Adobe PDF file format on the e-referral home page at **authorizations.bcbsm.com** and ***Training Tools*** page. It can be opened, viewed and printed using the Adobe Acrobat Reader® available free at **get.adobe.com/reader***. Once Adobe Reader is installed on your system, the PDF file will automatically open and display the document. Depending on the type of Internet connection and the computer hardware you have, the file will open in a matter of seconds or a few minutes. You can also download the user guide to your hard drive. If you save it to your hard drive or print a copy, be sure to check back for updates. The date the publication was last updated is shown at the bottom of each page.

Section III: Navigating the Dashboard

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

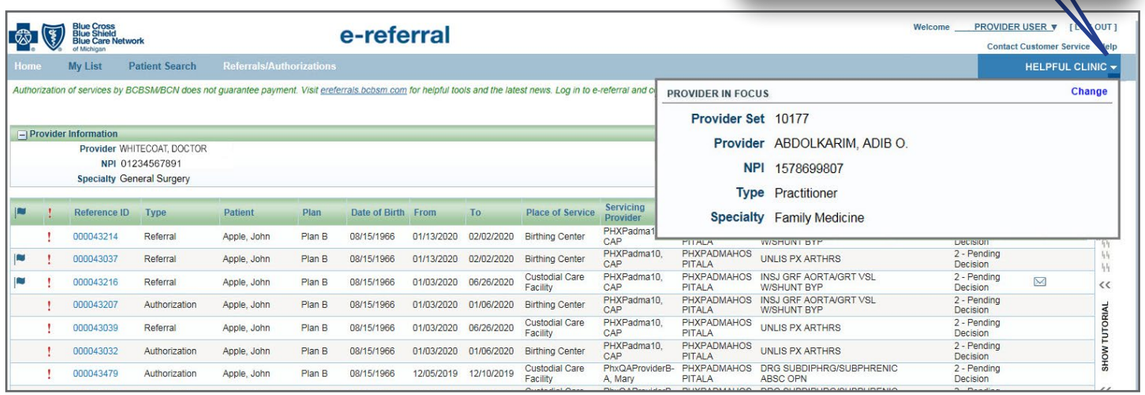
The list you see is a quick list of all your open cases that have been added or updated in the last 60 days. You can sort these cases by heading (Action items, Reference ID, Patient, Plan, From or To dates, Servicing Provider, Description, Status, Case Communication or Attachments). If you have many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



1. **Home** — The “Home” link returns you to the provider “dashboard” for the provider “In Focus”.
2. **My List** — This will display only the referrals and authorizations you have flagged to watch. Cases can be "unflagged" (checked) to remove from your My List. See **Page 16** for more detail.
3. **Patient Search** — The Patient Search link allows you to search for a member by the patient's ID (omitting the three-character prefix) or name and view their eligibility. NOTE: Rather than using this feature, Blue Cross and BCN recommend that you search for eligibility and benefit information prior to referral or authorization activities. See the ***Checking member eligibility and benefits*** section in this guide for more information.
4. **Referrals/Authorizations** — You can search for or submit a referral/authorization here.
5. **Logged in user name** — The logged in user’s name is found in the upper right hand corner of the screen. The user’s name includes a drop down menu of Bookmarks and Templates. See the ***Bookmarks*** and ***Templates*** sections in this guide for more detail.
6. **Contact Customer Service** — Key contact information can be found here.
7. **In Focus bar** — Defaults to one of the providers you have been provisioned to view or for whom you can submit referrals/authorizations. See the next page for more detail.
8. **Log Out** — Click here to log off the application.
9. **Help** — A CareAdvance Provider online help resource center. If the question is Blue Cross- or BCN-specific, please use this guide instead.

Navigating the dashboard, cont.

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



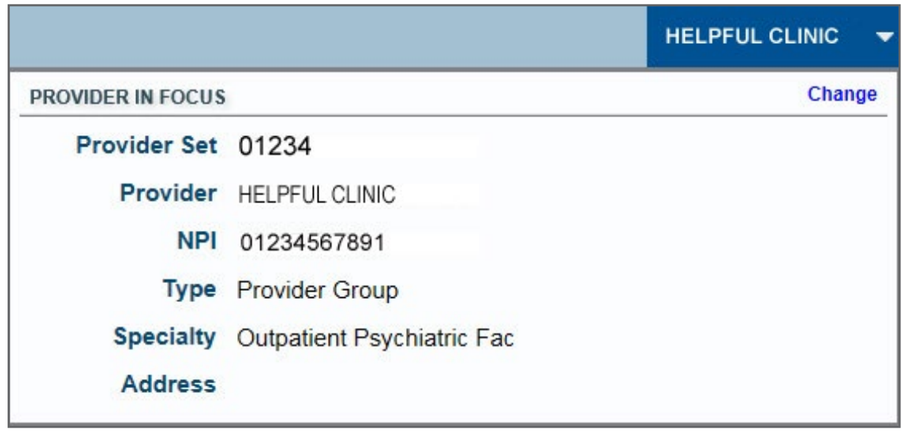
The In Focus bar will default to one of the providers you have been provisioned to view or for whom you can submit referrals/authorizations. If you do not see a provider that should be in your Provider Set list, please see the instructions found in the ***Set up and maintain the e-referral tool within Availity Essentials (PDF)*** on the ***Register for web tools*** page on **bcbsm.com/providers**.

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.

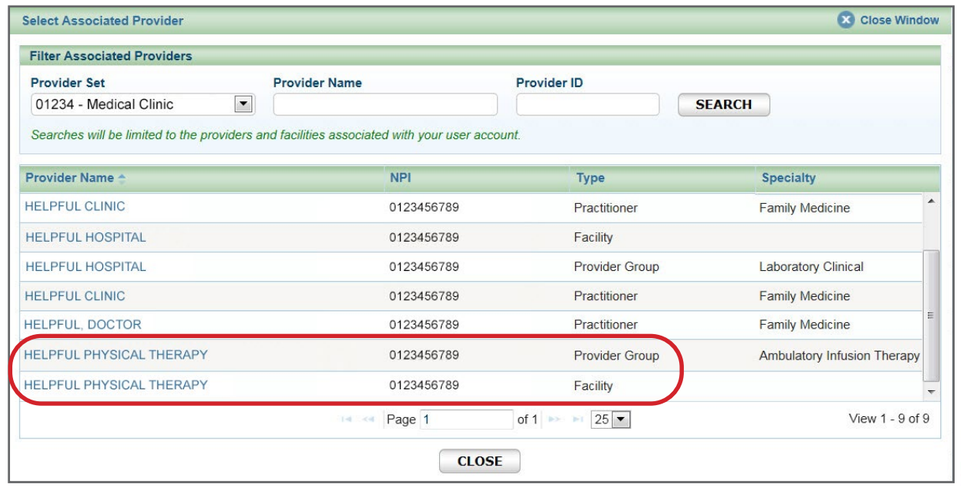
Navigating the dashboard, cont.

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.



Navigating the dashboard, cont.

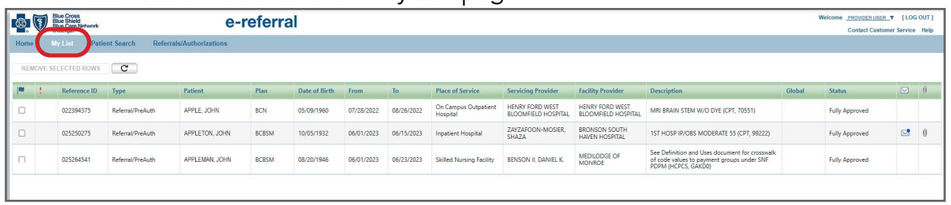
My List

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

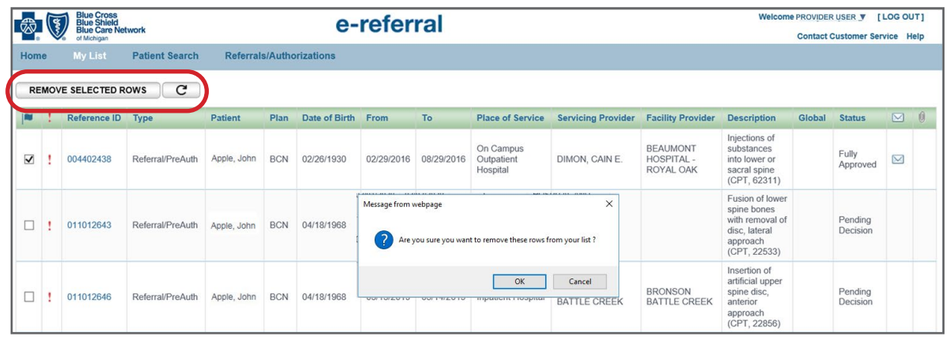
To add a case to My List:
1. Click on the Reference ID of the case you'd like to add.

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

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



To remove a case from your My List, check the case then click the Remove Selected Rows button. You will see a prompt asking you if you are sure you want to remove the row from our list. Click OK or Cancel.

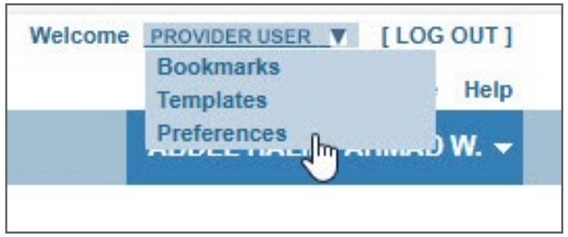


Navigating the dashboard, cont.

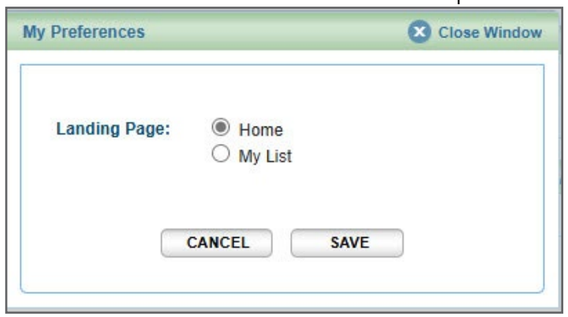
My List

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

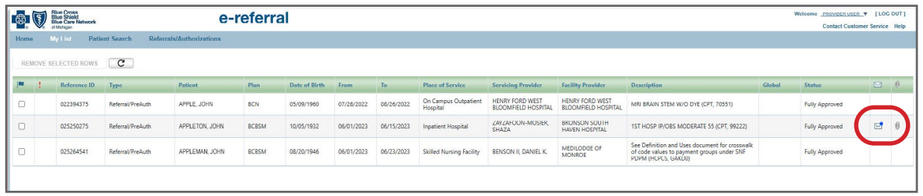
1. Go to the drop-down menu under your login name at the top right and choose Preferences.



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



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



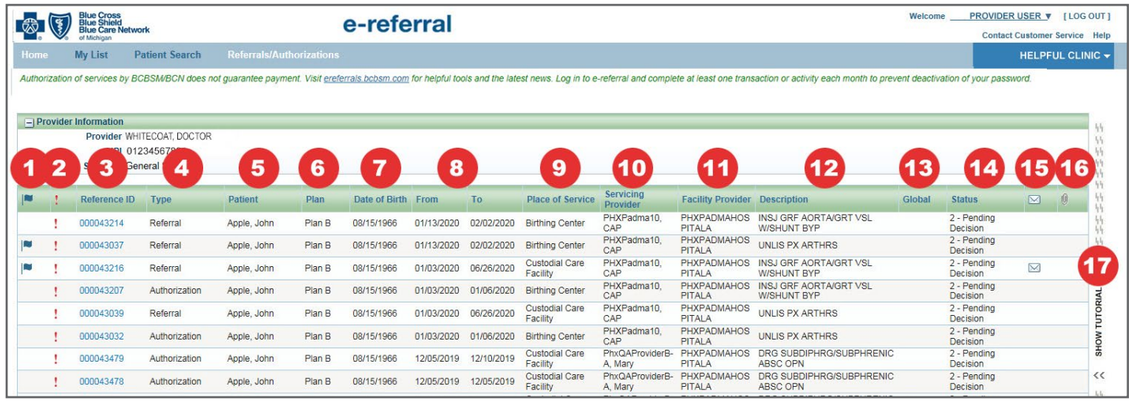
Click on the case and look in the Case Communication field. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

For more detail, see the ***Create New (communication)*** page.

Navigating the dashboard, cont.

Authorizations and Referrals Dashboard

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

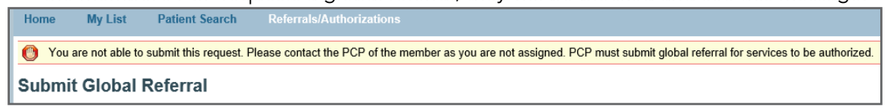
Section IV: Referrals and Authorizations

Global referrals

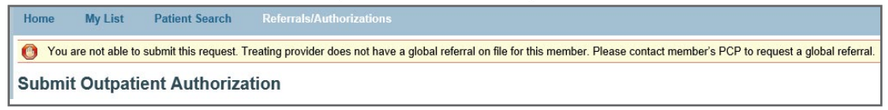
Global referrals are for BCN commercial members only. A global referral allows a specialist contracted with BCN to perform necessary services to diagnose and treat a member in the office, with the exception of services that require benefit or clinical review.

Things to remember:

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



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



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

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

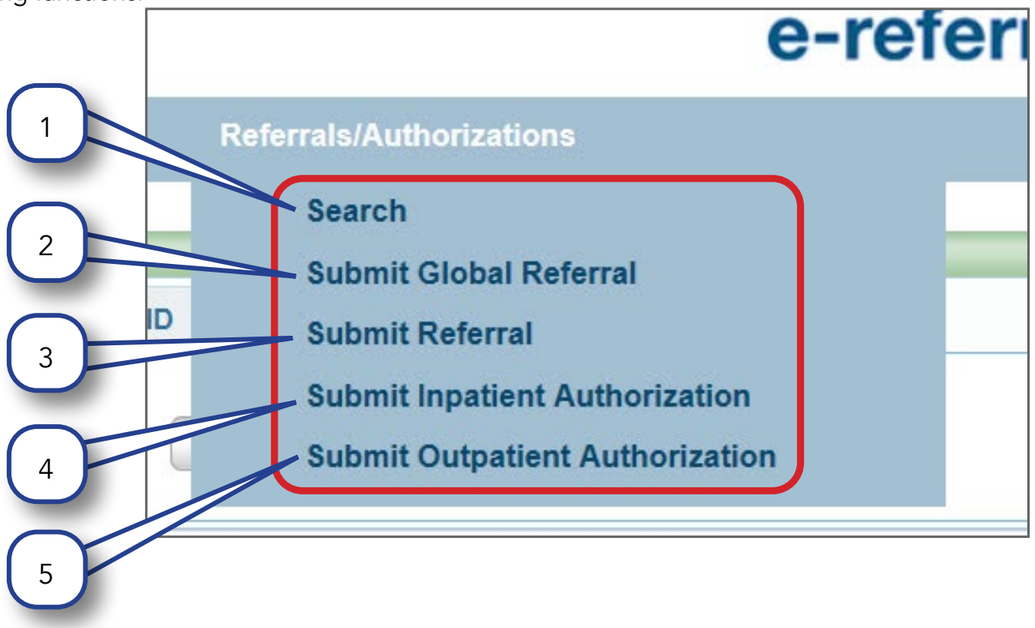
IF the member's primary care physician is in a medical care group based in these regions …	And the specialist is located in these regions …	THEN …
East or Southeast	Any region	A global referral is required*
Mid or West	Mid or West	A global referral is not required
Mid or West	Outside Mid or West	A global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

*Some services require prior authorization in addition to a referral. For more information, see the **Utilization Management (PDF)** chapter of the *BCN Provider Manual*. You can also refer to the ***BCN global referral, plan notification and prior authorization requirements (PDF)*** at **authorizations.bcbsm.com** on BCN's ***Prior Authorization & Plan Notification*** 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.).

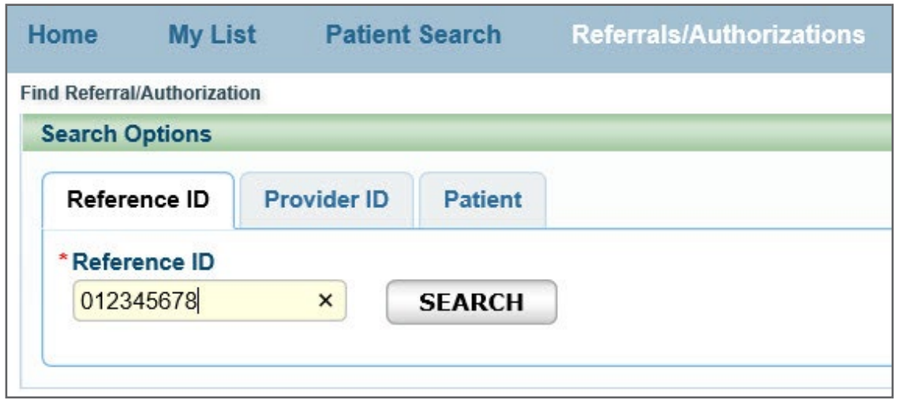
Searching for a referral or authorization, cont.

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:

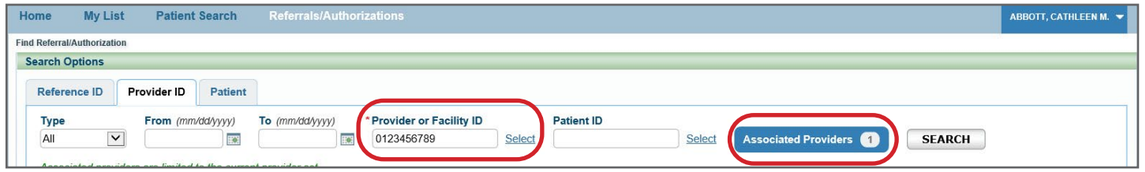
You can search by **Reference ID**

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.

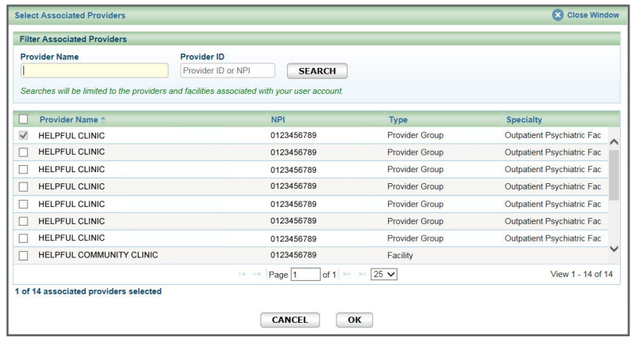


Searching for a referral or authorization, cont.

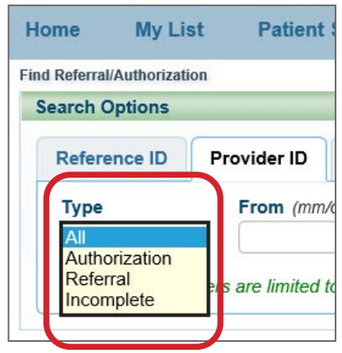
You can search by **Provider ID (National Provider ID)**



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



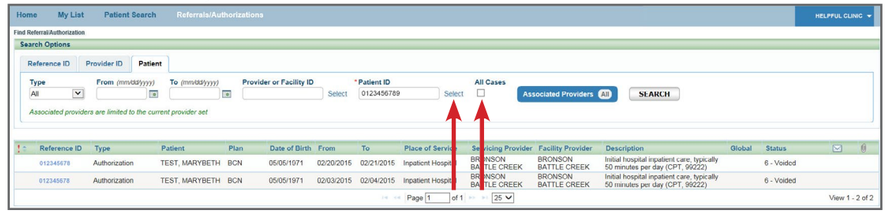
You can also choose specific providers among the list of associated providers, in addition to the provider in focus, or you can choose "all." Click the blue button to select other providers.



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

Searching for a referral or authorization, cont.

You can search by **Patient**



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

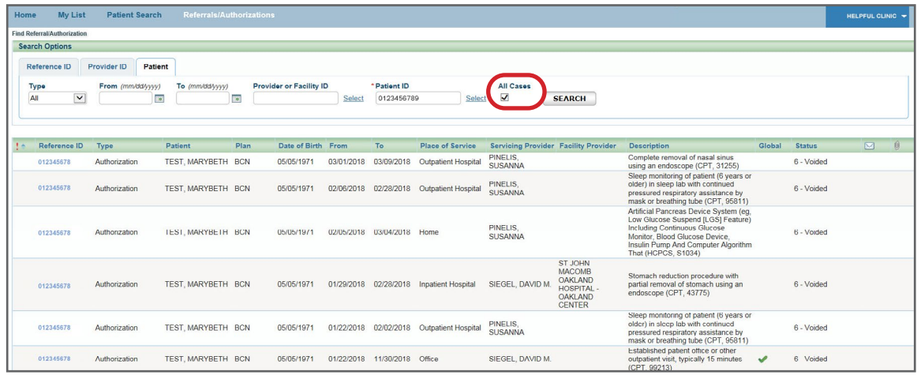
Checking the All Cases box will show:

- Any case (except behavioral health) the member has in the e-referral system.

This includes cases outside your provider set.

- A case you cannot locate under the NPI.
- A specialty medical drug prior authorization for a case you're not associated with.

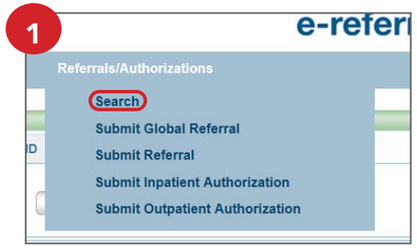
Once the All Cases box is checked, you will see all the member's cases (excluding behavioral health). Click the Reference ID to view the case details.



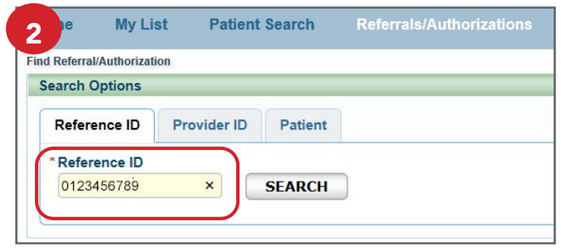
NOTE: Don't submit additional clinical documentation or make any other changes on **denied** requests. We don't receive notification of changes to authorization requests that have been closed. Instead, submit the clinical documentation during the appeals process. This will help to ensure that we see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

Searching for a temporary member

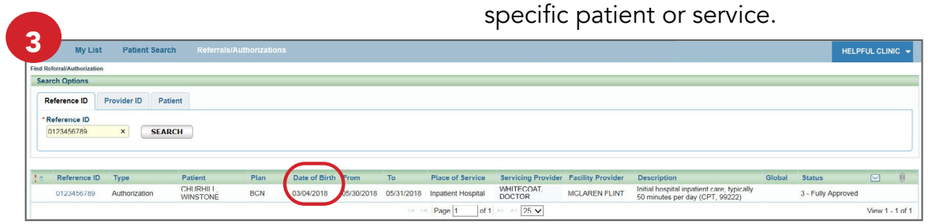
When searching for a temporary member, such as a newborn that is not assigned to a contract number yet, use the Reference ID. Do not search by a contract number.



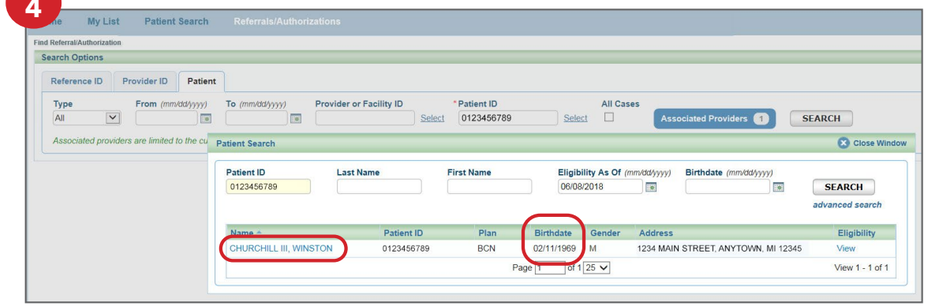
Select the Search option.



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



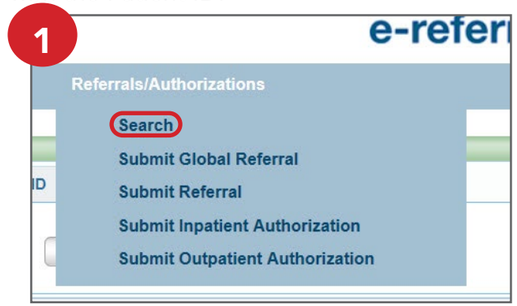
The Date of Birth indicates a newborn.

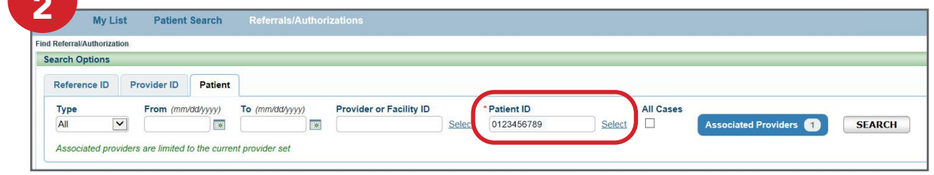


Do not search by a contract number since a temporary member will not show on the contract yet. In this example, only the father appears in the results after entering the contract number and clicking Select.

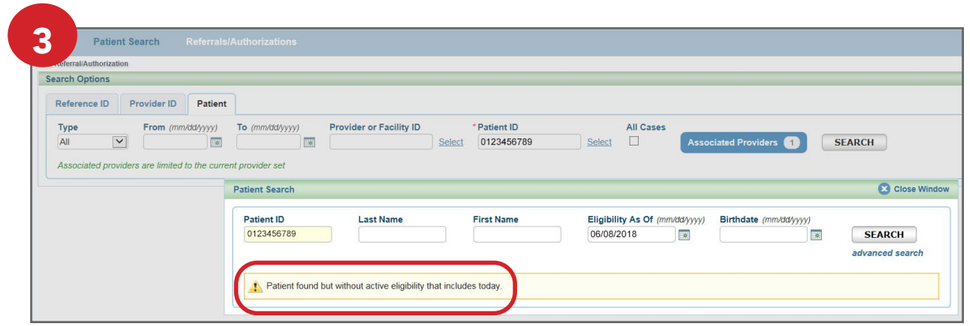
Searching for a terminated member

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

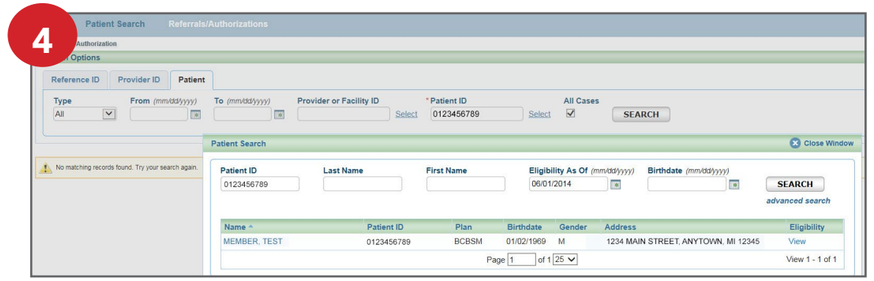




Click Select after entering the Patient ID.



The Eligibility As Of field will default to the current date. Change the date to the date of service (date prior to termination) to locate the terminated member.

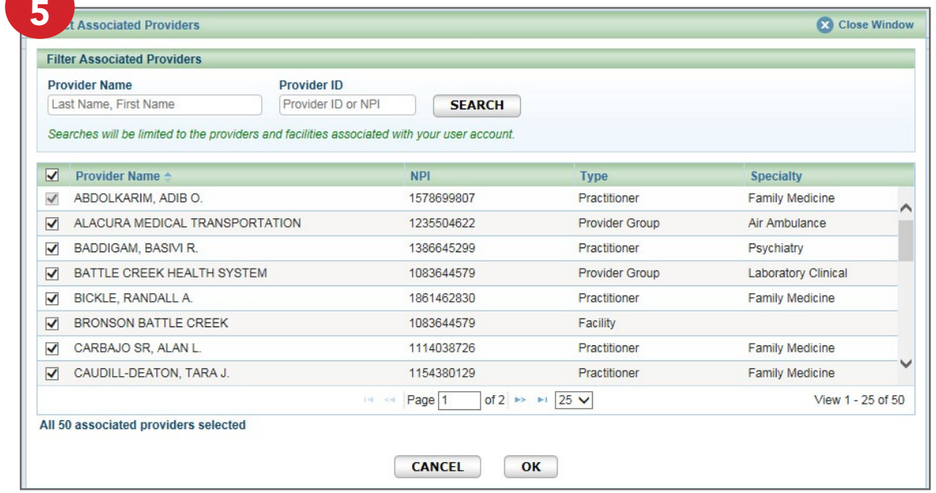


Searching for a referral or authorization, cont.

Searching for a terminated member, cont.

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

5



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

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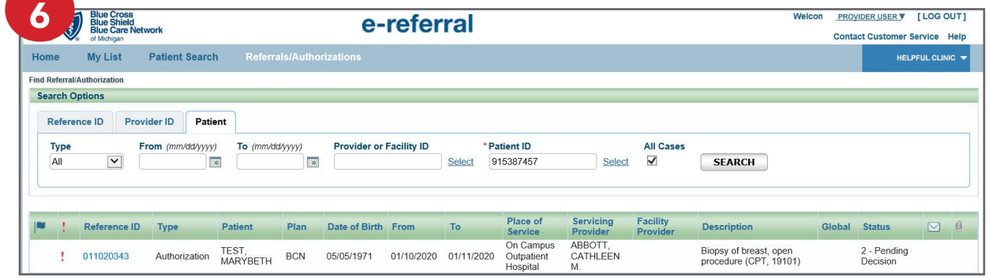


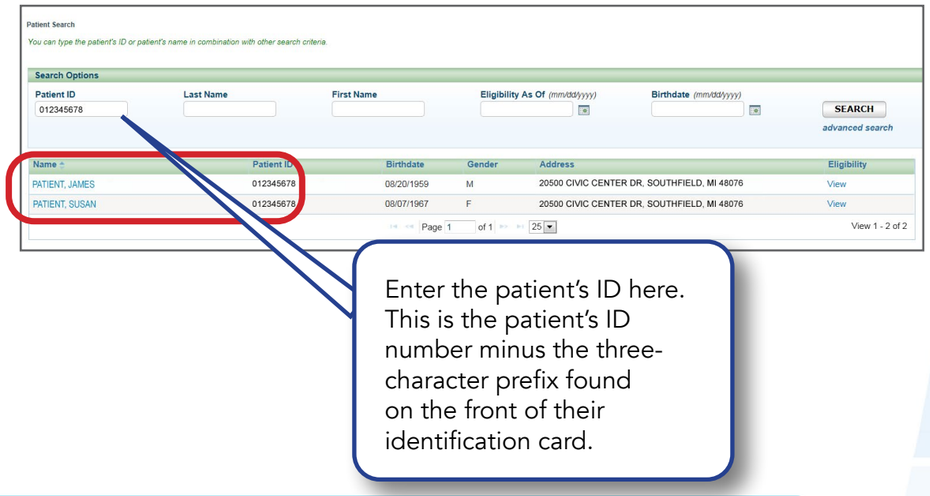
2. Submit a global referral

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 **authorizations.bcbsm.com**. Click ***Referrals & Prior Authorizations*** then the ***BCN Prior Authorization & Plan Notification*** page.

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

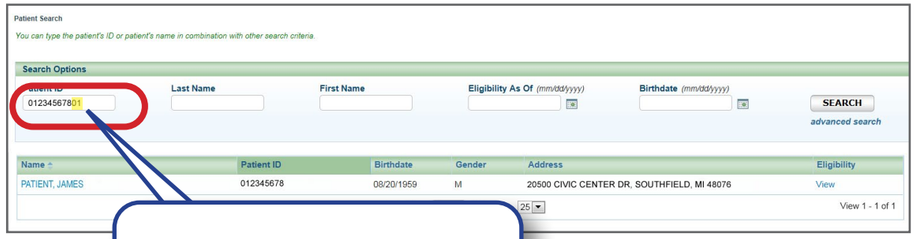
Searching by **Patient ID**

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



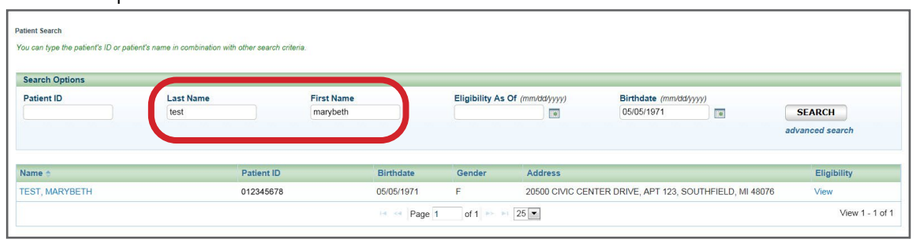
Submit a global referral, cont.

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



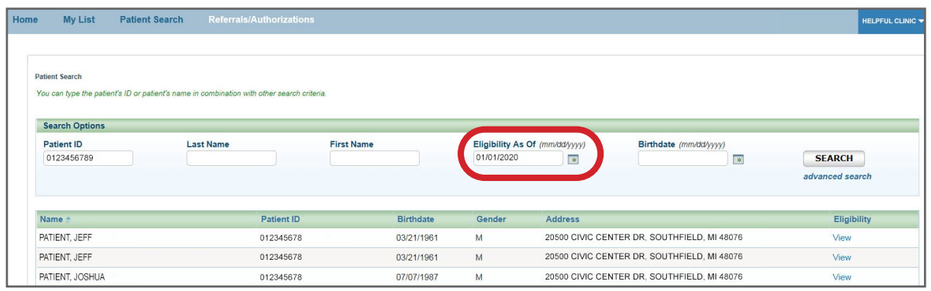
Enter the patient's ID **with suffix** here. **Do not include the hyphen before the suffix.**
01 = subscriber
02 = spouse
03 = additional dependent(s)

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



Eligibility As Of

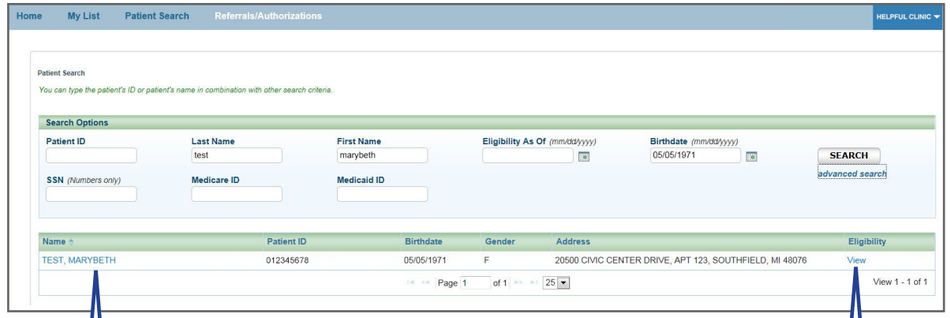
The Eligibility As Of field allows you to narrow your search results through eligibility dates. You can populate this field with older dates to find what coverage a patient had in the past. You must enter a patient's ID or name when using this field.



Submit a global referral, cont.

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

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

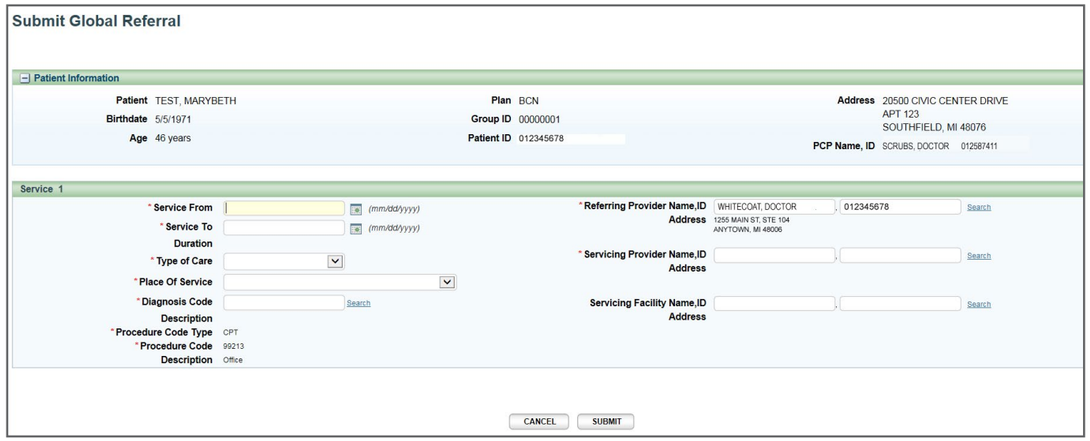


Select Patient's Name – Click the member name hyperlink to view the member's information. You will then be able to enter the referral service information on this screen. (See the next page.)

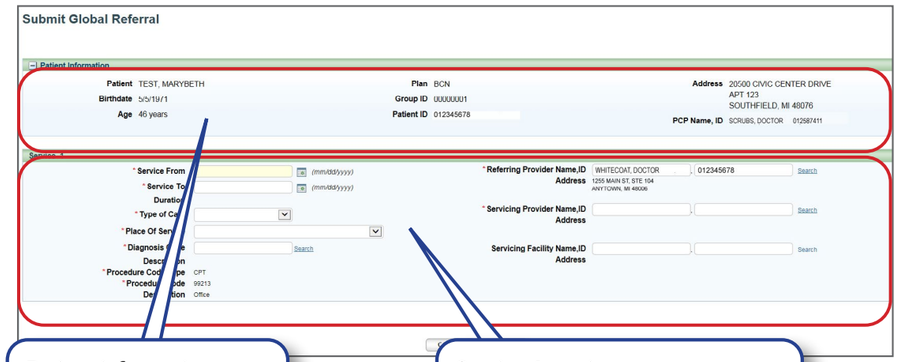
View – Use this link to view the patient's product level eligibility (or ineligibility) but not their benefits. Make sure to choose the record showing **active coverage**. To search for benefit information, please see the ***Checking member eligibility and benefits*** section of this guide for login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

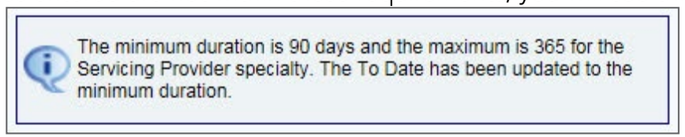


Complete all the required fields (indicated with *) in the Submit Global Referral screen.



- **Service From/To**

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



Submit a global referral, cont.

- **Type of Care**. The type of care values are specific to where the member originated for the service. These definitions will help when selecting a value in e-referral:

Direct — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.

Elective — Typically selected for any planned services such as surgeries or treatments inpatient or outpatient.

Emergency — Member presented to the emergency room and was referred for care in another setting such as inpatient hospitalization or outpatient surgery.

Transfer — Member was transferred from another medical setting for the service being requested (e.g. member transferred from Skilled Nursing Facility to inpatient hospital for care).

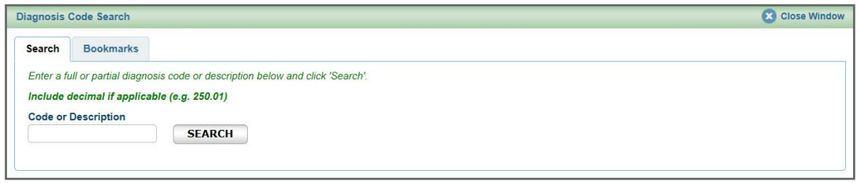
Urgent — Member was transferred from urgent care setting for the service being requested (e.g. member seen in urgent care and sent to specialist for treatment of a condition).

- **Place of Service**

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

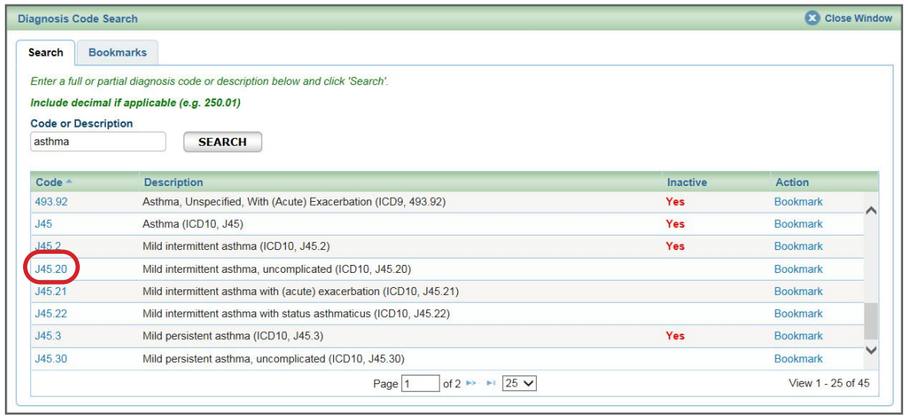
- **Diagnosis Code**

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

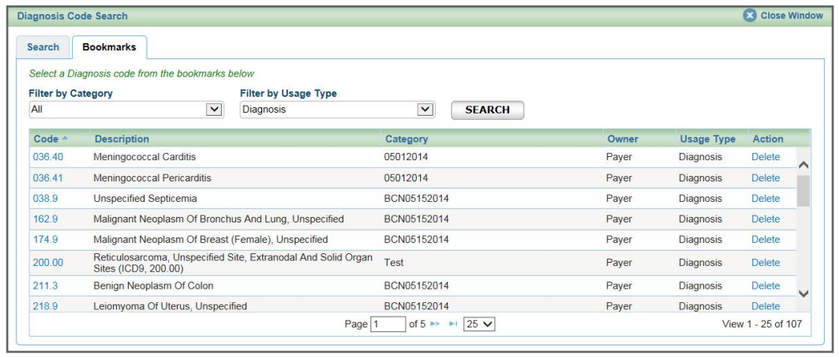


Submit a global referral, cont.

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



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



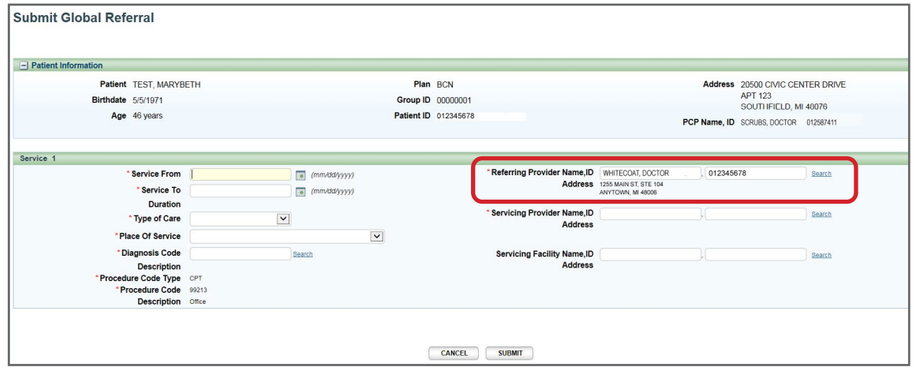
- **Procedure Code Type.** CPT is the default.
  CPT = American Medical Association's Current Procedural Terminology

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

Submit a global referral, cont.

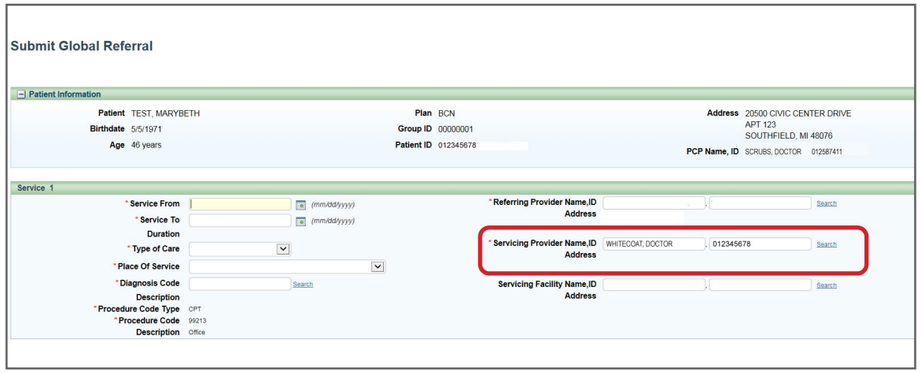
- **Referring Provider Name, ID**

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



- **Servicing Provider Name, ID**

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



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

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

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

Page 1 of 1 25 View 1 - 10 of 1

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

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

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

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

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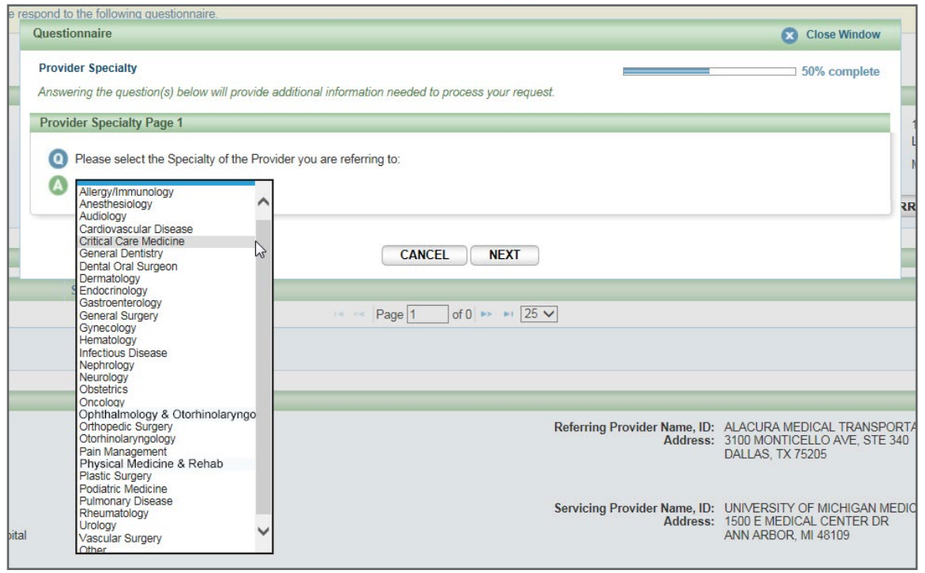
Submitting to a provider in a multispecialty group
If you're submitting to a multispecialty group, you will see an Action message indicating you must respond to a Provider Specialty Questionnaire. Completing and submitting the questionnaire helps to speed up the process for the referral.

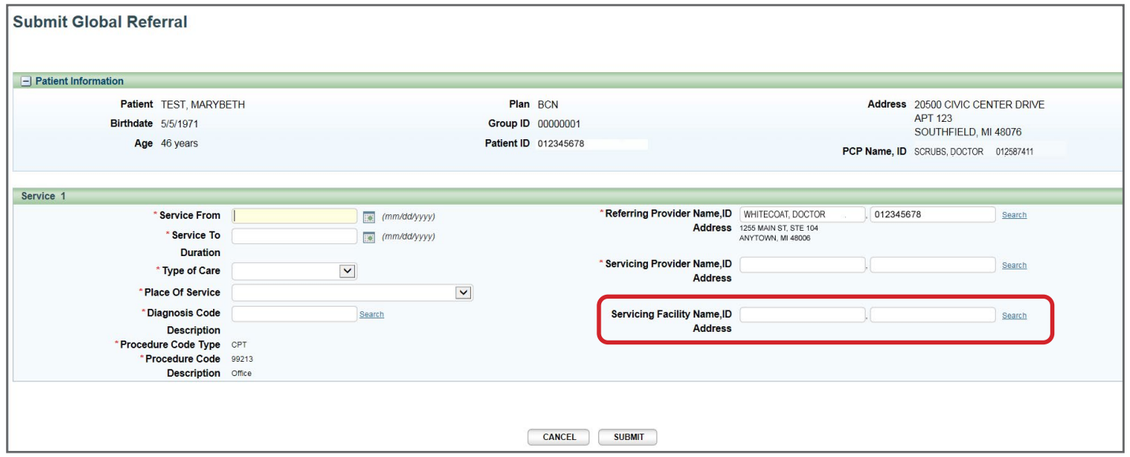
Select the specialty of the provider you're referring to from the drop-down menu then click Next. There is only one question to answer. Answering the questionnaire will help your referral get to the right provider in the multispecialty group.



Submit a global referral, cont.

- **Servicing Facility Name, ID**

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



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

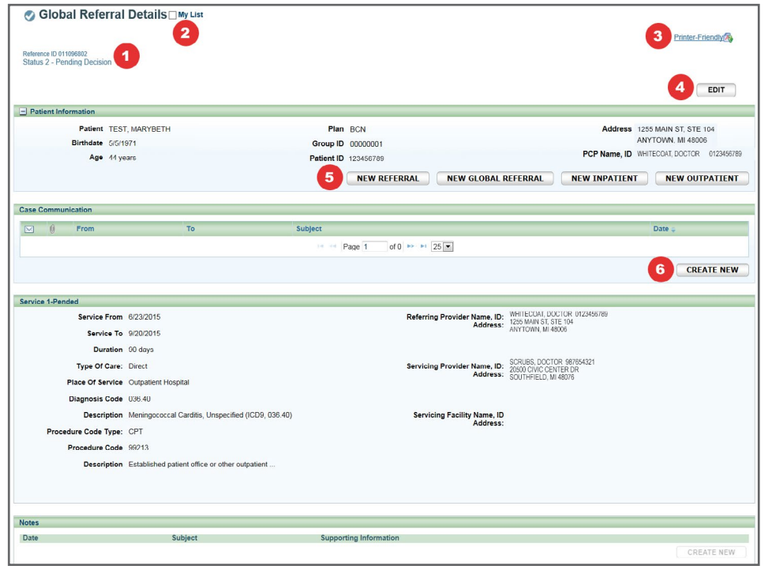
This means you will need to search the member's case history for an existing referral for the same service and similar dates of service. For instructions on how to search, see the ***Searching for a referral or authorization*** section. Searching for an existing case quickly shows the decision of the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

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

Once you have checked your information, click Cancel or Proceed to complete the submission.

Submit a global referral, cont.

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



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

2. My List
Check this box to watch this global referral. A flag icon will be shown next to it on the My List page. See **Page 16** for more detail.

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

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

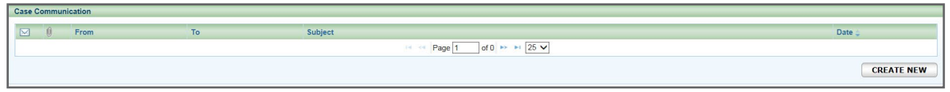
5. New Referral/Global Referral/Inpatient/Outpatient
Use these buttons to create multiple cases for one patient.

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

Submit a global referral, cont.

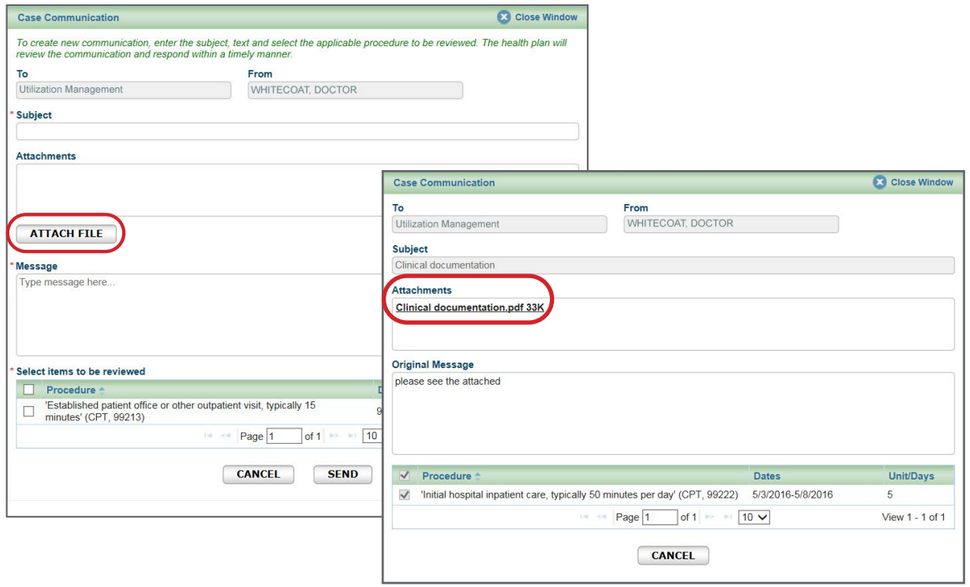
Create New (communication)

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



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

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



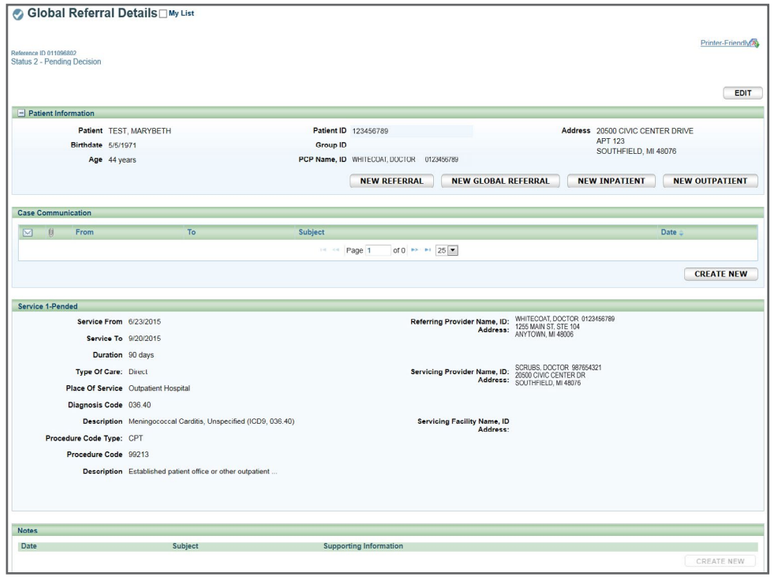
You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Submit a global referral, cont.

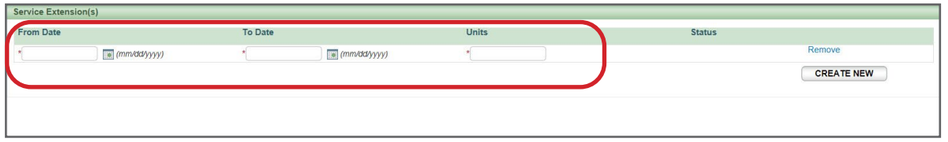
Extending a referral or authorization

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

Click the Edit button.

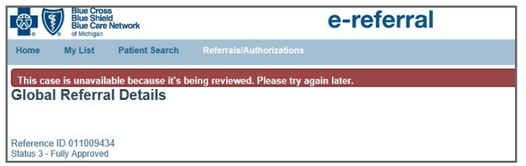


Scroll down to the Create New extension button under each service you want to extend and add your new dates and units being requested.



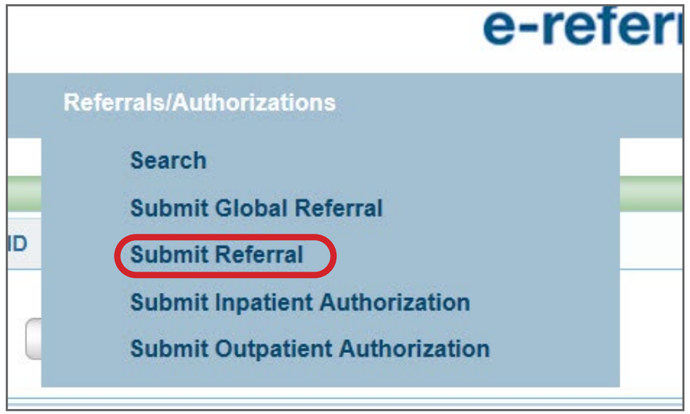
If the case has expired/passed its one-year time span, you cannot edit the information. The Edit button will be greyed out and you must create a new case. You can choose the start date as one day after the last case expired.

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



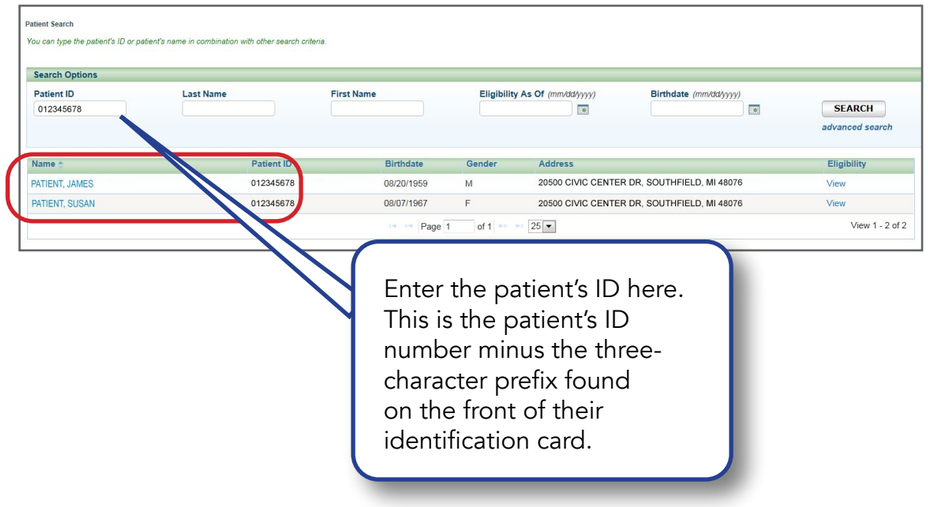
3. Submit a referral

Use Submit Referral to notify the plan about outpatient services that require plan notification. For example, in the ***BCN global referral, plan notification and prior authorization requirements (PDF)***, neuropsychological testing for bariatric surgery is an outpatient service that requires plan notification for BCN members.



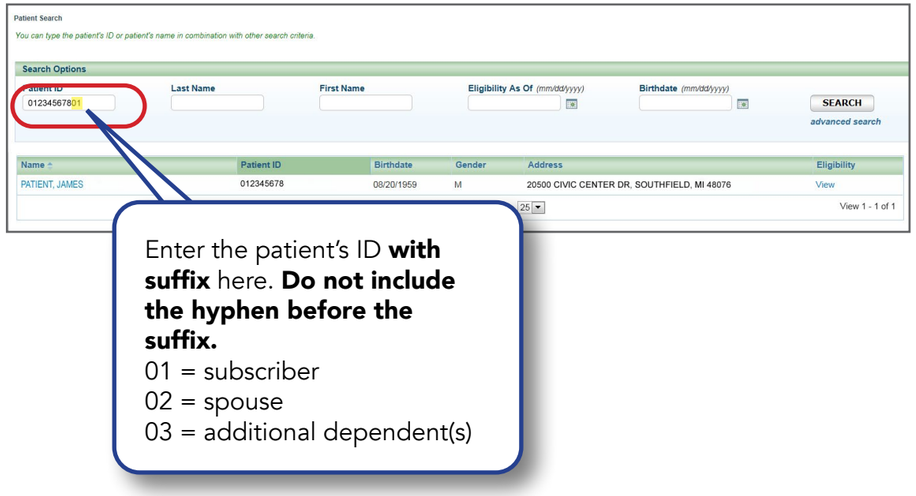
In order to submit a Referral, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name **and** Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate also requires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

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

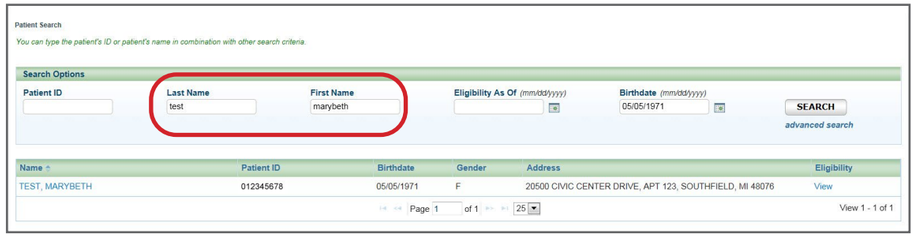


Submit a referral, cont.

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

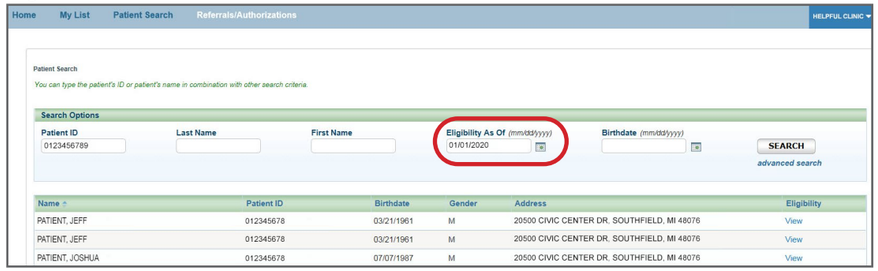


Searching by **First and Last Name**
Enter the patient's last name and first name or first name initial. You must also include their birthdate.



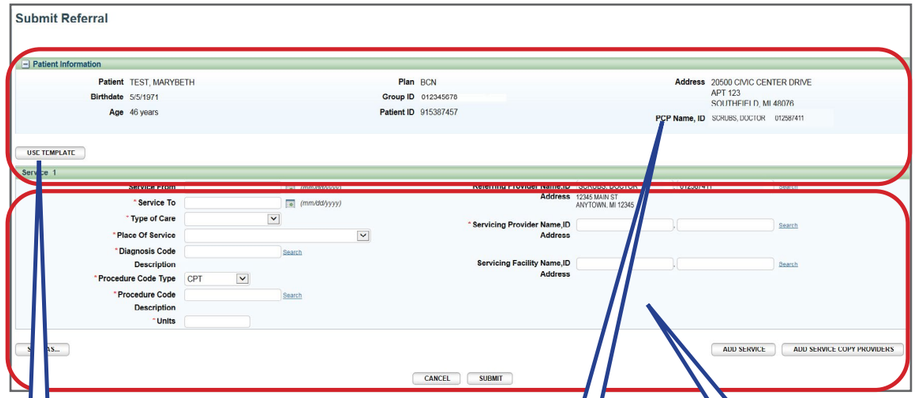
Eligibility As Of

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



Submit a referral, cont.

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



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

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

Service 1 section
Enter the case information here.

- **Service From/To**

Enter the beginning date and end date of the referral.

- **Type of Care**. The type of care values are specific to where the member originated for the service. These definitions will help when selecting a value in e-referral:

Direct — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.

Elective — Typically selected for any planned services such as surgeries or treatments inpatient or outpatient.

Emergency — Member presented to the emergency room and was referred for care in another setting such as inpatient hospitalization or outpatient surgery.

Transfer — Member was transferred from another medical setting for the service being requested (e.g. member transferred from Skilled Nursing Facility to inpatient hospital for care).

Urgent — Member was transferred from urgent care setting for the service being requested (e.g. member seen in urgent care and sent to specialist for treatment of a condition).

Submit a referral, cont.

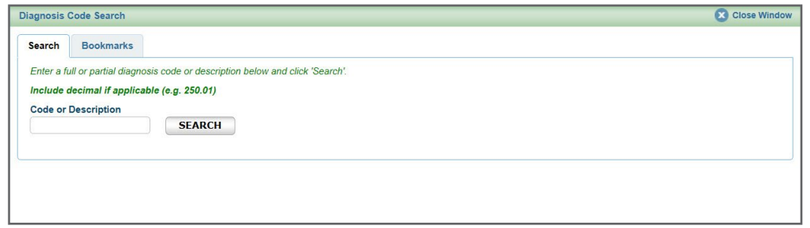
- **Place of Service**

You will see several options to choose from in the drop-down menu.
Referrals routinely use Office for Place of Service:

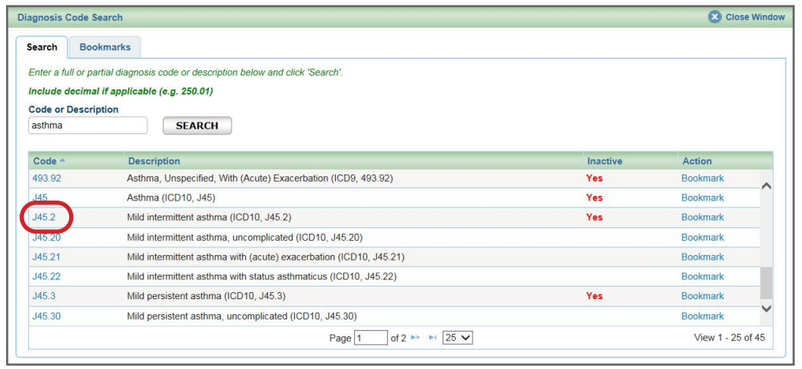
Ambulance - Air or Water
Ambulance - Land
Ambulatory Surgical Center
Custodial Care Facility
Emergency Room
End-Stage Renal Treatment Facility
Home
Independent Laboratory
Nursing Facility
Off Campus Outpatient Hospital
Office
On Campus Outpatient Hospital
Other Unlisted Facility **(do not use)**
Telehealth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

- **Diagnosis Code**

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

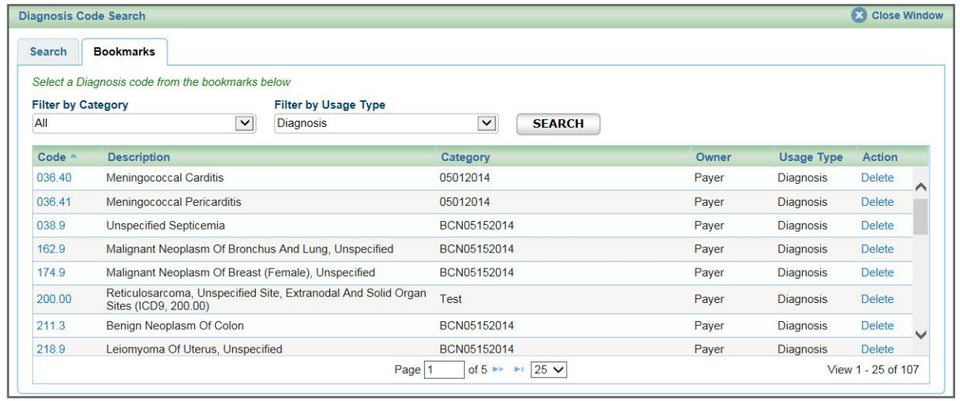


- **Diagnosis Code** – Search by **Description.** Choose an active code. Click on the code's link to populate the Diagnosis Code field for your Referral submission.



Submit a referral, cont.

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

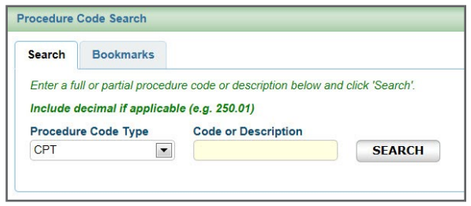


- **Procedure Code Type**

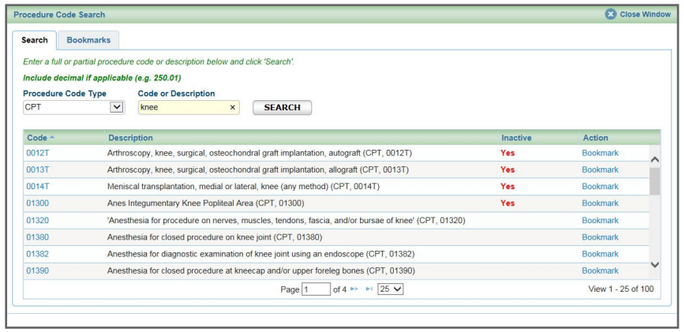
Select CPT or HCPCS. (CPT is default)
CPT = American Medical Association's Current Procedural Terminology
HCPCS = Healthcare Common Procedure Coding System

- **Procedure Code**

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

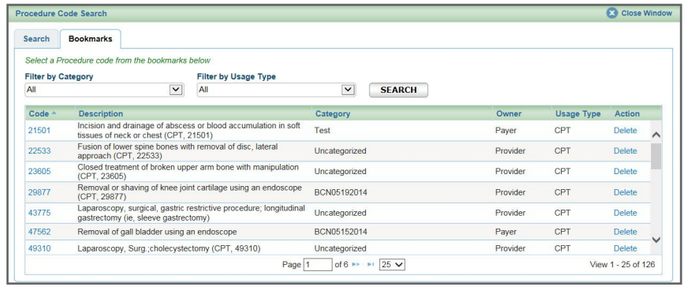


- **Procedure Code** – Search by **Description.** Choose an active code. Click on the code's link to populate the Procedure Code field for your Referral submission.



Submit a referral, cont.

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

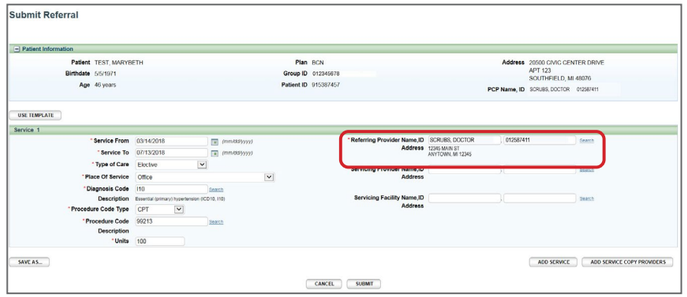


- **Units**

Enter the number of requested units here.

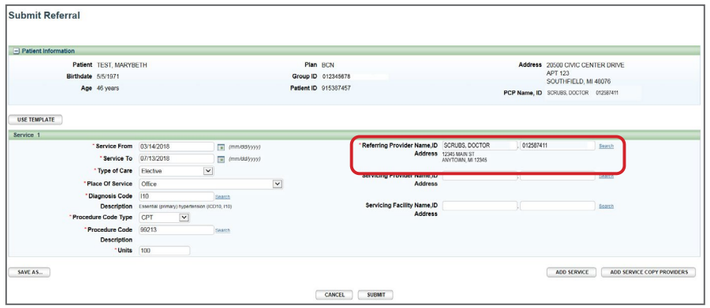
- **Referring Provider Name, ID**

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



- **Servicing Provider Name, ID**

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



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

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

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

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

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

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

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

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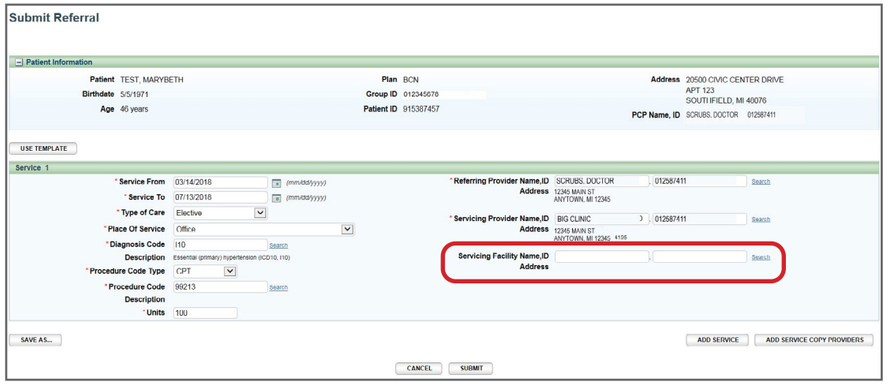
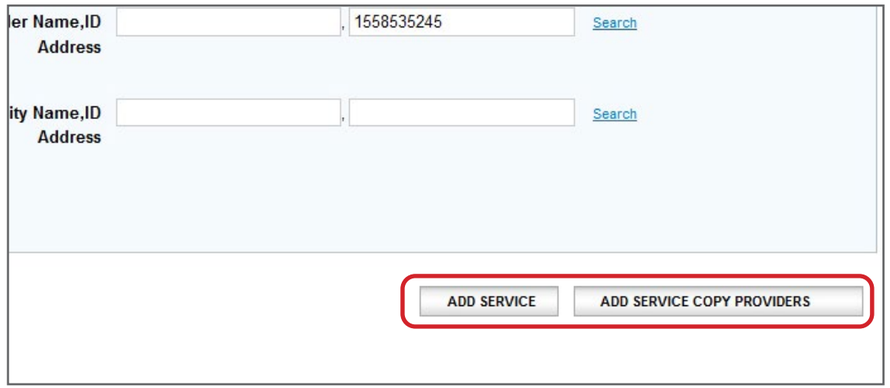
- **Servicing Facility Name, ID**

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



- **Add Service/Add Service Copy Providers buttons**

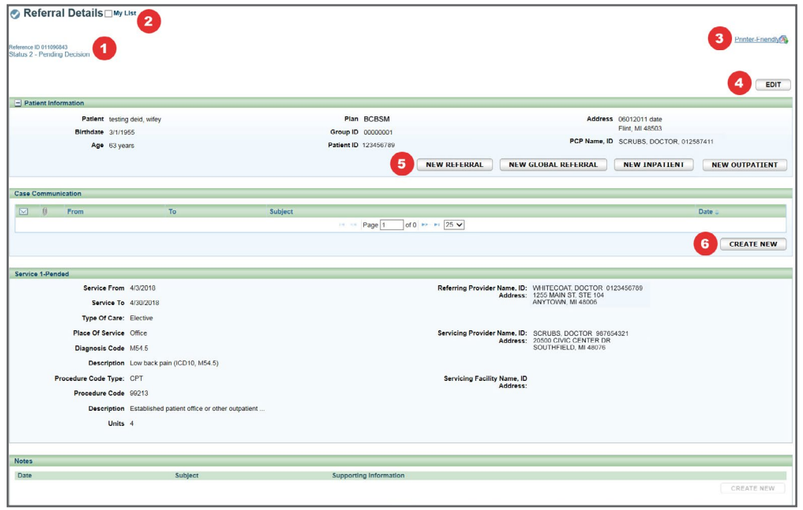
We encourage providers to always use the these buttons to avoid re-entering provider data. The Add Service button is found on the bottom right of the Submit Referral screen. Click this to add an additional service if needed. You can add up to 10 procedure codes. The Add Service Copy Providers button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



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

Submit a referral, cont.

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



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

2. My List
Check this box to watch this referral. A flag icon will be shown next to it on the My List page. See **Page 16** for more detail.

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

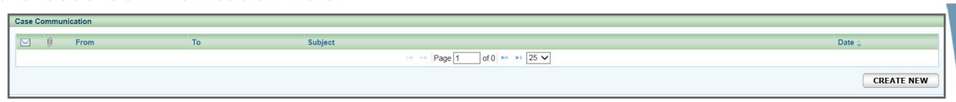
4. Edit
Click here to return to your referral submission to extend the dates. If the Edit button is greyed out, the case has been closed by Blue Cross or BCN. If you need to extend a stay on a closed case, please contact Blue Cross or BCN.

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

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

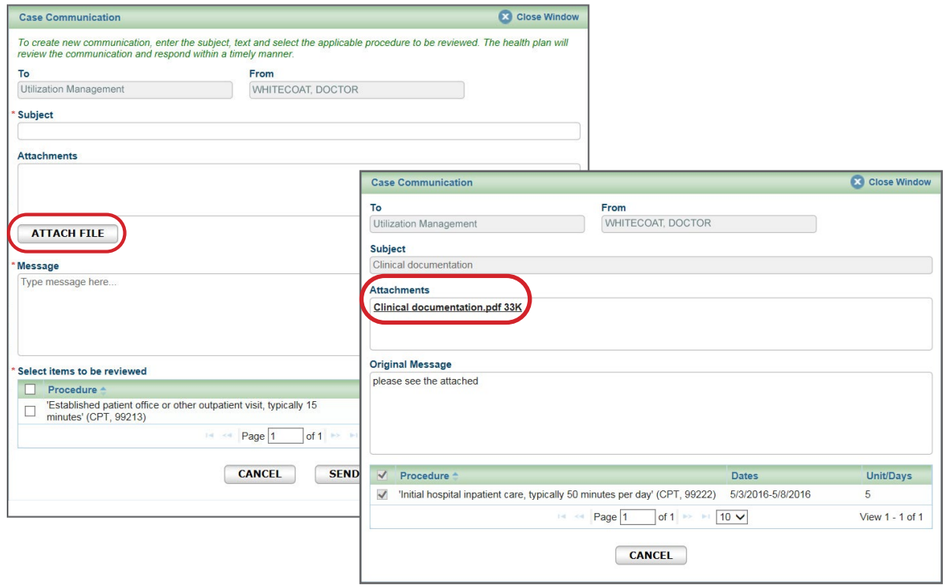
Submit a referral, cont.

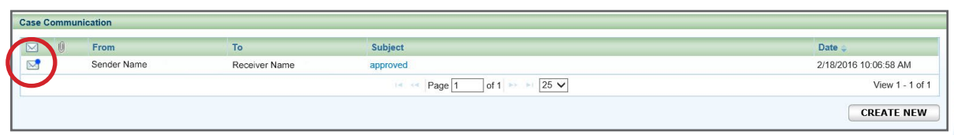
Create New (communication)
To attach clinical information (both initial clinical and continued stay or discharge information) to the request in the e-referral system, click the Create New button in the Case Communication field.



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

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





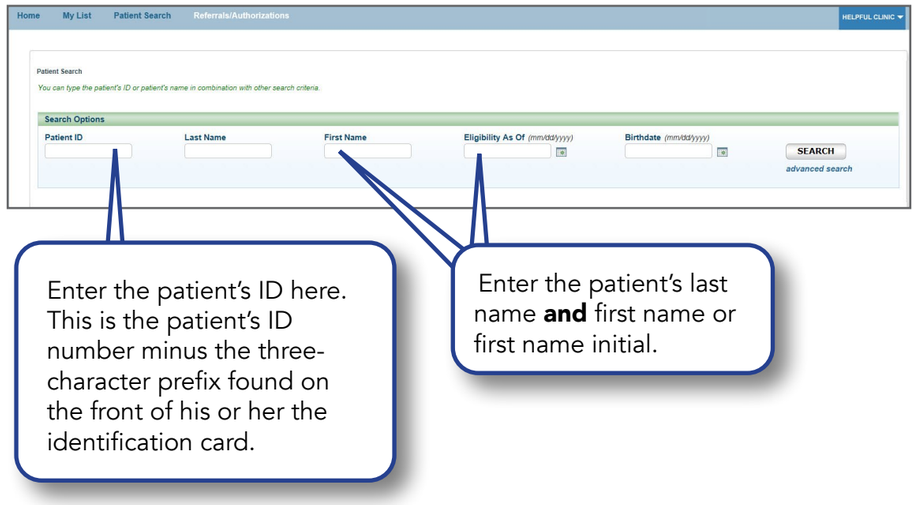
You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

4. Submit an inpatient authorization

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

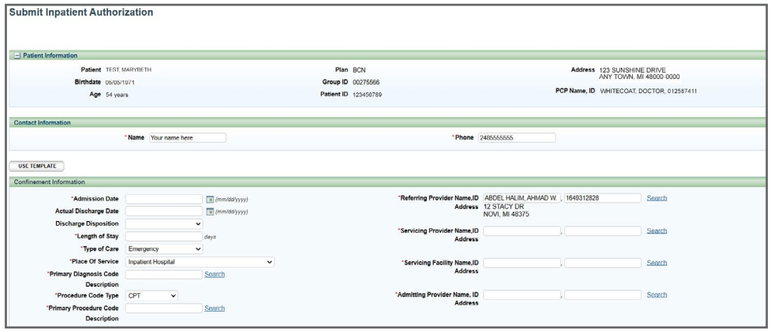
When you submit an Inpatient Authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name **and** Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate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

Click the Search button to view the results.



Submit an inpatient authorization, cont.

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



- **Admission Date**

Select the admission date from the calendar.

- **Actual Discharge Date**

If known, enter the member's date of discharge.

- **Discharge Disposition**

If an Actual Discharge Date is entered, you must choose an option here.

- **Length of Stay**

Enter the estimated length of stay in days.

- **Type of Care**. The type of care values are specific to where the member originated for the service. These definitions will help when selecting a value in e-referral:

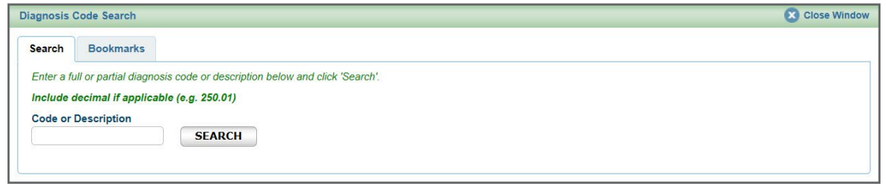
Direct — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.
Elective — Typically selected for any planned services such as surgeries or treatments inpatient or outpatient.
Emergency — Member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

- **Place of Service**. Select from:

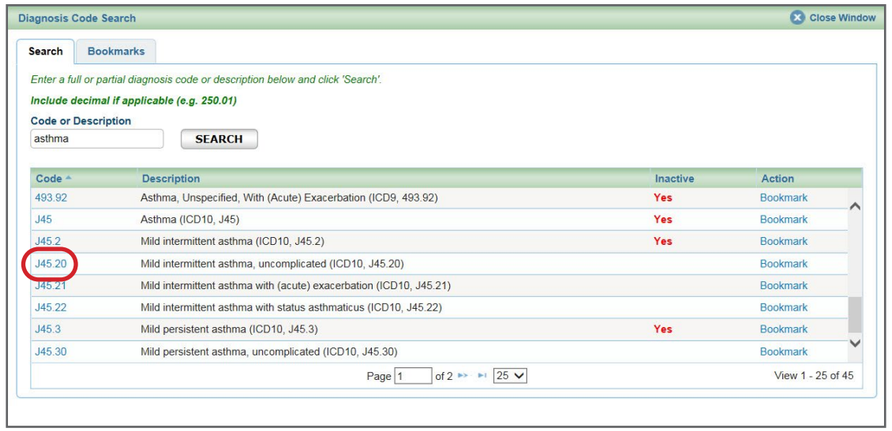
Inpatient Hospital — This should only be selected for medical or surgical admissions.
Inpatient Psychiatric Facility — This should only be selected for Behavioral Health admissions.
Psychiatric Residential Treatment Center — This should only be selected for Behavioral Health admissions.
Residential Substance Abuse Treatment Facility — This should only be selected for Behavioral Health admissions.
Skilled Nursing Facility — This should only be selected for Skilled Nursing Facility admissions.
Long-Term Acute Care Hospital — This should only be selected for initial admissions and extensions.

- **Primary Diagnosis Code**

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

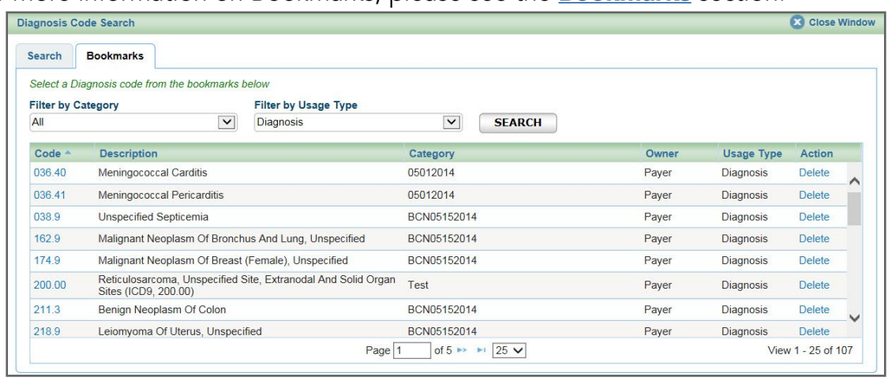


- **Diagnosis Code** – Search by **Description.** Choose an active code. Click on the code's link to populate the Diagnosis Code field for your Inpatient Authorization.



- **Diagnosis Code** – Search by **Bookmarks**

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



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

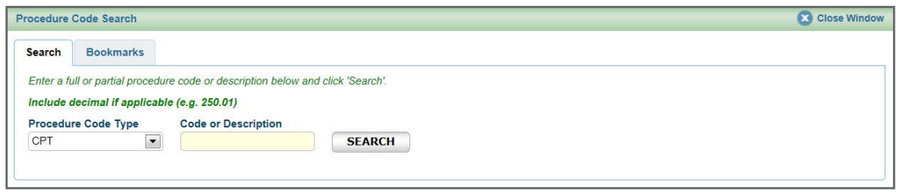
Acute hospital Place of service: Inpatient Hospital Primary procedure codes: **99221 – **99239	Critical care services **99291 – **99292
Acute inpatient rehab Place of service: Inpatient Hospital Primary procedure code: **97150	Urgent/emergent admissions **99222†
Long-term acute care hospital Place of service: Inpatient Hospital Primary procedure code: **99304	Inpatient consultation **99251 – **99255
Skilled nursing facility Place of service: Skilled Nursing Facility Primary procedure codes: **99304 – **99306	Initial and consultation service **99477 – **99480
	Inpatient neonatal and pediatric critical care services **99466 – **99482
	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.



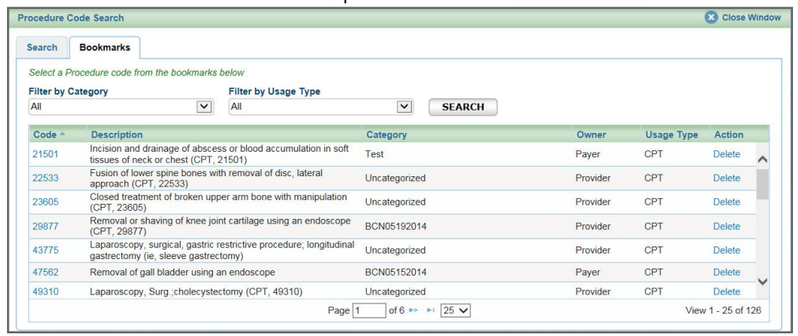
- **Procedure Code** – Search by **Description**

This is the description of the patient's condition. Choose an active code.

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

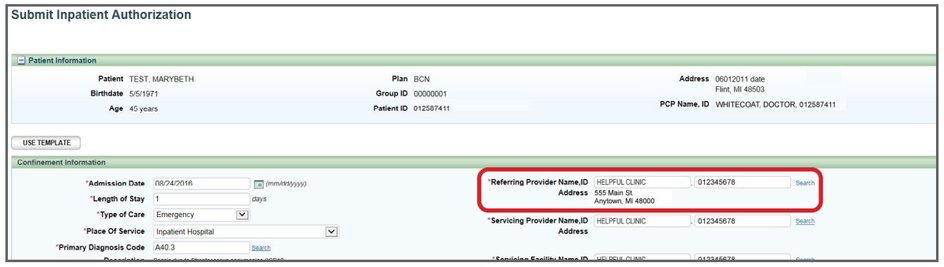
Submit an inpatient authorization, cont.

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



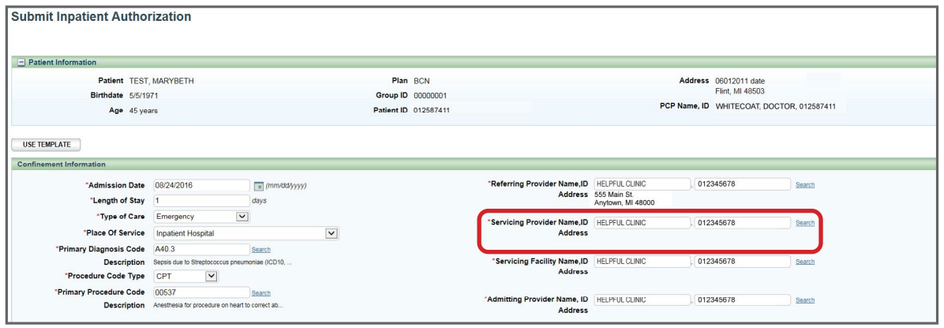
- **Referring Provider Name, ID**

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



- **Servicing Provider Name, ID**

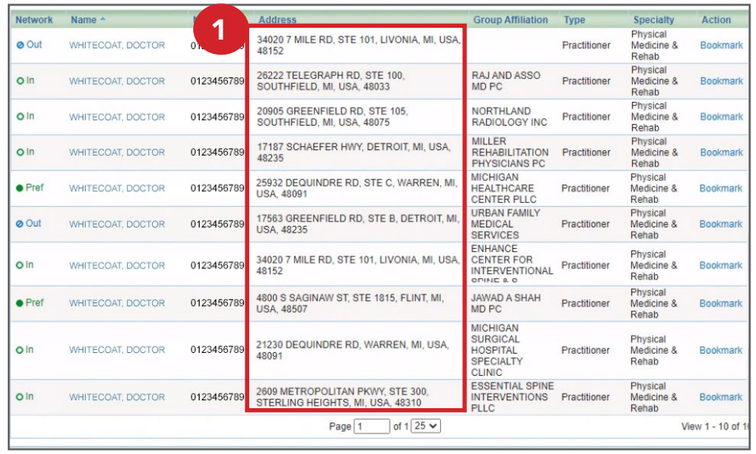
Enter the provider's name or NPI. Only those saved in your Bookmarks will display. Use the Search to locate a servicing provider by partial/full name, NPI, city, state, etc. You can also choose from your saved Servicing Providers in the Bookmarks tab.



Submit an inpatient authorization, cont.

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

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



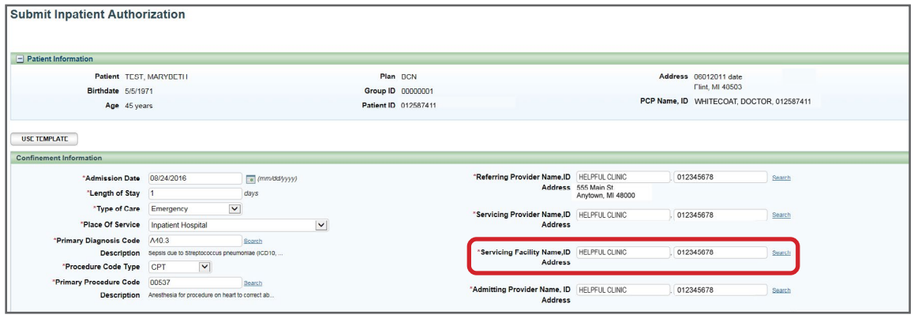
2 If the provider has several listings with the same address, you must select the listing with the correct group affiliation.

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

Submit an inpatient authorization, cont.

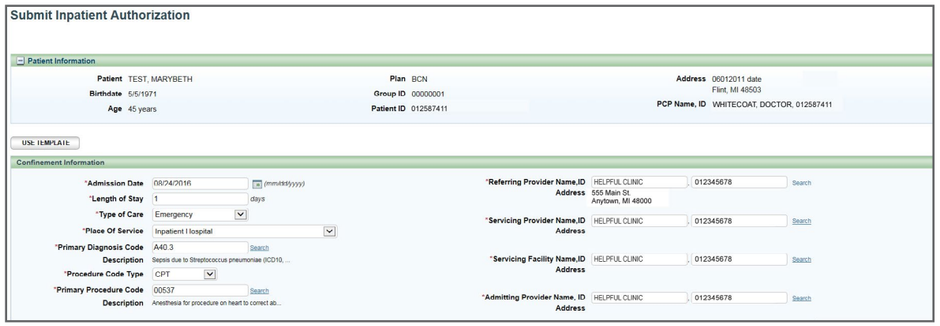
- **Servicing Facility Name, ID**

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



- **Admitting Provider Name, ID**

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



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

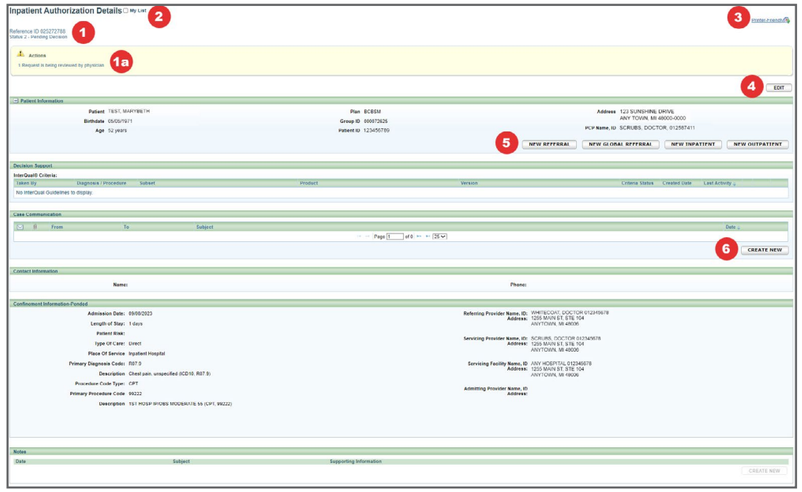
Click the **Save As** button to create a template with this particular Inpatient Authorization criteria. You can choose this template in the future from the **Use Template** button.

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

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

Submit an inpatient authorization, cont.

Your submitted authorization will look like this:



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

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

2. My List
Check this box to watch this authorization. A flag icon will be shown next to it on the My List page. See **Page 16** for more detail.

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

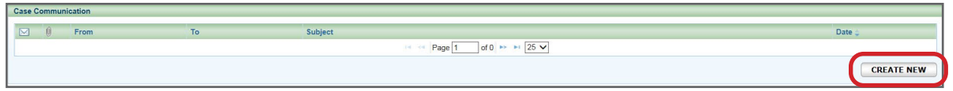
4. Edit
Click here to return to your authorization submission to extend the dates. If the Edit button is greyed out, the case has been closed by Blue Cross or BCN. If you need to extend a stay on a closed case, please contact Blue Cross or BCN.

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

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

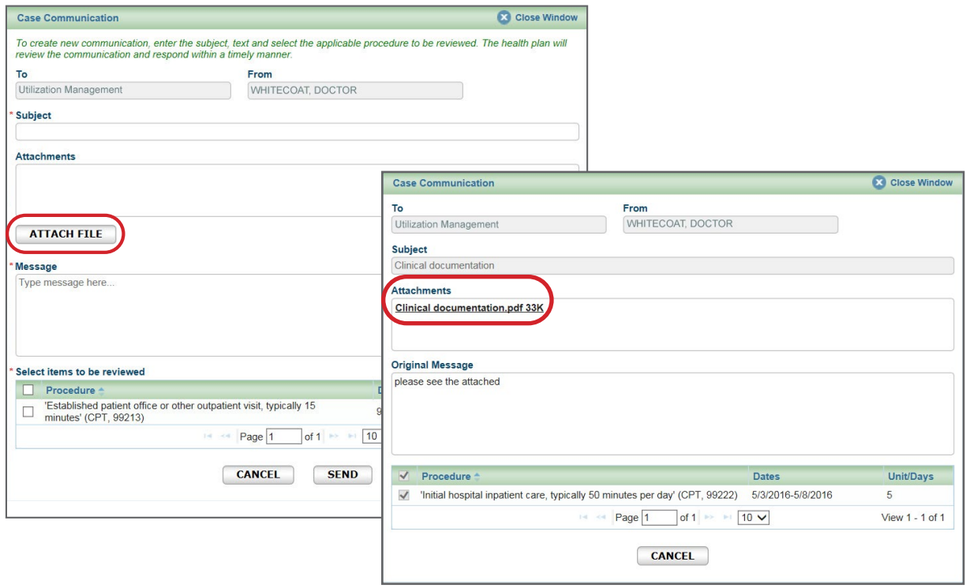
Submit an inpatient authorization, cont.

Create New (communication)
To attach clinical information (both initial clinical and continued stay or discharge information) to the request in the e-referral system, click the Create New button in the Case Communication field. In conjunction with the Confinement Extension section, this field can also be used to attach clinical information when requesting inpatient authorization extensions. **Do not use this field alone for an extension request.** For extension requests, see the ***Extending an Inpatient Authorization*** section.

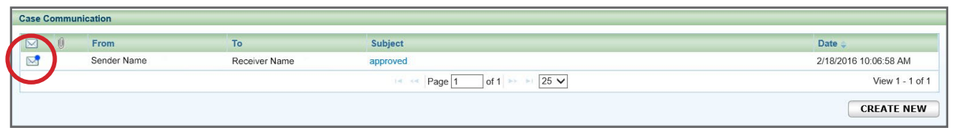


In the dialog box that opens, enter a subject and your message. Fields marked with an asterisk are required. Click Attach File. Locate the document in your files and double-click so they upload. File formats accepted include: .doc, .docx, .gif, .jpg, .pdf, .png, .txt, .xls and .xlsx. Maximum file size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

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

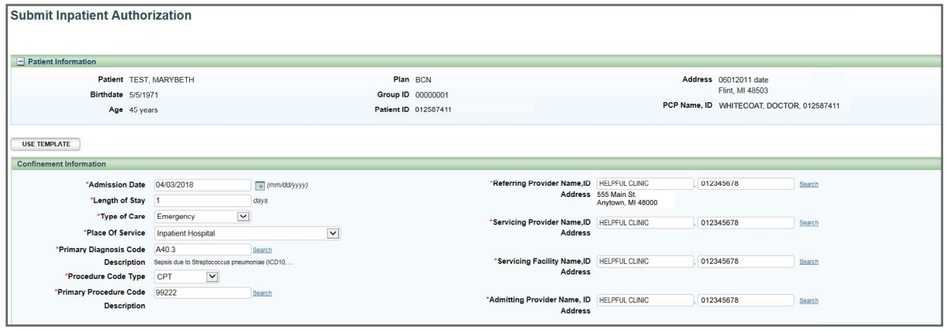


You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.



Submit an 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**

Enter the estimated length of stay in days.

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

- **Place of Service**

For acute care inpatient medical or surgical admissions, please choose Inpatient Hospital.

- **Primary Diagnosis Code**

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

- **Primary Procedure Code**

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

- **Referring Provider Name, ID**

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

- **Servicing Provider Name, Facility Name, Admitting Provider Name/ID**

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

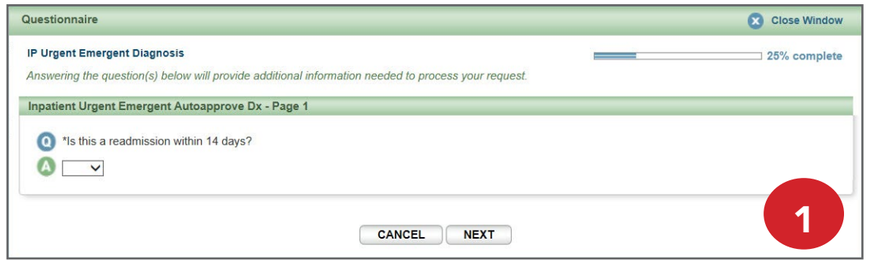
Once finished, click Submit. An Action will appear asking you to complete a questionnaire or submit clinical documentation. Completing and submitting the questionnaire helps to speed up the process for the authorization.

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

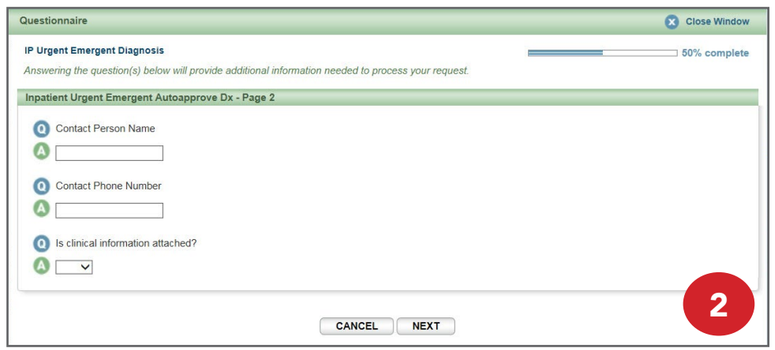
Depending on the diagnosis code chosen, you will see an Action message at the top of the screen. The Action requires you to either complete a questionnaire or submit clinical documentation. Completing and submitting the questionnaire helps to speed up the process for the authorization.

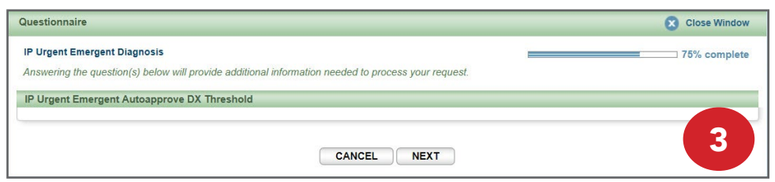
- Most diagnosis codes will trigger a generic questionnaire that gathers non-clinical information.
- Others related to specific diagnosis codes may include clinical questions.
- Some questionnaires are undergoing revisions and may change in appearance and actions.
- An Action may display asking for clinical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

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

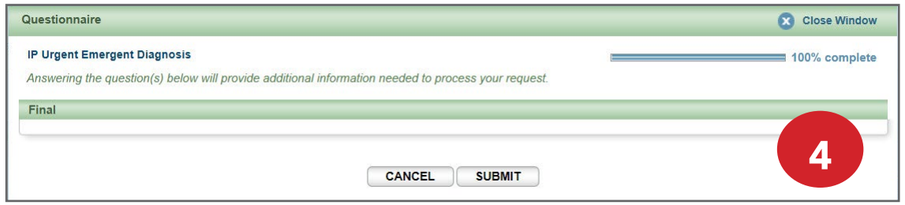


Here, the Contact Person Name and Contact Phone Number is the name of a person or a department that Blue Cross or BCN can contact with questions regarding clinical information, if needed.





Submitting an emergency or urgent admission – questionnaires and clinical documentation



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

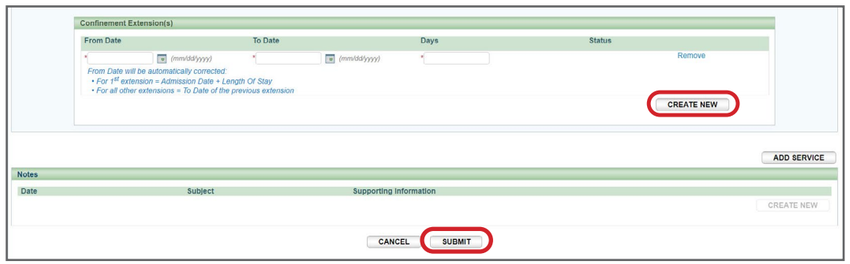
Submitting authorizations for sick/ill newborns

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

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

Extending an Inpatient Authorization

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



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

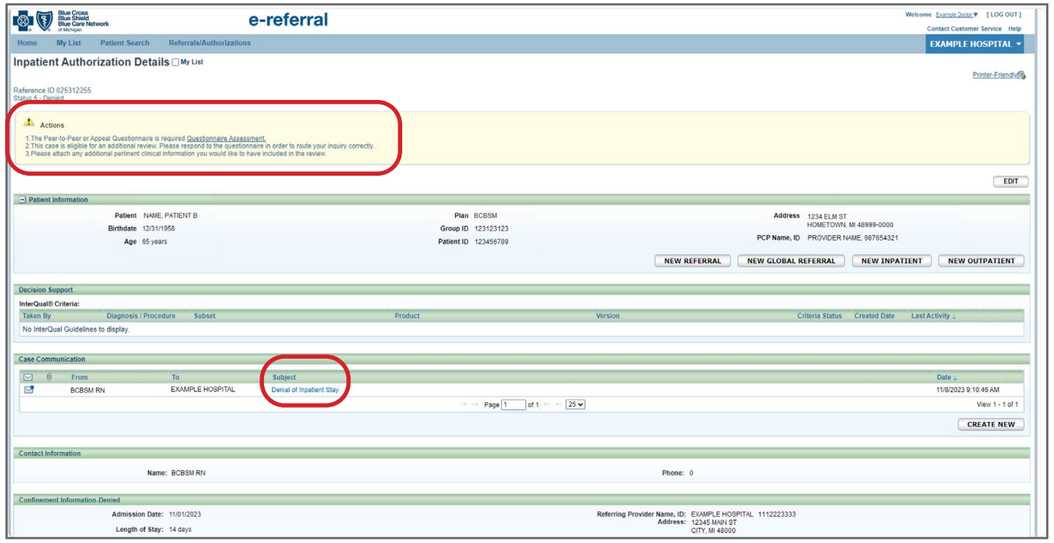
Submitting requests with required InterQual® criteria

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

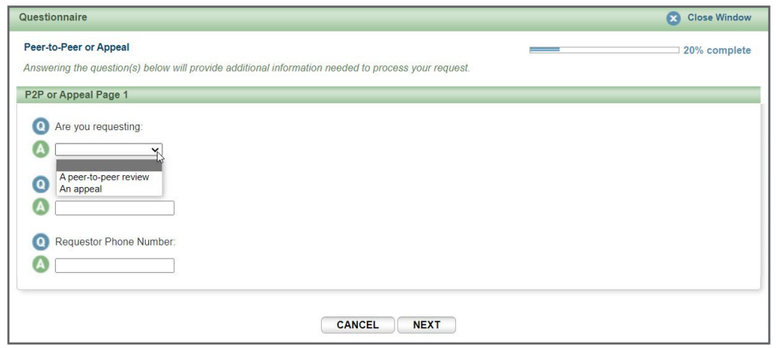
Submitting requests for peer-to-peer reviews (Michigan acute inpatient facilities only)

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

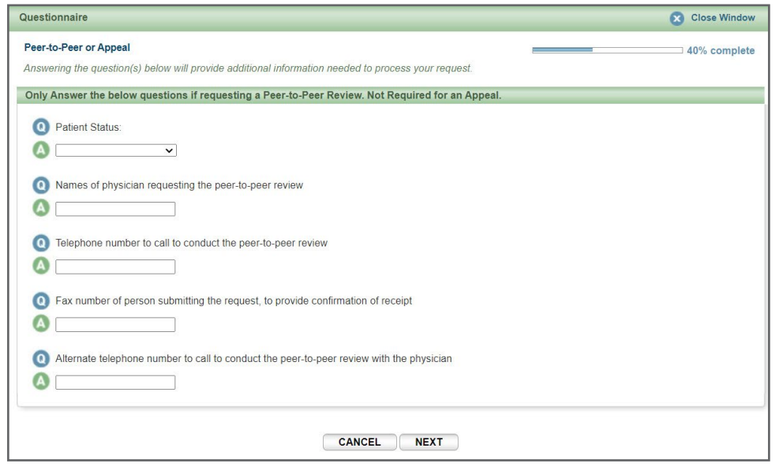
1. Begin by locating the case ID on your homepage dashboard or searching for the case. Refer to the ***Searching for a referral or authorization*** section for instructions. The case should show as "4 – Partially Approved" or "5 – Denied" in the Status column.
2. Click on the Reference ID of the case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



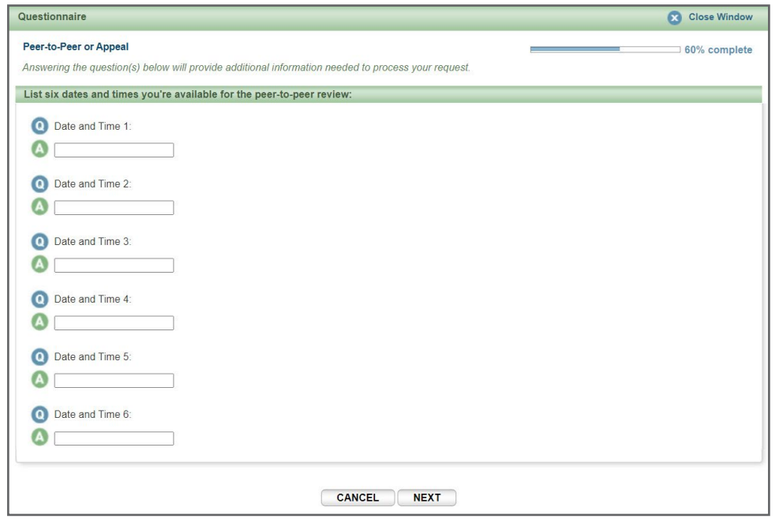
4. Click the Questionnaire Assessment link and answer each question. Click Next to advance the questionnaire.



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



Enter a variety of dates and times for the peer-to-peer review call. Reviews are held Monday through Friday, 9 a.m. to noon and 1 to 4 p.m. (excluding holidays).



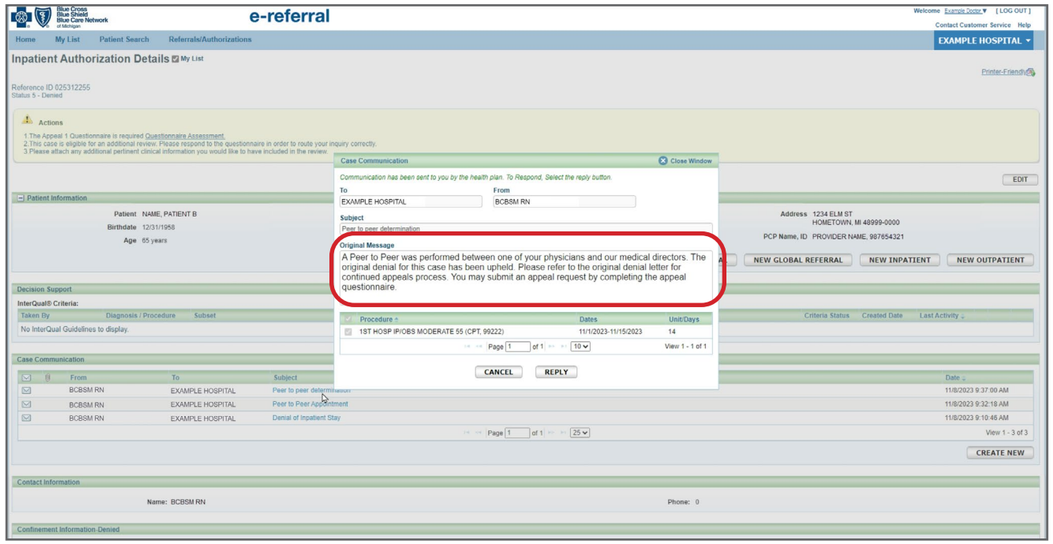
When you have finished the questionnaire, click Submit. If you close out of the questionnaire without clicking Submit, the request will not be processed. Once you see the "Questionnaire Saved Successfully" message, your request has been submitted and will be reviewed. Please login to e-referral and check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

Submit an inpatient authorization, cont.

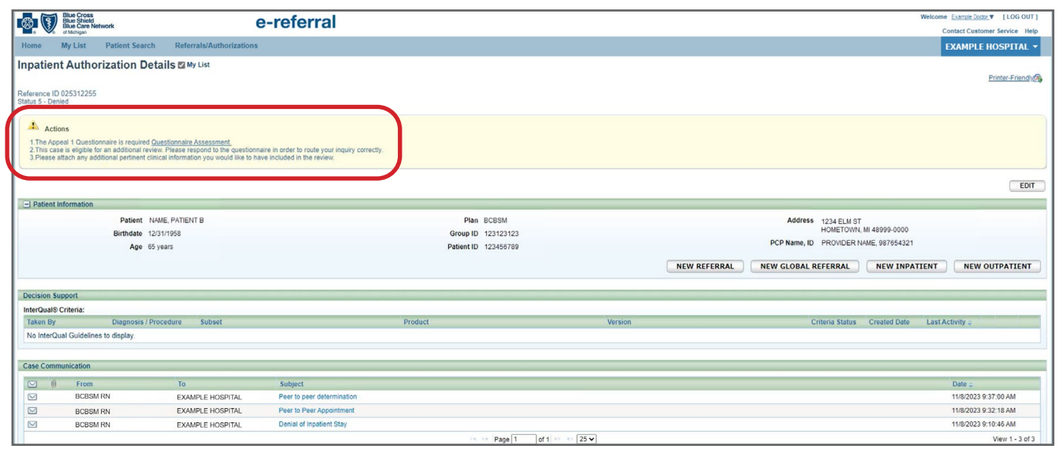
Submitting requests for appeals (Michigan acute inpatient facilities only)

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

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

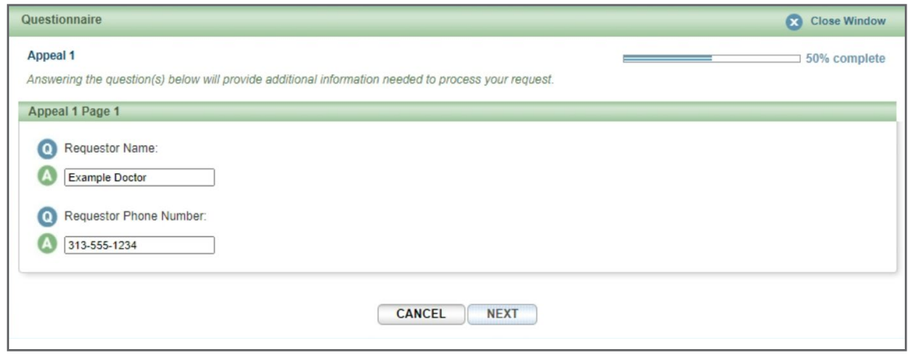


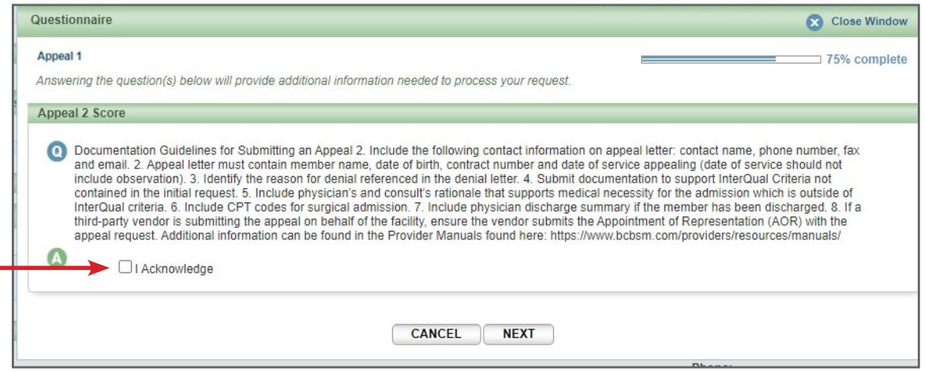
4. Click the Questionnaire Assessment link and answer each question. Click Next to advance the questionnaire.



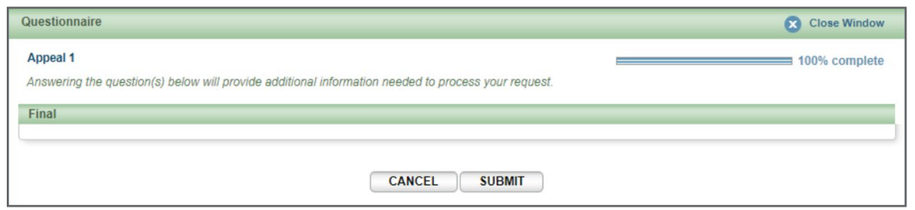
Submit an inpatient authorization, cont.

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





Make sure to check the I Acknowledge box on this screen, then click Next.



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

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

5. Submit an Outpatient Authorization

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

- For BCN commercial and BCN Advantage℠, please refer to the ***BCN global referral, plan notification and prior authorization requirements (PDF)*** at **authorizations.bcbsm.com** on BCN's ***Prior Authorization & Plan Notification*** page for a list of services that require authorization. You can also refer to the **Utilization Management (PDF)** chapter of the *BCN Provider Manual*.

- For Blue Cross, please see the ***Services that Require Authorization (PDF)*** available at **authorizations.bcbsm.com**. Click ***Referrals & Prior Authorizations***, then click ***Blue Cross Prior Authorization***.

Sleep studies

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

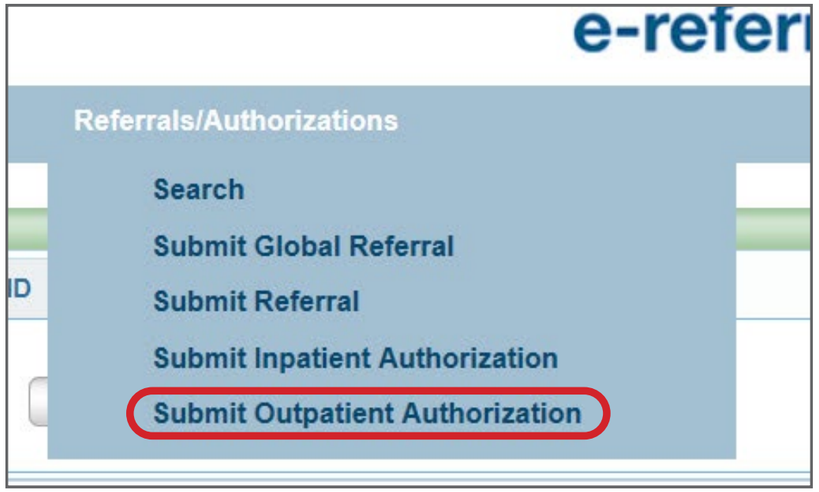
Any documentation from the patient's medical record that is required can be attached to the request within the e-referral system, through the Case Communication field. Please see the ***Create New (communication)*** page for instructions.

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

BCN Behavioral Health requests

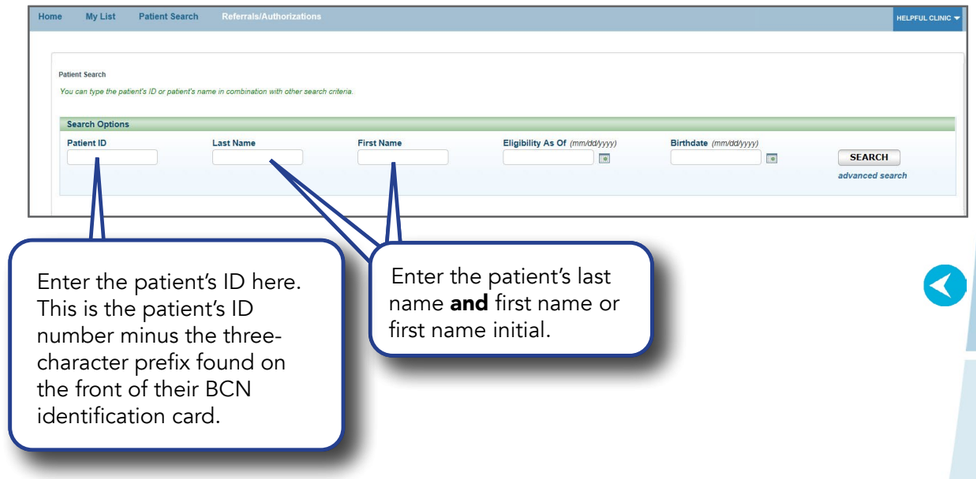
For assistance, please see the ***Behavioral Health*** section.

Submit an outpatient authorization, cont.



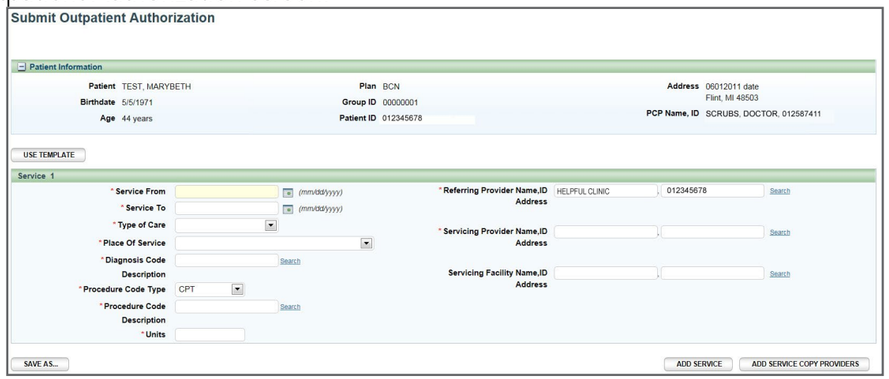
In order to submit an Outpatient Authorization, you will first be prompted to search for a patient. You can search by Patient ID, Last Name/First Name **and** Birthdate (all required), Eligibility As Of (with Last Name/First Name or Patient ID) or click Advanced Search for more options. Choosing Birthdate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

Click the Search button to view the results.



Submit an outpatient authorization, cont.

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



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

- For BCN or BCN Advantage℠ members, please call the BCN Utilization Management department at 1-800-392-2512.
- For Medicare Plus Blue members, the contact varies by service. Please refer to the ***Services that Require Authorization (PDF)*** available at **authorizations.bcbsm.com**. Click ***Referrals & Prior Authorizations***, then click ***Blue Cross Prior Authorization***.
- For Blue Cross commercial members, please contact Blue Cross Provider Inquiry. Find the appropriate phone number in the ***Provider resource guide at a glance*** document. You'll find it at the bottom of **authorizations.bcbsm.com** under Frequently Accessed Documents.

- **Service From/To**

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

- **Type of Care.** The type of care values are specific to where the member originated for the service. These definitions will help when selecting a value in e-referral:

Direct — Use only to document inpatient admissions where the patient was admitted directly from a provider office or institution but bypassed a stay in the emergency room.

Elective — Typically selected for any planned services such as surgeries or treatments inpatient or outpatient.

Emergency — Member presented to the emergency room and was referred for care in another setting such as inpatient hospitalization or outpatient surgery.

Transfer — Member was transferred from another medical setting for the service being requested (e.g. member transferred from Skilled Nursing Facility to inpatient hospital for care).

Urgent — Member was transferred from urgent care setting for the service being requested (e.g. member seen in urgent care and sent to specialist for treatment of a condition).

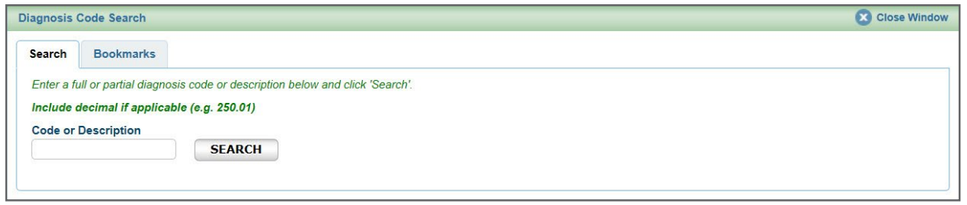
Submit an outpatient authorization, cont.

- **Place of Service**

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

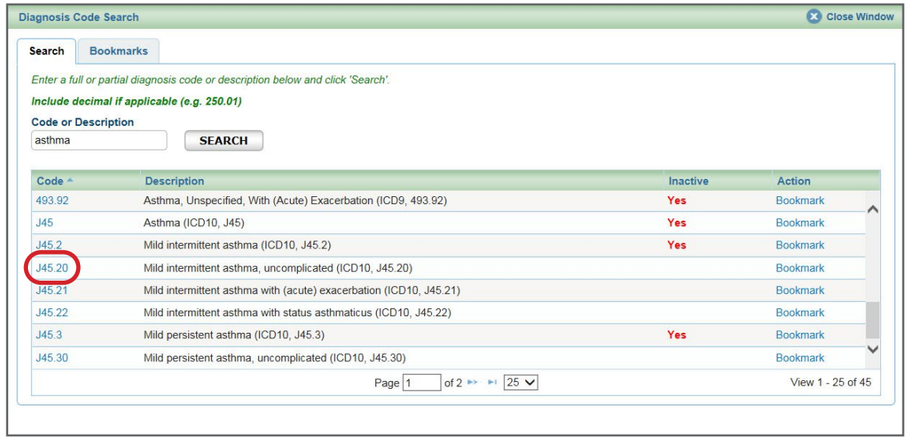
- **Diagnosis Code**

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

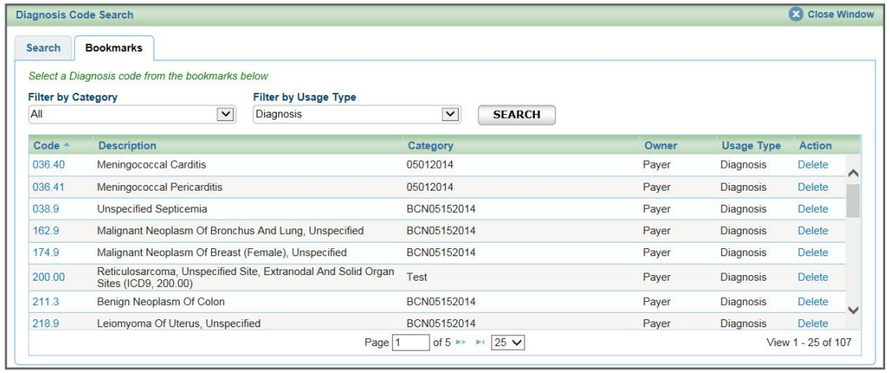


- **Diagnosis Code** – Search by **Description**

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



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



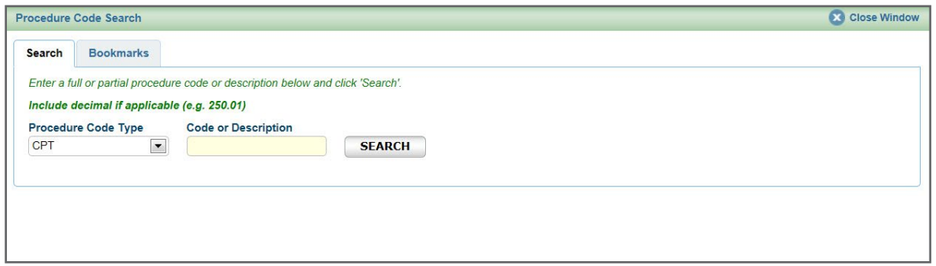
- **Procedure Code Type**

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

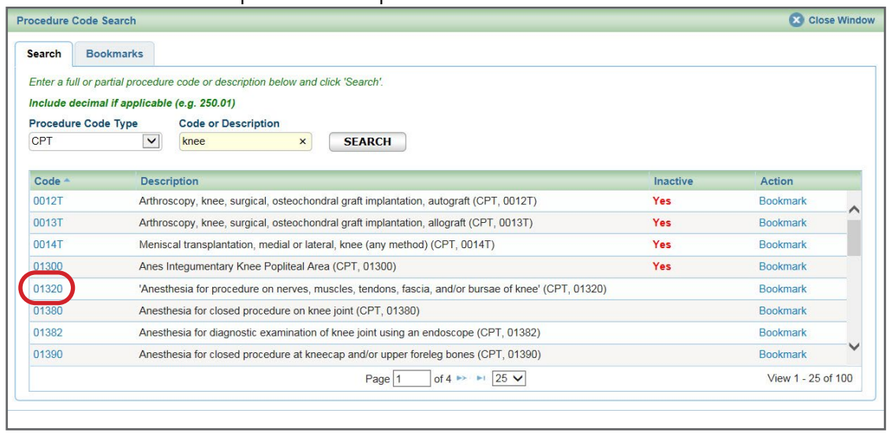
- **Procedure Code**

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

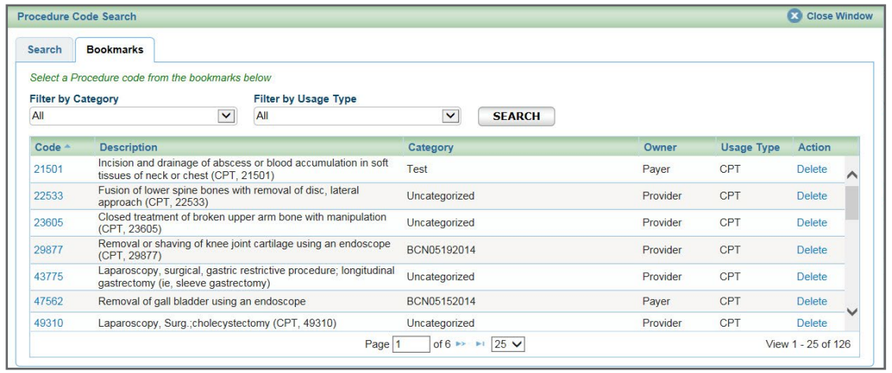
For instruction on how to bookmark codes, please see the ***Bookmarks*** section.



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



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

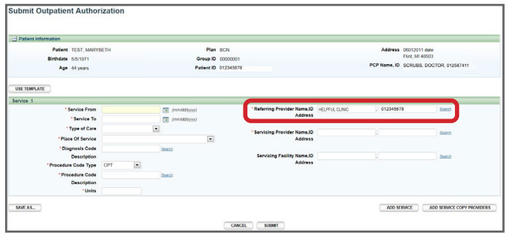


- **Units**

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

- **Referring Provider Name, ID**

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



Submit an outpatient authorization, cont.

- **Servicing Provider Name, ID**

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

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

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

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

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

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

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

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

Page 1 of 1 25

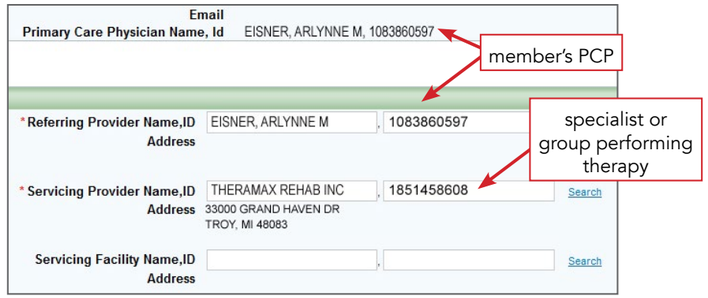
Submit an outpatient authorization, cont.

- **Servicing Facility Name, ID**

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

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

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



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

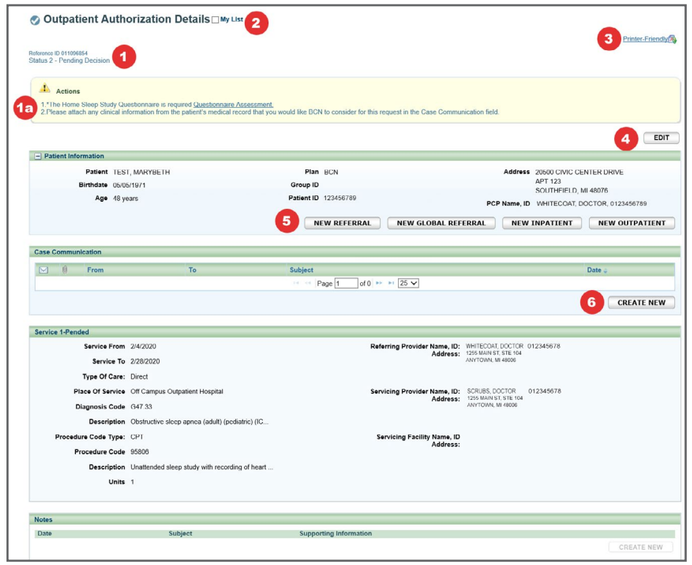
The Add Service Copy Providers button is also found on the bottom right of the Submit Outpatient Authorization screen. Click this to add an additional service and any providers you have input in the Servicing Provider fields in Service 1 will be duplicated in Service 2.

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

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

Submit an outpatient authorization, cont.

Your submitted authorization will look like this:



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

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

2. My List
Check this box to watch this authorization. A flag icon will be shown next to it on the My List page. See **Page 16** for more detail.

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

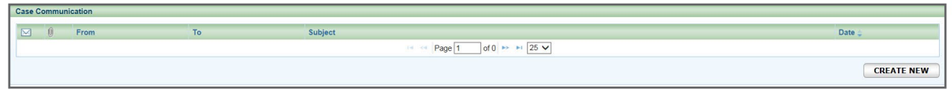
4. Edit
Click here to return to your referral submission to extend the dates. If the Edit button is greyed out, the case has been closed by Blue Cross or BCN. If you need to extend a stay on a closed case, please contact Blue Cross or BCN.

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

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

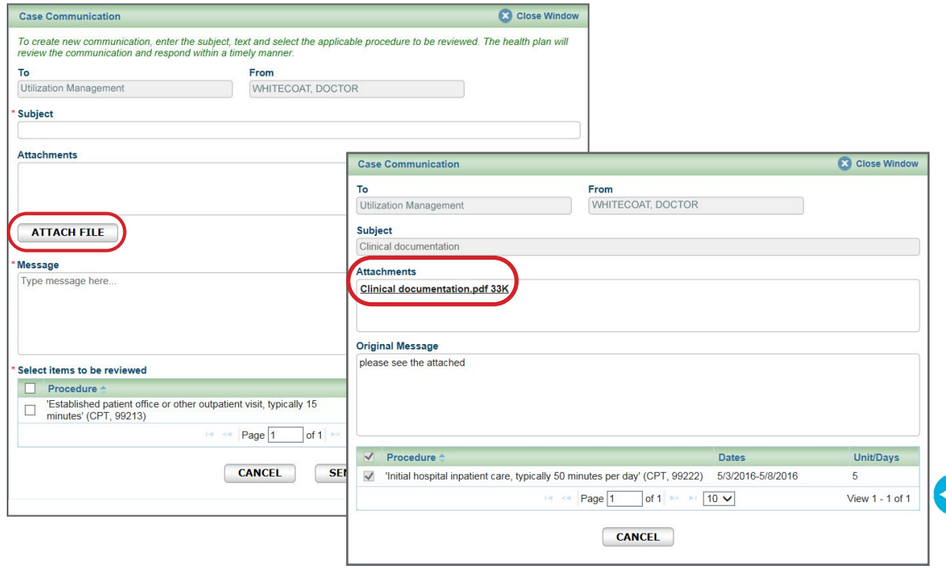
Submit an outpatient authorization, cont.

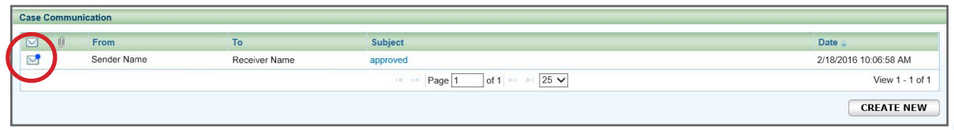
Create New (communication)
To attach clinical information (both initial clinical and continued stay or discharge information) to the request in the e-referral system, click the Create New button in the Case Communication field.



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

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





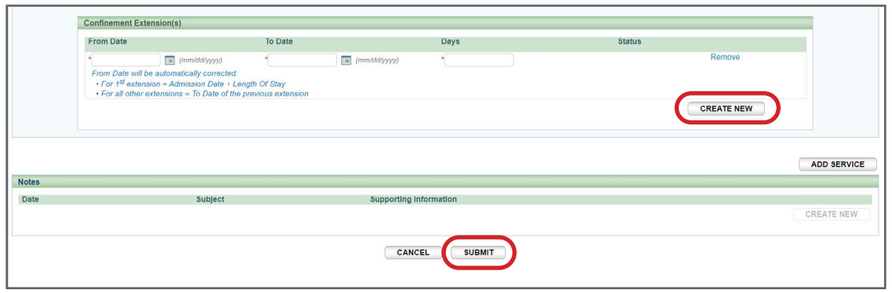
You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Submit an outpatient authorization, cont.

Extending an outpatient authorization

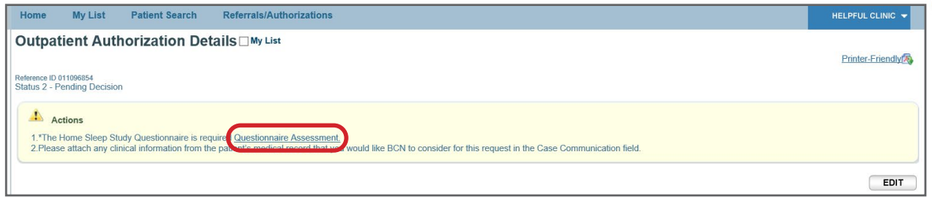
To extend service on an existing Outpatient Authorization, begin by locating your authorization. Click the Edit button. If you're trying to edit one of your cases, you may also see an error message that says, "The case is unavailable because it's being reviewed. Please try again later." If you encounter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

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

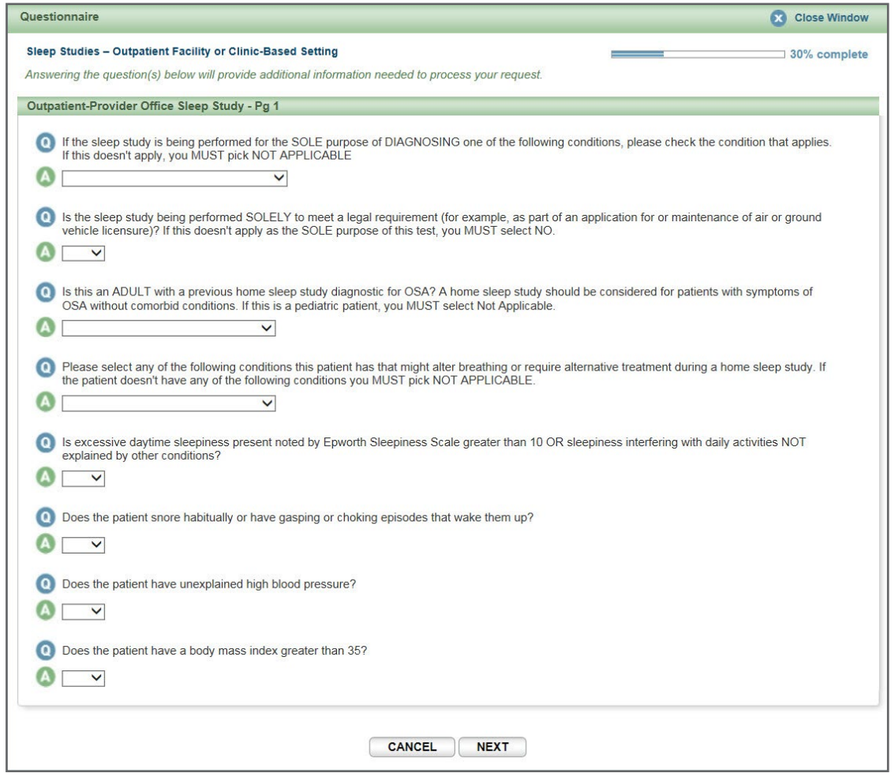


Submit an outpatient authorization, cont.

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

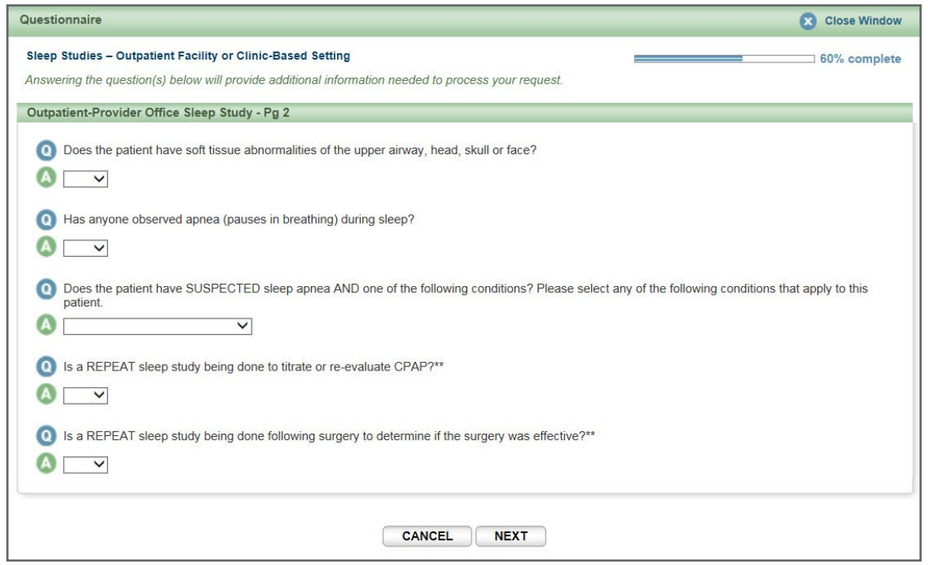


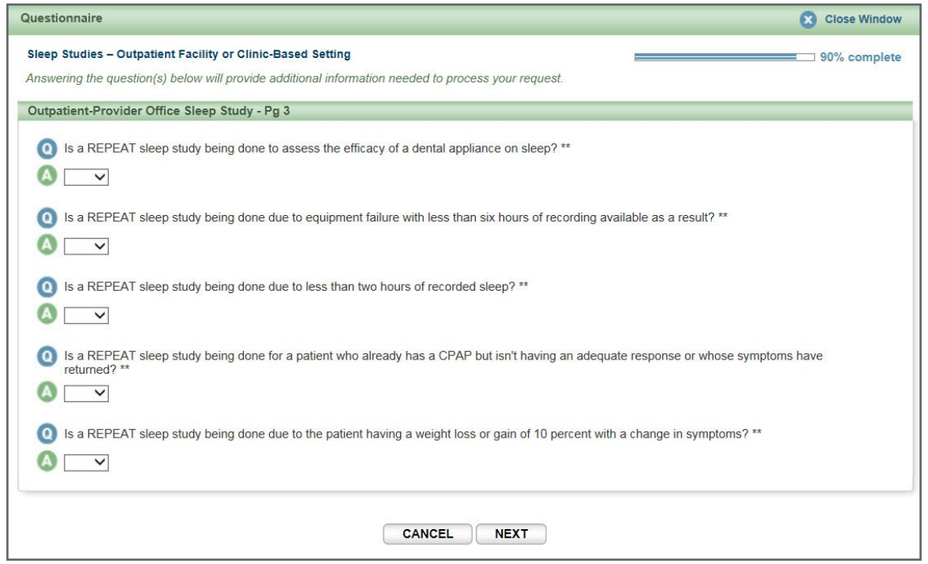
Answer each question until you have completed the questionnaire.



Submit an outpatient authorization, cont.

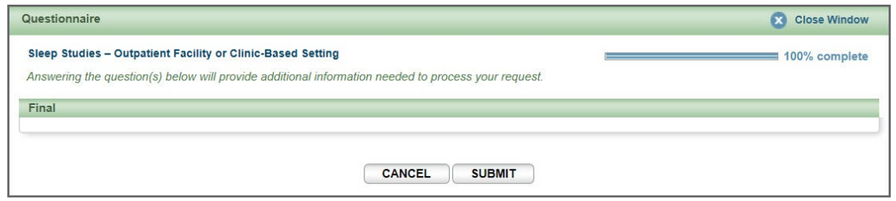
Continue to answer each question until you reach the final Cancel or Submit screen.



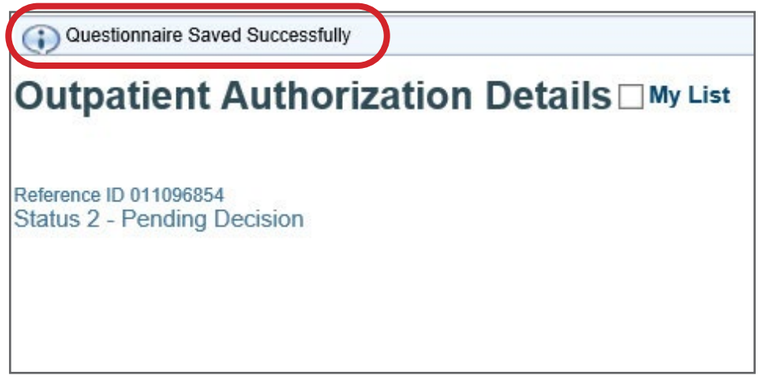


Submit an outpatient authorization, cont.

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.**

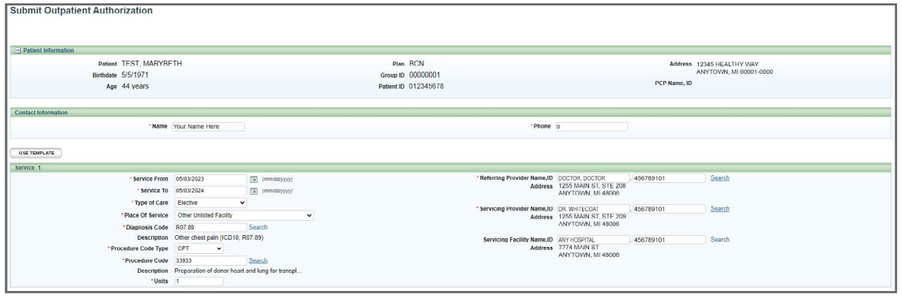


Once finished, you will see a "Questionnaire Saved Successfully" message. Your authorization has submitted and will be reviewed. Once reviewed, Blue Cross or BCN will enter an approval or denial decision. Please login to e-referral to check your case's status.



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

Use the following information when entering this type of submission:



- **Service From date**

Enter today's date.

- **Service To date**

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

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

- **Place of Service**

Choose Other Unlisted Facility.

- **Primary Diagnosis Code**

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

- **Primary Procedure Code**

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

- **Units**

Enter 1.

- **Referring Provider Name, ID**

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

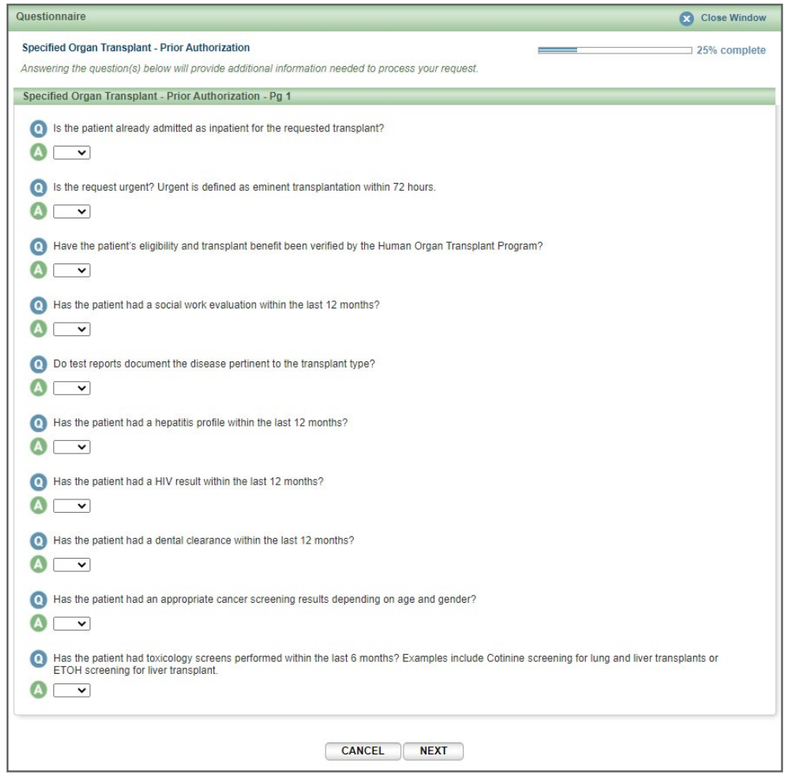
- **Servicing Provider Name, Facility Name, Admitting Provider Name/ID**

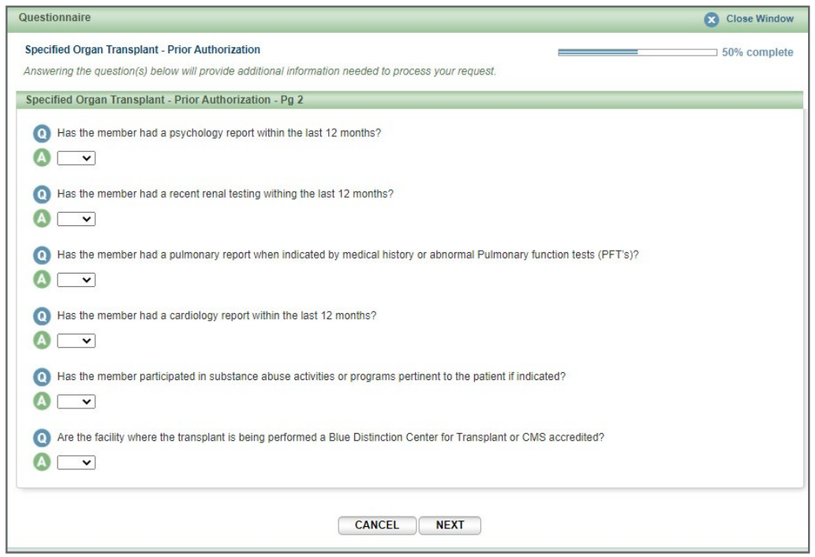
Enter a Blue Distinction® Center for Transplants. Use the Search to locate a provider by partial/full name, NPI, city, state, etc. You can also choose from your saved choices in the Bookmarks tab. For more information about Blue Distinction Centers, see the **Blue Distinction Centers webpage**.

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

Submitting a solid organ or bone marrow transplant authorization, cont.

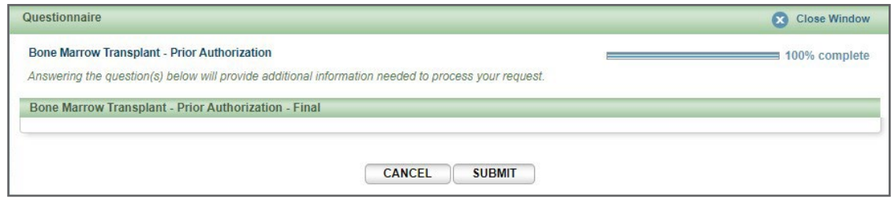
Continue to answer each question until you reach the final Cancel or Submit screen.



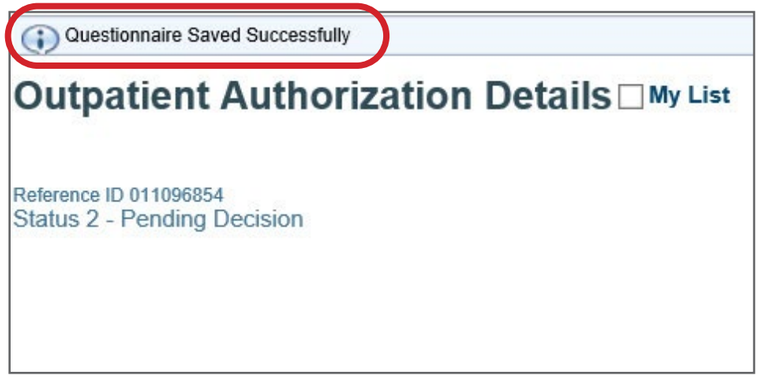


Submitting a solid organ or bone marrow transplant authorization, cont.

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



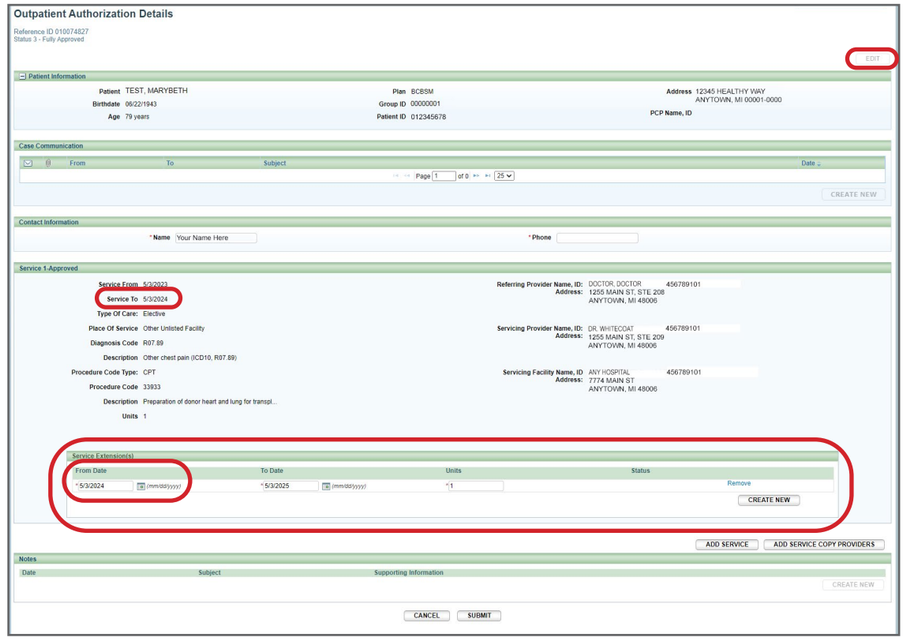
Once finished, you will see a “Questionnaire Saved Successfully” message. Your authorization has submitted and will be reviewed. Once reviewed, Blue Cross or BCN will enter an approval or denial decision. Please login to e-referral to check your case’s status.



Submitting a solid organ or bone marrow transplant authorization — Extension/reauthorization requests

To apply for an extension — or reauthorization — start by entering the "To" date from the approved prior authorization in the "From" date field for the extension. Request the extension for one year (six months for URMBT members).

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

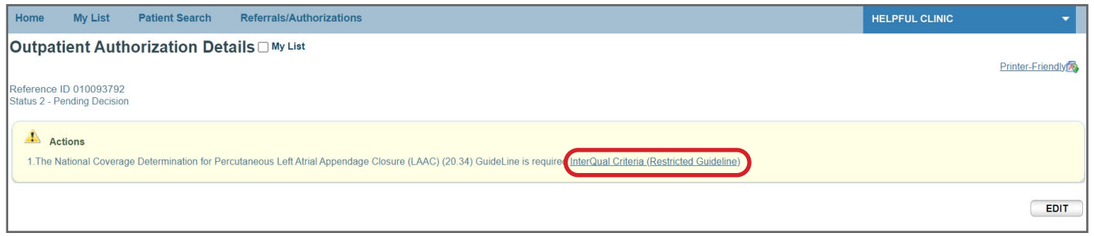


Submit an outpatient authorization, cont.

Submitting requests with required InterQual® criteria

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

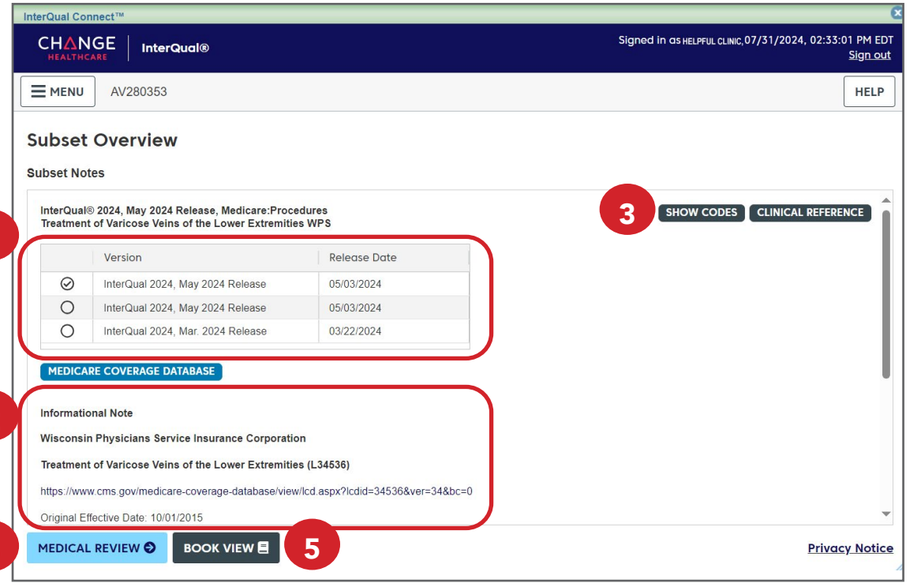
Begin by clicking the InterQual Criteria link.



A Subset Overview screen will launch.

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

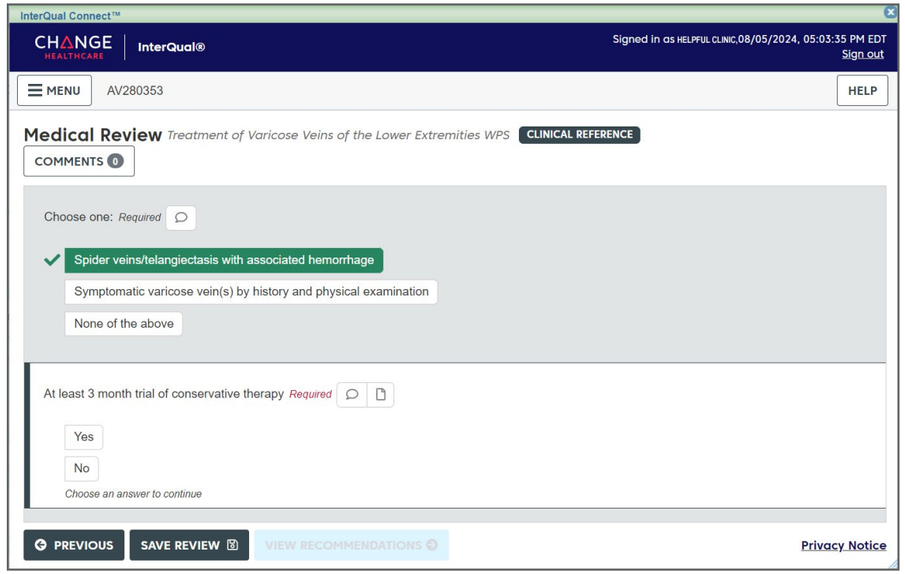
Click the Medical Review button to begin.



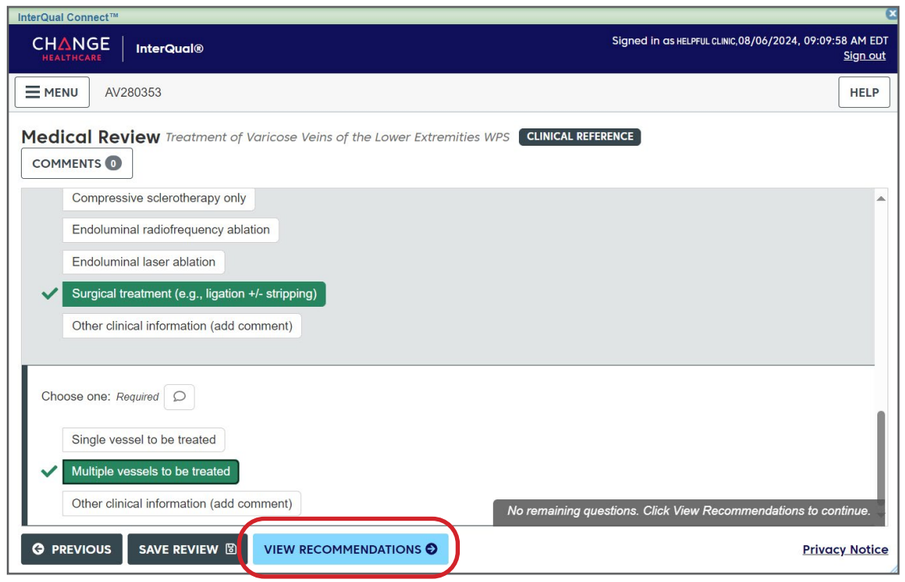
Submit an outpatient authorization, cont.

Submitting requests with required InterQual® criteria, cont.

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



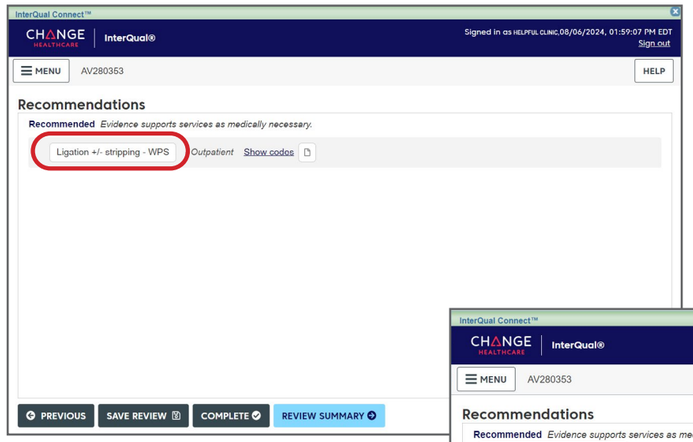
Once you've answered all the questions, the View Recommendations button will appear as an option. Click to continue.



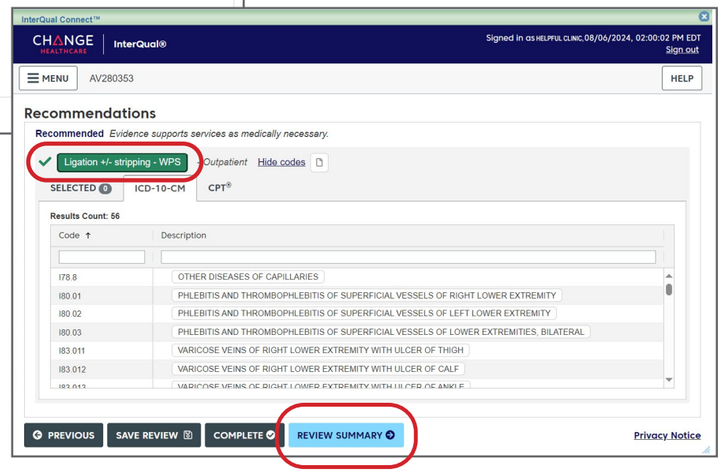
Submitting requests with required InterQual® criteria, cont.

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

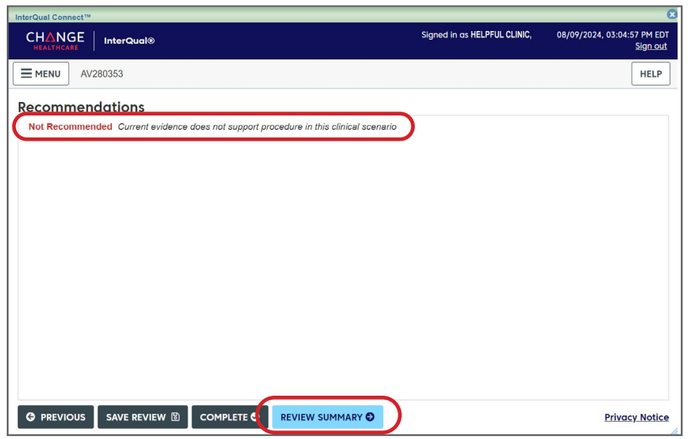
Recommended



If there are recommendations available, select them (in green), then click Review Summary to continue.



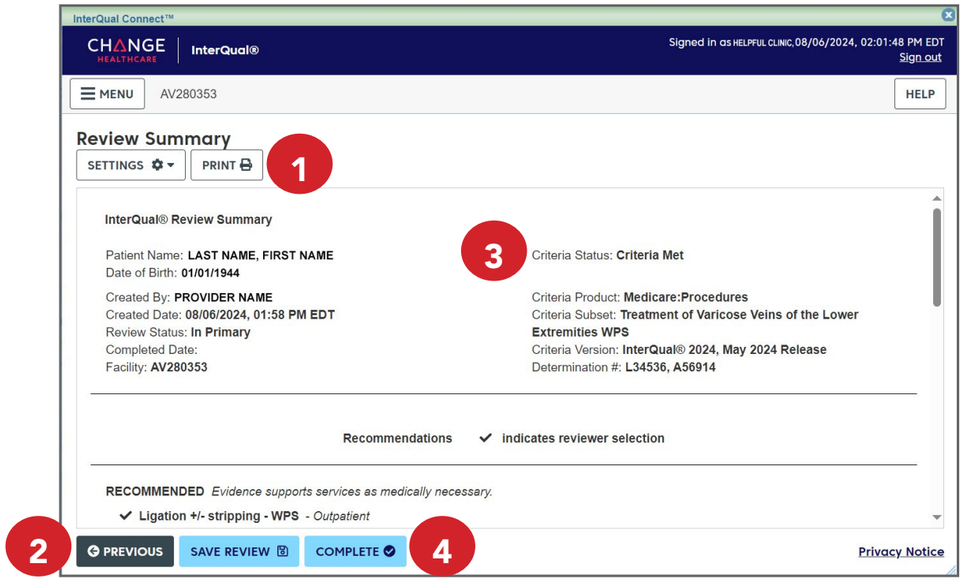
Not Recommended



If there are no recommendations, click the Review Summary button to continue.

Submitting requests with required InterQual® criteria, cont.

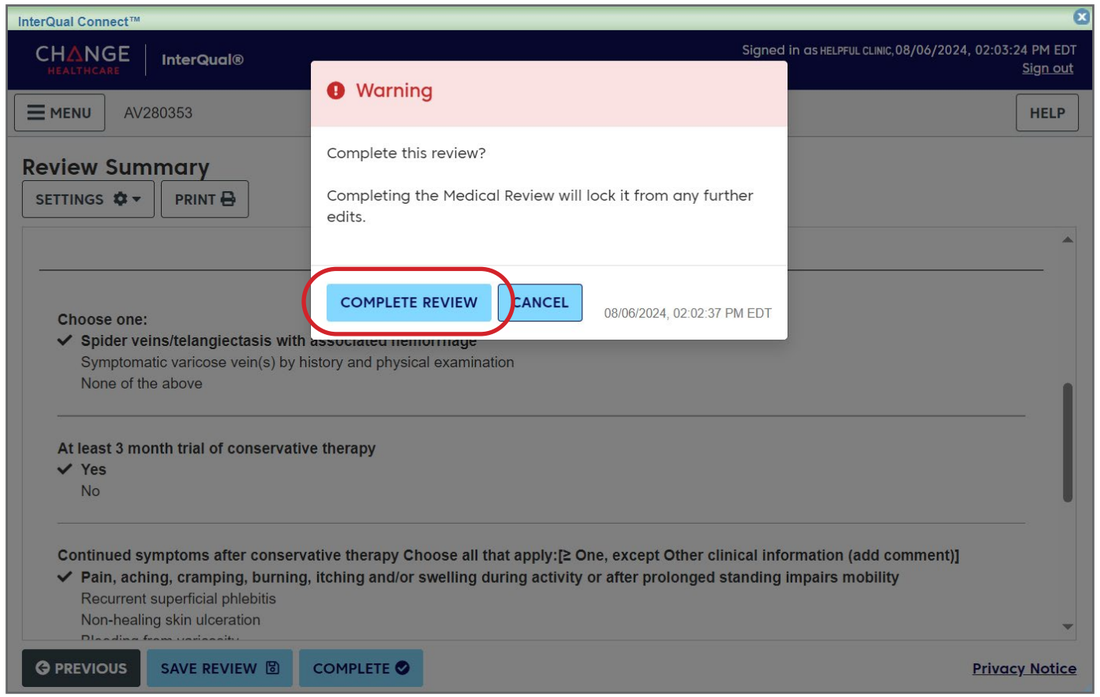
On the Review Summary screen, take note of the options available:



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

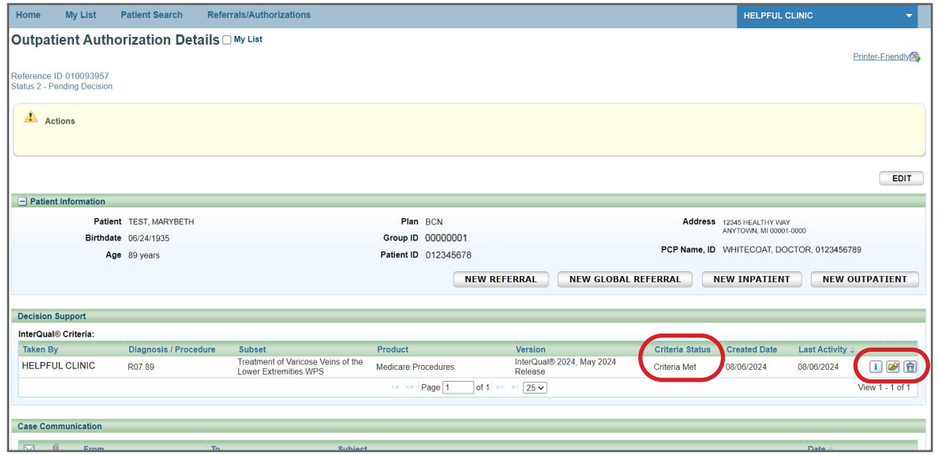
Submitting requests with required InterQual® criteria, cont.

Click Complete Review to complete the submission.

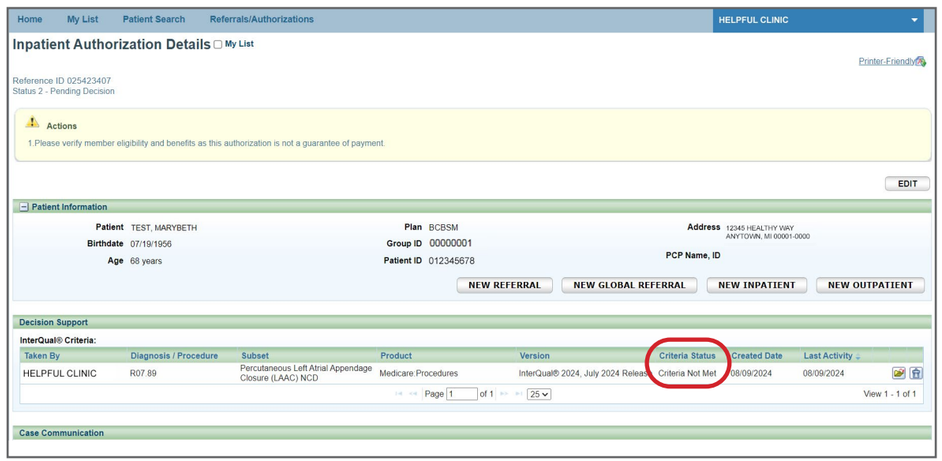


Submitting requests with required InterQual® criteria, cont.

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



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



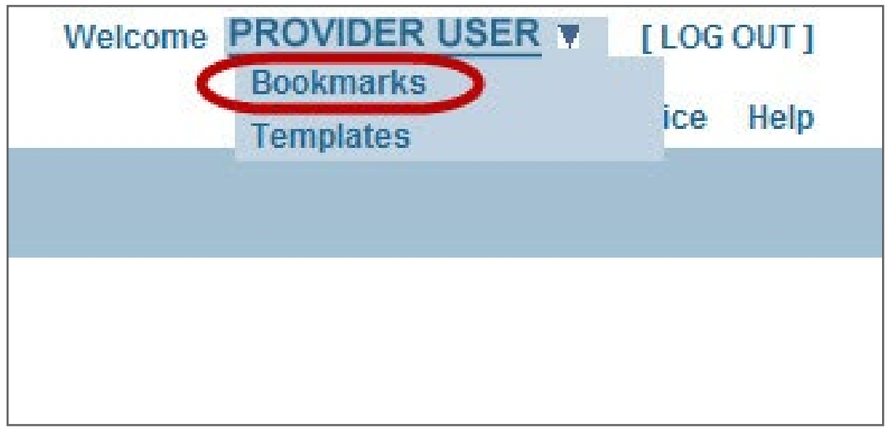
Section V: Bookmarks

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

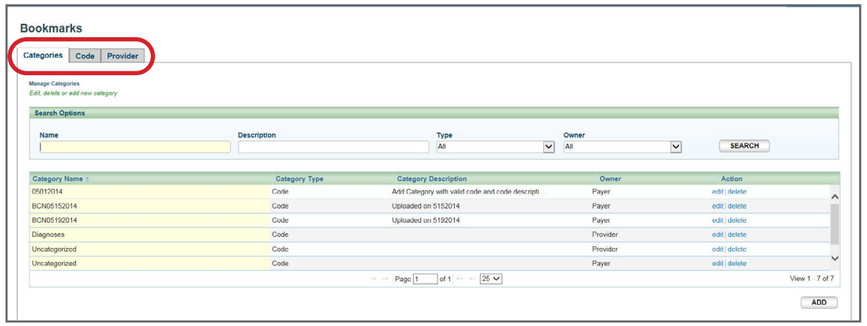
There are two ways to create a bookmark. Choose Bookmarks from the drop-down menu at the top of the Home page or create them from within a patient's record.

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

Choose Bookmarks



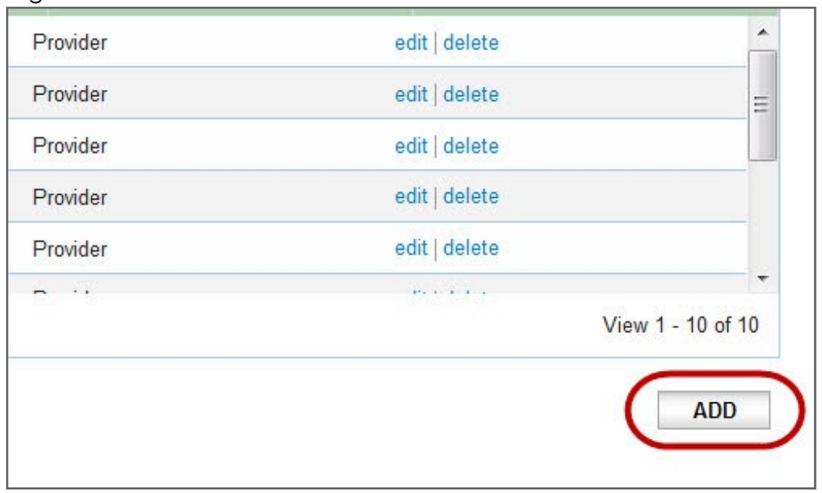
Select the bookmark type you'd like to manage from this screen. Your choices are Categories, Code and Provider.



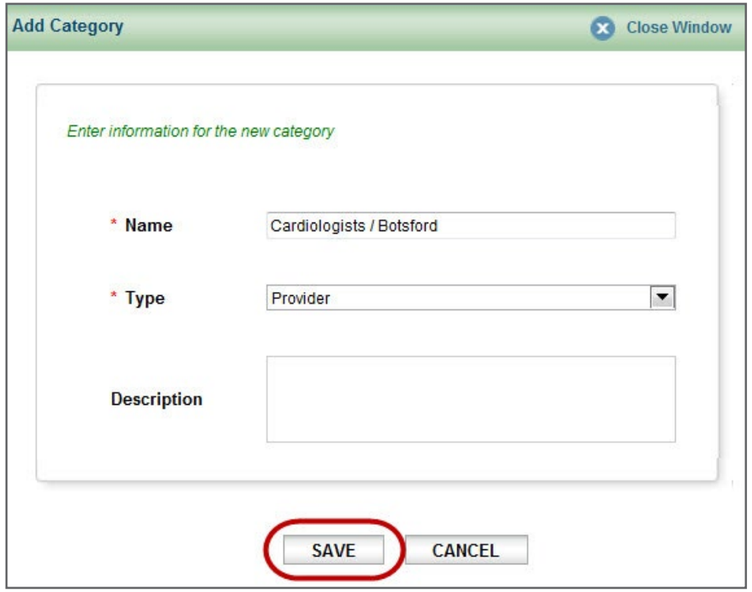
Bookmarks, cont.

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

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



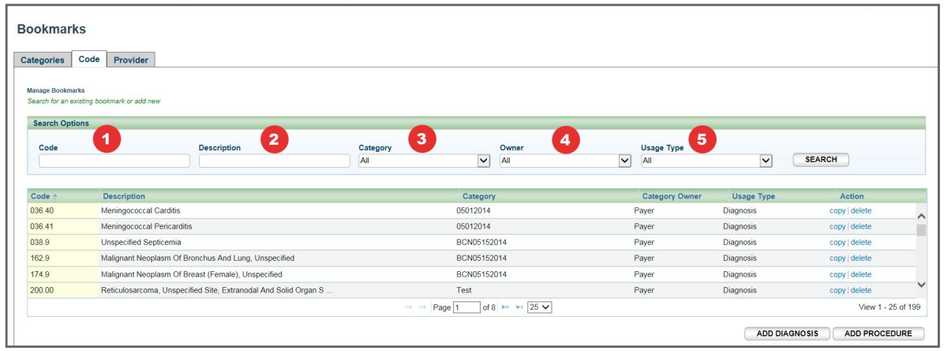
The Add Category window will open where you can create your new bookmark. Name your category and select the type – Code or Provider. Click Save.



Bookmarks, cont.

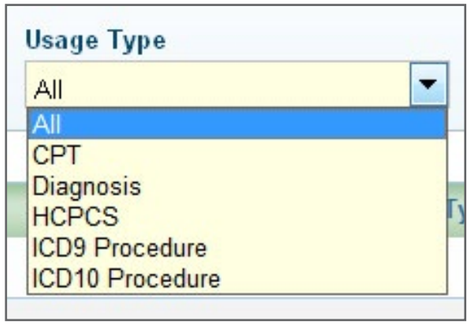
On the Code tab, you can search for an existing bookmark or add a new one.

To search for an existing bookmark by code:



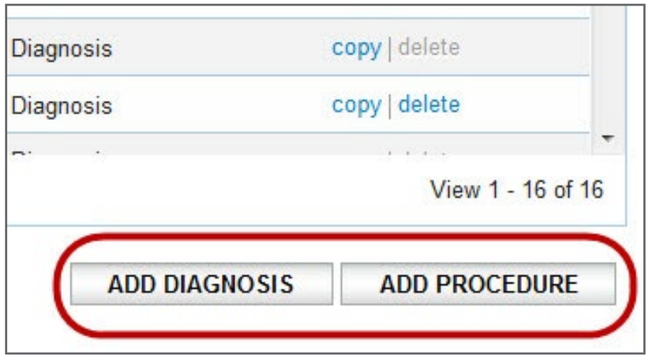
1. Enter a diagnosis **Code** if known, then select Search.
2. Enter a **Description** if known, then select Search.
3. Search by **Category**. These are the ones you created as bookmarks.
4. Search by **Owner – Payer** or **Provider**. Always choose Provider.

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



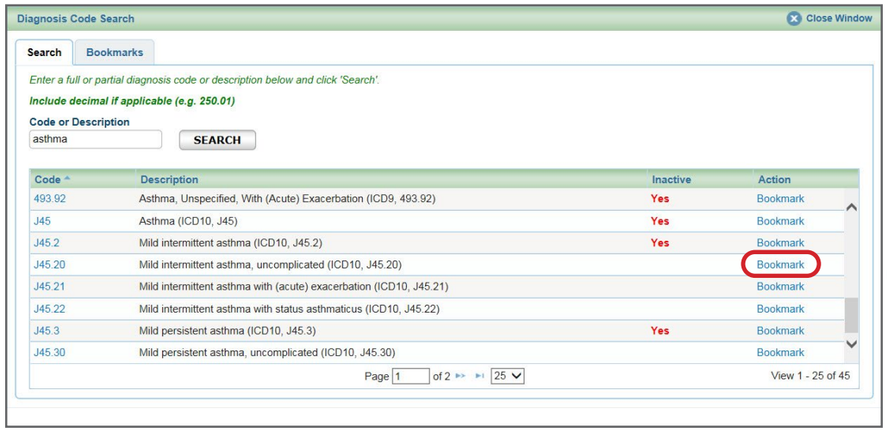
Bookmarks, cont.

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



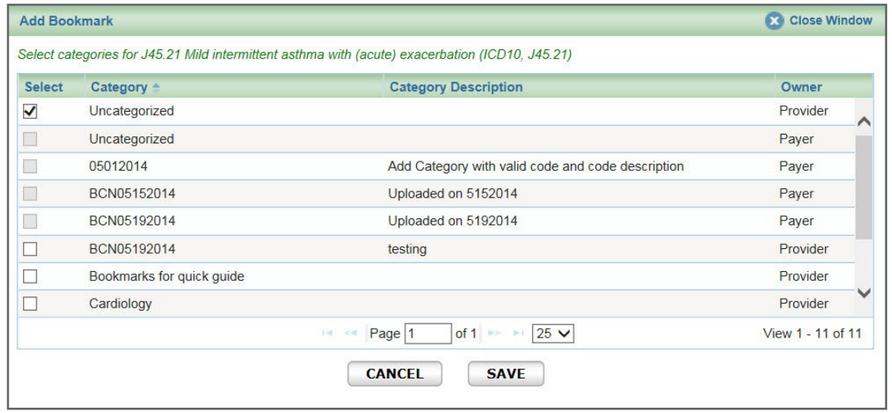
Click the Add Diagnosis button and enter a full or partial diagnosis code or description and click Search.

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

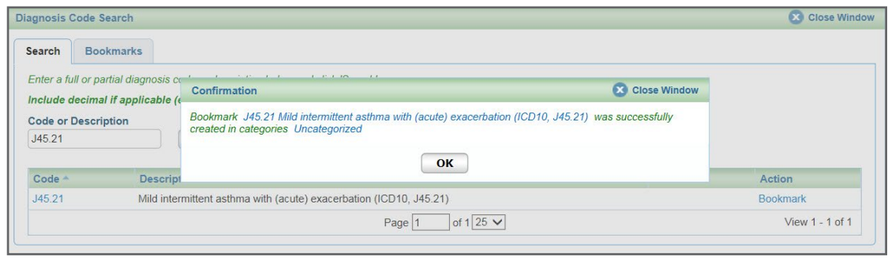


Bookmarks, cont.

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



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

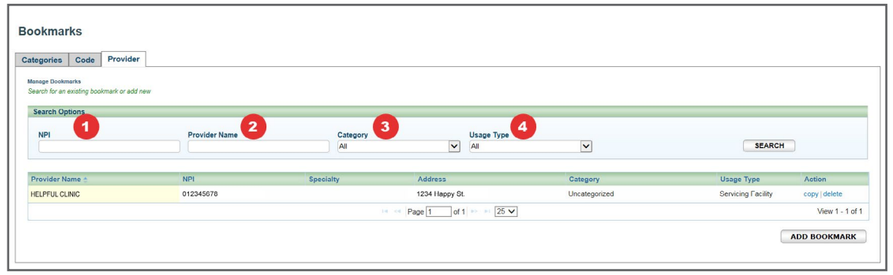


To add more bookmarks, click OK to close the Confirmation window and begin your search again.

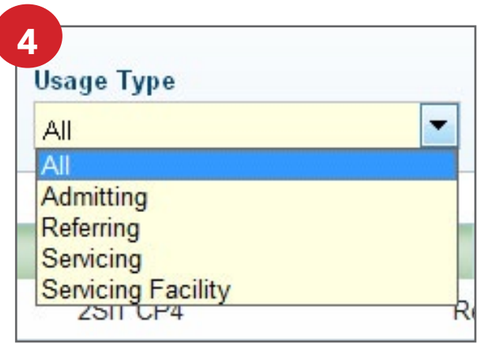
Bookmarks, cont.

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

To search for an existing bookmark:

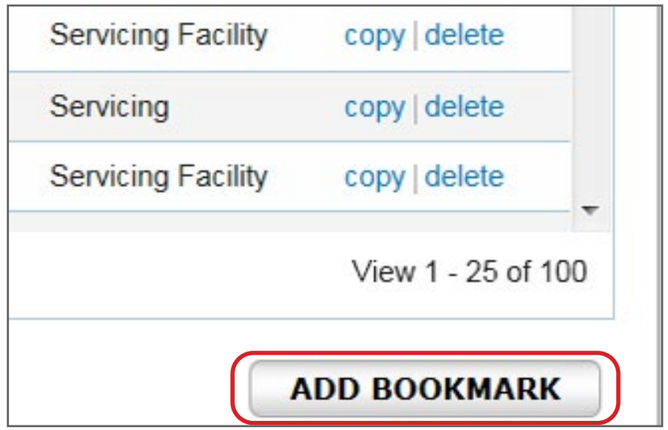


1. Enter an **NPI** if known, then select Search.
2. Enter a **Provider Name** if known, then select Search.
3. Under the **Category** drop-down menu, you can choose from the ones you created as bookmarks.
4. Under the **Usage Type** drop-down menu, you can choose from **Admitting, Servicing**, and **Servicing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



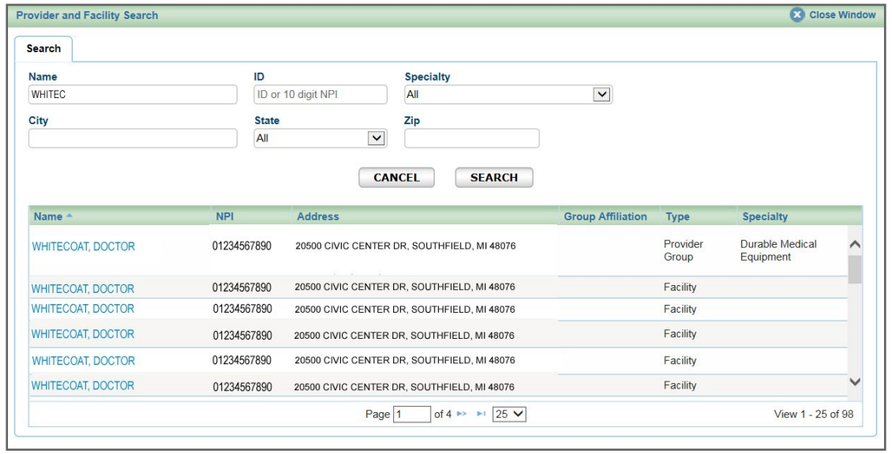
Bookmarks, cont.

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



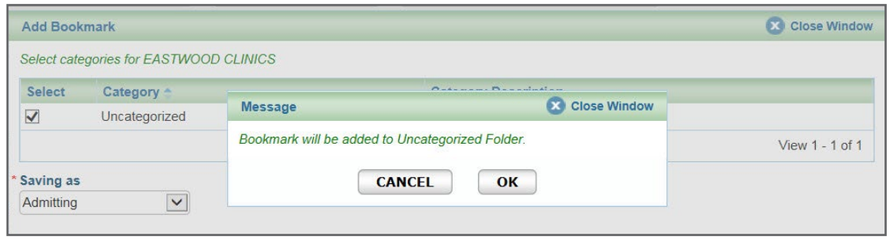
The Advanced Search option allows you to also search by ID and Specialty. **Note:** If you receive multiple listings for a provider with the same information (for example, ID, Address), you must enter the provider's NPI to narrow your results.

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



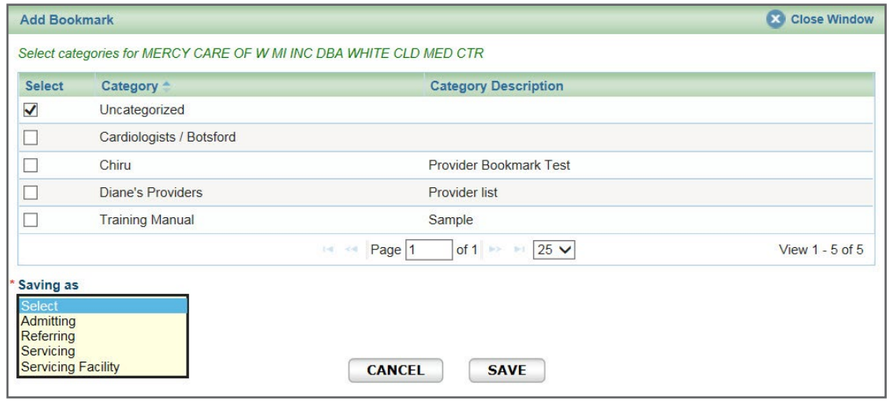
Bookmarks, cont.

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



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

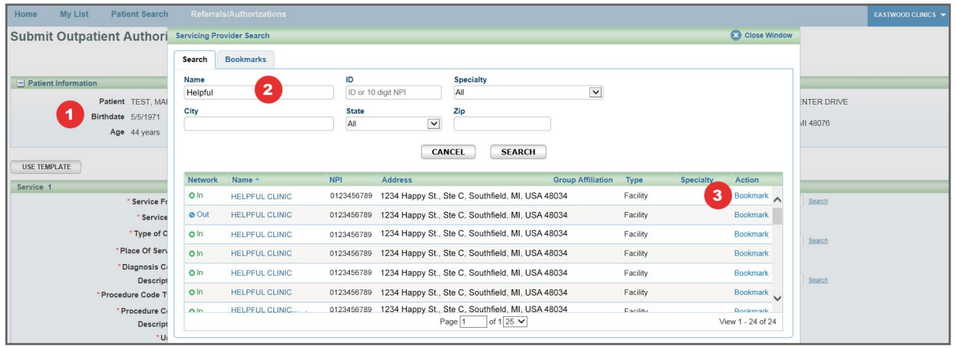
You are also required to choose from the Saving as menu. Your choices are Admitting, Referring, Servicing, and Servicing Facility. Please do not use R eferring. Once you have chosen a category and Saving as option, click Save or Cancel.



Bookmarks, cont.

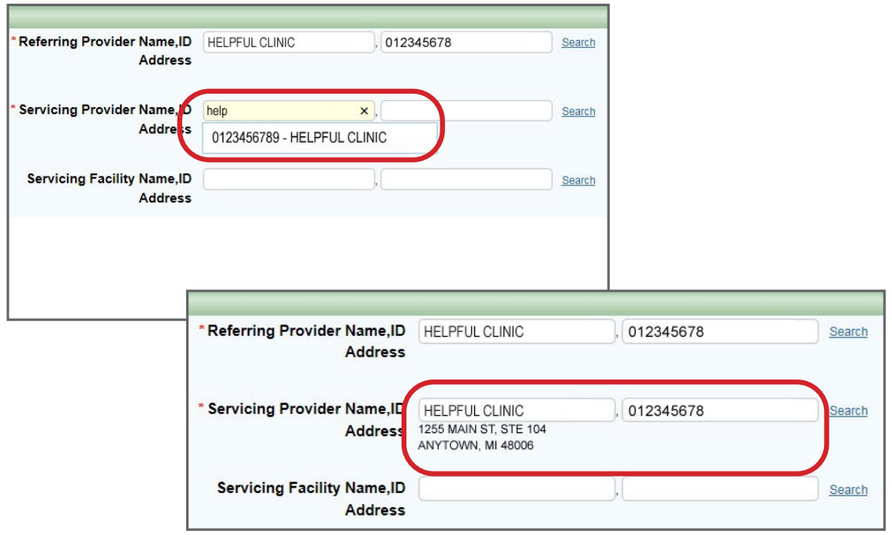
To create a bookmark from within a case:

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



1. Start by submitting a referral or authorization.
2. Search for the provider or facility you'd like to bookmark.
3. Click bookmark.

After the provider or facility has been successfully bookmarked, type in part of the provider or facility's name on the submission screen and they will begin to populate the search field.

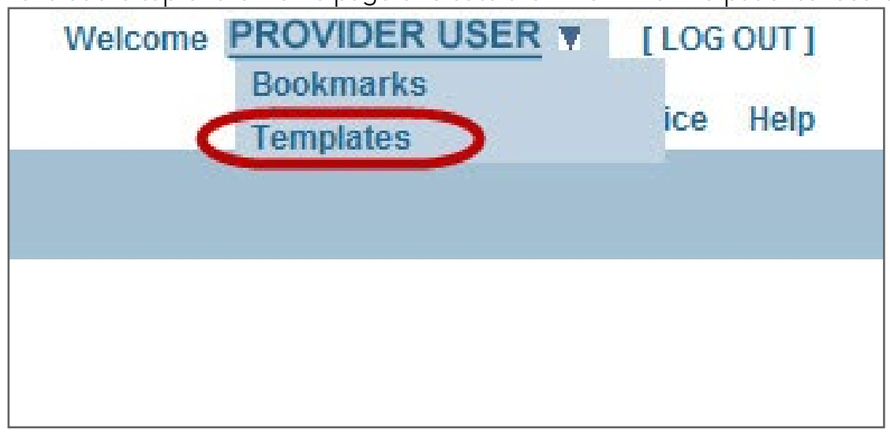


Section VI: Templates

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

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

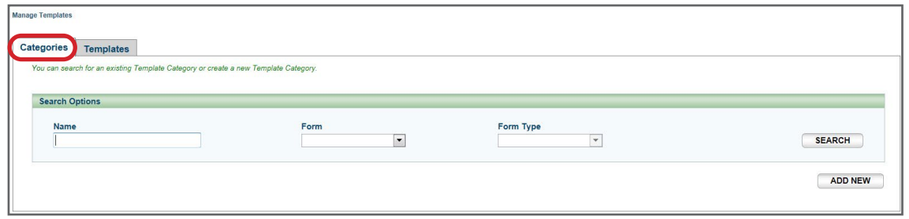
There are two ways to create a template. Choose Templates from the drop-down menu at the top of the Home page or create them from within a patient's record.



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

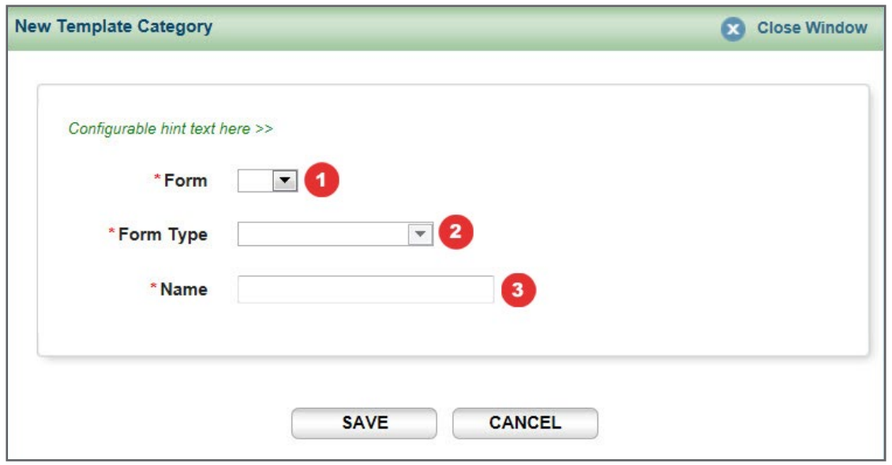
On the Categories tab, you can search for existing template categories or create a new one. **Templates must be stored in categories.** Each category can have only one kind of template form and form type (UM/Referral).

Click the Add New button to begin creating your category.



Templates, cont.

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



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

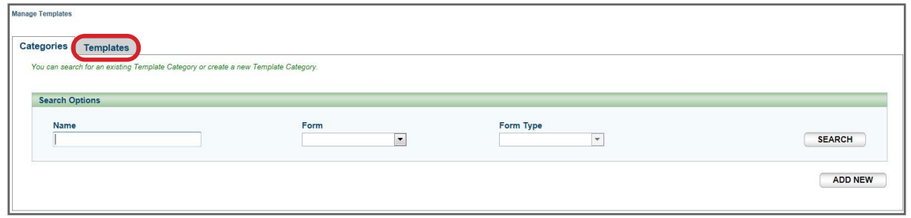
2. **Form Type:** Choose Inpatient Auth, Outpatient Auth or Referral.

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

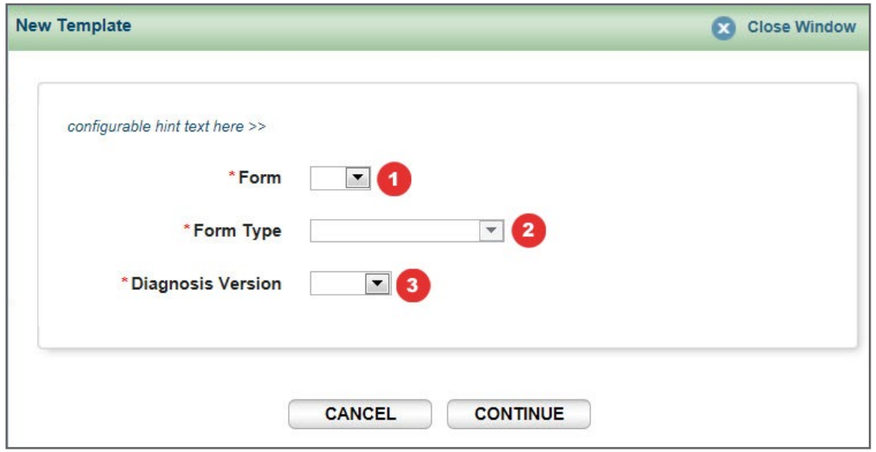
Click Save or Cancel. After clicking Save, a confirmation message will appear that you have successfully created your category.

Templates, cont.

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



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



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

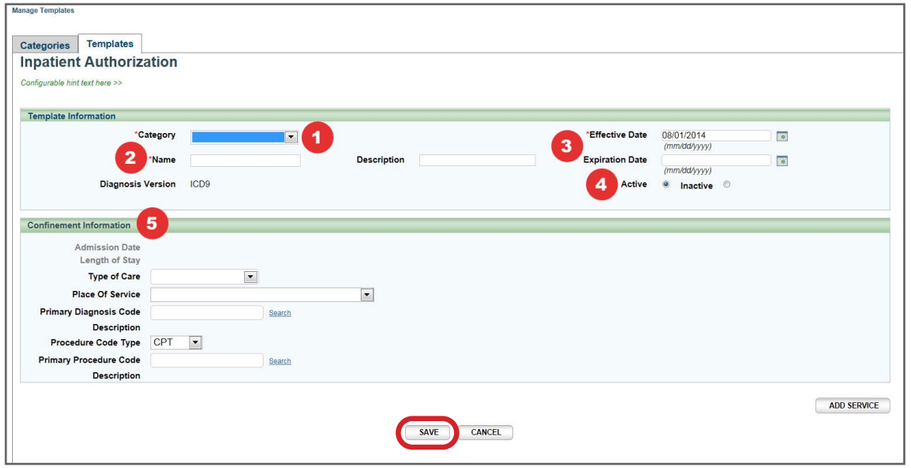
2. **Form Type:** Choose Inpatient Auth, Outpatient Auth or Referral.

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

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

Templates, cont.

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



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

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

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

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

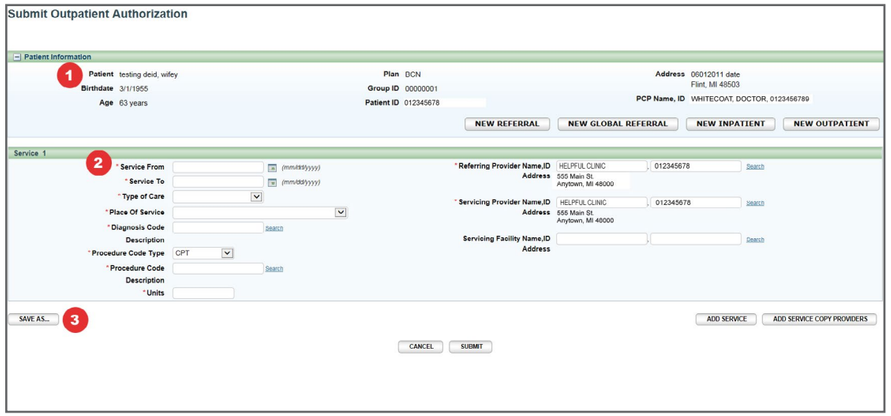
5. __Confinement Information or Service 1__. Enter information into these options for a more specific template.

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

Templates, cont.

To create a template from within a case:

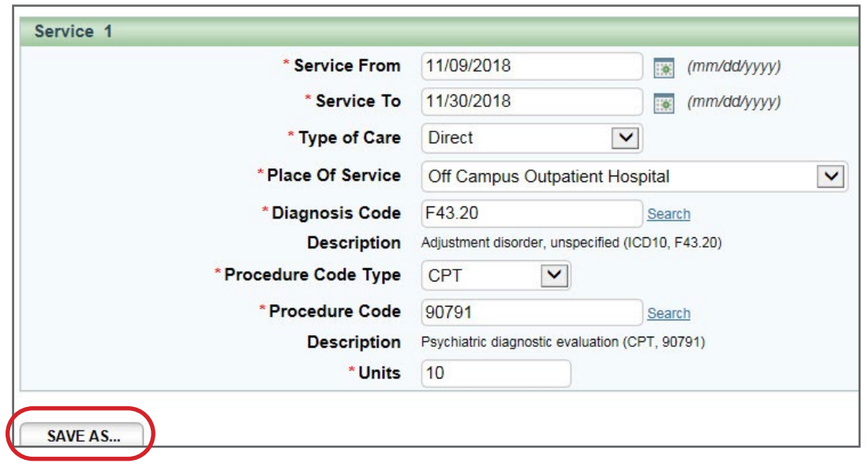
When you're in a case and ready to submit a Referral, Inpatient or Outpatient Authorization, you can save what you input into the fields as a new template. Remember, you'll need to have at least one category created before you create a template.



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.



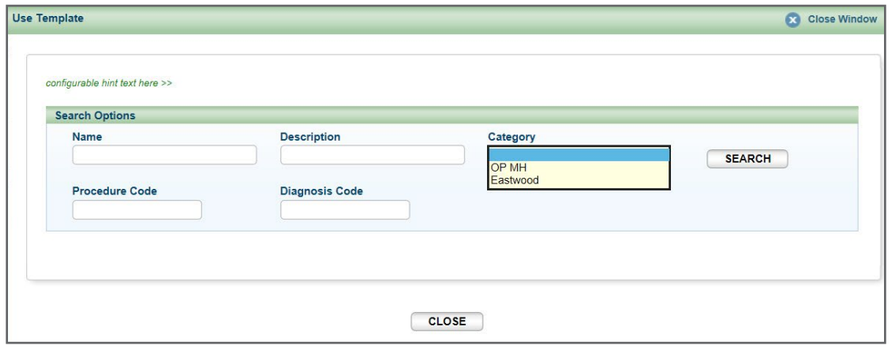
Templates, cont.

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.

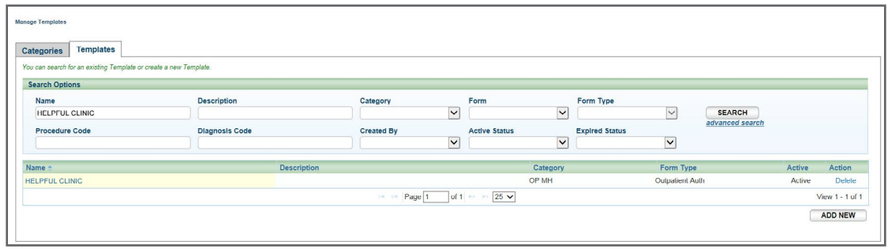


To use a template when outside a case:

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

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

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



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

Section VII: Behavioral Health Authorizations

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

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

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

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

e-referral contact information

For password reset and technical help

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

BCN Utilization Management

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

Blue Cross Utilization Management

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

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

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

To locate your provider consultant:

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

Blue Cross
Blue Shield
Blue Care Network
of Michigan

authorizations.bcbsm.com