



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.®

Dear Blue Cross Blue Shield of Michigan and Blue Care Network healthcare 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 (Avality) in the *Applications* tab under *Payer Spaces*. To get up and running in e-referral, you must have a secure Avality 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 Avality 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 AdvantageSM members, please call the BCN Utilization Management department at 1-800-392-2512.
 - For Medicare Plus BlueSM 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.

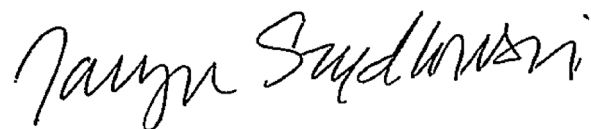
NOTE: For faster service, please have member demographics, procedure, and diagnosis codes available before calling.

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

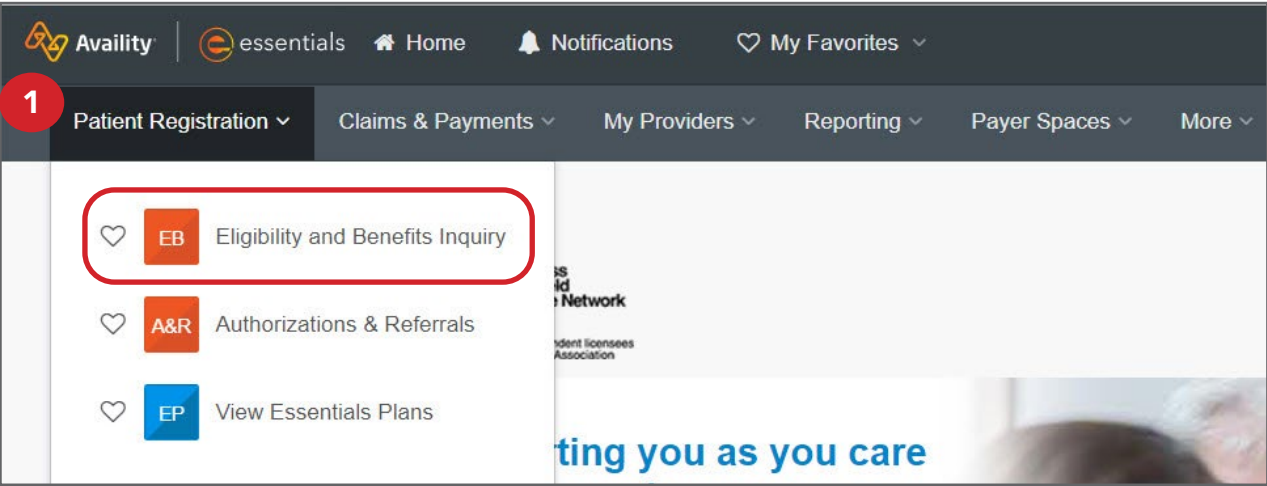
Before searching or selecting a member in e-referral, it's important to check their eligibility and benefits information to ensure their coverage is active. You can check eligibility and benefits in:

- 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:

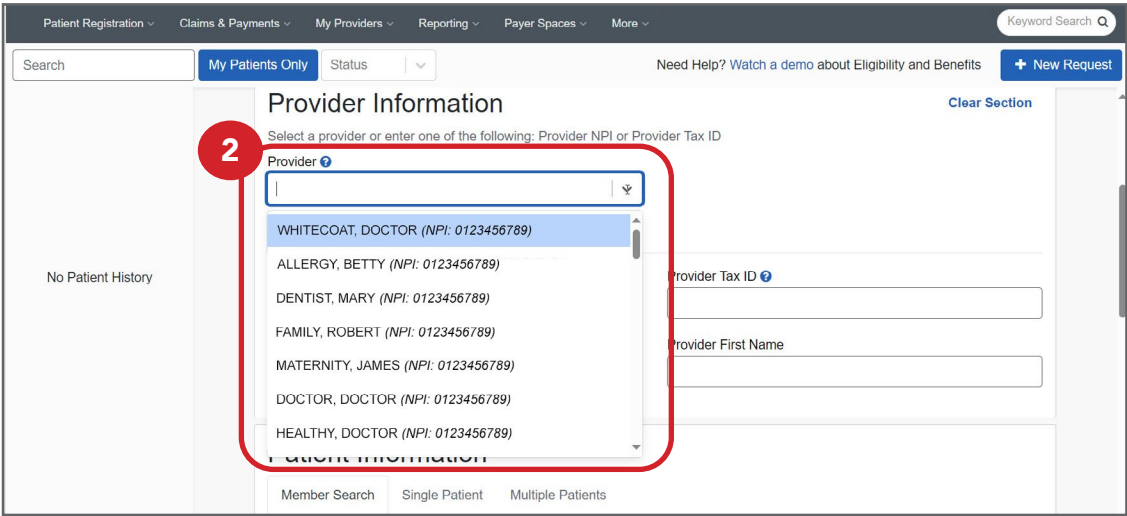
1. Log in to our provider portal ([availity.com](#)).
2. Click *Payer Spaces* on the menu bar.
3. Click the BCBSM and BCN logo.
4. Click the *Resources* tab.
5. Click *Secure Provider Resources (Blue Cross and BCN)*.

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

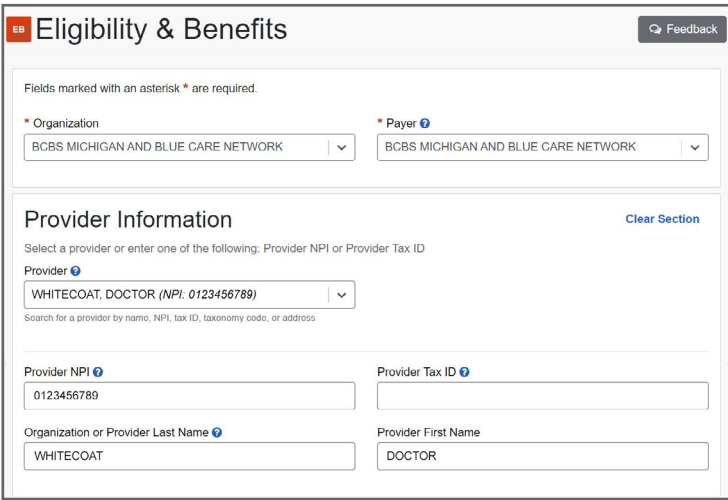


Checking member eligibility and benefits, cont.

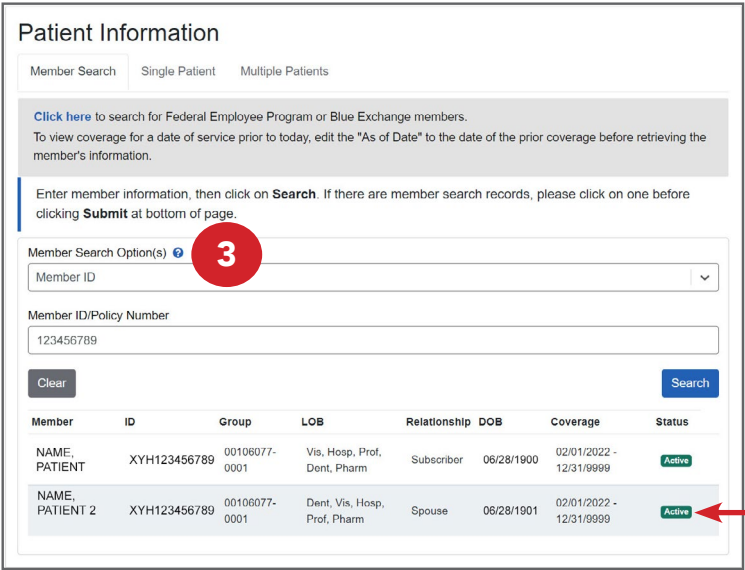
2. Select a provider from the list.



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.

Service Information

* As of Date 4

12/07/2023

* Benefit / Service Type 5

Select...

clear

☐ Submit another patient

Submit 6

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.

Plan Maximums and Deductibles

All Networks

▼ Health Benefit Plan Coverage - 30

Active Coverage

Insurance Type: Health Maintenance Organization (HMO)

Plan / Product: BCN HMO

Coverage Level: Family

Information / Details	Individual	Family
Annual Deductible	Network Not Applicable Plan Network ID: NO NETWORK \$1,000 / Service Year(s) \$1,000 Remaining	Network Not Applicable Plan Network ID: NO NETWORK \$2,000 / Service Year(s) \$2,000 Remaining
Out Of Pocket	Network Not Applicable Plan Network ID: NO NETWORK • EMBEDDED COINSURANCE MAXIMUM \$3,500 / Service Year(s) \$3,500 Remaining	Network Not Applicable Plan Network ID: NO NETWORK \$7,000 / Service Year(s) \$7,000 Remaining

Benefit Information

Expand

► Chiropractic - 33

Checking member eligibility and benefits, cont.

The Benefit Information section fully expanded.

Benefit Information

Collapse

▼ Chiropractic - 33

Benefit Descriptions

- INCLUDES - X-RAY
- INCLUDES - SPECIALIST VISITS
- INCLUDES - PHYSICAL THERAPY/REHAB OUTPT L
- INCLUDES - PHYSICAL THERAPY/REHAB OUTPT

▼ Chiropractic - Physical Therapy/rehab Outpt - 33

Benefit Descriptions

Coverage Level: Family

- \$40 COPAY AFTER DEDUCTIBLE PER OUTPATIENT REHABILITATIVE AND HABILITATIVE VISIT

▼ Chiropractic - Physical Therapy/rehab Outpt L - 33

Benefit Descriptions

Coverage Level: Family

- OUTPATIENT REHABILITATION SERVICES ARE LIMITED TO 30 COMBINED VISITS PER CALENDAR YEAR FOR PHYSICAL AND OCCUPATIONAL THERAPY AND A SEPARATE 30 VISIT LIMIT PER CALENDAR YEAR FOR SPEECH THERAPY. REHAB THERAPY MUST RESULT IN MEANINGFUL IMPROVEMENT WITHIN 90 DAYS OF STARTING TREATMENT. OUTPATIENT HABILITATIVE SERVICES ARE LIMITED TO 30 COMBINED VISITS PER CALENDAR YEAR FOR PHYSICAL AND OCCUPATIONAL THERAPY AND A SEPARATE 30 VISIT LIMIT PER CALENDAR YEAR FOR SPEECH THERAPY.

▼ Chiropractic - Specialist Visits - 33

Benefit Descriptions

Coverage Level: Family

- \$40 COPAY PER SPECIALIST OFFICE VISIT WHEN REFERRED. SPINAL MANIPULATIONS LIMITED TO 30 COMBINED VISITS PER CALENDAR YEAR WHEN PROVIDED BY A CHIROPRACTOR OR OSTEOPATHIC PHYSICIAN. PREVENTIVE SERVICES AND SCREENINGS AS MANDATED BY THE AFFORDABLE CARE ACT ARE COVERED IN FULL.

▼ Chiropractic - X-ray - 33

Benefit Descriptions

Coverage Level: Family

- \$150 COPAY AFTER DEDUCTIBLE FOR HIGH TECH RADIOLOGY SERVICES SUCH AS MRI, PET, CAT, OR MRA WHEN PERFORMED IN AN OUTPATIENT FACILITY, FREE STANDING FACILITY OR OFFICE SETTING. 20% COINSURANCE AFTER DEDUCTIBLE FOR OTHER RADIOLOGY SERVICES. PRENATAL ULTRASOUND AND OTHER PREVENTIVE SCREENINGS ARE COVERED IN FULL.

▼ Emergency Services - 86

Benefit Descriptions

Coverage Level: Family

- \$250 COPAY AFTER DEDUCTIBLE FOR EMERGENCY ROOM TREATMENT. ER COPAY WAIVED IF ADMITTED AS AN INPATIENT. YOUR INPATIENT HOSPITAL BENEFIT APPLIES. SEE INPATIENT HOSPITAL.

▼ Hospital - 47

Benefit Descriptions

- INCLUDES - OUTPT FAC VISITS/DIAGNOSTIC SR
- INCLUDES - OUTPATIENT SURGERY FACILITY
- INCLUDES - NEWBORN CARE
- INCLUDES - INPATIENT HOSPITAL

▼ Hospital - Emergency Accident - 51

Benefit Descriptions

Coverage Level: Family

- \$250 COPAY AFTER DEDUCTIBLE FOR EMERGENCY ROOM TREATMENT. ER COPAY WAIVED IF ADMITTED AS AN INPATIENT. YOUR INPATIENT HOSPITAL BENEFIT APPLIES. SEE INPATIENT HOSPITAL.

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

Checking member eligibility and benefits, cont.

For Blue Cross Blue Shield of Michigan members:

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

PATIENT, TEST

1255 MAIN ST

ANYTOWN, MI 48006

Member Status

Active Coverage

Date of Birth

Jan 1, 1988

Gender

Male

Current Plan Effective Date

Jan 1, 2024 - Mar 2, 2024

Relationship to Subscriber

Self

Member ID Card

Benefit Explainer

Find a Provider

Edit

Print

Feedback

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.

Blue Cross Blue Shield Blue Care Network of Michigan

Explainer

Close Window

Home

BPR

Commercial Policy

Manage Favorites

Communications

BPR

Benefit Package

Contract Number: 012345678, Selected Member: Date of Service: 02/26/2025, Eligibility Period: 05/01/2024 To Present, Group Name: ABC GROUP, Group Number: 000000000, Division: 0057, Package Code: 002, BPID: 09C2X

Topic

Services and procedures

Required

Optional

Search

Reset All

This information may not be all inclusive and should be used in conjunction with other resources.

Quickview Report

Online Benefits Information

Benefit Package Report

Contractual Documents

Medical Services

CB HCR - ASC

Benefit Period: January - December

	In Network	Out of Network
Deductibles	\$ 250 per Individual General Deductible per Benefit Period \$ 500 per Family General Deductible per Benefit Period	\$ 500 per Individual General Deductible per Benefit Period \$ 1,000 per Family General Deductible per Benefit Period
Copayment		
Fixed Dollar Copays		
90845	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
90863	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
90875	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
90876	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
Chiropractic manipulative treatment	Chiropractic Manipulation Copay - \$ 20	
Emergency room charges	Emergency Room Copay - \$ 100	Emergency Room Copay - \$ 100
Established Patient	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
Evaluation and management for office or other outpatient services	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
Family psychotherapy	PCP Office Visit - \$ 20 Specialist Office Visit - \$ 20 Urgent Care Visit - \$ 20	
General ophthalmological services	PCP Office Visit - \$ 20	

Checking member eligibility and benefits, cont.

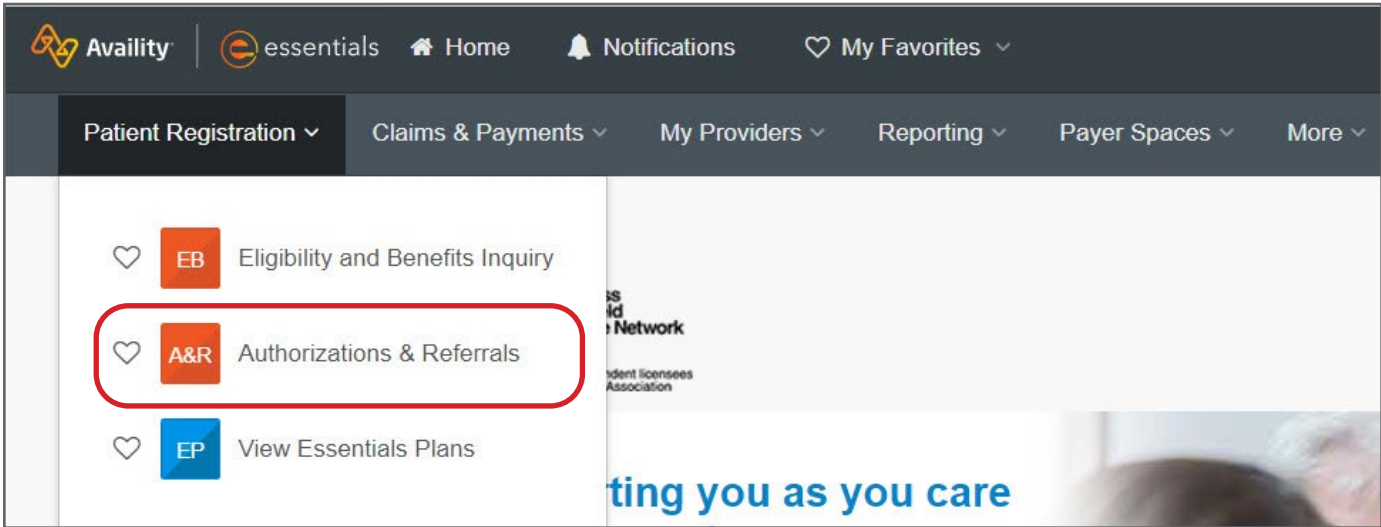
Click on the topics to view more detailed coverage information.

	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	Covered Anesthesia Services Less or equal to 1 Units per Day(s) and Anesthesia and Surgery Less or equal to 1 Units per Day(s) is Payable	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
Blood Products, Storage and Processing	Covered Deductible may apply Coinsurance may apply \$ 250 Copayment may apply (Limitations apply - click Topic to view BPR)	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	Covered 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)
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	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)
PT/OT/SLP Facility/Professional maximum; per calendar year Less or equal to 60 Visits per Calendar Year is Payable		
Spinal Manipulation	Covered (Limitations apply - click Topic to view BPR)	Covered Deductible applies Coinsurance applies (Limitations apply - click Topic to view BPR)
X-rays	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)	Covered Deductible may apply Coinsurance may apply (Limitations apply - click Topic to view BPR)

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

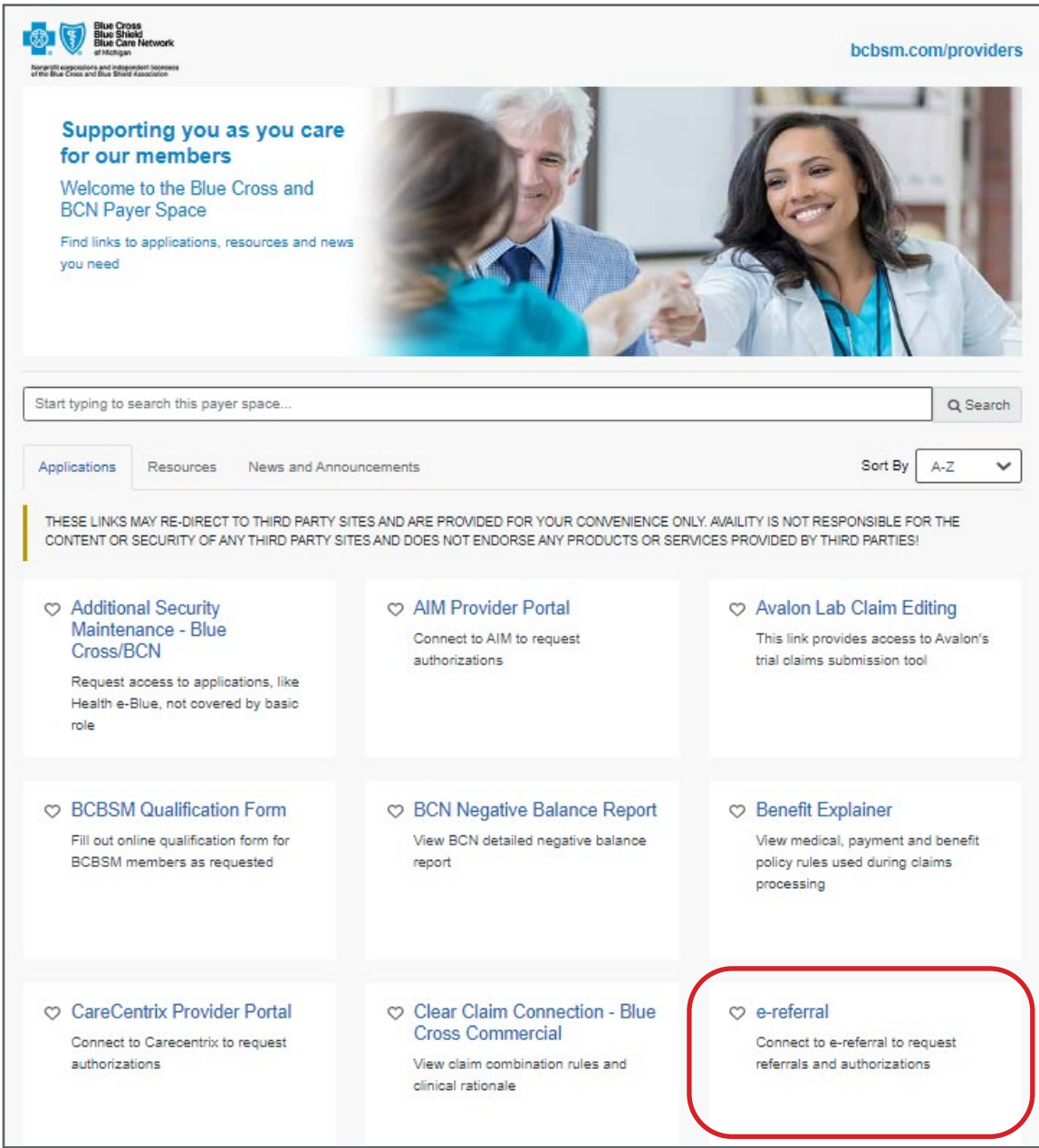
Each prospective e-referral user must have a secure user ID and password for our provider portal (Availity) to use the e-referral application. Your Availity administrator sets this up for you. See instructions on the [Register for web tools](#) page on bcbsm.com/providers.

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.



Checking member eligibility & benefits

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Searching for a referral or authorization

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Submit a referral

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Behavioral Health

Accessing e-referral, cont.

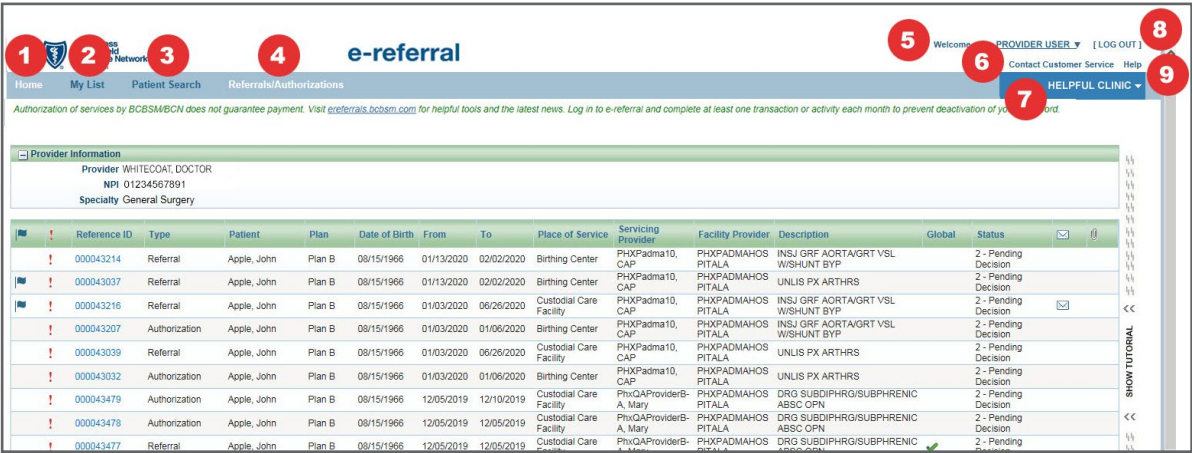
If your account becomes disabled: You must login at least once every 90 days to keep you user ID active. If your user ID is not working, please contact Availity Client Services at 1-800-AVAILITY (1-800-282-4548).

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.

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Behavioral Health

Navigating the dashboard, cont.

Provider In Focus

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

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

The screenshot shows the e-referral dashboard. At the top, there's a navigation bar with 'Home', 'My List', 'Patient Search', and 'Referrals/Authorizations'. Below this, a 'Provider In Focus' bar displays information for 'Provider Set 10177', 'Provider ABDOLKARIM, ADIB O.', 'NPI 1578699807', 'Type Practitioner', and 'Specialty Family Medicine'. A 'Change' link is visible. Below the bar is a table with columns: Reference ID, Type, Patient, Plan, Date of Birth, From, To, Place of Service, and Servicing Provider. The table lists several referrals and authorizations for 'Apple, John'.

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.

This screenshot shows the 'Provider In Focus' bar with the following details: 'Provider Set 01234', 'Provider HELPFUL CLINIC', 'NPI 01234567891', 'Type Provider Group', 'Specialty Outpatient Psychiatric Fac', and 'Address'. A 'Change' link is located at the top right of the bar.

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

The screenshot shows a 'Select Associated Provider' window. It has a search filter section with 'Provider Set' (01234 - Medical Clinic), 'Provider Name', and 'Provider ID' fields, along with a 'SEARCH' button. Below the search bar is a table with columns: Provider Name, NPI, Type, and Specialty. The table lists several providers, with 'HELPFUL PHYSICAL THERAPY' (Provider Group) and 'HELPFUL PHYSICAL THERAPY' (Facility) highlighted with a red circle. The bottom of the window shows 'Page 1 of 1' and a 'CLOSE' button.

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Navigating the dashboard, cont.

My List

A great way to keep an eye on specific cases you are monitoring 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.

e-referral													
Welcome PROVIDER USER [LOG OUT]													
Home My List Patient Search Referrals/Authorizations HELPFUL CLINIC													
Authorization of services by BCBSM/BCN does not guarantee payment. Visit e-referrals.bcbcm.com for helpful tools and the latest news. Log in to e-referral and complete at least one transaction or activity each month to prevent deactivation of your password.													
Provider Information													
Provider WHITEOAT, DOCTOR													
NPI 01234567891													
Specialty General Surgery													
Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	
000043214	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPADMA10, CAP	PHXPADMAHOS, PITALA	INSJ GRF AORTA/GRV VSL WISHUNT BYP		2 - Pending Decision	
000043037	Referral	Apple, John	Plan B	08/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPADMA10, CAP	PHXPADMAHOS, PITALA	UNLUS PX ARTHRS		2 - Pending Decision	
000043216	Referral	Apple, John	Plan B	08/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPADMA10, CAP	PHXPADMAHOS, PITALA	INSJ GRF AORTA/GRV VSL WISHUNT BYP		2 - Pending Decision	

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

Inpatient Authorization Details

☐ My List

Reference ID 025272788
Status 2 - Pending Decision

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

e-referral													
Welcome PROVIDER USER [LOG OUT]													
Home My List Patient Search Referrals/Authorizations													
REMOVE SELECTED ROWS													
Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	
022394375	Referral/PreAuth	APPLE, JOHN	BCN	05/09/1960	07/28/2022	08/26/2022	On Campus Outpatient Hospital	HENRY FORD WEST BLOOMFIELD HOSPITAL	HENRY FORD WEST BLOOMFIELD HOSPITAL	MRI BRAIN STEM W/O DYE (CPT, 70351)		Fully Approved	
025250275	Referral/PreAuth	APPLETON, JOHN	BCBSM	10/05/1932	06/01/2023	06/15/2023	Inpatient Hospital	ZAVARFON-MOSIER, SHAZA	BRONSON SOUTH HAVEN HOSPITAL	1ST HOSP #/OBS MODERATE SS (CPT, 99222)		Fully Approved	
025264541	Referral/PreAuth	APPLEMAN, JOHN	BCBSM	08/20/1946	06/01/2023	06/23/2023	Skilled Nursing Facility	BENSON II, DANIEL K	MEDICODGE OF MONROE	See Definition and Uses document for crosswalk of code values to payment groups under SNF PDRM (HCPCS, G4000)		Fully Approved	

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

e-referral													
Welcome PROVIDER USER [LOG OUT]													
Home My List Patient Search Referrals/Authorizations													
REMOVE SELECTED ROWS													
Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	
004402438	Referral/PreAuth	Apple, John	BCN	02/26/1930	02/29/2016	08/29/2016	On Campus Outpatient Hospital	DIIMON, CAIN E.	BEAUMONT HOSPITAL - ROYAL OAK	Injections of substances into lower or sacral spine (CPT, 62311)		Fully Approved	
011012643	Referral/PreAuth	Apple, John	BCN	04/18/1968						Fusion of lower spine bones with removal of disc, lateral approach (CPT, 22533)		Pending Decision	
011012646	Referral/PreAuth	Apple, John	BCN	04/18/1968						Insertion of artificial upper spine disc, anterior approach (CPT, 22856)		Pending Decision	

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.

Welcome PROVIDER USER [LOG OUT]

Bookmarks

Templates

Preferences

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

My Preferences

Close Window

Landing Page: ☒ Home ☐ My List

CANCEL SAVE

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.

e-referral													
Welcome PROVIDER USER [LOG OUT]													
Home My List Patient Search Referrals/Authorizations													
REMOVE SELECTED ROWS													
Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status	
022394375	Referral/PreAuth	APPLE, JOHN	BCN	05/09/1960	07/28/2022	08/26/2022	On Campus Outpatient Hospital	HENRY FORD WEST BLOOMFIELD HOSPITAL	HENRY FORD WEST BLOOMFIELD HOSPITAL	MRI BRAIN STEM W/O DYE (CPT, 70351)		Fully Approved	
025250275	Referral/PreAuth	APPLETON, JOHN	BCBSM	10/05/1932	06/01/2023	06/15/2023	Inpatient Hospital	ZAVARFON-MOSIER, SHAZA	BRONSON SOUTH HAVEN HOSPITAL	1ST HOSP #/OBS MODERATE SS (CPT, 99222)		Fully Approved	
025264541	Referral/PreAuth	APPLEMAN, JOHN	BCBSM	08/20/1946	06/01/2023	06/23/2023	Skilled Nursing Facility	BENSON II, DANIEL K	MEDICODGE OF MONROE	See Definition and Uses document for crosswalk of code values to payment groups under SNF PDRM (HCPCS, G4000)		Fully Approved	

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

Case Communication

From: BRONSON SOUTH HAVEN HOSPITAL

To: BRONSON SOUTH HAVEN HOSPITAL

Subject: Discharge

Date: 6/5/2023 12:24:36 PM

Approval Notification

Case pending for secondary review

Workflow

IP

Page 1 of 1

25

Click to mark as unread

For more detail, see the [Create New \(communication\)](#) page.

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

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.

1234567891011121314151617

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
000043214	Referral	Apple, John	Plan B	09/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/IGRT VSL W/SHUNT BYP		2 - Pending Decision
000043037	Referral	Apple, John	Plan B	09/15/1966	01/13/2020	02/02/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		2 - Pending Decision
000043216	Referral	Apple, John	Plan B	09/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/IGRT VSL W/SHUNT BYP		2 - Pending Decision
000043207	Authorization	Apple, John	Plan B	09/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	INSJ GRF AORTA/IGRT VSL W/SHUNT BYP		2 - Pending Decision
000043039	Referral	Apple, John	Plan B	09/15/1966	01/03/2020	06/26/2020	Custodial Care Facility	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		2 - Pending Decision
000043032	Authorization	Apple, John	Plan B	09/15/1966	01/03/2020	01/06/2020	Birthing Center	PHXPadma10, CAP	PHXPADMAHOS PITALA	UNLIS PX ARTHRS		2 - Pending Decision
000043479	Authorization	Apple, John	Plan B	09/15/1966	12/05/2019	12/10/2019	Custodial Care Facility	PhxQAProviderB-A, Mary	PHXPADMAHOS PITALA	DRG SUBDIPHRG/SUBPHRENIC ABSC OPN		2 - Pending Decision
000043478	Authorization	Apple, John	Plan B	09/15/1966	12/05/2019	12/05/2019	Custodial Care Facility	PhxQAProviderB-A, Mary	PHXPADMAHOS PITALA	DRG SUBDIPHRG/SUBPHRENIC ABSC OPN		2 - Pending Decision

1. **Flagged records** — These are the referrals and authorizations you have marked for follow up or watching.

2. **!** — This symbol indicates there is some action you must take to complete the case.

3. **Reference ID** – This is the case number for the requested or authorized service. Click the number to bring the case details into view.

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:

HomeMy ListPatient SearchReferrals/Authorizations

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

Submit Global Referral

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

HomeMy ListPatient SearchReferrals/Authorizations

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

Submit Outpatient Authorization

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

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

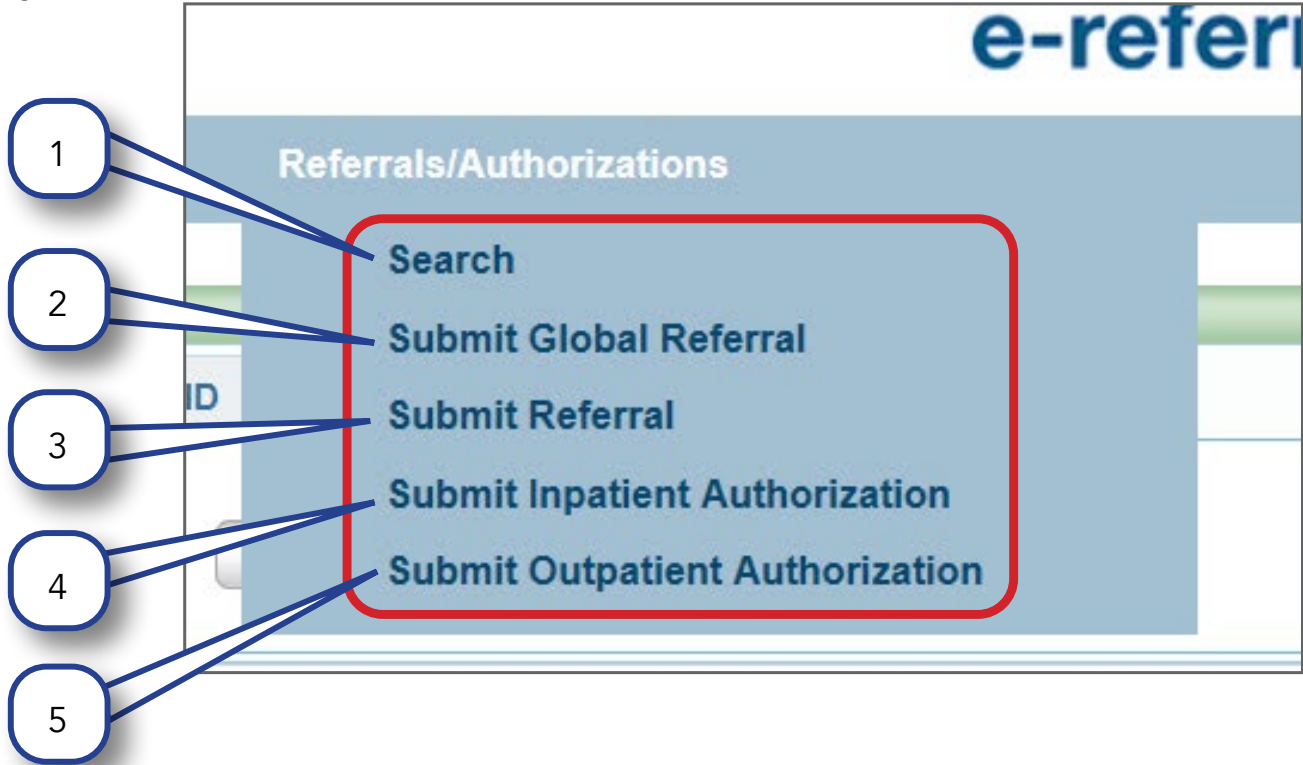
IF the member’s primary care physician is in a medical care group based in these regions ...	And the specialist is located in these regions ...	THEN ...
East or Southeast	Any region	A global referral is required*
Mid or West	Mid or West	A global referral is not required
Mid or West	Outside Mid or West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

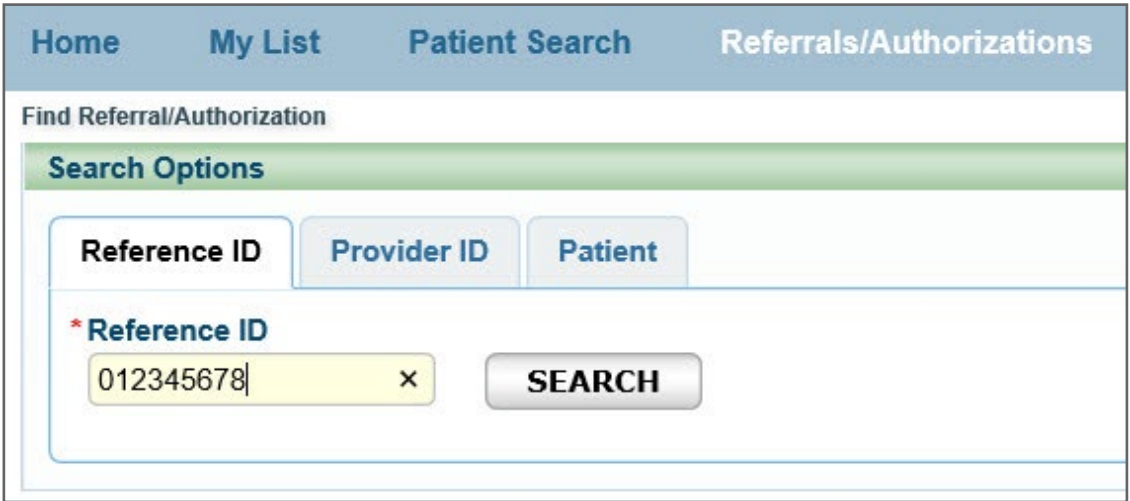
Note: If you are a primary care physician, you will be excluded from viewing behavioral health authorizations and referrals for patients. This assures that privacy regulations around handling sensitive information are not violated.

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)**

Home My List Patient Search Referrals/Authorizations ABBOTT, CATHLEEN M. ▾

Find Referral/Authorization

Search Options

Reference ID Provider ID Patient

Type From (mm/dd/yyyy) To (mm/dd/yyyy) Provider or Facility ID 0123456789 Select Patient ID Select Associated Providers 1 SEARCH

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

Select Associated Providers Close Window

Filter Associated Providers

Provider Name Provider ID or NPI SEARCH

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

Provider Name	NPI	Type	Specialty
☒ HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
☐ HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
☐ HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
☐ HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
☐ HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
☐ HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
☐ HELPPFUL CLINIC	0123456789	Provider Group	Outpatient Psychiatric Fac.
☐ HELPPFUL COMMUNITY CLINIC	0123456789	Facility	

1 of 14 associated providers selected

CANCEL OK

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

Home My List Patient Search

Find Referral/Authorization

Search Options

Reference ID Provider ID

Type All Authorization Referral Incomplete From (mm/dd/yyyy) To (mm/dd/yyyy) Provider or Facility ID Select Patient ID Select Associated Providers 1 SEARCH

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

Searching for a referral or authorization, cont.

You can search by **Patient**

Home My List Patient Search Referrals/Authorizations HELPPFUL CLINIC ▾

Find Referral/Authorization

Search Options

Reference ID Provider ID Patient

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

Associated providers are limited to the current provider set

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

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

Home My List Patient Search Referrals/Authorizations HELPPFUL CLINIC ▾

Find Referral/Authorization

Search Options

Reference ID Provider ID Patient

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

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

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

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

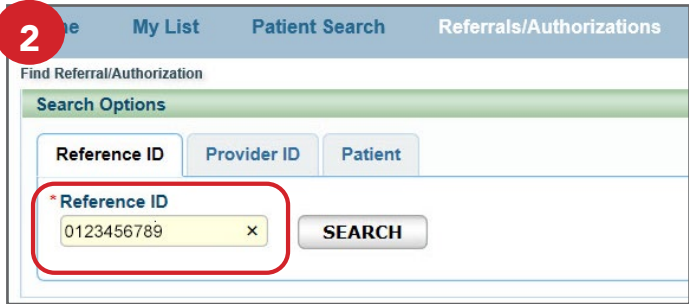
Searching for a referral or authorization, cont.

Searching for a temporary member

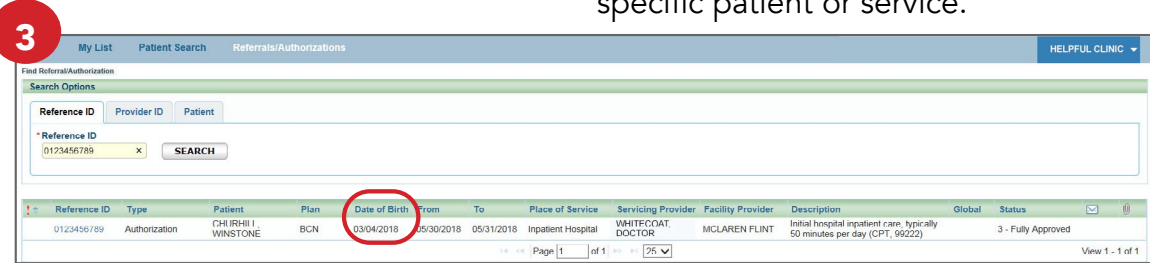
When searching for a temporary member, such as a newborn that is not assigned to a contract number yet, use the Reference ID. Do not search by a contract number.



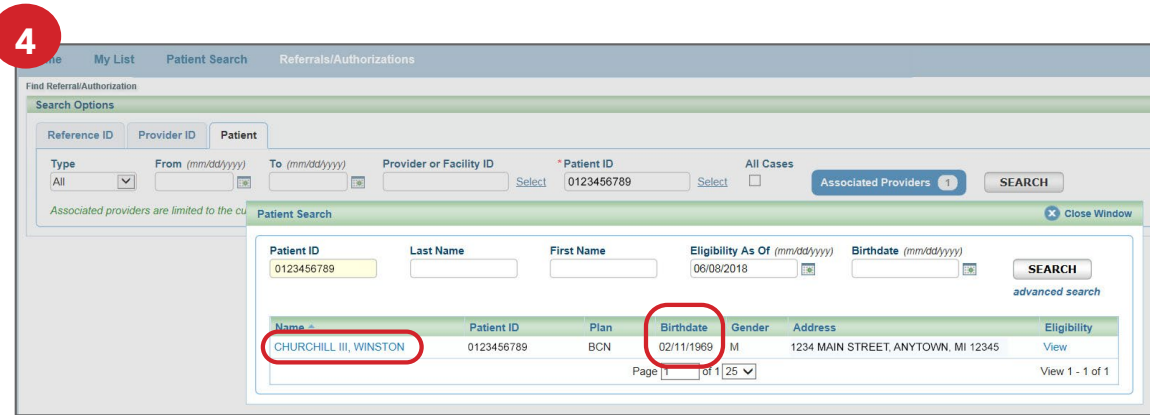
Select the Search option.



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.

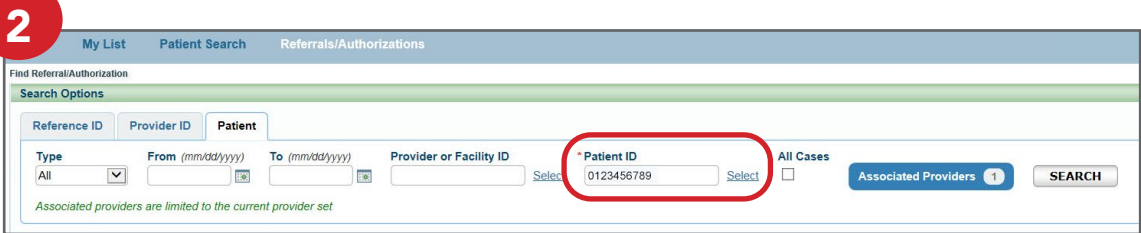
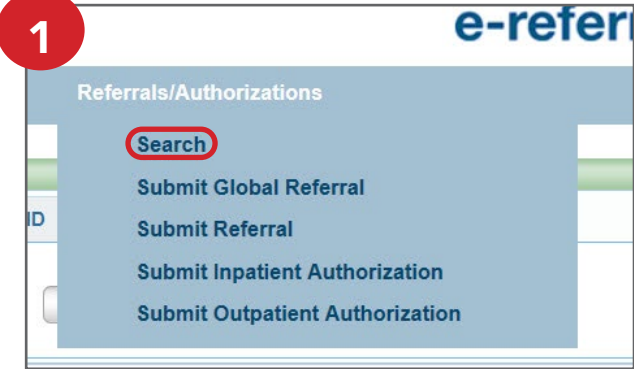


Do not search by a contract number since a temporary member will not show on the contract yet. In this example, only the father appears in the results after entering the contract number and clicking Select.

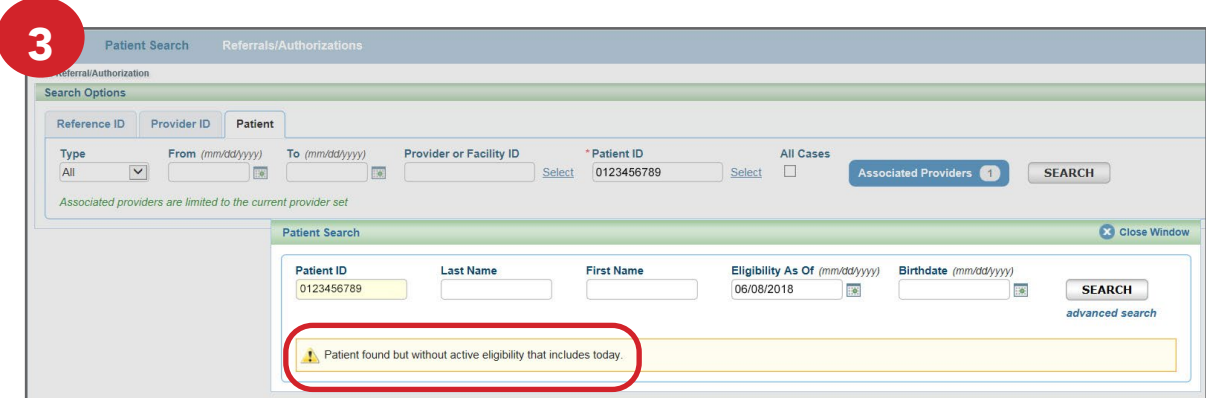
Searching for a referral or authorization, cont.

Searching for a terminated member

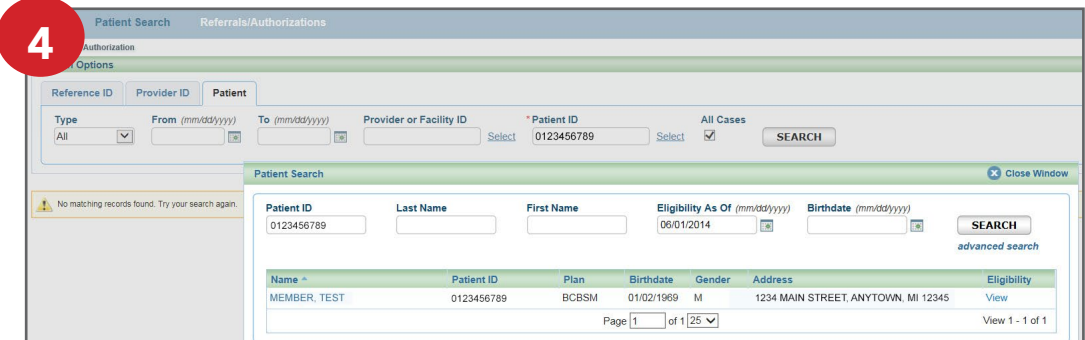
When searching for a member that has been terminated, start your search with the Patient ID.



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

Filter Associated Providers

Provider Name

Provider ID

SEARCH

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

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

Page 1 of 2

View 1 - 25 of 50

All 50 associated providers selected

CANCEL

OK

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

6

Blue Cross Blue Shield Blue Care Network of Michigan

e-referral

Home My List Patient Search Referrals/Authorizations

Find Referral/Authorization

Search Options

Reference ID

Provider ID

Patient

Type

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Provider or Facility ID

*Patient ID

All Cases

SEARCH

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
011020343	Authorization	TEST, MARYBETH	BCN	05/05/1971	01/10/2020	01/11/2020	On Campus Outpatient Hospital	ABBOTT, CATHLEEN M.		Biopsy of breast, open procedure (CPT, 19101)		2 - Pending Decision

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.

e-referral

Referrals/Authorizations

Search

Submit Global Referral

Submit Referral

Submit Inpatient Authorization

Submit Outpatient Authorization

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

Searching by Patient ID

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

Patient Search

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

Search Options

Patient ID

Last Name

First Name

Eligibility As Of (mm/dd/yyyy)

Birthdate (mm/dd/yyyy)

SEARCH

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

Page 1 of 1

View 1 - 2 of 2

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

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

Submit a global referral, cont.

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

Patient Search

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

Search Options

Patient ID: 01234567801

Last Name:

First Name:

Eligibility As Of (mm/dd/yyyy):

Birthdate (mm/dd/yyyy):

SEARCH

advanced search

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

View 1 - 1 of 1

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

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

Patient Search

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

Search Options

Patient ID:

Last Name: test

First Name: marybeth

Eligibility As Of (mm/dd/yyyy):

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

SEARCH

advanced search

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

Page 1 of 1

Eligibility As Of

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

Home My List Patient Search Referrals/Authorizations

Patient Search

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

Search Options

Patient ID: 0123456789

Last Name:

First Name:

Eligibility As Of (mm/dd/yyyy): 01/01/2020

Birthdate (mm/dd/yyyy):

SEARCH

advanced search

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

Submit a global referral, cont.

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

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

Home My List Patient Search Referrals/Authorizations

Patient Search

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

Search Options

Patient ID:

Last Name: test

First Name: marybeth

Eligibility As Of (mm/dd/yyyy):

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

SEARCH

advanced search

SSN (Numbers only):

Medicare ID:

Medicaid ID:

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

Page 1 of 1

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

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

Submit a global referral, cont.

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

Submit Global Referral

Patient Information

Patient

TEST, MARYBETH

Birthdate

5/5/1971

Age

46 years

Plan

BCN

Group ID

00000001

Patient ID

012345678

Address

20500 CIVIC CENTER DRIVE
APT 123
SOUTHFIELD, MI 48076

PCP Name, ID

SCRUBS, DOCTOR 012587411

Service 1

* Service From

(mm/dd/yyyy)

* Service To

(mm/dd/yyyy)

* Duration

* Type of Care

* Place Of Service

* Diagnosis Code

Description

* Procedure Code Type

CPT

99213

Description

Office

* Referring Provider Name, ID

WHITECOAT, DOCTOR

Address

1255 MAIN ST, STE 104
ANYTOWN, MI 48006

* Servicing Provider Name, ID

Address

Servicing Facility Name, ID

Address

CANCEL

SUBMIT

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

Submit Global Referral

Patient Information

Patient

TEST, MARYBETH

Birthdate

5/5/1971

Age

46 years

Plan

BCN

Group ID

00000001

Patient ID

012345678

Address

20500 CIVIC CENTER DRIVE
APT 123
SOUTHFIELD, MI 48076

PCP Name, ID

SCRUBS, DOCTOR 012587411

Service 1

* Service From

(mm/dd/yyyy)

* Service To

(mm/dd/yyyy)

* Duration

* Type of Care

* Place Of Service

* Diagnosis Code

Description

* Procedure Code Type

CPT

99213

Description

Office

* Referring Provider Name, ID

WHITECOAT, DOCTOR

Address

1255 MAIN ST, STE 104
ANYTOWN, MI 48006

* Servicing Provider Name, ID

Address

Servicing Facility Name, ID

Address

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

Service 1 section
Enter the case information here.

• Service From/To

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

The minimum duration is 90 days and the maximum is 365 for the Servicing Provider specialty. The To Date has been updated to the minimum duration.

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.

Diagnosis Code Search

Search

Bookmarks

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

Include decimal if applicable (e.g. 250.01)

Code or Description

SEARCH

Submit a global referral, cont.

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

Diagnosis Code Search

Search Bookmarks

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

Code or Description
asthma **SEARCH**

Code ^	Description	Inactive	Action
493.92	Asthma, Unspecified, With (Acute) Exacerbation (ICD9, 493.92)	Yes	Bookmark
J45	Asthma (ICD10, J45)	Yes	Bookmark
J45.2	Mild intermittent asthma (ICD10, J45.2)	Yes	Bookmark
J45.20	Mild intermittent asthma, uncomplicated (ICD10, J45.20)		Bookmark
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)		Bookmark
J45.22	Mild intermittent asthma with status asthmaticus (ICD10, J45.22)		Bookmark
J45.3	Mild persistent asthma (ICD10, J45.3)	Yes	Bookmark
J45.30	Mild persistent asthma, uncomplicated (ICD10, J45.30)		Bookmark

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

Diagnosis Code Search

Search Bookmarks

Select a Diagnosis code from the bookmarks below

Filter by Category Filter by Usage Type

All Diagnosis **SEARCH**

Code ^	Description	Category	Owner	Usage Type	Action
036.40	Meningococcal Carditis	05012014	Payer	Diagnosis	Delete
036.41	Meningococcal Pericarditis	05012014	Payer	Diagnosis	Delete
038.9	Unspecified Septicemia	BCN05152014	Payer	Diagnosis	Delete
162.9	Malignant Neoplasm Of Bronchus And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete
174.9	Malignant Neoplasm Of Breast (Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ Sites (ICD9, 200.00)	Test	Payer	Diagnosis	Delete
211.3	Benign Neoplasm Of Colon	BCN05152014	Payer	Diagnosis	Delete
218.9	Leiomyoma Of Uterus, Unspecified	BCN05152014	Payer	Diagnosis	Delete

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- **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.

Submit Global Referral

Patient Information

Patient: TEST, MARYBETH Plan: BCN Address: 20500 CIVIC CENTER DRIVE
Birthdate: 5/5/1971 Group ID: 00000001 APT 123
Age: 46 years Patient ID: 012345678 SOUTHFIELD, MI 48076
PCP Name, ID: SCRUBS, DOCTOR 012587411

Service 1

* Service From: (mm/dd/yyyy) * Referring Provider Name, ID: WHITECOAT, DOCTOR 012345678 Search
* Service To: (mm/dd/yyyy) Address: 1235 MAIN ST STE 104
Duration: ANYTOWN, MI 48006
* Type of Care: * Servicing Provider Name, ID: Search
* Place Of Service: Address: Search
* Diagnosis Code: Servicing Facility Name, ID: Search
* Procedure Code Type: CPT Description: Search
* Procedure Code: 99213 Description: Office

CANCEL SUBMIT

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

Submit Global Referral

Patient Information

Patient: TEST, MARYBETH Plan: BCN Address: 20500 CIVIC CENTER DRIVE
Birthdate: 5/5/1971 Group ID: 00000001 APT 123
Age: 46 years Patient ID: 012345678 SOUTHFIELD, MI 48076
PCP Name, ID: SCRUBS, DOCTOR 012587411

Service 1

* Service From: (mm/dd/yyyy) * Referring Provider Name, ID: Search
* Service To: (mm/dd/yyyy) Address: Search
Duration: * Servicing Provider Name, ID: WHITECOAT, DOCTOR 012345678 Search
* Type of Care: Address: Search
* Place Of Service: Servicing Facility Name, ID: Search
* Diagnosis Code: Description: Search
* Procedure Code Type: CPT Description: Search
* Procedure Code: 99213 Description: Office

Submit a global referral, cont.

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

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

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 SPINE & C	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 SPINE & C	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

Submit a global referral, cont.

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

Actions

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

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

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

Respond to the following questionnaire

Questionnaire

Provider Specialty

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

Provider Specialty Page 1

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

Specialty List: Allergy/Immunology, Anesthesiology, Audiology, Cardiovascular Disease, Critical Care Medicine, General Dentistry, Dental Oral Surgeon, Dermatology, Endocrinology, Gastroenterology, General Surgery, Gynecology, Hematology, Infectious Disease, Nephrology, Neurology, Obstetrics, Oncology, Ophthalmology & Otorhinolaryngo, Orthopedic Surgery, Otorhinolaryngology, Pain Management, Physical Medicine & Rehab, Plastic Surgery, Podiatric Medicine, Pulmonary Disease, Rheumatology, Urology, Vascular Surgery, Other

CANCEL NEXT

Page 1 of 0

Referring Provider Name, ID: ALACURA MEDICAL TRANSPORTA
Address: 3100 MONTICELLO AVE, STE 340
DALLAS, TX 75205

Servicing Provider Name, ID: UNIVERSITY OF MICHIGAN MEDIC
Address: 1500 E MEDICAL CENTER DR
ANN ARBOR, MI 48109

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Submit a global referral, cont.

• Servicing Facility Name, ID

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

Submit Global Referral

Patient Information

Patient TEST, MARYBETH
Birthdate 5/5/1971
Age 46 years

Plan BCN
Group ID 00000001
Patient ID 012345678

Address 20500 CIVIC CENTER DRIVE
APT 123
SOUTHFIELD, MI 48076
PCP Name, ID SCRUBS, DOCTOR 012387411

Service 1

*Service From (mm/dd/yyyy)
*Service To (mm/dd/yyyy)
*Duration
*Type of Care
*Place Of Service
*Diagnosis Code Description
*Procedure Code Type CPT
*Procedure Code 99213
*Description Office

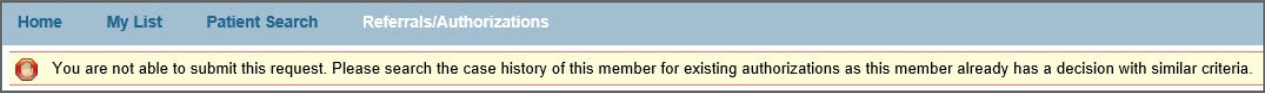
*Referring Provider Name, ID WHITECOAT, DOCTOR 012345678
Address 1255 MAIN ST, STE 104
ANYTOWN, MI 48006

*Servicing Provider Name, ID
Address

Servicing Facility Name, ID
Address

CANCEL SUBMIT

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:

Global Referral Details My List

Reference ID 011096802
Status 2 - Pending Decision

1 2 3 4 5 6

Patient Information

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

Plan BCN
Group ID 00000001
Patient ID 123456789

Address 1255 MAIN ST, STE 104
ANYTOWN, MI 48006
PCP Name, ID WHITECOAT, DOCTOR 0123456789

NEW REFERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT

Case Communication

From To Subject Date

Page 1 of 0

Service 1-Pended

Service From 6/23/2015
Service To 9/20/2015
Duration 90 days
Type Of Care: Direct
Place Of Service Outpatient Hospital
Diagnosis Code U06.40
Description Meningococcal Carditis, Unspecified (ICD9, 036.40)
Procedure Code Type: CPT
Procedure Code 96013
Description Established patient office or other outpatient ...

Referring Provider Name, ID: WHITECOAT, DOCTOR 0123456789
Address: 1255 MAIN ST, STE 104
ANYTOWN, MI 48006

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

Servicing Facility Name, ID
Address:

Notes

Date Subject Supporting Information

CREATE NEW

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.

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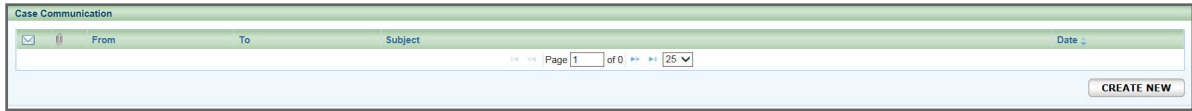
Templates

Behavioral Health

Submit a global referral, cont.

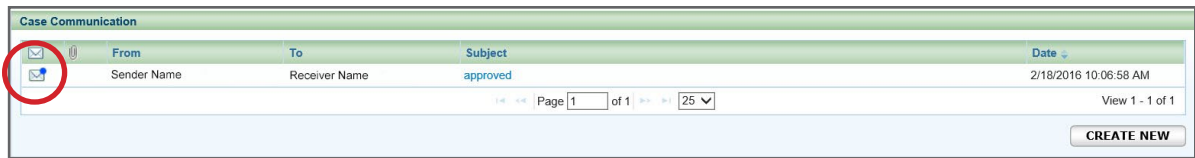
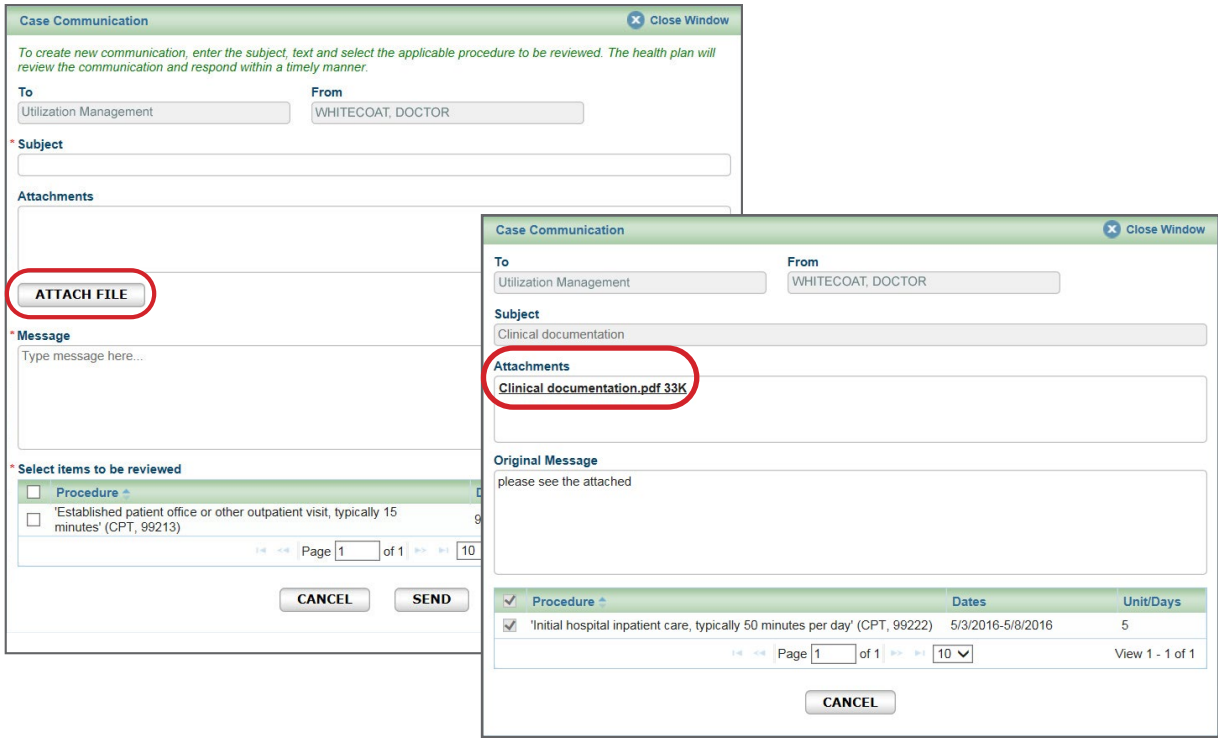
Create New (communication)

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.



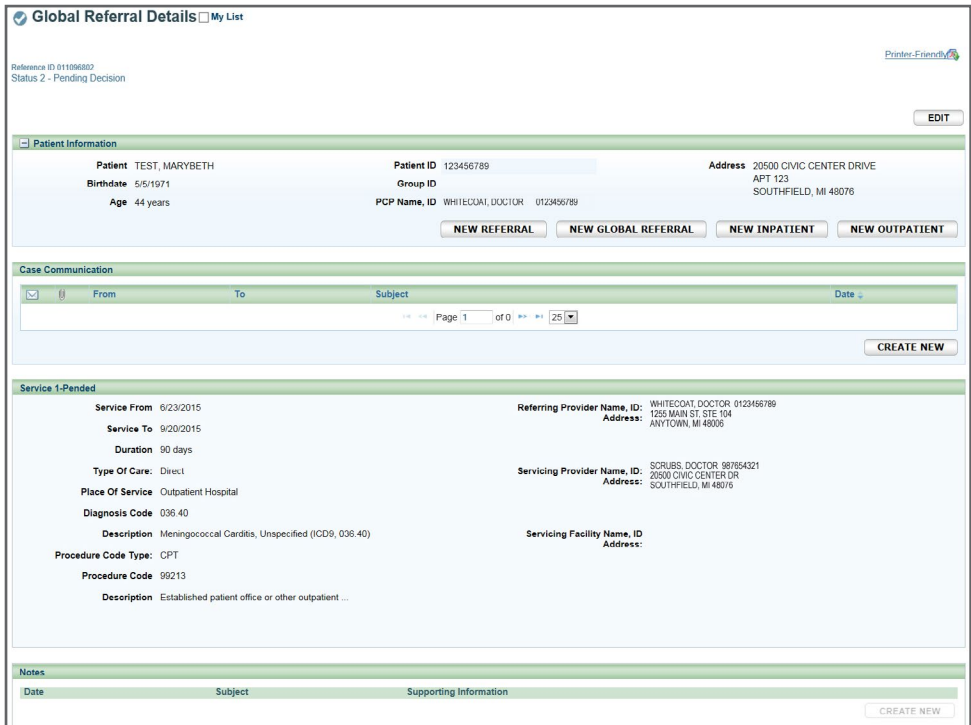
You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

Submit a global referral, cont.

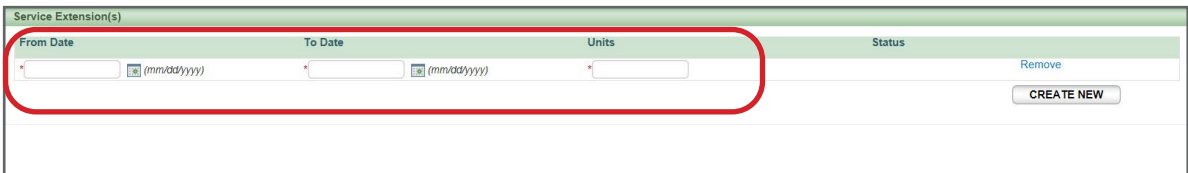
Extending a referral or authorization

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.

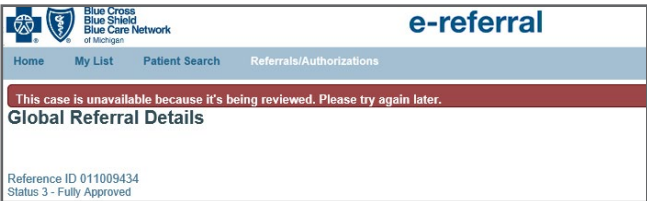


Scroll down to the Create New extension button under each service you want to extend and add your new dates and units being requested.



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.



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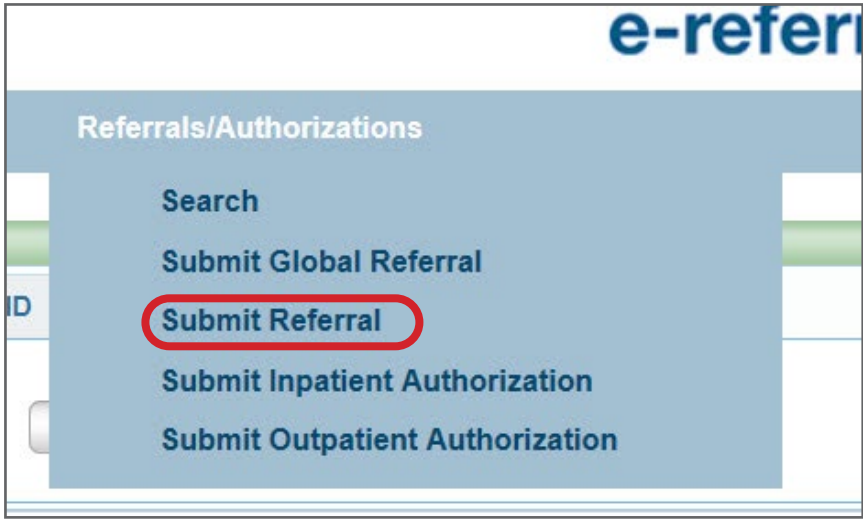
Bookmarks

Templates

Behavioral Health

3. Submit a referral

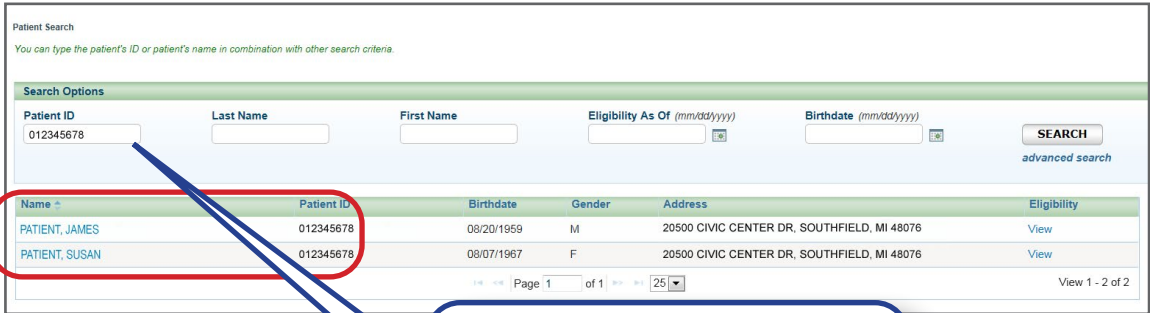
Use Submit Referral to notify the plan about outpatient services that require plan notification. For example, in the [BCN global referral, plan notification and prior authorization requirements \(PDF\)](#), neuropsychological testing for bariatric surgery is an outpatient service that requires plan notification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

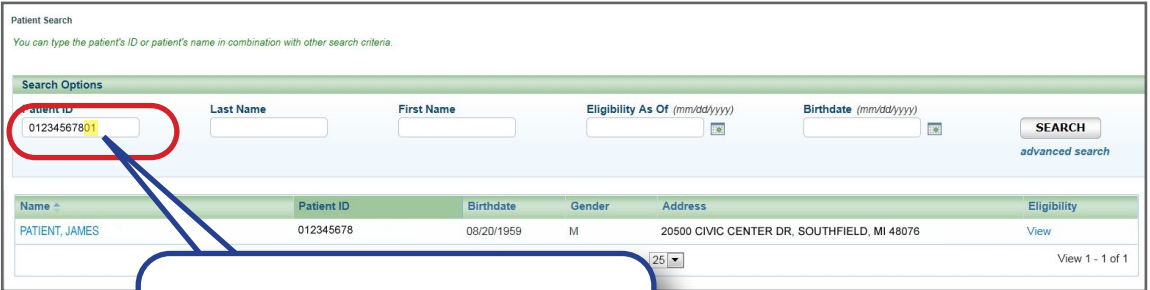


Enter the patient's ID here. This is the patient's ID number minus the three-character prefix found on the front of their identification card.

Submit a referral, cont.

Searching by Patient ID with suffix

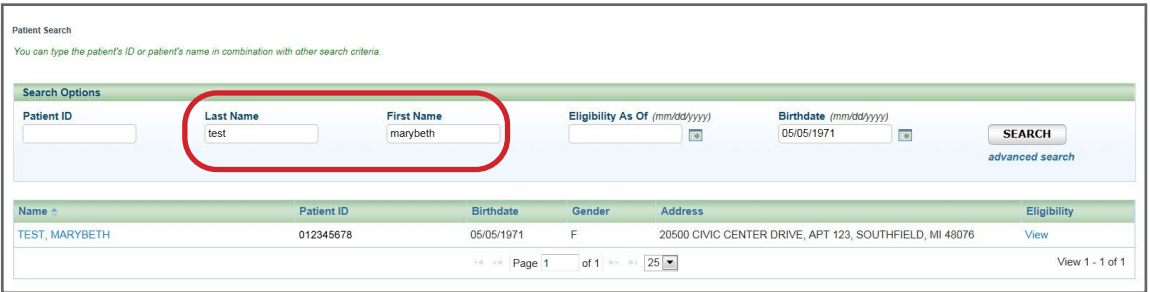
Enter the patient's subscriber ID with two-digit suffix to narrow your results to a specific patient.



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

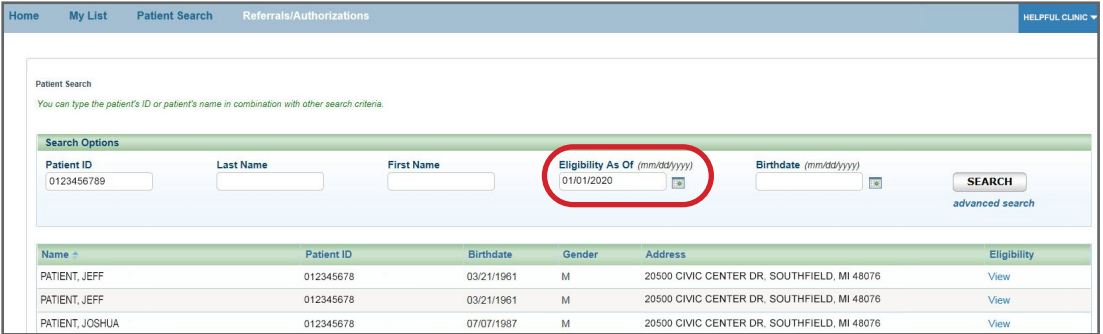
Searching by First and Last Name

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 referral, cont.

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

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

Use Template

You can use a template previously created from this screen. Please see the [Templates](#) section of this user guide for more information.

Patient information

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

Service 1 section

Enter the case information here.

Service From/To

Enter the beginning date and end date of the referral.

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

Diagnosis Code

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

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

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

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

Submit a referral, cont.

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

The screenshot shows the 'Diagnosis Code Search' window with the 'Bookmarks' tab selected. It displays a table of saved diagnosis codes with columns for Code, Description, Category, Owner, Usage Type, and Action. The table lists several codes related to meningococcal infections and neoplasms. A 'SEARCH' button is visible at the top right of the table area.

Code	Description	Category	Owner	Usage Type	Action
036.40	Meningococcal Carditis	05012014	Payer	Diagnosis	Delete
036.41	Meningococcal Pericarditis	05012014	Payer	Diagnosis	Delete
038.9	Unspecified Septicemia	BCN05152014	Payer	Diagnosis	Delete
162.9	Malignant Neoplasm Of Bronchus And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete
174.9	Malignant Neoplasm Of Breast (Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ Sites (ICD9, 200.00)	Test	Payer	Diagnosis	Delete
211.3	Benign Neoplasm Of Colon	BCN05152014	Payer	Diagnosis	Delete
218.9	Leiomyoma Of Uterus, Unspecified	BCN05152014	Payer	Diagnosis	Delete

- **Procedure Code Type**
Select CPT or HCPCS. (CPT is default)
CPT = American Medical Association’s Current Procedural Terminology
HCPCS = Healthcare Common Procedure Coding System

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

The screenshot shows the 'Procedure Code Search' window with the 'Search' tab selected. It prompts the user to enter a full or partial procedure code or description. Below the input field, there are dropdown menus for 'Procedure Code Type' (set to CPT) and 'Code or Description'. A 'SEARCH' button is located to the right of the input field.

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

The screenshot shows the 'Procedure Code Search' window with the 'Search' tab selected. The search results for 'knee' are displayed in a table. The table includes columns for Code, Description, Inactive status, and Action. Several codes related to arthroscopy and anesthesia for knee procedures are listed. A 'SEARCH' button is visible at the top right of the table area.

Code	Description	Inactive	Action
0012T	Arthroscopy, knee, surgical, osteochondral graft implantation, autograft (CPT, 0012T)	Yes	Bookmark
0013T	Arthroscopy, knee, surgical, osteochondral graft implantation, allograft (CPT, 0013T)	Yes	Bookmark
0014T	Meniscal transplantation, medial or lateral, knee (any method) (CPT, 0014T)	Yes	Bookmark
01300	Anes Integumentary Knee Popliteal Area (CPT, 01300)	Yes	Bookmark
01320	'Anesthesia for procedure on nerves, muscles, tendons, fascia, and/or bursae of knee' (CPT, 01320)		Bookmark
01380	Anesthesia for closed procedure on knee joint (CPT, 01380)		Bookmark
01382	Anesthesia for diagnostic examination of knee joint using an endoscope (CPT, 01382)		Bookmark
01390	Anesthesia for closed procedure at kneecap and/or upper foreleg bones (CPT, 01390)		Bookmark

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.

The screenshot shows the 'Procedure Code Search' window with the 'Bookmarks' tab selected. It displays a table of saved procedure codes with columns for Code, Description, Category, Owner, Usage Type, and Action. The table lists several codes related to incision and drainage of abscesses, fusion of spine bones, and removal of gall bladder. A 'SEARCH' button is visible at the top right of the table area.

Code	Description	Category	Owner	Usage Type	Action
21501	Incision and drainage of abscess or blood accumulation in soft tissues of neck or chest (CPT, 21501)	Test	Payer	CPT	Delete
22533	Fusion of lower spine bones with removal of disc, lateral approach (CPT, 22533)	Uncategorized	Provider	CPT	Delete
23805	Closed treatment of broken upper arm bone with manipulation (CPT, 23805)	Uncategorized	Provider	CPT	Delete
29877	Removal or shaving of knee joint cartilage using an endoscope (CPT, 29877)	BCN05192014	Provider	CPT	Delete
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Uncategorized	Provider	CPT	Delete
47562	Removal of gall bladder using an endoscope	BCN05152014	Payer	CPT	Delete
49310	Laparoscopy, Surg.;cholecystectomy (CPT, 49310)	Uncategorized	Provider	CPT	Delete

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

The screenshot shows the 'Submit Referral' window. It contains sections for Patient Information (Name, Birthdate, Age, Plan, Group ID, Patient ID, Address, PCP Name, ID) and Service 1 information (Service From, Service To, Type of Care, Place Of Service, Diagnosis Code, Procedure Code Type, Procedure Code, Units). A red box highlights the 'Referring Provider Name, ID' field, which is currently empty.

- **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.

The screenshot shows the 'Submit Referral' window. It contains sections for Patient Information (Name, Birthdate, Age, Plan, Group ID, Patient ID, Address, PCP Name, ID) and Service 1 information (Service From, Service To, Type of Care, Place Of Service, Diagnosis Code, Procedure Code Type, Procedure Code, Units). A red box highlights the 'Referring Provider Name, ID' field, which is currently empty.

Submit a referral, cont.

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

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

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 SPINE & C	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 SPINE & C	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

Submit a referral, cont.

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

Submit Referral

Patient Information

Patient

TEST, MARYBETH

Birthdate

5/5/1971

Age

46 years

Plan

BCN

Group ID

012345678

Patient ID

915387457

Address

20500 CIVIC CENTER DRIVE
APT 123
SOUTHFIELD, MI 48076

PCP Name, ID

SCRUBS, DOCTOR 012587411

USE TEMPLATE

Service 1

* Service From

03/14/2018

(mm/dd/yyyy)

* Service To

07/13/2018

(mm/dd/yyyy)

* Type of Care

Elective

* Place of Service

Office

* Diagnosis Code

110

Description

Essential (primary) hypertension (J020, I10)

* Procedure Code Type

CPT

* Procedure Code

99213

Description

* Units

100

* Referring Provider Name, ID

SCRUBS, DOCTOR 012587411

Address

12345 MAIN ST
ANYTOWN, MI 12345

* Servicing Provider Name, ID

BIG CLINIC 012587411

Address

12345 MAIN ST
ANYTOWN, MI 12345

Servicing Facility Name, ID

Address

SAVE AS...

CANCEL

SUBMIT

ADD SERVICE

ADD SERVICE COPY PROVIDERS

- **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.

Referring Provider Name, ID

1558535245

Search

Servicing Facility Name, ID

Search

ADD SERVICE

ADD SERVICE COPY PROVIDERS

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

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

Submit a referral, cont.

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

The screenshot shows the 'Referral Details' form. Callout 1 points to the 'Reference ID 011906043' and 'Status 2 - Pending Decision'. Callout 2 points to the 'My List' tab. Callout 3 points to the 'Printer-Friendly' link. Callout 4 points to the 'EDIT' button. Callout 5 points to the 'NEW REFERRAL' button. Callout 6 points to the 'CREATE NEW' button in the 'Case Communication' section.

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

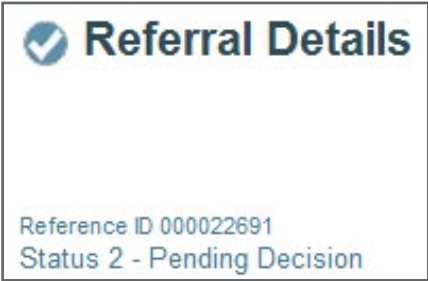
Click here to return to your referral submission to extend the dates. If the Edit button is greyed out, the case has been closed by Blue Cross or BCN. If you need to extend a stay on a closed case, please contact Blue Cross or BCN.

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.

The 'Case Communication' dialog box is shown. The 'CREATE NEW' button is highlighted in the bottom right corner.

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.

Two screenshots of the 'Case Communication' dialog box. The first screenshot shows the 'ATTACH FILE' button circled in red. The second screenshot shows the 'Attachments' list with 'Clinical documentation.pdf 33K' circled in red.

A screenshot of the 'Case Communication' list. An envelope icon with a blue dot is circled in red, indicating an unread message.

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

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

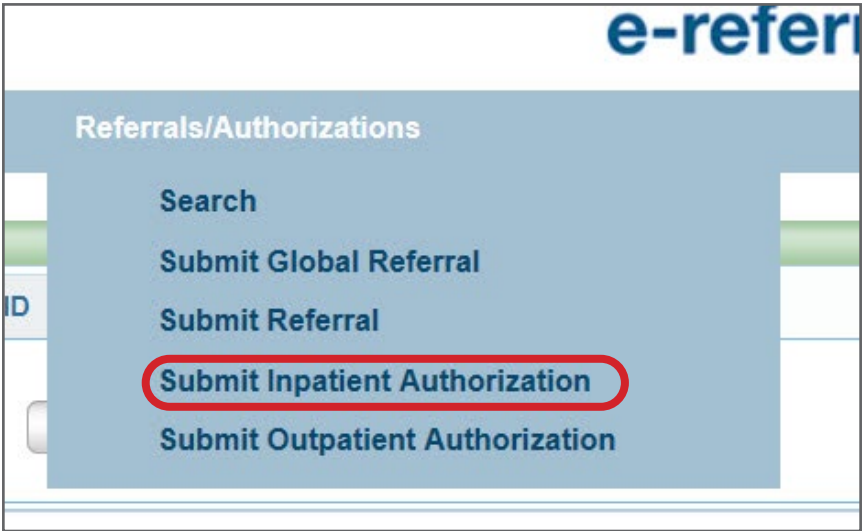
Bookmarks

Templates

Behavioral Health

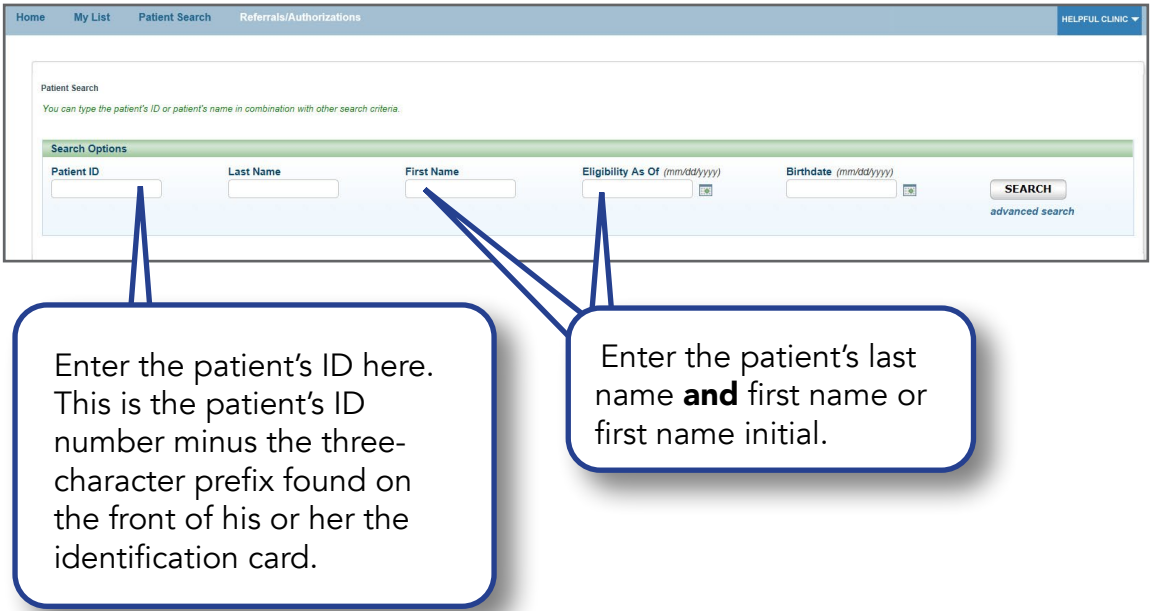
4. Submit an inpatient authorization

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.

A screenshot of the 'Submit Inpatient Authorization' form. The form is divided into several sections: 'Patient Information' (with fields for Patient Name, Birthdate, Age, Plan, Group ID, Patient ID, Address, and PCP Name), 'Contact Information' (with fields for Name and Phone), 'USE TEMPLATE' (a button), and 'Confinement Information' (with fields for Admission Date, Actual Discharge Date, Discharge Disposition, Length of Stay, Type of Care, Place of Service, Primary Diagnosis Code, Procedure Code Type, Primary Procedure Code, Referring Provider Name, Address, Servicing Provider Name, Address, Servicing Facility Name, Address, and Admitting Provider Name, Address). The form is designed with a clean, professional layout using light blue and white colors.

- **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.

Submit an inpatient authorization, cont.

Primary Diagnosis Code

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

Diagnosis Code Search

Search Bookmarks

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

Code or Description

SEARCH

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

Diagnosis Code Search

Search Bookmarks

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

Code or Description

asthma

SEARCH

Code ^	Description	Inactive	Action
493.92	Asthma, Unspecified, With (Acute) Exacerbation (ICD9, 493.92)	Yes	Bookmark
J45	Asthma (ICD10, J45)	Yes	Bookmark
J45.2	Mild intermittent asthma (ICD10, J45.2)	Yes	Bookmark
J45.20	Mild intermittent asthma, uncomplicated (ICD10, J45.20)		Bookmark
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)		Bookmark
J45.22	Mild intermittent asthma with status asthmaticus (ICD10, J45.22)		Bookmark
J45.3	Mild persistent asthma (ICD10, J45.3)	Yes	Bookmark
J45.30	Mild persistent asthma, uncomplicated (ICD10, J45.30)		Bookmark

Page 1 of 2 25 View 1 - 25 of 45

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

Diagnosis Code Search

Search Bookmarks

Select a Diagnosis code from the bookmarks below

Filter by Category All Filter by Usage Type Diagnosis

SEARCH

Code ^	Description	Category	Owner	Usage Type	Action
036.40	Meningococcal Carditis	05012014	Payer	Diagnosis	Delete
036.41	Meningococcal Pericarditis	05012014	Payer	Diagnosis	Delete
038.9	Unspecified Septicemia	BCN05152014	Payer	Diagnosis	Delete
162.9	Malignant Neoplasm Of Bronchus And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete
174.9	Malignant Neoplasm Of Breast (Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ Sites (ICD9, 200.00)	Test	Payer	Diagnosis	Delete
211.3	Benign Neoplasm Of Colon	BCN05152014	Payer	Diagnosis	Delete
218.9	Leiomyoma Of Uterus, Unspecified	BCN05152014	Payer	Diagnosis	Delete

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Submit an inpatient authorization, cont.

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

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

Search Bookmarks

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

Procedure Code Type CPT Code or Description

SEARCH

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

[†]Recommended code for Blue Cross members.
Please see the [Submitting an emergency or urgent admission](#) section for more information.

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

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.

Procedure Code Search

Search Bookmarks

Select a Procedure code from the bookmarks below

Filter by Category: All Filter by Usage Type: All

SEARCH

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

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- **Referring Provider Name, ID**

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

Submit Inpatient Authorization

Patient Information

Patient: TEST, MARYBETH Plan: BCN Address: 06012011 date
Birthdate: 5/5/1971 Group ID: 00000001 Flint, MI 48503
Age: 45 years Patient ID: 012587411 PCP Name, ID: WHITECOAT, DOCTOR, 012587411

USE TEMPLATE

Confinement Information

*Admission Date: 09/24/2016 (mm/dd/yyyy)
*Length of Stay: 1 days
*Type of Care: Emergency
*Place Of Service: Inpatient Hospital
*Primary Diagnosis Code: A40.3
*Referring Provider Name, ID: HELPFUL CLINIC, 012345678
*Referring Provider Address: 555 Main St, Anytown, MI 48000
*Servicing Provider Name, ID: HELPFUL CLINIC, 012345678
*Servicing Provider Address: HELPFUL CLINIC, 012345678
*Emulation Facility Name, ID: HELPFUL CLINIC, 012345678

- **Servicing Provider Name, ID**

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

Submit Inpatient Authorization

Patient Information

Patient: TEST, MARYBETH Plan: BCN Address: 06012011 date
Birthdate: 5/5/1971 Group ID: 00000001 Flint, MI 48503
Age: 45 years Patient ID: 012587411 PCP Name, ID: WHITECOAT, DOCTOR, 012587411

USE TEMPLATE

Confinement Information

*Admission Date: 09/24/2016 (mm/dd/yyyy)
*Length of Stay: 1 days
*Type of Care: Emergency
*Place Of Service: Inpatient Hospital
*Primary Diagnosis Code: A40.3
*Description: Sepsis due to Streptococcus pneumoniae (ICD10...)
*Procedure Code Type: CPT
*Primary Procedure Code: 00537
*Description: Anesthesia for procedure on heart to correct ab...
*Referring Provider Name, ID: HELPFUL CLINIC, 012345678
*Referring Provider Address: 555 Main St, Anytown, MI 48000
*Servicing Provider Name, ID: HELPFUL CLINIC, 012345678
*Servicing Provider Address: HELPFUL CLINIC, 012345678
*Servicing Facility Name, ID: HELPFUL CLINIC, 012345678
*Admitting Provider Name, ID: HELPFUL CLINIC, 012345678
*Admitting Provider Address: HELPFUL CLINIC, 012345678

Submit an inpatient authorization, cont.

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

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

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 PHYSICIAN & O	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 PHYSICIAN & O	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 CLER SHORES, MI, USA, 48081	S31115 LAKESHORE ENT

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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."

Submit Inpatient Authorization

Patient Information

Patient: TCST, MARYDICTI Plan: DCN Address: 00012011 date Flint, MI 48053 Birthdate: 5/5/1971 Group ID: 00000001 Patient ID: 012587411 PCP Name, ID: WHITECOAT, DOCTOR, 012587411 Age: 45 years

USE TEMPLATE

Confinement Information

*Admission Date: 09/24/2016 *Length of Stay: 1 days *Type of Care: Emergency *Place Of Service: Inpatient Hospital *Primary Diagnosis Code: A40.3 Description: Sepsis due to Streptococcus pneumoniae (ICD10, ... *Procedure Code Type: CPT *Primary Procedure Code: 00537 Description: Anesthesia for procedure on heart to correct ab... *Referring Provider Name, ID: HELPFUL CLINIC Address: 555 Main St Anytown, MI 48000 *Servicing Provider Name, ID: HELPFUL CLINIC Address: 012345678 *Servicing Facility Name, ID: HELPFUL CLINIC Address: 012345678 *Admitting Provider Name, ID: HELPFUL CLINIC Address: 012345678

Admitting Provider Name, ID

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

Submit Inpatient Authorization

Patient Information

Patient: TEST, MARYBETH Plan: BCN Address: 00012011 date Flint, MI 48053 Birthdate: 5/5/1971 Group ID: 00000001 Patient ID: 012587411 PCP Name, ID: WHITECOAT, DOCTOR, 012587411 Age: 45 years

USE TEMPLATE

Confinement Information

*Admission Date: 09/24/2016 *Length of Stay: 1 days *Type of Care: Emergency *Place Of Service: Inpatient Hospital *Primary Diagnosis Code: A40.3 Description: Sepsis due to Streptococcus pneumoniae (ICD10, ... *Procedure Code Type: CPT *Primary Procedure Code: 00537 Description: Anesthesia for procedure on heart to correct ab... *Referring Provider Name, ID: HELPFUL CLINIC Address: 555 Main St Anytown, MI 48000 *Servicing Provider Name, ID: HELPFUL CLINIC Address: 012345678 *Servicing Facility Name, ID: HELPFUL CLINIC Address: 012345678 *Admitting Provider Name, ID: HELPFUL CLINIC Address: 012345678

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

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

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

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

Submit an inpatient authorization, cont.

Your submitted authorization will look like this:

Inpatient Authorization Details

Reference ID: 0000000001 My List

1a. Status note

2. My List

3. Printer-Friendly

4. Edit

5. New Referral/Global Referral/Inpatient/Outpatient

6. Create New

Patient Information

Patient: TEST, MARYBETH Plan: BCN Address: 00012011 date Flint, MI 48053 Birthdate: 5/5/1971 Group ID: 00000001 Patient ID: 012587411 PCP Name, ID: WHITECOAT, DOCTOR, 012587411 Age: 45 years

USE TEMPLATE

Confinement Information

*Admission Date: 09/24/2016 *Length of Stay: 1 days *Type of Care: Emergency *Place Of Service: Inpatient Hospital *Primary Diagnosis Code: A40.3 Description: Sepsis due to Streptococcus pneumoniae (ICD10, ... *Procedure Code Type: CPT *Primary Procedure Code: 00537 Description: Anesthesia for procedure on heart to correct ab... *Referring Provider Name, ID: HELPFUL CLINIC Address: 555 Main St Anytown, MI 48000 *Servicing Provider Name, ID: HELPFUL CLINIC Address: 012345678 *Servicing Facility Name, ID: HELPFUL CLINIC Address: 012345678 *Admitting Provider Name, ID: HELPFUL CLINIC Address: 012345678

1. Reference ID and case status

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

1a. Status note

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

2. My List

Check this box to watch this authorization. A flag icon will be shown next to it on the My List page. See [Page 16](#) for more detail.

3. Printer-Friendly

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

4. Edit

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

5. New Referral/Global Referral/Inpatient/Outpatient

Use these buttons to create multiple cases for one patient.

6. Create New (communication)

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

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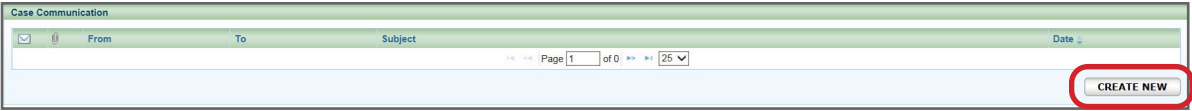
Templates

Behavioral Health

Submit an inpatient authorization, cont.

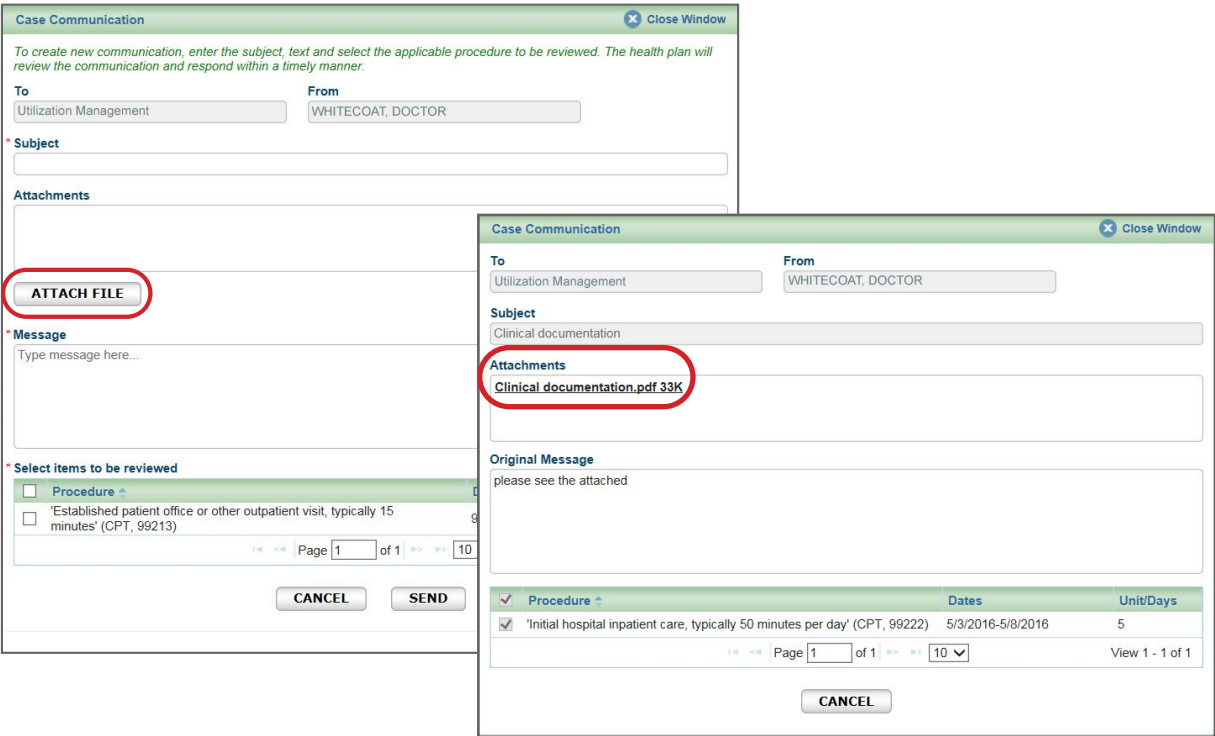
Create New (communication)

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.

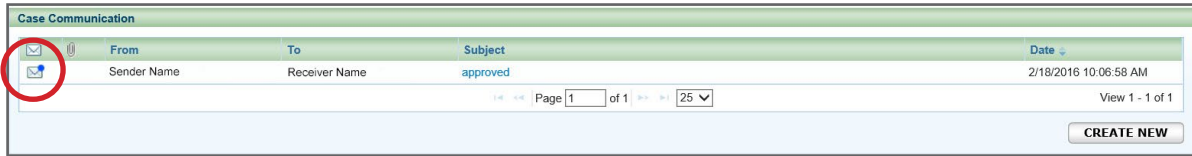
A screenshot of the 'Case Communication' field in a software interface. It shows a table with columns for 'From', 'To', 'Subject', and 'Date'. Below the table is a 'Page 1 of 0' indicator and a '25' dropdown. A red circle highlights the 'CREATE NEW' button in the bottom right corner.

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.

Two screenshots of the 'Case Communication' dialog box. The first screenshot shows the 'To' field set to 'Utilization Management' and the 'From' field set to 'WHITECOAT, DOCTOR'. The 'Subject' field is empty. The 'Attachments' section has an 'ATTACH FILE' button highlighted with a red circle. The 'Message' field contains the text 'Type message here...'. The 'Select items to be reviewed' section has a checkbox for 'Procedure' checked. The second screenshot shows the same dialog box, but the 'Attachments' section now displays 'Clinical documentation.pdf 33K' with a red circle around it. The 'Original Message' section contains the text 'please see the attached'.

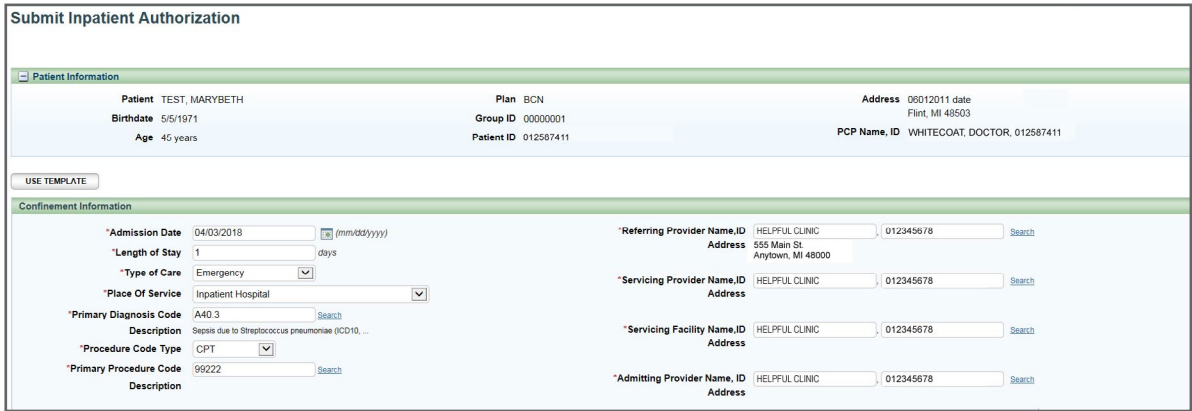
You may also see an envelope icon with a blue dot in the Case Communication field. This icon indicates there is an unread message from Blue Cross/BCN to you on this case. Once you read the message, the blue dot disappears. You may choose to change it back to unread by clicking the envelope icon.

A screenshot of the 'Case Communication' field. It shows a table with columns for 'From', 'To', 'Subject', and 'Date'. The 'From' column has a value 'Sender Name' and the 'To' column has a value 'Receiver Name'. The 'Subject' column has a value 'approved'. The 'Date' column has a value '2/18/2016 10:06:58 AM'. A red circle highlights an envelope icon with a blue dot in the bottom left corner of the field.

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:

A screenshot of the 'Submit Inpatient Authorization' form. It contains several sections: 'Patient Information' with fields for Patient (TEST, MARYBETH), Birthdate (5/5/1971), Age (45 years), Plan (BCN), Group ID (00000001), Patient ID (012587411), Address (06012011 date, Flint, MI 48503), and PCP Name, ID (WHITECOAT, DOCTOR, 012587411). Below this is a 'USE TEMPLATE' button. The 'Confinement Information' section includes fields for Admission Date (04/03/2016), Length of Stay (1 days), Type of Care (Emergency), Place Of Service (Inpatient Hospital), Primary Diagnosis Code (A40.3), Description (Sepsis due to Streptococcus pneumoniae (ICD10, ...), Procedure Code Type (CPT), Primary Procedure Code (99222), Referring Provider Name, ID (HELPPFUL CLINIC, 012345678), Address (555 Main St, Anytown, MI 48000), Servicing Provider Name, ID (HELPPFUL CLINIC, 012345678), Address (HELPPFUL CLINIC, 012345678), Servicing Facility Name, ID (HELPPFUL CLINIC, 012345678), Address (HELPPFUL CLINIC, 012345678), and Admitting Provider Name, ID (HELPPFUL CLINIC, 012345678).

- **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.

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Submit an inpatient authorization, cont.

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

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

Questionnaire

IP Urgent Emergent Diagnosis

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

Inpatient Urgent Emergent Autoapprove Dx - Page 1

Q *Is this a readmission within 14 days?

A ☐ No

CANCEL NEXT

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.

Questionnaire

IP Urgent Emergent Diagnosis

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

Inpatient Urgent Emergent Autoapprove Dx - Page 2

Q Contact Person Name

A

Q Contact Phone Number

A

Q Is clinical information attached?

A ☐ No

CANCEL NEXT

Questionnaire

IP Urgent Emergent Diagnosis

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

IP Urgent Emergent Autoapprove DX Threshold

CANCEL NEXT

Submit an inpatient authorization, cont.

Submitting an emergency or urgent admission – questionnaires and clinical documentation

Questionnaire

IP Urgent Emergent Diagnosis

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

Final

CANCEL SUBMIT

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

Submitting authorizations for sick/ill newborns

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

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

Reference ID	Type	Patient	Plan	Date of Birth	From	To	Place of Service	Servicing Provider	Facility Provider	Description	Global	Status
012345678	Authorization	YES! BABY GIRL	BCN	04/03/2018	04/03/2018	04/13/2018	Inpatient Hospital	BRONSON BATTLE CREEK	BRONSON BATTLE CREEK	Initial inpatient hospital critical care of newborn, 30 days of age or younger, per day (CPT, 96909)	3	Fully Approved

Extending an Inpatient Authorization

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

Confinement Extension(s)

From Date To Date Days Status Remove

From Date will be automatically corrected:

- For 1st extension = Admission Date + Length Of Stay
- For all other extensions = To Date of the previous extension

CREATE NEW

ADD SERVICE

Notes

Date Subject Supporting Information

CANCEL SUBMIT

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

Submit an inpatient authorization, cont.

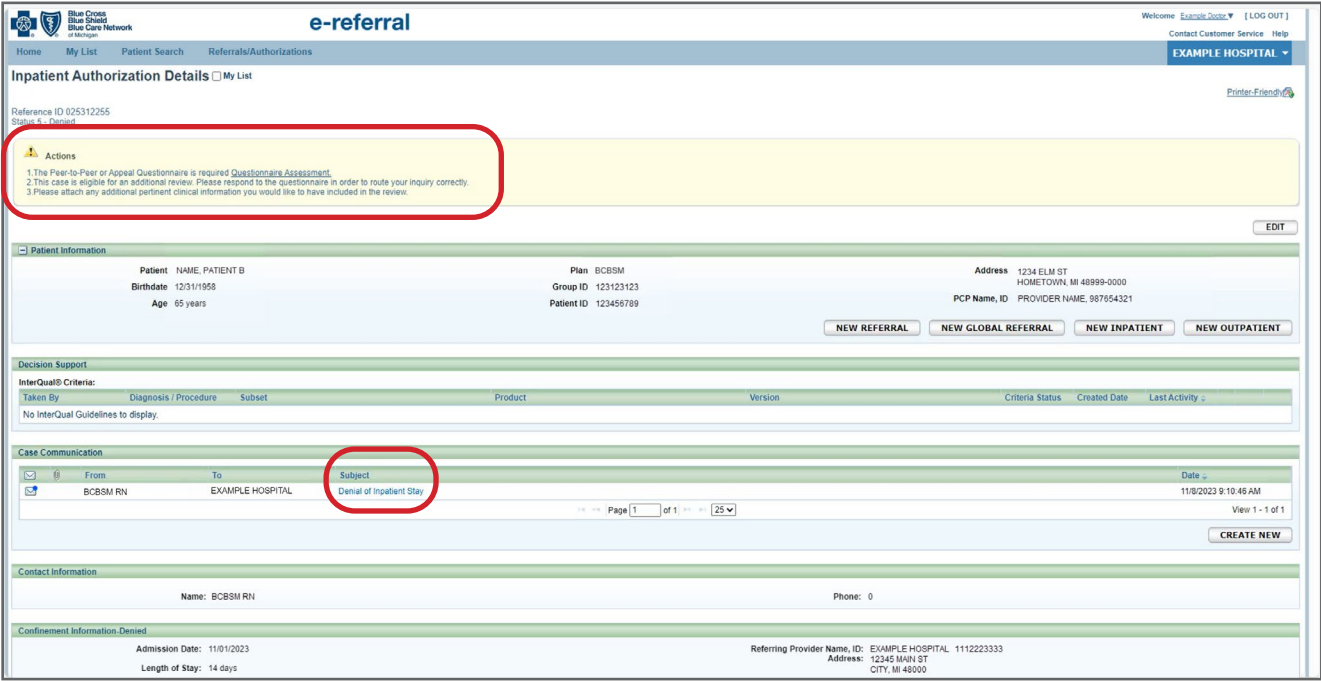
Submitting requests with required InterQual® criteria

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. See the [Submit an Outpatient Authorization](#) section for step-by-step instructions.

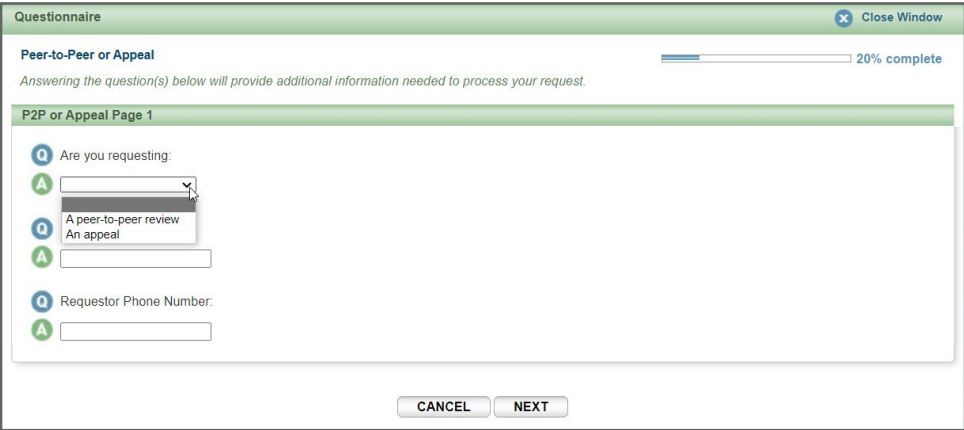
Submitting requests for peer-to-peer reviews (Michigan acute inpatient facilities only)

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.

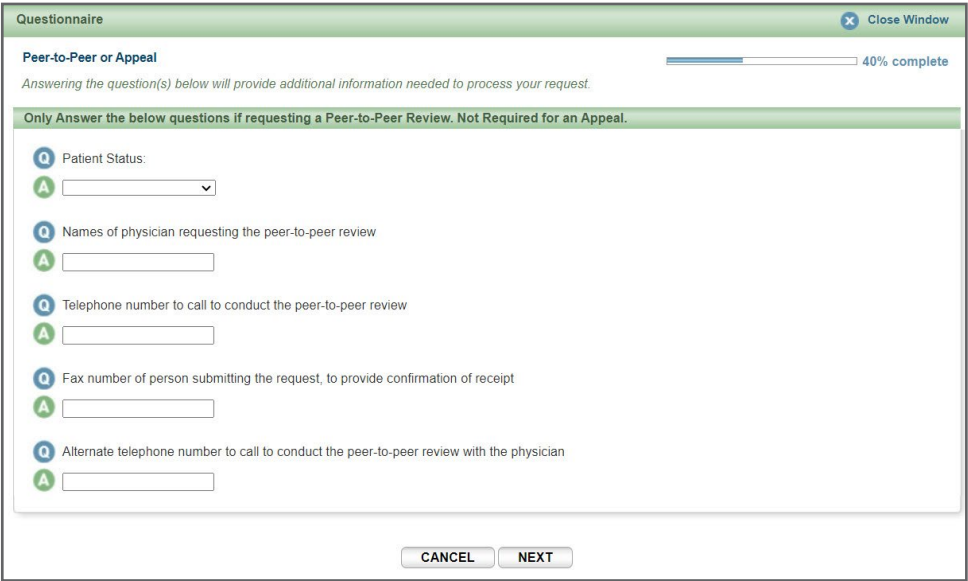


4. Click the Questionnaire Assessment link and answer each question. Click Next to advance the questionnaire.

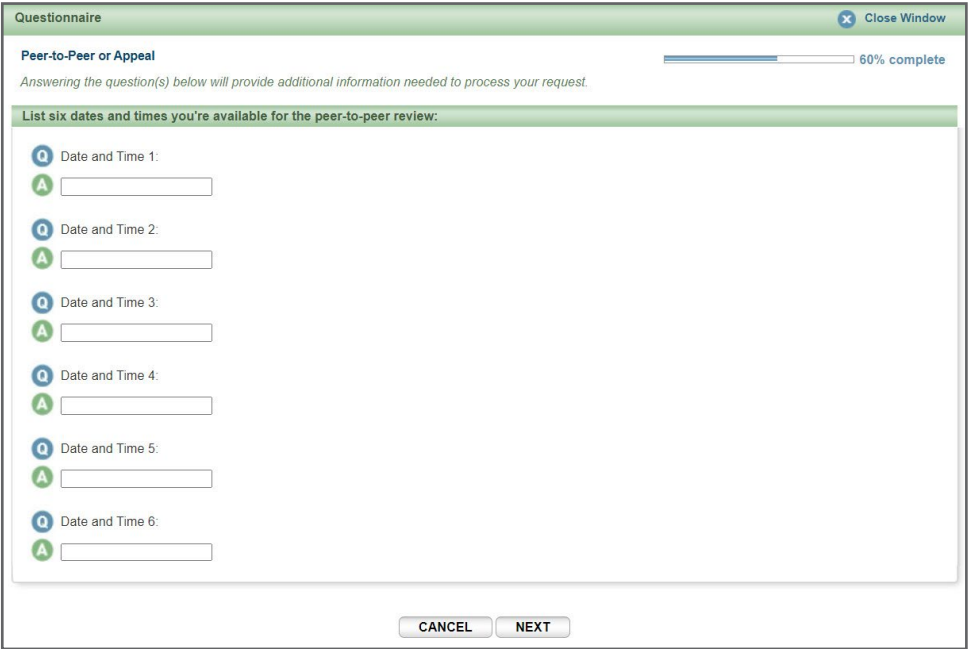


Submit an inpatient authorization, cont.

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).



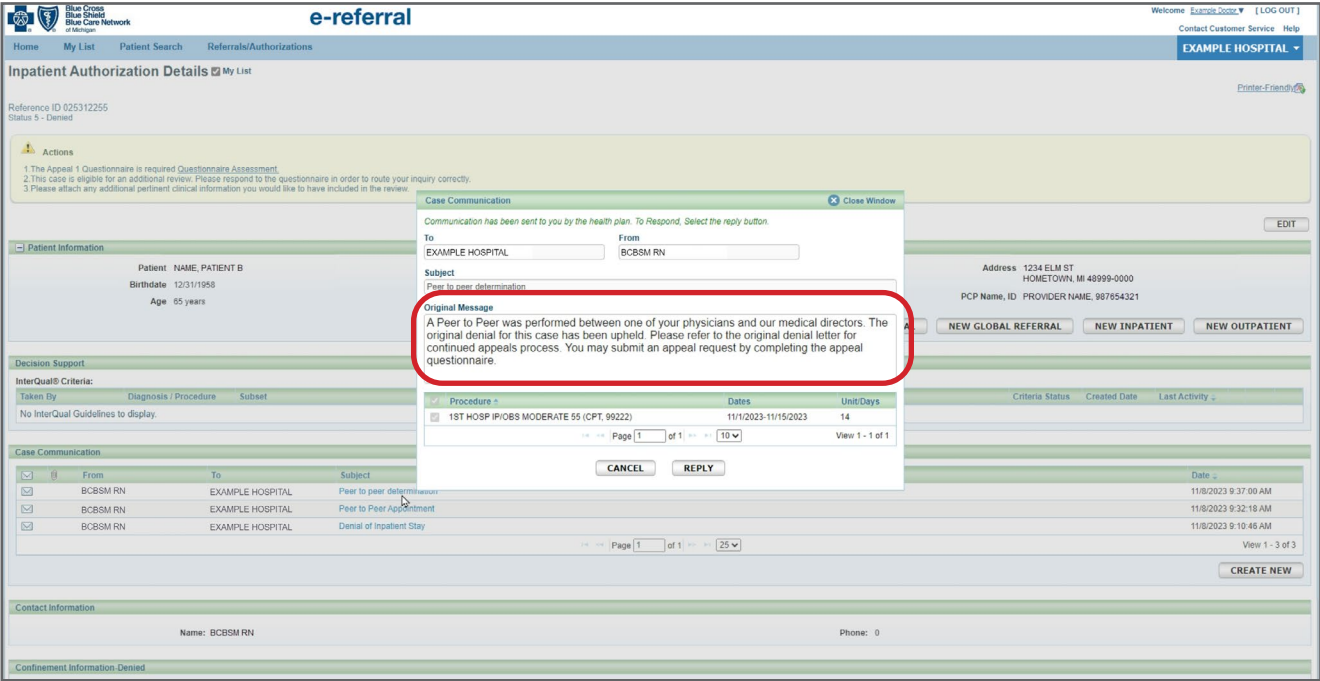
When you have finished the questionnaire, click Submit. If you close out of the questionnaire without clicking Submit, the request will not be processed. Once you see the "Questionnaire Saved Successfully" message, your request has been submitted and will be reviewed. Please login to e-referral and check 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.

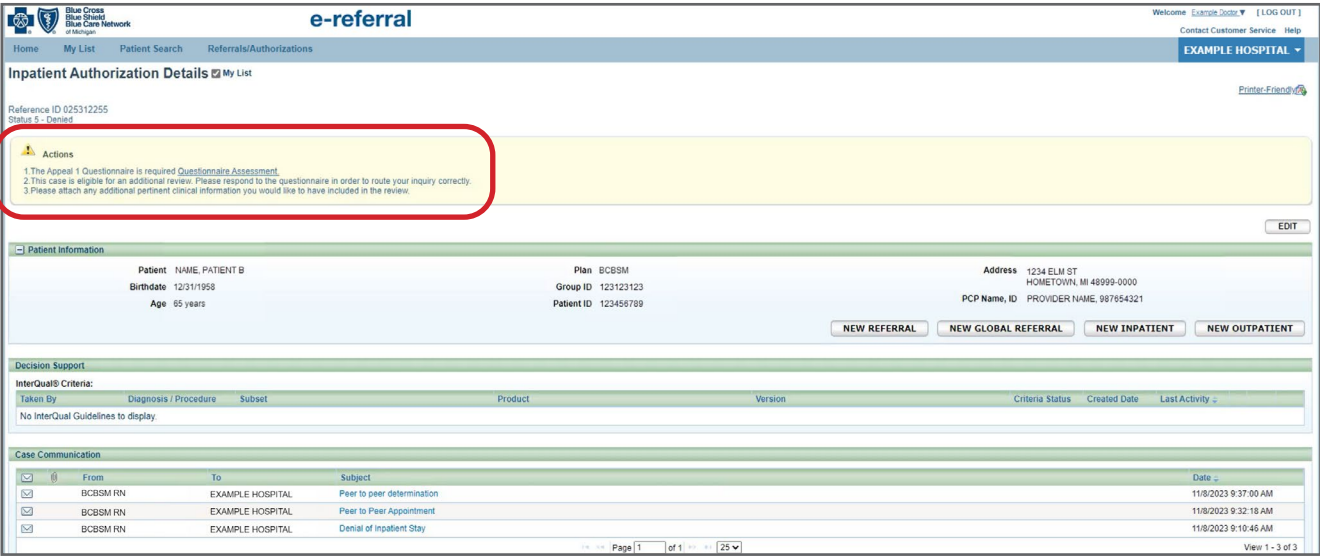
Submitting requests for appeals (Michigan acute inpatient facilities only)

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.

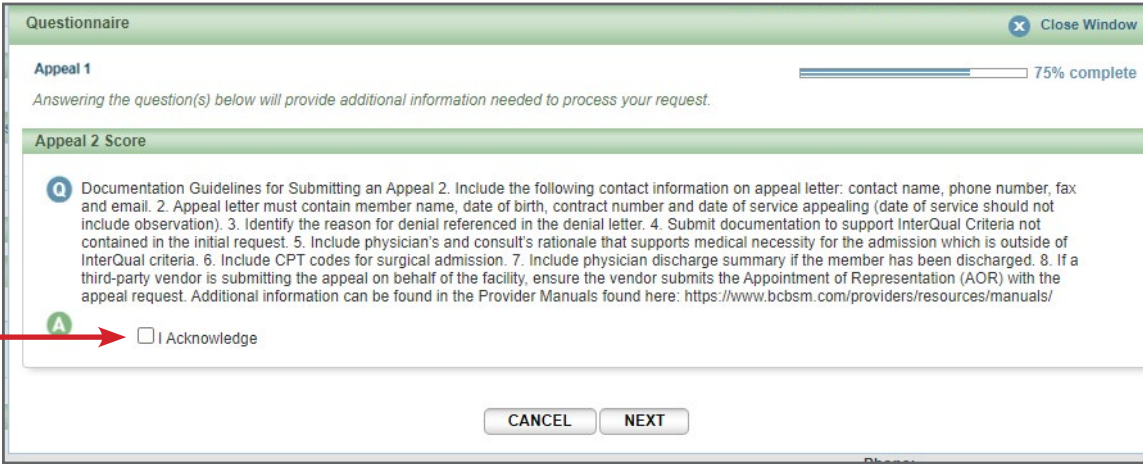
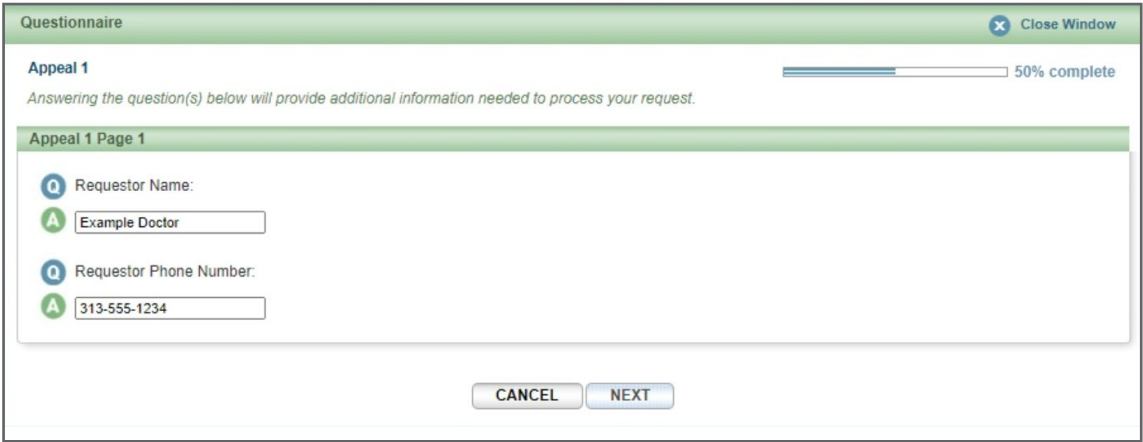


- 4. Click the Questionnaire Assessment link and answer each question. Click Next to advance the questionnaire.

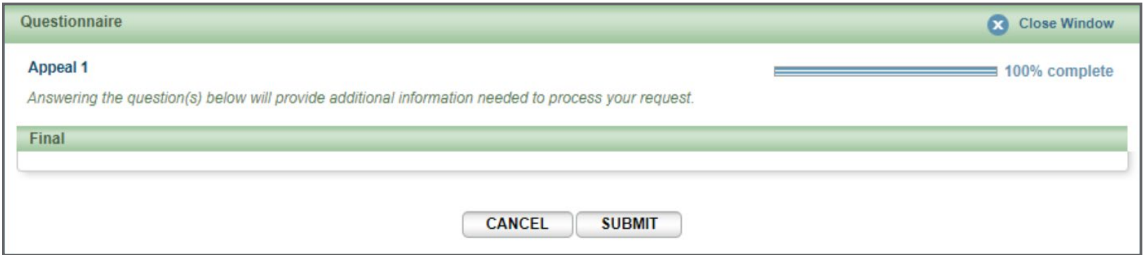


Submit an inpatient authorization, cont.

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

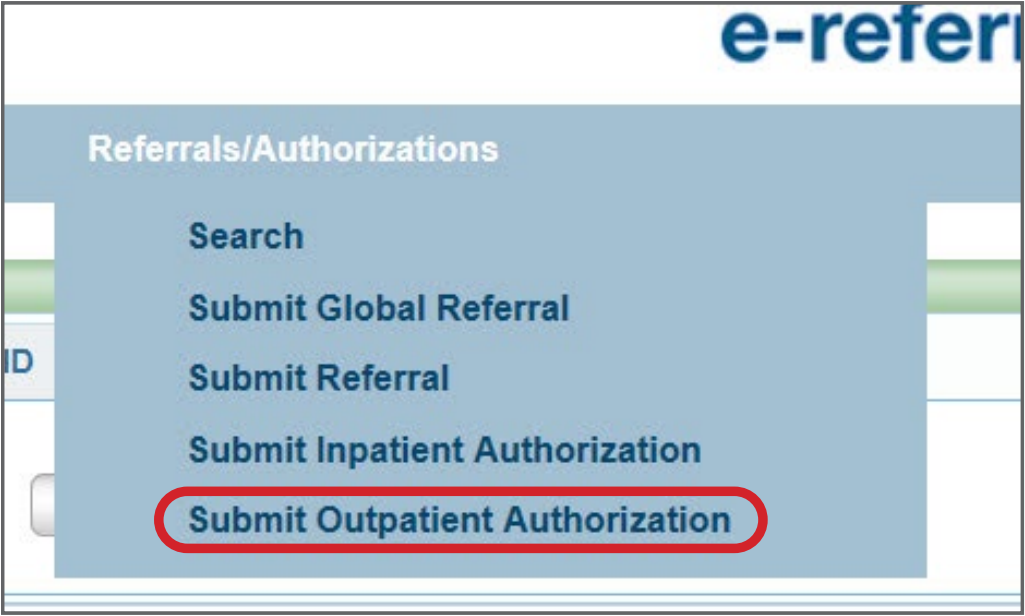
Any documentation from the patient's medical record that is required can be attached to the request within the e-referral system, through the Case Communication field. Please see the [Create New \(communication\)](#) page for instructions.

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

BCN Behavioral Health requests

For assistance, please see the [Behavioral Health](#) 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.

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

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

Submit an outpatient authorization, cont.

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

Submit Outpatient Authorization

Patient Information

Patient: TEST, MARYBETH Plan: BCN Address: 06012011 date
Birthdate: 5/5/1971 Group ID: 00000001 Flint, MI 48503
Age: 44 years Patient ID: 012345678 PCP Name, ID: SCRUBS, DOCTOR, 012587411

USE TEMPLATE

Service 1

* Service From: (mm/dd/yyyy) * Referring Provider Name, ID: HELPFUL CLINIC 012345678 Search
* Service To: (mm/dd/yyyy)
* Type of Care: * Servicing Provider Name, ID: Address: Search
* Place Of Service: * Servicing Facility Name, ID: Address: Search
* Diagnosis Code: Description: Search
* Procedure Code Type: CPT * Procedure Code: Description: Search
* Units: Search

SAVE AS... ADD SERVICE ADD SERVICE COPY PROVIDERS

- 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 AdvantageSM 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

Search Bookmarks

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

Code or Description: SEARCH

Diagnosis Code – Search by Description

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

Search Bookmarks

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

Code or Description: asthma SEARCH

Code ^	Description	Inactive	Action
493.92	Asthma, Unspecified, With (Acute) Exacerbation (ICD9, 493.92)	Yes	Bookmark
J45	Asthma (ICD10, J45)	Yes	Bookmark
J45.2	Mild intermittent asthma (ICD10, J45.2)	Yes	Bookmark
J45.20	Mild intermittent asthma, uncomplicated (ICD10, J45.20)		Bookmark
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)		Bookmark
J45.22	Mild intermittent asthma with status asthmaticus (ICD10, J45.22)		Bookmark
J45.3	Mild persistent asthma (ICD10, J45.3)	Yes	Bookmark
J45.30	Mild persistent asthma, uncomplicated (ICD10, J45.30)		Bookmark

Page 1 of 2 25 View 1 - 25 of 45

Submit an outpatient authorization, cont.

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

Diagnosis Code Search

Search Bookmarks

Select a Diagnosis code from the bookmarks below

Filter by Category: All Filter by Usage Type: Diagnosis

Code	Description	Category	Owner	Usage Type	Action
036.40	Meningococcal Carditis	05012014	Payer	Diagnosis	Delete
036.41	Meningococcal Pericarditis	05012014	Payer	Diagnosis	Delete
038.9	Unspecified Septicemia	BCN05152014	Payer	Diagnosis	Delete
162.9	Malignant Neoplasm Of Bronchus And Lung, Unspecified	BCN05152014	Payer	Diagnosis	Delete
174.9	Malignant Neoplasm Of Breast (Female), Unspecified	BCN05152014	Payer	Diagnosis	Delete
200.00	Reticulosarcoma, Unspecified Site, Extranodal And Solid Organ Sites (ICD9, 200.00)	Test	Payer	Diagnosis	Delete
211.3	Benign Neoplasm Of Colon	BCN05152014	Payer	Diagnosis	Delete
218.9	Leiomyoma Of Uterus, Unspecified	BCN05152014	Payer	Diagnosis	Delete

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- **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

Search Bookmarks

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

Include decimal if applicable (e.g. 250.01)

Procedure Code Type: CPT Code or Description: SEARCH

Submit an outpatient authorization, cont.

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

Procedure Code Search

Search Bookmarks

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

Include decimal if applicable (e.g. 250.01)

Procedure Code Type: CPT Code or Description: knee SEARCH

Code	Description	Inactive	Action
0012T	Arthroscopy, knee, surgical, osteochondral graft implantation, autograft (CPT, 0012T)	Yes	Bookmark
0013T	Arthroscopy, knee, surgical, osteochondral graft implantation, allograft (CPT, 0013T)	Yes	Bookmark
0014T	Meniscal transplantation, medial or lateral, knee (any method) (CPT, 0014T)	Yes	Bookmark
01300	Anes Integumentary Knee Popliteal Area (CPT, 01300)	Yes	Bookmark
01320	'Anesthesia for procedure on nerves, muscles, tendons, fascia, and/or bursae of knee' (CPT, 01320)		Bookmark
01380	Anesthesia for closed procedure on knee joint (CPT, 01380)		Bookmark
01382	Anesthesia for diagnostic examination of knee joint using an endoscope (CPT, 01382)		Bookmark
01390	Anesthesia for closed procedure at kneecap and/or upper foreleg bones (CPT, 01390)		Bookmark

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- **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.

Procedure Code Search

Search Bookmarks

Select a Procedure code from the bookmarks below

Filter by Category: All Filter by Usage Type: All

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

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- **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 Outpatient Authorization

USE TEMPLATE

Service From: (required) Service To: (required) Type of Care: (required) Place of Service: (required) Diagnosis Code: (required) Description: (required) Procedure Code Type: (required) Procedure Code: (required) Units: (required)

Referring Provider Name: ID: 012345678 Address: (required) Servicing Provider Name: ID: Address: Servicing Facility Name: ID: Address:

SAVE ALL CANCEL SUBMIT ADD SERVICE ADD SERVICE COPY PREVIOUS

Submit an outpatient authorization, cont.

Servicing Provider Name, ID

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

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

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

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 PHYSICIAN & C	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 PHYSICIAN & C	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

Submit an outpatient authorization, cont.

Servicing Facility Name, ID

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

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

* Referring Provider Name, ID Address

ADVENT REHABILITATION1780639658Search

* Servicing Provider Name, ID Address

ABDOLKARIM, ADIB O.1578699807Search

Servicing Facility Name, ID Address

ADVENT REHABILITATION1780639658Search

150 JEFFERSON AVE SE, STE 100GRAND RAPIDS, MI 49503

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

Email

Primary Care Physician Name, Id

EISNER, ARLYNNE M, 1083860597

member's PCP

* Referring Provider Name, ID Address

EISNER, ARLYNNE M1083860597Search

* Servicing Provider Name, ID Address

THERAMAX REHAB INC1851458608Search

33000 GRAND HAVEN DR TROY, MI 48063

Servicing Facility Name, ID Address

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

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

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

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

Submit an outpatient authorization, cont.

Your submitted authorization will look like this:

Outpatient Authorization Details My List

Reference ID: 011096854
Status: Pending Decision

1a Actions
1. *The Home Sleep Study Questionnaire is required [Questionnaire Assessment](#).
2. Please attach any clinical information from the patient's medical record that you would like BCN to consider for this request in the Case Communication field.

4 EDIT

5 NEW REFERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT

6 CREATE NEW

Patient Information

Patient	TEST, MARYBEITH	Plan	BCN	Address	20500 CIVIC CENTER DRIVE
Birthdate	05/05/1971	Group ID		APT 123	
Age	48 years	Patient ID	123456789	SOUTHFIELD, MI 48076	
		PCP Name, ID	WHITECOAT, DOCTOR, 0123456789		

Case Communication

From	To	Subject	Date
Page 1 of 0			

CREATE NEW

Service 1-Pending

Service From	2/16/2020	Referring Provider Name, ID:	WHITECOAT, DOCTOR, 012345678
Service To	2/29/2020	Address:	1235 MAIN ST, STE 104
Type Of Care:	Direct		ANYTOWN, MI 48006
Place Of Service	Off Campus Outpatient Hospital	Servicing Provider Name, ID:	SCRIBBS, DOCTOR, 012345678
Diagnosis Code	G47.33	Address:	1235 MAIN ST, STE 104
Description	Obstructive sleep apnea (adult) (podiatric) (IC...		ANYTOWN, MI 48006
Procedure Code Type:	CPT	Servicing Facility Name, ID	
Procedure Code	95800	Address:	
Description	Unattended sleep study with recording of heart...		
Units	1		

Notes

Date	Subject	Supporting Information
CREATE NEW		

1. Reference ID and case status

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

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

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.

A screenshot of the 'Outpatient Authorization Details' page. At the top, there's a navigation bar with 'Home', 'My List', 'Patient Search', and 'Referrals/Authorizations'. Below this, the page title is 'Outpatient Authorization Details'. A reference ID '004165798' and status '2 - Pending Decision' are shown. A 'Printer-Friendly' link is on the right. A red circle highlights the 'EDIT' button. Below is a 'Patient Information' section with fields for Patient (testing deid, wiley), Birthdate (3/11/1955), Age (63 years), Plan (BCN), Group ID (00000001), Address (1255 MAIN ST, STE 104, ANYTOWN, MI 48005), and PCP Name, ID (WHITECOAT, DOCTOR, 0123456789). At the bottom are buttons for 'NEW REFERRAL', 'NEW GLOBAL REFERRAL', 'NEW INPATIENT', and 'NEW OUTPATIENT'.A screenshot of the 'Outpatient Authorization Details' page. At the top, there's a navigation bar with 'Home', 'My List', 'Patient Search', and 'Referrals/Authorizations'. Below this, the page title is 'Outpatient Authorization Details'. A red banner at the top says 'This case is unavailable because it's being reviewed. Please try again later.' Below this, the reference ID '011009289' and status '3 - Fully Approved' are shown.

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

A screenshot of the 'Service Extension(s)' section. It shows a table with columns 'From Date', 'To Date', 'Days', and 'Status'. Below the table is a 'CREATE NEW' button. At the bottom of the page, there are 'CANCEL' and 'SUBMIT' buttons. A red circle highlights the 'SUBMIT' button.

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.

A screenshot of the 'Outpatient Authorization Details' page. At the top, there's a navigation bar with 'Home', 'My List', 'Patient Search', and 'Referrals/Authorizations'. Below this, the page title is 'Outpatient Authorization Details'. A reference ID '011096854' and status '2 - Pending Decision' are shown. A 'Printer-Friendly' link is on the right. A yellow box contains an 'Actions' section with two items: '1 *The Home Sleep Study Questionnaire is required.' and '2 Please attach any clinical information from the patient's medical record that would like BCN to consider for this request in the Case Communication field.' A red circle highlights the 'Questionnaire Assessment' button. At the bottom right is an 'EDIT' button.

Answer each question until you have completed the questionnaire.

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

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

Submit an outpatient authorization, cont.

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

Questionnaire

Sleep Studies – Outpatient Facility or Clinic-Based Setting

60% complete

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

Outpatient-Provider Office Sleep Study - Pg 2

Q

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

A

Q

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

A

Q

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

A

Q

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

A

Q

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

A

CANCEL

NEXT

Questionnaire

Sleep Studies – Outpatient Facility or Clinic-Based Setting

90% complete

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

Outpatient-Provider Office Sleep Study - Pg 3

Q

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

A

Q

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

A

Q

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

A

Q

Is a REPEAT sleep study being done for a patient who already has a CPAP but isn't having an adequate response or whose symptoms have returned? **

A

Q

Is a REPEAT sleep study being done due to the patient having a weight loss or gain of 10 percent with a change in symptoms? **

A

CANCEL

NEXT

Submit an outpatient authorization, cont.

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

Questionnaire

Sleep Studies – Outpatient Facility or Clinic-Based Setting

100% complete

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

Final

CANCEL

SUBMIT

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

Questionnaire Saved Successfully

Outpatient Authorization Details

☐ My List

Reference ID 011096854

Status 2 - Pending Decision

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

Submit an outpatient authorization, cont.

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

Use the following information when entering this type of submission:

Submit Outpatient Authorization

Patient Information

Patient: TFST, MARYRETH
Birthdate: 5/5/1971
Age: 44 years

Plan: RCN
Group ID: 00000001
Patient ID: 012345678

Address: 12345 HEALTHY YURY
ANYTOWN, MI 00001-0000

PCP Name, ID

Contact Information

Name: Your Name Here
Phone: ()

USE TEMPLATE

Service 1

Service From: 05/03/2023
Service To: 05/03/2024
Type of Care: Elective
Place of Service: Other Unlisted Facility
Diagnosis Code: R07.89
Procedure Code Type: CPT
Procedure Code: 33933
Description: Preparation of donor heart and lung for transpl...

Referring Provider Name, ID: DOCTOR, DOCTOR
Address: 1235 MAIN ST, STE 208
ANYTOWN, MI 48006

Servicing Provider Name, ID: DR. WHITEHEAD
Address: 1235 MAIN ST, STE 208
ANYTOWN, MI 48006

Servicing Facility Name, ID: ANY HOSPITAL
Address: 7774 MAIN ST
ANYTOWN, MI 48006

- **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.

Submit an outpatient authorization, cont.

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

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

Questionnaire

Specified Organ Transplant - Prior Authorization

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

Specified Organ Transplant - Prior Authorization - Pg 1

Q Is the patient already admitted as inpatient for the requested transplant?
A

Q Is the request urgent? Urgent is defined as eminent transplantation within 72 hours.
A

Q Have the patient's eligibility and transplant benefit been verified by the Human Organ Transplant Program?
A

Q Has the patient had a social work evaluation within the last 12 months?
A

Q Do test reports document the disease pertinent to the transplant type?
A

Q Has the patient had a hepatitis profile within the last 12 months?
A

Q Has the patient had a HIV result within the last 12 months?
A

Q Has the patient had a dental clearance within the last 12 months?
A

Q Has the patient had an appropriate cancer screening results depending on age and gender?
A

Q Has the patient had toxicology screens performed within the last 6 months? Examples include Cotinine screening for lung and liver transplants or ETOH screening for liver transplant.
A

CANCEL NEXT

Questionnaire

Specified Organ Transplant - Prior Authorization

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

Specified Organ Transplant - Prior Authorization - Pg 2

Q Has the member had a psychology report within the last 12 months?
A

Q Has the member had a recent renal testing withing the last 12 months?
A

Q Has the member had a pulmonary report when indicated by medical history or abnormal Pulmonary function tests (PFT's)?
A

Q Has the member had a cardiology report within the last 12 months?
A

Q Has the member participated in substance abuse activities or programs pertinent to the patient if indicated?
A

Q Are the facility where the transplant is being performed a Blue Distinction Center for Transplant or CMS accredited?
A

CANCEL NEXT

Checking member eligibility & benefits

Accessing e-referral

Navigating the Dashboard

Referrals & Authorizations

Searching for a referral or authorization

Submit a global referral

Submit a referral

Submit an inpatient authorization

Submit an outpatient authorization

Bookmarks

Templates

Behavioral Health

Submit an outpatient authorization, cont.

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

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

Questionnaire

Bone Marrow Transplant - Prior Authorization 100% complete

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

Bone Marrow Transplant - Prior Authorization - Final

CANCEL SUBMIT

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

Questionnaire Saved Successfully

Outpatient Authorization Details My List

Reference ID 011096854

Status 2 - Pending Decision

Submit an outpatient authorization, cont.

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

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

Outpatient Authorization Details

Reference ID 011074827

Status 3 - Fully Approved

Patient Information

Patient TEST, MARYBETH

Birthdate 06/22/1943

Age 79 years

Plan BCBSM

Group ID 00000001

Patient ID 012345678

Address 12345 HEALTHY WAY

ANYTOWN, MI 00001-0000

PCP Name, ID

Case Communication

From To Subject

Page 1 of 0

CREATE NEW

Contact Information

Name Your Name Here

Phone

Service 1 Approved

Service From 5/3/2023

Service To 5/3/2024

Type Of Care: Elective

Place Of Service: Other Unlisted Facility

Diagnosis Code: R07.89

Description: Other chest pain (ICD10, R07.89)

Procedure Code Type: CPT

Procedure Code: 33933

Description: Preparation of donor heart and lung for transpl...

Units: 1

Referring Provider Name, ID: DOCTOR, DOCTOR 456789101

Address: 1255 MAIN ST, STE 208

ANYTOWN, MI 48006

Servicing Provider Name, ID: DR. WHITECOAT 456789101

Address: 1255 MAIN ST, STE 209

ANYTOWN, MI 48006

Servicing Facility Name, ID: ANY HOSPITAL 456789101

Address: 7774 MAIN ST

ANYTOWN, MI 48006

Service Extension(s)

From Date To Date Units Status

5/3/2024 5/3/2025 1

Remove

CREATE NEW

ADD SERVICE

ADD SERVICE COPY PROVIDERS

Notes

Date Subject Supporting Information

CREATE NEW

CANCEL SUBMIT

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 questions helps to speed up the process for the authorization. Have the patient's medical record ready to reference as you answer the guideline questions.

How to request prior authorization for procedure codes with InterQual Connect questions

1. Begin by clicking the InterQual Criteria link.

Outpatient Authorization Details ☐ My List Printer-Friendly

Reference
Status 2 - Pending Decision

Actions

1.The Non-Coronary Vascular Stents WPS Guideline is required [InterQual Criteria \(Restricted Guideline\)](#)

EDIT

Patient Information

Patient	Plan	Address
Birthdate	Group ID	
Age	Patient ID	PCP Name, ID

NEW REFERRAL **NEW GLOBAL REFERRAL** **NEW INPATIENT** **NEW OUTPATIENT**

Decision Support

InterQual® Criteria:

Taken By	Diagnosis / Procedure	Subset	Product	Version	Criteria Status	Created Date	Last Activity
No InterQual Guidelines to display.							

2. The Subset Overview screen will launch. Click the Begin Medical Review button to continue.

Subset Overview Refine search with Product, Version, Category, Keywords or Medical Codes

Product: All Products Version: Latest Version Category: Select Keyword Search: coronary Code Search: Enter Medical Codes

Find Subsets **Clear All** **Bookmarks** **Clinical Reference**

Subset Notes

InterQual® 2026, Mar. 2026 Release, Medicare:Procedures
Non-Coronary Vascular Stents WPS

[InterQual® Community](#) [Review Process \(PDF\)](#) [Medicare Coverage Database](#) [Show Codes](#)

Informational Note
Wisconsin Physicians Service Insurance Corporation

Non-Coronary Vascular Stents (L35998)

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=35998&ver=36&bc=0>

Original Effective Date: 10/01/2015
Revision Effective Date: 10/30/2025

Billing and Coding: Non-Coronary Vascular Stents (A57590)

Begin Medical Review **Book View** **Full Subset** **SmartSheets** **Bookmark Subset** **Change Subset**

Submit an outpatient authorization, cont.

Submitting requests with required InterQual® criteria, cont.

3. Complete all the questions as they appear.

Important: It's critical that you don't click Save For Later at any point during the process as it will cause your request to pend even if criteria are met. Fully answer all the questions in one sitting.

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

Choose all that apply: Required

☒ Symptomatic vascular occlusive disease

☒ Stenting in lieu of surgical intervention

Choose one: Required

☐ Primary stenting and percutaneous transluminal angioplasty (PTA) alone not adequate

Choose one: Required

☐ Brachiocephalic arterial flow limiting stenosis

No remaining questions. Click View Recommendations to continue.

Previous **Save For Later** **View Recommendations**

Submit an outpatient authorization, cont.

Submitting requests with required InterQual® criteria, cont.

5. The Recommendations screen will appear.

Important: Make sure **both** the recommended procedure **and** appropriate procedure code are selected.

Click Review Summary.

Reference ID 0351
Status 2 - Pending Decision

Actions
1.The Non-Cor...

Patient Inform...

Decision Support

InterQual® Crite...

Taken By

No InterQual G...

Case Communica...

Recommended
Evidence supports services as medically necessary.

Setting: CMS ASC eligible ⓘ

☒ **Non-Coronary Vascular Stenting - WPS** ^

Selected 1 CPT® ICD-10-CM

Results Count: 50 CPT® only © 2011-2025 American Medical Association. All Rights Reserved.

Code	Description	Setting
37256	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC VASCULAR TERRITORY, WITH TRANSLUMINAL ANGIOPLASTY, INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION, INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN THE SAME ARTERY, UNILATERAL; STRAIGHTFORWARD LES...	CMS ASC eligible

Previous Save For Later Complete **Review Summary** Privacy Notice

6. Review the information in the Review Summary page, then click Complete to submit. As a reminder, do **not** click Save for Later as this will cause your request to pend even if criteria are met and will delay the processing of your request.

Reference ID 0351
Status 2 - Pending Decision

Actions
1.The Non-Cor...

Patient Inform...

Decision Support

InterQual® Crite...

Taken By

No InterQual G...

Case Communica...

InterQual® Review Summary

Patient Name: Criteria Status: **Criteria Met**

Date of Birth:

Created By: Setting: CMS ASC eligible

Created Date: 04/30/2026, 07:13 AM EDT Criteria Product: Medicare:Procedures

Review Status: In Primary Criteria Subset: Non-Coronary Vascular Stents WPS

Completed Date: Criteria Version: InterQual® 2026, Mar. 2026 Release

Facility: AV280353 Determination #: L35998, A57590

Recommendations ✓ indicates reviewer selection

RECOMMENDED Evidence supports services as medically necessary.

✓ **Non-Coronary Vascular Stenting - WPS**

✓ CPT 37256 REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC VASCULAR TERRITORY, WITH TRANSLUMINAL ANGIOPLASTY, INCLUDING ALL MANEUVERS NECESSARY FOR ACCESSING AND SELECTIVELY CATHETERIZING THE ARTERY AND CROSSING THE LESION, INCLUDING ALL IMAGING GUIDANCE AND RADIOLOGICAL SUPERVISION AND INTERPRETATION NECESSARY TO PERFORM THE ANGIOPLASTY WITHIN

Previous Save For Later **Complete** Privacy Notice

Submit an outpatient authorization, cont.

Submitting requests with required InterQual® criteria, cont.

When you complete the guideline, the submission will show that 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.

Home My List Patient Search Referrals/Authorizations HELPFUL CLINIC

Outpatient Authorization Details My List

Reference ID 010093957
Status 2 - Pending Decision

Actions

EDIT

Patient Information

Patient TEST, MARYBETH Plan BCN
Birthdate 06/24/1935 Group ID 00000001 Address 12345 HEALTHY WAY ANYTOWN, MI 00001-0000
Age 89 years Patient ID 012345678 PCP Name, ID WHITECOAT, DOCTOR, 0123456789

NEW REFERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT

Decision Support

InterQual® Criteria:

Taken By	Diagnosis / Procedure	Subset	Product	Version	Criteria Status	Created Date	Last Activity
HELPFUL CLINIC	R07.89	Treatment of Varicose Veins of the Lower Extremities WPS	Medicare Procedures	InterQual® 2024, May 2024 Release	Criteria Met	08/06/2024	08/06/2024

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Case Communication

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

Home My List Patient Search Referrals/Authorizations HELPFUL CLINIC

Inpatient Authorization Details My List

Reference ID 025423407
Status 2 - Pending Decision

Actions
1>Please verify member eligibility and benefits as this authorization is not a guarantee of payment.

EDIT

Patient Information

Patient TEST, MARYBETH Plan BCBSM
Birthdate 07/19/1956 Group ID 00000001 Address 12345 HEALTHY WAY ANYTOWN, MI 00001-0000
Age 68 years Patient ID 012345678 PCP Name, ID

NEW REFERRAL NEW GLOBAL REFERRAL NEW INPATIENT NEW OUTPATIENT

Decision Support

InterQual® Criteria:

Taken By	Diagnosis / Procedure	Subset	Product	Version	Criteria Status	Created Date	Last Activity
HELPFUL CLINIC	R07.89	Percutaneous Left Atrial Appendage Closure (LAAC) NCD	Medicare Procedures	InterQual® 2024, July 2024 Release	Criteria Not Met	08/09/2024	08/09/2024

Page 1 of 1 25 View 1 - 1 of 1

Case Communication

Other resources

Refer to the following resources on authorizations.bcbsm.com for more information:

- [Preview questionnaires and medical necessity criteria](#) — For medical necessity criteria and any requirements in the e-referral system, including which services require the completion of InterQual Connect questions.
- [Submitting prior authorization requests with InterQual® Connect guidelines: Best practices for providers](#) — For instructions that you can bookmark

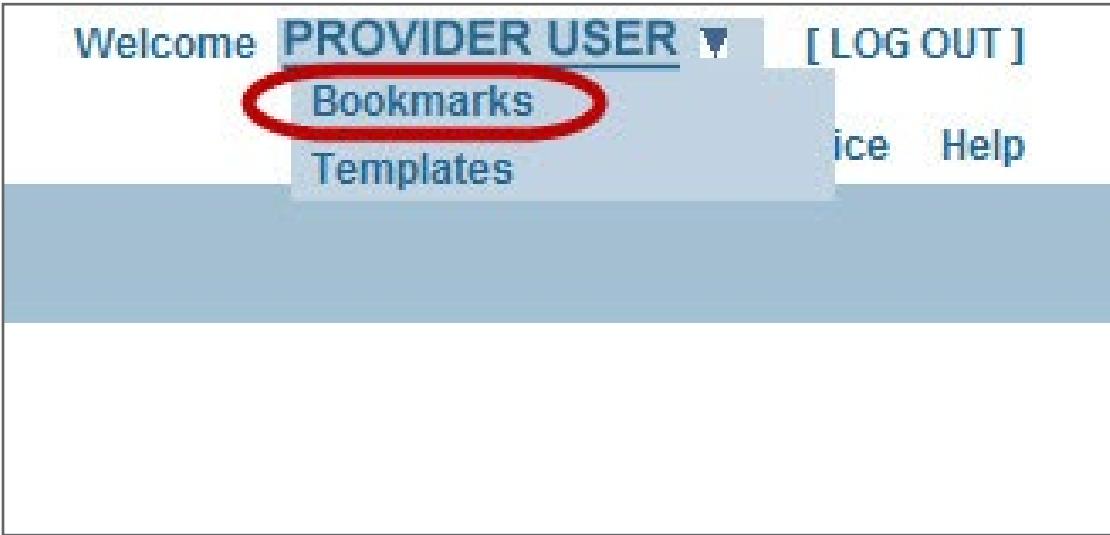
Section V: Bookmarks

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.

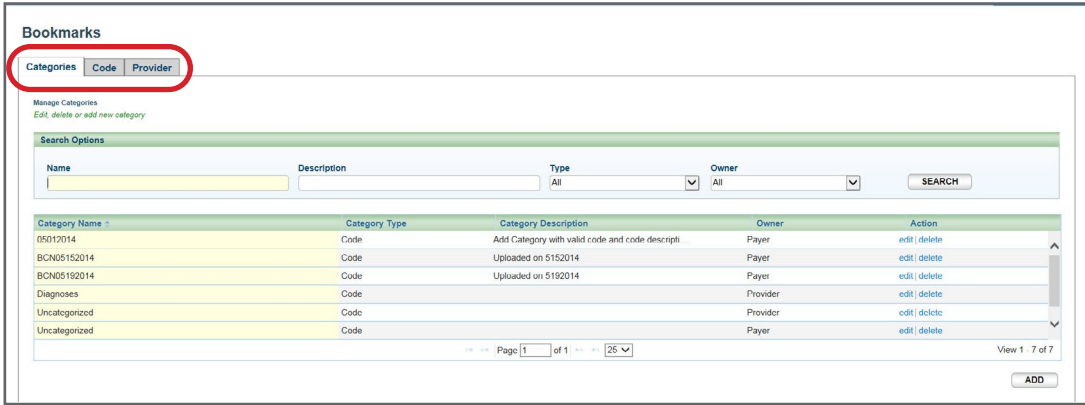
There are two ways to create a bookmark. Choose Bookmarks from the drop-down menu at the top of the Home page or create them from within a patient’s record.

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

Choose Bookmarks



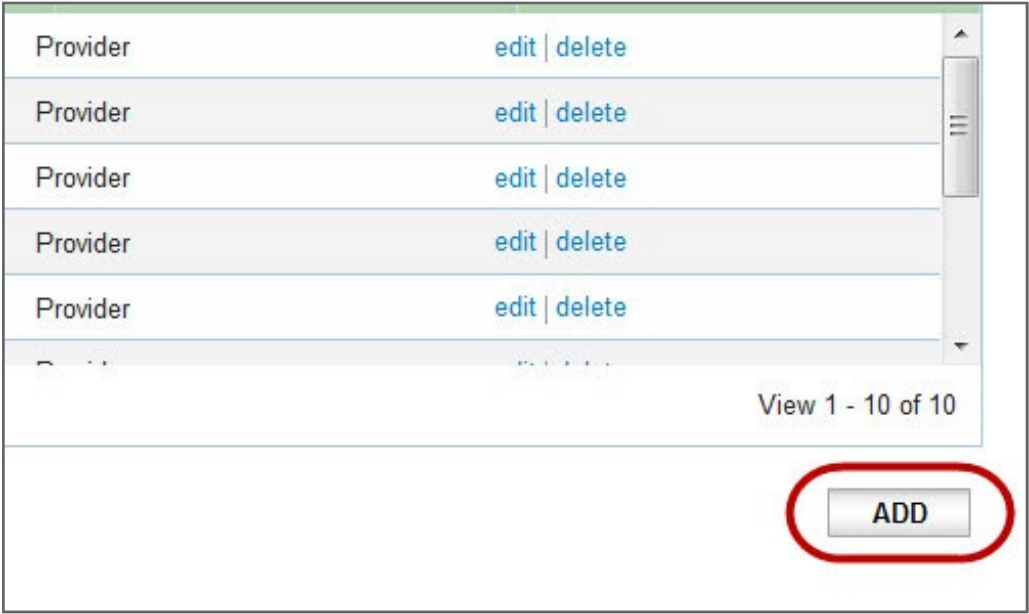
Select the bookmark type you’d like to manage from this screen. Your choices are Categories, Code and Provider.



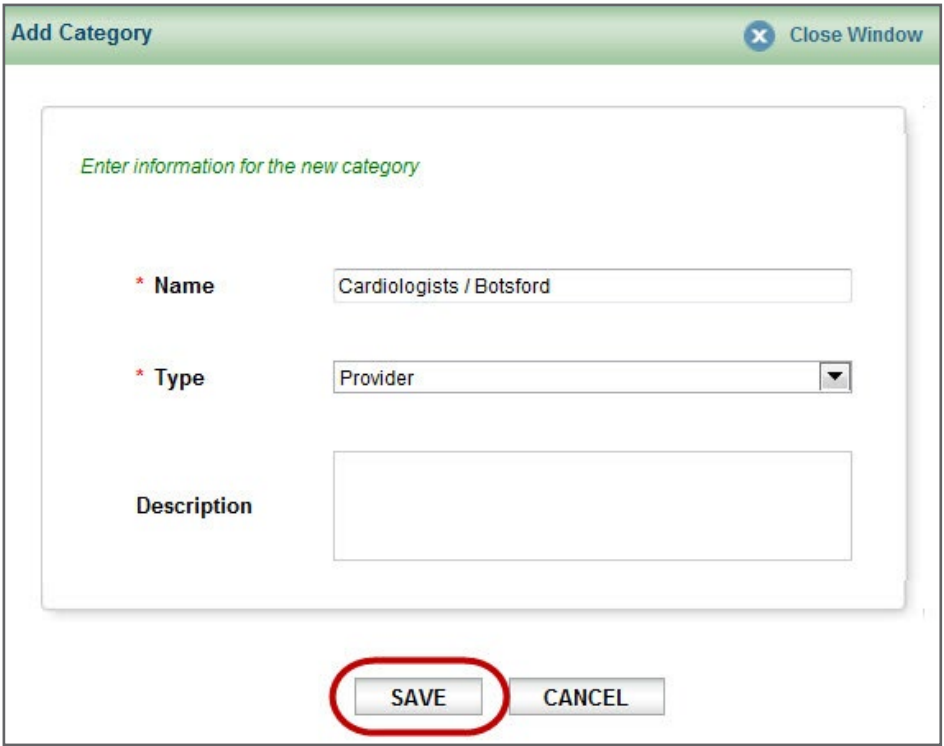
Bookmarks, cont.

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.

Add Bookmark

Select categories for J45.21 Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)

Select	Category	Category Description	Owner
☒	Uncategorized		Provider
☐	Uncategorized		Payer
☐	05012014	Add Category with valid code and code description	Payer
☐	BCN05152014	Uploaded on 5152014	Payer
☐	BCN05192014	Uploaded on 5192014	Payer
☐	BCN05192014	testing	Provider
☐	Bookmarks for quick guide		Provider
☐	Cardiology		Provider

Page 1 of 1 25

CANCEL SAVE

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

Diagnosis Code Search

Search Bookmarks

Enter a full or partial diagnosis code and description

Include decimal if applicable (e.g., J45.21)

Code or Description: J45.21

Confirmation: Bookmark J45.21 Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21) was successfully created in categories Uncategorized

OK

Code	Description	Action
J45.21	Mild intermittent asthma with (acute) exacerbation (ICD10, J45.21)	Bookmark

Page 1 of 1 25

View 1 - 1 of 1

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:

Bookmarks

Categories Code Provider

Manage bookmarks

Search for an existing bookmark or add new

Search Options

NPI 1 Provider Name 2 Category 3 Usage Type 4

SEARCH

Provider Name	NPI	Specialty	Address	Category	Usage Type	Action
HELPFUL CLINIC	012345678		1234 Happy St	Uncategorized	Servicing Facility	copy delete

Page 1 of 1 25

View 1 - 1 of 1

ADD 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**.

Usage Type

All

All

Admitting

Referring

Servicing

Servicing Facility

2511 CP4

Bookmarks, cont.

To add a new bookmark:

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

Servicing Facility

copy | delete

Servicing

copy | delete

Servicing Facility

copy | delete

View 1 - 25 of 100

ADD BOOKMARK

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

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

Provider and Facility Search

Close Window

Search

Name

WHITEC

ID

ID or 10 digit NPI

Specialty

All

City

State

All

Zip

CANCEL

SEARCH

Name	NPI	Address	Group Affiliation	Type	Specialty
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076		Provider Group	Durable Medical Equipment
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076		Facility	
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076		Facility	
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076		Facility	
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076		Facility	
WHITECOAT, DOCTOR	01234567890	20500 CIVIC CENTER DR, SOUTHFIELD, MI 48076		Facility	

Page 1 of 4 25 View 1 - 25 of 98

Bookmarks, cont.

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

Add Bookmark

Close Window

Select categories for EASTWOOD CLINICS

Select	Category	Category Description
☒	Uncategorized	

Message

Close Window

Bookmark will be added to Uncategorized Folder.

CANCEL

OK

View 1 - 1 of 1

* Saving as

Admitting

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 referring. Once you have chosen a category and Saving as option, click Save or Cancel.

Add Bookmark

Close Window

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

Select	Category	Category Description
☒	Uncategorized	
☐	Cardiologists / Botsford	
☐	Chiru	Provider Bookmark Test
☐	Diane's Providers	Provider list
☐	Training Manual	Sample

Page 1 of 1 25 View 1 - 5 of 5

* Saving as

Select

Admitting

Referring

Servicing

Servicing Facility

CANCEL

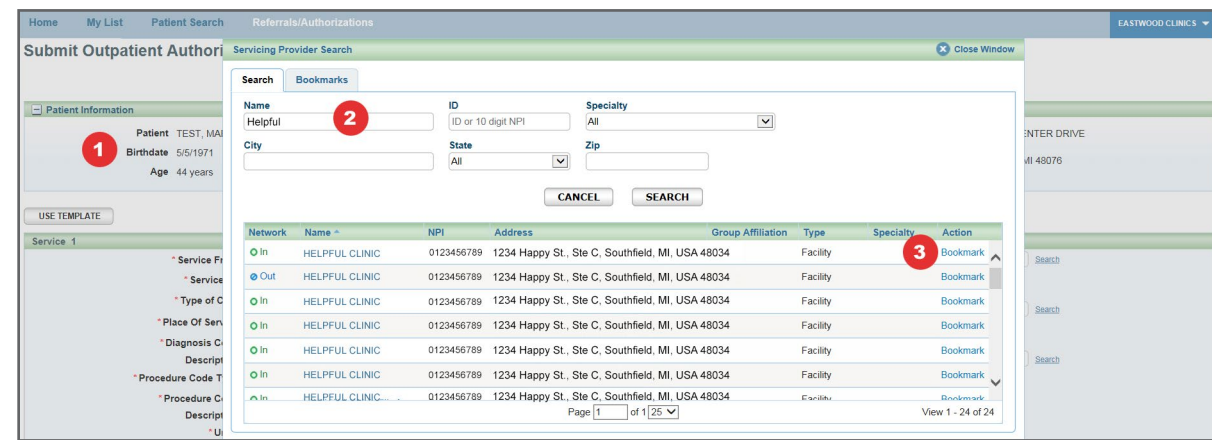
SAVE



Bookmarks, cont.

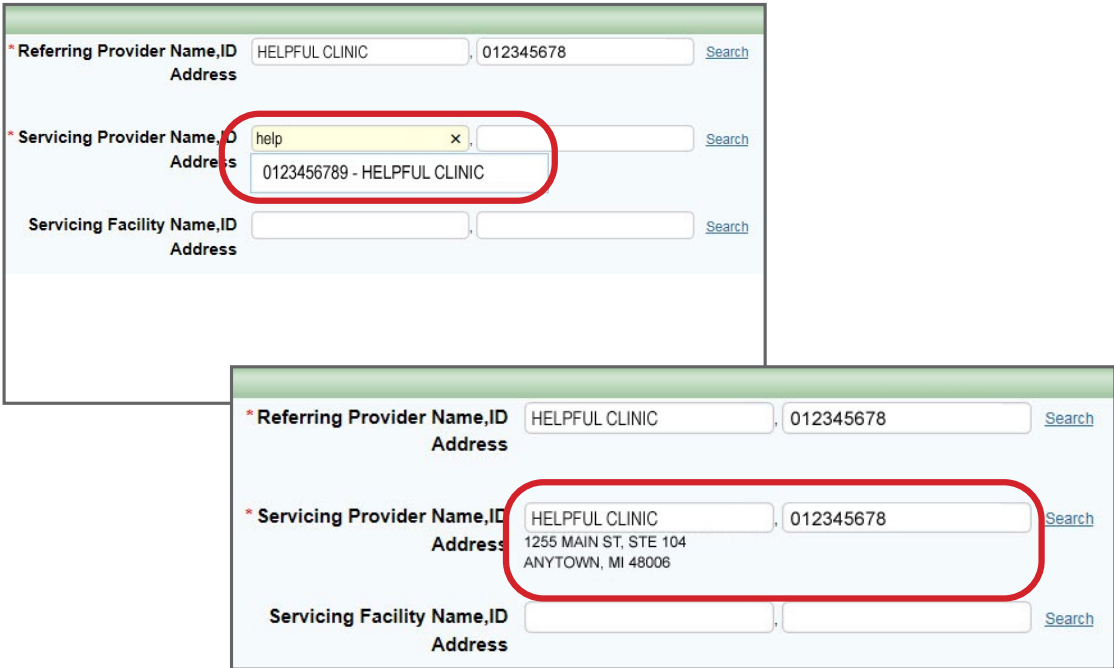
To create a bookmark from within a case:

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



- 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.

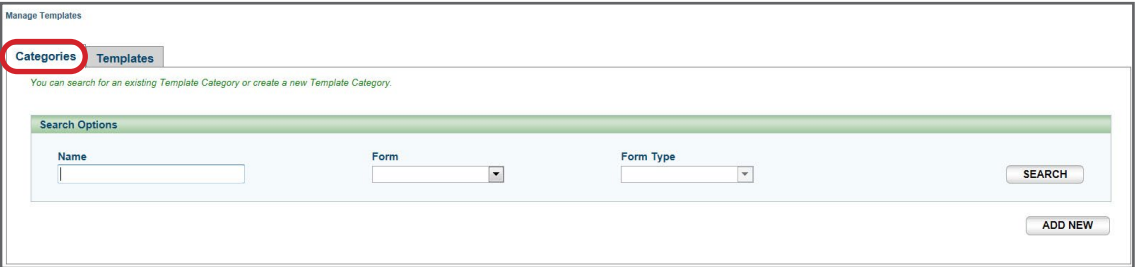


To create a template:

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.

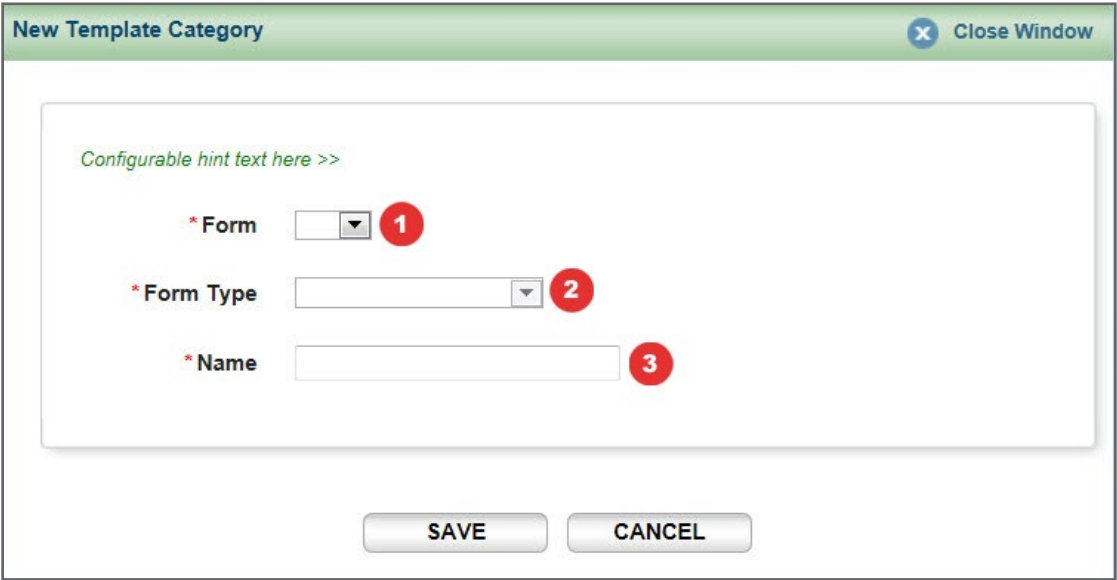
On the Categories tab, you can search for existing template categories or create a new one. **Templates must be stored in categories.** Each category can have only one kind of template form and form type (UM/Referral).

Click the Add New button to begin creating your category.



Templates, cont.

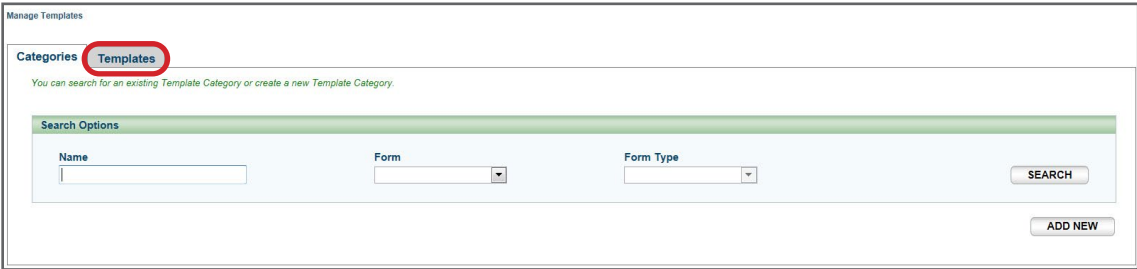
Complete all the required fields (indicated with *). When finished, click Continue.

A screenshot of a 'New Template Category' pop-up window. It has a green header bar with a close button and the text 'Close Window'. The main area contains three required fields, each marked with a red circle containing a number: 1. '* Form' with a dropdown menu. 2. '* Form Type' with a dropdown menu. 3. '* Name' with a text input field. Above the fields is a placeholder text 'Configurable hint text here >>'. At the bottom are 'SAVE' and 'CANCEL' buttons.

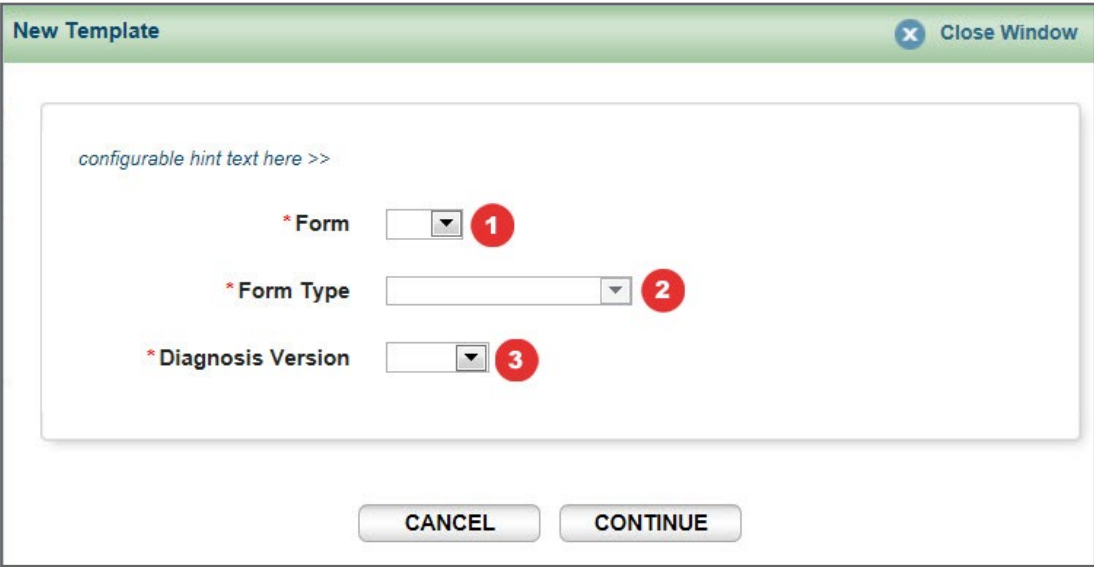
- 1. **Form:** Choose UM from the drop-down menu. **UM = Utilization Management.** UM consists of referrals, inpatient and outpatient authorizations.
 - 2. **Form Type:** Choose Inpatient Auth, Outpatient Auth or Referral.
 - 3. **Name:** Enter a name for your new category.
- Click Save or Cancel. After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

A screenshot of the 'Manage Templates' screen. It has a green header bar with a close button and the text 'Close Window'. Below the header is a 'Categories' section with a red circle around the 'Templates' tab. Below that is a 'Search Options' section with three input fields: 'Name', 'Form', and 'Form Type', each with a dropdown arrow. To the right of these fields are 'SEARCH' and 'ADD NEW' buttons.

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

A screenshot of a 'New Template' pop-up window. It has a green header bar with a close button and the text 'Close Window'. The main area contains three required fields, each marked with a red circle containing a number: 1. '* Form' with a dropdown menu. 2. '* Form Type' with a dropdown menu. 3. '* Diagnosis Version' with a dropdown menu. Above the fields is a placeholder text 'configurable hint text here >>'. At the bottom are 'CANCEL' and 'CONTINUE' buttons.

- 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.

Patient Information

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

USE TEMPLATE

Use Template

configurable hint text here >>

Search Options

Name	Description	Category	SEARCH
Procedure Code	Diagnosis Code		

CLOSE

To use a template when outside a case:

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

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

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

Manage Templates

Categories Templates

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

Search Options

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

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

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ADD NEW

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

Section VII: Behavioral Health Authorizations

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 HealthSM. 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.

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e-referral contact information

For password reset and technical help

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

BCN Utilization Management

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

Blue Cross Utilization Management

For Blue Cross commercial and Medicare Plus BlueSM 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



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authorizations.bcbsm.com