



Correcting or changing an e-referral request for outpatient physical, occupational or speech therapy

TO CORRECT A REFERRAL

Call Landmark Customer Service:

- **To correct the type of service: As an example, when a referral was entered as physical therapy but the member is seeking occupational therapy**
- **To correct the dates of service or diagnosis codes, or if a void is required**
- **To select an independent therapist when the authorization in the system is for the group**

Landmark Customer Service: 1-877-531-9139

TO CHANGE A REQUEST

- The request can be changed in these circumstances:
 - If the primary care physician entered a provider the member will never see
 - If the initial referral was to the wrong location (for the same entity)
 - If the member requests a different provider (due to gender preference, personality conflict, etc.)
- No change in request is required when the covering provider rules* apply.

* Covering provider rules are explained on later pages.

TO CHANGE A REQUEST

(continued)

- **To change the provider:**
 - **Access the e-referral system.**
 - **Enter a new referral under your BCN Provider ID Number.**

Note: It is not necessary to contact BCN or Landmark to change the provider number.

- **Upon receipt of your new referral, all previous referral receipts will be validated and voided – or the dates will be adjusted accordingly, by Landmark.**

***COVERING PROVIDER RULES**

When the primary therapist (the provider who originally received the authorization) is out of the office (on vacation or ill):**

- **Providers of the same specialty can share an authorization to ensure continuity of care.**
- **The primary therapist has the overall responsibility for ensuring that the services rendered are medically necessary.**

**** Note: Authorization is not a guarantee of payment.**

***COVERING PROVIDER RULES**

(continued)

- **The requirements for authorization as a covering provider are met if both the covering provider and the provider who originally received the authorization are:**
 - **Part of the same business entity**
 - **Contracted with the member's BCN, BCN Service Company or BlueCaid health plan**
 - **The same type of therapy provider (Example: A speech therapist must provide the service for a speech therapy authorization.)**

***COVERING PROVIDER RULES**

(continued)

- **If the requirements for authorization as a covering provider are met, you do not need to change the authorization. The covering provider can care for the member while the original provider is on vacation or is ill.**
- **The covering provider must follow the guidelines for the utilization management category of the provider who originally received the authorization.**

Example: The original provider who received the authorization is designated by Landmark as category C, but the covering provider is in UM category A. In this case, the covering provider must follow category C guidelines and submit a treatment plan after the first visit along with a patient-self-reported outcomes assessment survey according to UM guidelines.