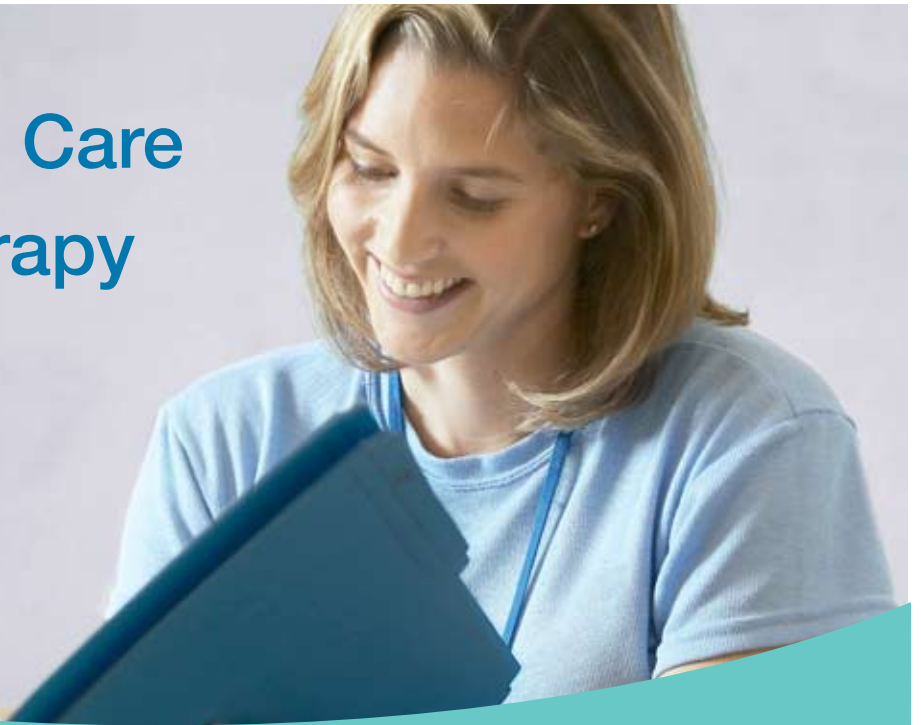


Tips for Blue Care Network therapy providers



Tips for submitting a therapy referral

- Do not submit a new referral if one already exists for the same condition with the current or similar date span. If additional services are needed, please refer to your utilization management requirements.
 - Exception: Do submit a new referral if it is for a different condition.
 - Payment for these services when billed for multiple conditions on the same day is subject to the health care provider's contract.
- All therapy requests submitted should be limited to one evaluation and one visit. If you request more than one evaluation and one visit or if the request is incomplete, the case will pend. If a case pends for any reason, Landmark will make the initial determination within three to five days.

Tips to save time and avoid delays or pends

- Submit initial referrals to BCN with correct codes.
 - Physical therapy — 97001* for evaluation, 97110* for treatment
 - Occupational therapy — 97003* for evaluation, 97535* for treatment

- Speech — evaluation only; use 92506*
- Report therapy service with the GN, GO or GP therapy modifier to indicate the discipline performing the therapy.
- Please specify right or left side and region of the body when requesting therapy.
- To avoid treatment gaps, do not wait to submit treatment plans until current visits have expired.

What to do if a member needs more than one type of therapy

- Some members may need therapy from more than one discipline for the same condition. Providers should work together to coordinate the allocation of the member's therapy benefit.

What to do after surgical intervention

- After a surgical intervention, the member's benefit may renew. Therapy providers should notify Landmark that a member has had surgery by contacting Landmark's customer service team at 877-531-9139.
- Please indicate in I-Exchange comments the surgery type and date of surgery.

continued on next page

How to access letters

- Quickly view and print approval, denial, and request for information letters by logging in to Landmark Connect.

When to call Landmark customer service

Call Landmark Healthcare at 877-531-9139 for help with the following:

- Questions related to the status of an authorization
- Changes or updates to an existing authorization
- Accessing Landmark Connect
- Connecting you with a clinical peer reviewer
- Questions related to Performance Summary Reports and Categorization
- Education regarding the BCN authorization program

Accessing and using Landmark's provider forms

- Treatment Plan form
 - When authorization is required, providers must utilize Landmark's Treatment Plan form.
 - Providers may submit treatment plans through the Landmark Connect portal or by faxing to 888-565-4225.
 - Select the *Admin Resources* tab within the Landmark Connect portal. Treatment plans are located within the *Forms* section.

- Date Extension Request form
 - To extend the expiration date of an existing authorization, submit a request for a date extension. If approved, date extensions will not exceed the benefit period for the patient's episode.
 - Submit a Date Extension Request form online by logging in to Landmark Connect.
 - Forms are located under the *Admin Resource* tab within the Landmark Connect portal. Remember to include the original start date and the new end date with your submission, along with your reason for the request.

Save time by using Landmark's Web site — landmarkhealthcare.com**

- Landmark Connect is Landmark's secure provider portal. Providers can:
 - Submit treatment plans
 - Check the status of electronic and faxed authorization requests
 - Retrieve Landmark's forms and letters
 - Access physical therapy Practitioner Performance Summary reports
- Therapy providers should select Landmark Connect from the *Practitioner* menu to log in or register.

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