

## Requesting Authorization from Brown & Toland

### For the Pelvic Health & Rehabilitation Center Using BT CARE

1. Flowcast
2. BTCare
3. Select patient
4. Authorization/Referrals
5. New Authorization
6. Authorization Type - Outpatient Rehab
7. Requesting Provider – Doctor’s Name
8. Valid from Date – type “T” then “tab” (should populate with today’s date)
9. Valid to Date – type “ T + 60” then “tab” (should populate with date 60 days in the future)
10. Diagnoses – You can enter up to 3 ICD-9 codes.  
The most common diagnosis we use is muscle spasm, ICD-9 728.85
11. Under Requested Procedures – type 97001 for “Physical Therapy Evaluation” and 97140 for and “Manual Therapy Techniques”
12. Please request 4 units of each
13. Provider of Service – type ZZ - Out of Network Provider
14. In Network – should automatically populate with “No”
15. Type of Therapy – Physical Therapy
16. Initial Request – Yes
17. Start Date of Current Treatment – Leave Blank
18. Number of Visits Already Provided – 0
19. Comments – Please include patient’s current medical information
20. Number of Visits Requested – 2 (1 evaluation and 1 follow up visit)
21. Save – upper right corner
22. A reference number will appear
23. Please have patient contact us to schedule