

Primary Care Physician Lock-In Referral

Date of referral _____

This authorizes _____
Provider to whom member is referred

to only provide _____
Description of service: office visit, consultation, surgery

to _____ ID # _____
Patient name Medicaid 11-digit ID

for symptoms and conditions of _____.

Authorized date(s) of service _____ to _____
Referral should not be for more than a 30-day period.

Please contact my office at _____ - _____ - _____ to forward lab results, consultation information and to make prescribing recommendations.

Lock-in provider signature _____

Lock-in provider NPI number _____

Date of signature _____

Lock-In Physician: Retain this referral in the member's file and forward one copy to the provider that the member is being referred. Beneficiary should be provided one copy if prescribing privileges have been referred.

Lock-in Pharmacy: Please verify that prescription privileges have been authorized if this referral is presented. Beneficiary is responsible for prescriptions if prescribing privileges have not been referred.

Privacy statement: This correspondence and any attachments are intended solely for the addressee. The information contained herein is confidential, may be legally privileged or exempt from disclosure pursuant to applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that you have received this communication in error and that any use, review, dissemination, distribution, forwarding or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the Kansas Lock-in Program Manager at 877-542-9235 immediately.

Lock-In Referral Guidelines

1. A written referral is required for non-emergency, outpatient medical services to be performed by another physician or health care professional.
2. The Lock-In PCP must complete the Referral Form and forward it to the referred-to provider via mail, fax or email.
3. Referrals may be written for one day or subsequent days, but should not be written for more than 30 days per each Referral Form.
4. The Lock-In PCP should keep a copy of the Referral Form in the member's record. In addition, the PCP can provide a copy of the Referral Form to the member for purposes of communication and lock-In referral compliance.
5. The referred-to provider must receive the Lock-In Referral Form prior to rendering services and agree to provide only the services requested by the Lock-In PCP. Claims will be denied in the absence of a referral, and member will be responsible for payment.
6. After the requested services are provided by the referred-to provider, a consultation report, including results of any diagnostic test, lab or x-ray, and follow-up or prescribing recommendations should be forwarded to the Lock-In PCP.
7. The referred-to provider must submit a copy of the Lock-In Referral Form with their claim for payment, and the Name and NPI number of the Lock-In PCP must be included on the provider claim.
8. A written referral is NOT required for the following services:
 - a. Transportation
 - b. Home and community based services (HCBS) and Work Program
 - c. Mental health providers
 - d. Durable medical equipment
 - e. Optometrists and opticians
 - f. Radiology and laboratory services
 - g. Inpatient services
 - h. Ambulatory surgical centers
 - i. Skilled nursing facilities
 - j. Psychiatric, rehabilitation, and state institutions
 - k. Home health agencies and hospice
 - l. PT, OT, and ST
 - m. Audiologists and hearing aid dealers
 - n. Targeted case managers
 - o. Nutritionists
 - p. Dentists
 - q. Renal Dialysis Centers
 - r. Pathologists

9. Providers can request assistance if needed regarding Lock-In PCP referrals by calling United Healthcare: **877-542-9235**.
 - a. To request copies of the Referral Form, or for provider training assistance related to making or receiving Lock-In referrals, direct questions to a Provider Services team.
 - b. Direct all questions regarding Lock-In claim submission, or to check the status of a claim to Provider Services team.
 - c. Providers can identify or verify if a member is enrolled in the Lock-In Program by directing questions to the Lock-In Program Clinical team.
10. For suspected Medicaid Fraud or Abuse, providers should contact the Fraud and Abuse Hotline at 866-242-7727.