

**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.*  
*Mental health and on-going pain management should be for no more than six months.*

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.

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## Lock-In Referral Guidelines

1. A written referral is required for non-emergency 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, unless a longer period of time is appropriate (ie, mental health or on-going pain management). The maximum time allowed for any written referral is 6 months.
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. Non-ambulance medical transportation
  - b. Home and community based services (HCBS)
  - c. Community mental health (services only)
  - d. Durable medical equipment
  - e. Vision services (Routine eye exams only)
  - f. Radiology and most laboratory services
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.