



10895 Grandview, Suite 200
Overland Park, KS 66210



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.

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 United Healthcare immediately.

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 (i.e. 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 laboratory services
9. Providers can find additional information regarding the Lock-In process, forms, claims and referrals at to [UHCprovider.com/kscommunityplan](https://uhcprovider.com/kscommunityplan) > Care Provider Manuals > Chapter 04. You may also contact the Provider Services team for assistance regarding the Lock-In PCP referrals and verification of member enrollment by calling UnitedHealthcare Community Plan at 877-542-9235.
10. For suspected Medicaid Fraud or Abuse, providers should contact the Fraud and Abuse Hotline at 866-242-7727.