

Medical Referral Form for Restricted Participants

To help ensure services are used appropriately according to Missouri HealthNet policies, the coordination of care for restricted UnitedHealthcare Community Plan members is limited to a single designated primary care provider (PCP), facility or clinic.

Referrals are required for all UnitedHealthcare Community Plan of Missouri members who are also restricted participants when non-emergency medical services are provided by a physician other than the member's Lock-In PCP. This form must accompany the member at the time of service. The member's Lock-In PCP must:

- Complete and sign this referral form
- Send a copy of the completed referral form to the referred-to care provider
- Give a copy of the referral form to the member

This referral is good only for 30 days from the date of service.

Member name: (Last) _____ (First) _____ (Middle) _____

Member date of birth: _____ **Member ID number:** _____

Member address: _____

Member city: _____ **State:** _____ **Zip code:** _____

Lock-In PCP making referral: _____
(Care provider name) (Phone number)

Lock-In PCP address: _____

Lock-In PCP National Provider Identifier (NPI) number: _____

Lock-In PCP tax ID number (TIN): _____

Lock-In PCP signature: _____

Date of signature: _____ **Date of service:** _____

Reason for referral: _____

Referring to: _____
(Care provider name) (Phone number)

Referred care provider's address: _____

Referred care provider's NPI number: _____ **TIN:** _____

Lock-In referral guidelines

Please follow these guidelines when requesting a referral for UnitedHealthcare Community Plan of Missouri members who are restricted participants of the Lock-In program.

1. A written referral is required for all non-emergency medical services to be performed by another physician or health care professional
2. The Lock-In PCP must complete the Medical Referral Form for Restricted Participants, referred to as the Lock-In referral form, and forward it to the referred-to care provider by mail, fax or email. The Lock-In PCP should keep a copy of the Lock-In referral form in the member's record, and they should give a copy of the Lock-In referral form to the member.
3. The paper or electronic referral is for one date of service and any follow-up care during the 30 days after that date of service. The Lock-In PCP must submit a new referral if care is required after that 30-day period.
4. The referred-to care provider must receive the Lock-In referral form before rendering services and agree to provide only the services requested by the member's Lock-In PCP
5. The referred-to care provider must ensure they have a copy of the Lock-In referral form before delivering services to the restricted participant. The referred-to care provider should include a copy of the Lock-In referral form and the name and NPI number of the member's Lock-In PCP in their claim submission. If the form doesn't accompany the claim, UnitedHealthcare may deny the claim.
6. After the requested services are provided by the referred-to care provider, a consultation report should be forwarded to the member's Lock-In PCP. The report should include the results of any diagnostic tests, labs or x-rays, along with any follow-up or prescribing recommendations.

We're here to help

If you have questions, please call Provider Services at **866-815-5334**, 8 a.m.–5 p.m. CT, Monday–Friday.
Thank you.