



Kansas Medical Assistance Program
P O Box 3571
Topeka, KS 66601-3571
Provider 1-800-933-6593
Beneficiary 1-800-766-9012

LOCK-IN BENEFICIARY REFERRAL

Date of referral _____

This authorizes _____
Provider to whom beneficiary is referred

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

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

for symptoms and conditions of _____.

Referred to physician may prescribe: Yes _____ No _____
It is always recommended the lock-in physician retain prescribing privileges.

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 _____ - _____ - _____, x _____ to forward lab results and consultation information or to make prescribing recommendations.

Lock-in provider signature _____

Lock-in provider number _____
Medicaid 10-digit provider ID number

Date of signature _____

Lock-In Physician: Retain this referral in the beneficiary's file and forward one copy to the referred provider. 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.

The lock-in coordinator can be contacted at the following numbers:

Telephone: 1-800-933-6593
Fax: 785-266-6109, Attn: Lock-In

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Lock-In Referral Guidelines

Except as noted, a written referral is required for ALL situations when services are to be performed by another physician or health professional. Claims will be denied in the absence of a referral, and the beneficiary will be responsible for payment.

1. It is necessary for the lock-in provider to complete a referral form for each professional provider who is authorized to perform services.
2. A referral is required for authorized nonemergent, outpatient physician services performed at a hospital.
3. If subsequent visits or services are to be provided by a specialist to the beneficiary following dismissal from the hospital, it is necessary to complete a referral indicating those services being authorized.
4. The lock-in provider decides whether the beneficiary is going to be referred and to whom the referral is made.
5. Referrals to providers with the same specialty as the lock-in provider and for pain management should be avoided. These types of referrals are discouraged since the intention of the Lock-In Program is to restrict the beneficiary's care only to the lock-in provider.
6. Lock-in referrals should be for services only.
7. The beneficiary needs a referral copy to present to the lock-in pharmacy if medication prescribing privileges are referred. Any prescriber other than the lock-in physician will cause the claim to deny electronically and become the beneficiary's responsibility.
8. A paper pharmacy claim must be submitted when prescribing privileges are referred. Indicate the lock-in physician's ID number in the Remarks field or attach a referral copy to the claim. See the *General Benefits Provider Manual*, Section 2400.
9. Lock-in pharmacies should only write a referral to another pharmacy if a prescription cannot be filled (for example, out of stock).
10. Referrals may be for one day or subsequent days but should not be written for more than 30 days per referral. This practice will require the beneficiary to keep in contact consistently with the lock-in providers.
11. The beneficiary is responsible for payment if the referral is for a noncovered service or to an ineligible (non-Medicaid) provider.

Referrals are required for services from like-type providers.

Referrals are not required for:

- Nonambulance medical transportation
- Home and community based services
- Community mental health (services only)
- Durable medical equipment
- Vision services (routine eye exams only)
- Radiology and most laboratory services