

LAKE COUNTY PHYSICIANS' ASSOCIATION

Referral Training

October 18, 2022

10:00 am

Welcome!

- ☐ Please make sure you enter your name and doctor information when signing in (*Ex: Raissa, Dr. XYX*). *You can edit your information.*
- ☐ If you are signed in by computer and did not enter your name and Dr. information, please use the chat box on the right hand side of the screen to provide details.
- ☐ If you have joined us by telephone only (*non-preferred*), please email rmagpantay@lakecountyphysicians.com and provide the phone number you called from for verification, your name and your Dr. information.
- ☐ You will not receive credit if we don't have your information and the Dr. name for which you are attending.
- ☐ You need to attend the entire presentation to receive credit for this meeting

Future Decisions:

Outstanding questions: auto authorizations, behavioral health referrals, voicemail messages, clinical attachments/cancel cases

Under discussion: for ALL possible solutions with UM committee 11/20; with board approval for any and all solutions 11/28 and then 30-day 12/28 notice. We would be looking for any changes to be Implemented in 2023

More to come.....

Your Helpful Feedback To Consider
LCPA's Lower Membership and Offices Short Staffed

Referral Department

Email: referrals@lakecountyphysicians.com

Raissa Magpantay – Referral Supervisor

Email: rmagpantay@lakecountyphysicians.com

Utilization Management Department

Neemisha Gandhi, BSN, RN

Karen Cole, RN

Nelie Denicola, RN, CCM – Nurse Case Manager

- ❑ LCPA staff have 24 hours to respond to emails.
- ❑ For urgent emails, please flag it and put URGENT on the subject.
Subject: URGENT ____ **or** URGENT/auth #
- ❑ LCPA referral email **or** staff email addresses and phone number(s) are for provider office use only. **Do not share with members.** Members need to contact PCP office with referral authorization issues/questions.
- ❑ ALL Referral questions and concerns should go to referrals@lakecountyp Physicians.com



Authorization Process

*** Check members eligibility prior to entering authorization request ***

- ❑ ALL Authorization Requests must be entered on the EZnet Portal with supporting documents attached to avoid delays in review.
 - a.) For **non-urgent pre-service** determination (*approval or denial*) – within **5 calendar days** from LCPA's receipt of request.
 - b.) For **urgent pre-service** determination (*approval or denial*) – decision is made within 72 hours of the receipt of request. ALL urgent authorization requests should be submitted as EXPEDITED on EZnet.

Both includes the collection of all necessary information; no additional time is allowed for obtaining information

- ❑ ALL emergent requests - must place in Priority Status 1/EXPEDITED, then send an email to referrals@lakecountyphysicians.com with subject line “urgent request” along with the case number.
- ❑ ALL non-emergent authorization requests will be processed in the order they are received. LCPA will not be able to expedite any non-emergent authorization requests.

Authorization Request Instructions

- ☐ ALL Authorization Requests must be entered via EZnet Portal with ALL Supporting Documents must be attached to the authorization requests
- ☐ If you do not have any supporting documents to attach, **please do not enter in EZnet to avoid delay or closure** of authorization requested. *(If we notice continuous missing notes & no response – warning letter, then penalty will be given)*
- ☐ ALL authorizations in Status C (missing notes) or Status 9 (UM Review) – please check back for messages from LCPA. Please do not assume that it will be approved. – *recommended to run status report daily*
- ☐ Auto Approval will work if you use the right POS, Facility and Requested Provider ID
- ☐ **Please do not put PCP name as the “Requested Provider” – this is for servicing specialist or facility**
- ☐ ONLY use Default Provider 9999999, when you are not able to find the provider’s name. Put provider’s name in the note section with his/her specialty. ALL in-network provider should show up when searched.
- ☐ Status K – Inquiry only, used by LCPA when we know that your request will need research and will pass 5 full days. It can also be used if you have an unusual or out of network authorization request.
- ☐ Please enter ALL ICD & CPT code in the appropriate area.

MainSettingsLogout

Wednesday, September 21, 2022 09:38:13 AMWelcome RMAGPANTAY1

ProvidersMembersAuth/ReferralsClaimsReferencesFavoritesGeneral

Home >> Main Menu >> Auth/Referrals >> Auth Submission

Authorization Submission Entry

Company ID:LCPA - LAKE COUNTY PHYSICIANS /

Master Record

Requested Date:9/21/2022Time:09:26:59

Priority Status:0NORMAL

LOS:0

Member ID:

Name:

Service Area:

Authorizing Provider ID:

Service Area:

Requested Provider ID:

Service Area:

Facility ID:

Place Of Service:SELECT A VALUEFrom Favorites

Request Category:

Service Type:

Auth Action:9/21/2022

Auth Expiration:10/21/2022

Authorized Units:0

Healthplan Name:

Gender:DOB:

Requested Units:0

Certification Type:

Additional Master Info

Diagnosis

Diagnosis Code:E11.9Add Diag(Only 12 diagnosis codes allowed)

Number	Code	Version	Description	LOINC Code
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Mark Auth Urgent!

Add Attachments

- Note Section:**
- to enter notes

**Notes to LCPA
Referral staff**

Auth Action: Auth Expiration:

Service Requested

Procedure Code: Service Type:

Auth Procedure Group:

Modifier 1: ☐ From Favorites

Modifier 2:

Modifier 3:

Modifier 4:

Service Line Amount: Line Rate:

Auth Qty: Diag Ref:

Admit Date:

Discharge Date:

Number of Days:

Admit Type:

Admit Source:

Requested Qty:

Request Category:

Certification Type:

Service Type:

Facility Type Code:

Additional Dtl Info	Auth Action	Auth Expiration	Auth Proc Grp	Service Type	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Diag Ref	Admit
<input checked="" type="checkbox"/> Additional Detail Info	<input type="text"/>	<input type="text"/>	<input type="text"/>	89214	P OFFICE O/P EST MOD 30-39 MIN					1.000	1	




Auth Notes

(Click to Enlarge Notes)

MARITZA ENTERED DIABETIC EYE APT

Note Section – to view messages/responses

Authorization Details

Authorization Information

Authorization # :	[REDACTED]	Company ID:	LCPA
Status:	PENDED - MISSING INFORMATION	Requested Date:	09/12/2021
Processed By:		Time:	15:28:40
Place Of Service:	ON CAMPUS OUTPATIENT HOSPITAL	Auth Action:	09/12/2021
LOS:	0	Expiration Date:	12/12/2021
Priority Status:	0 - NORMAL	Authorized Units:	1
HP Authorization #:		Requested Units:	1
Request Category:	1 - PORTAL	Certification Type:	I - INITIAL
Service Type:	62 - RADIOLOGY IMAGING (MRI CT X-RAY ET AL)	Patient Status:	
Decision Date:			
Facility Code:			

Notes for Authorization # [REDACTED]

Subject	Created By	Created Date
NEED NEUROLOGY NOTES STATING NEED FOR BRAIN MRI	16987	9/15/2021 10:00:00
UM REVIEWED	16987	9/15/2021 10:01:00

Patient Information

Patient Name: _____
 DOB: _____
 Age: _____
 Gender: _____
 Memb ID: _____
 Healthplan: _____
 PCP OV Co-Pay: _____
 Service Area: _____

How to create entered authorization report for PCP office

- 1.) Log in to EZnet Portal - <https://eznet.innovistaportal.com/Login>
- 2.) Click first tab on the upper left side “Main”
- 3.) Under “Main”, Go to third tab from the left “Auth/Referrals”
- 4.) Scroll down to “Inquiry”
- 5.) Go to “Requested Date, from & to”
- 6.) Go to “Sort By:” – choose Auth #
- 7.) Go to Referring Provider (PCP office) or Performing Provider (Specialist office), click magnifying glass and look for your primary care provider. For example: Last name “Mouse“, First name “Mickey”. Then search (*it should come up*), then click OK
- 8.) It will take you back to the "Auth/Referral Search" page, then click Search. **It will populate ALL entered requested authorizations**

Main

Settings

Logout

Step 3

Wednesday, March 24, 2021 08:07:47 AM

Welcome RMAGPANTAY1

Step 2

Providers

Members

Auth/Referrals

Claims

References

Favorites

General

Home >> Main Menu >> Auth/Referrals >> Inquiry

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Step 4

Company ID:

LCPA - LAKE COUNTY PHYSICIANS

Auth/Referral #:

Requested Date From:

3/1/2021

To: 3/24/2021

Auth Action Date From:

Auth Exp Date From:

HP Authorization #:

REQUEST TYPE

☒ Authorization ☐ Referral ☐ Both

Member ID:

Status:

Performing Provider ID:

Referring Provider ID:

Auth Priority Status:

Sort By:

Member ID:

Status:

Performing Provider ID:

Referring Provider ID:

Auth Priority Status:

Sort By:

Step 6

Step 5

Step 8

Search

Clear

View Report

Auth/Referral Number	Request Type	Status	Memb ID	Memb Name	Gender	DOB	Healthplan
	A	APPROVED					IL-BC-BP
	A	CLOSED					IL-BC-HMOI
	A	CANCELLED - DUF					IL-BC-HMOI
	A	CANCELLED - DUF					IL-BC-ADV
	A	APPROVED					IL-BC-HMOI
	A	CANCELLED					IL-BC-BP
	A	CANCELLED					IL-BC-BP
	A	CLOSED					IL-BC-ADV
	A	APPROVED					IL-BC-BP

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of 1

1

Total Item(s): 20

☐ Use correct CPT Codes:

- a.) Physical Therapy – 97110, 97161-97162
- b.) Behavioral Psychotherapy – 90834, 90837

☐ Use correct Place of Service:

- a.) NSEC for Colonoscopy & Lindenhurst Surgery Center – POS 24 (Ambulatory Center)
- b.) Vista for Physical Therapy – POS 19 (off campus out patient)
- c.) DME and supplies, Sleep Study – POS 12 (Home)
- d.) Vista (Radiology ex: Ultrasounds, CT) – POS 22 (on campus outpatient)

☐ Use correct Service Type:

Service Type	Description
33	Chiropractic
1	Behavioral
DM	DME/Supplies/Infusion/Diabetic Supplies
62	Rad Imaging -MRI/CT/US/Xray
21	Outpatient Therapy PT/OT/ST
OR	Orthotics/Prosthetics
16	Surgery
4	Chemical Dependency
78	ChemoTherapy

- ☐ When sending questions or concerns regarding an approved/closed/cancelled authorization request please provide us the authorization number or patient name and DOB. *(please highlight and copy the auth # from EZnet)*
- ☐ For multiple requests for MRI's – please enter them separately *(combined request will be sent back)*

Correct way to enter Authorization Request that will be Auto Approved

- ☐ **Requested Prov ID:** – Requested Provider; specialist name or facility who will be providing care or will perform test/procedure *(Do not put PCP name, Do not put the specialist who ordered the test, ex: MRI/CT - you can mention ordering providers name in notes section)*
- ☐ Ultrasound, EKG, Xray, CT Scan at Vista
Place of Service: 22
Requested Provider ID: Vista
Requested Facility ID: Vista
- ☐ Office visit with in network provider(s) – *(with an exception of Pain Specialist, Neurosurgery, Neurology, Chiropractor, Behavioral, Dietician, Plastic Surgery – notes needed, will not auto approve)*
Place of Service: 11 - office
Req Provider ID: Dr. Summerville *(specialist name, not your PCP)*
Req Facility ID: *(should be blank, do not put anything)*

***** If you enter an authorization request correctly, you do not have to wait for LCPA to authorize – it will auto approve *****

Reminder: We do not see auto approved referral requests

Service Type			
ST Code	ST Code Description	ST Code	ST Code Description
1	BEHAVIORAL HEALTH	37	DENTAL ACCIDENTAL
4	CHEMICAL DEPENDENCY	40	ORAL SURGERY
8	HOME HEALTH CARE	45	HOSPICE
9	MEDICAL	54	LONG TERM CARE (LTAC)
10	NEONATAL	62	MRI/CT SCAN
11	OBSTETRICAL	70	GLOBAL TRANSPLANT
12	PEDIATRIC MEDICAL	76	DIALYSIS
13	PEDIATRIC MENTAL HEALTH	78	CHEMOTHERAPY
14	PEDIATRIC SURGICAL	83	INFERTILITY
15	READMISSION	84	ABORTION
16	SURGICAL	AG	SKILLED NURSING CARE
21	THERAPY OT, PT, ST	DM	DME/SUPPLIES/INFUSION
22	CARDIAC REHAB	OR	ORTHOTICS/PROSTHETICS
23	REHAB	WS	BONEY IMPACTED WISDOM TOOTH REMOVAL
33	CHIROPRACTIC	OZ	OBSERVATION

Place of Service		
Code	POS Code Description	Category of Services
11	OFFICE	Physician/dental office, PT/OT/ST, free standing imaging centers, free standing MRI, Abortion
12	HOME	DME, CPAP, Hospice, Home Health
19	OFF CAMPUS OUTPATIENT HOSPITAL	
20	URGENT CARE	Free Standing Immediate/Urgent Care Facility
21	INPATIENT HOSPITAL	Inpatient Medical
22	ON CAMPUS OUTPATIENT HOSPITAL	Outpatient services in a hospital setting (diagnostic, procedure, surgery, Observation , etc.)
23	EMERG ROOM HOSPITAL	ER
24	AMBULATORY SURG CENTER	Same Day Surgery, free standing
31	SKILLED NURSING FACILITY	SNF
32	NURSING FACILITY	Nursing Home
41	AMBULANCE - LAND	Ambulance
51	INPATIENT PSYCH FACILITY	Inpatient Mental Health
52	PSYCH FACILITY PARTIAL HOSP.	Mental health IOP
55	RESIDENTIAL SUBST. ABUSE TRMT	Substance Use Disorder residential
56	PSYCH RESIDENTIAL TRMT CENTER	Mental health residential
57	NON RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY	Substance Use Disorder non-residential
61	COMPREHENSIVE INPAT REHAB	Inpatient Rehab (ex: RIC)
62	COMPREHENSIVE OUTPAT REHAB	Outpatient rehab in a hospital setting
65	END STG RENAL DSE TREATMNT FAC	Renal Dialysis

Authorization Submission Entry

Company ID: LCPA - LAKE COUNTY PHYSICIANS /

Master Record

Requested Date: 7/12/2022 Time: 08:27:26

Priority Status: 0 NORMAL

LOS: 0

Member ID:

Name:

Service Area:

Authorizing Provider ID:

Service Area:

Requested Provider ID:

Service Area:

Facility ID:

Place Of Service: SELECT A VALUE ☐ From Favorites

Request Category:

Service Type:

Auth Action: 7/12/2022

Auth Expiration: 8/11/2022

Authorized Units: 0

Healthplan Name:

Gender: DOB:

Requested Units: 0

Certification Type:

Additional Master Info

Out of Network Authorization

- ☐ Always refer to our in-network specialist first, if our in network specialist is unable to treat, our tertiary providers (**Northwestern/Lurie's Children/Northshore**) may be used if medically necessary. PCP must provide all supporting documents to support medical necessity
- ☐ Out of Network Authorization Requests must include a letter of medical necessity. Example = *Member referred to a Tertiary Facility for a test or procedure not offered in our preferred hospital*
- ☐ LCPA will verify with In-Network Provider/Facility first, once verified we will check our tertiary facility/providers.
** If patient meets criteria and it is medically necessary**
- ☐ Contact LCPA at referrals@lakecountyphysicians.com, if you made any entry errors, need to add/ remove a CPT, DX, etc.
- ☐ If LCPA approved an out of network authorization, it only covers for what is on the authorization. No Labs or Procedures. As PCP office, you need to inform your patient that labs and/or procedures need separate authorization approval.
- ☐ ALL outpatient test ordered by an out of network provider must be done in network

PT/OT/ST Authorization Process

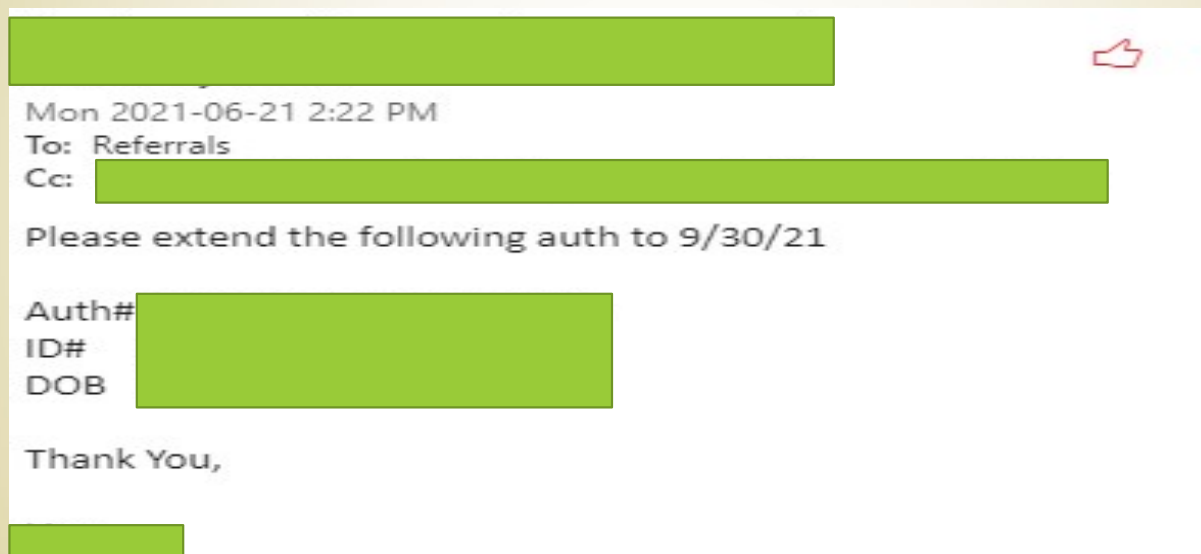
- ☐ Please check your members eligibility prior to requesting extension or updates
- ☐ Physical Therapist must send their notes and request for additional PT visits to PCP.
- ☐ PCP office must email us when requesting for more visits and attach the PT supporting documents to the existing authorization
- ☐ Do not enter in new request when the initial used authorization expires. This auth can be continuous for 1 year, as long as same body part(s) & member has remaining available visits – email us to for extension referrals@lakecountyphysicians.com
- ☐ Each body parts needs to have a separate authorization request. Cannot be added to current approved authorization
- ☐ PT/OT/ST Authorization is for one year (1/1/2022 to 12/31/2022), for continuous therapy beyond 1 year, a new request must be entered by PCP
- ☐ Expired Authorization
 - A.) Less than 90 days – email us to extend *(as long as it is within the 90 days from original entry date)*
 - B.) Must put a new Authorization request if un-used Auth is more than 90 days from original date

Specialist Office Referral/Authorization Instructions

- ☐ ALL Specialist Offices must retrieve authorizations for members referred to them via EZnet
- ☐ If you do not have access to EZnet please email referrals@lakecountyphysicians.com - Do not share your access
- ☐ EKG, EMG & Ultrasounds to be done in your office – need to request an authorization prior to rendering service and provide notes
- ☐ Please provide proper CPT and ICD10 codes when requesting authorization for procedures or tests. Send office notes with your order(s) & specialist additional referral request form to PCP office within 7 days from the members visit
- ☐ STAT Procedure: Reach out to PCP office by phone after faxing order & notes to ensure they received it, to avoid delay.
- ☐ Please do not turn members away because of a.) expired authorization - please contact LCPA, b.) no authorization on hand – pull it from EZnet
- ☐ ALL requests: add on, remove, change CPT/ICD10, **or** extensions - email referrals@lakecountyphysicians.com
- ☐ Expired Authorization:
 - A.) Less than 90 days – email us to extend *(as long as its within the 90 days from the original entry date)*
 - B.) More than 90 days - Must request a new Authorization from PCP office

Details to Include In Email Request

- ☐ Provide Authorization number on the subject line
- ☐ Provide at least one identifier like members name, member id or date of birth
- ☐ State your request (extension, CPT/ICD10 change and/or addition)



Lake County Physicians' Association



Specialist Additional Referral Request Form

If the specialist is recommending any follow up office visits/ additional testing/procedures, then the specialist office should fill this form out and fax it back to PCP. The PCP office will then submit referral to LCPA for authorization if appropriate.

Date: _____

Patient's Name: _____

Patient's DOB: _____

Patient's Insurance ID: _____

Patient's PCP: _____

Insurance Plan: _____ ****Not for use with Humana Gold Plus HMO plans. Please contact Humana directly.**

Specialist Name: _____

Clinical Dx Code (ICD-10): _____

Description: _____

CPT Code(s): _____

Place of Service: _____

of Additional Visits Requested: _____

Additional Information (Ex. Quest or Invitae Lab Codes/ DME codes or specific model/ Conservative treatment already performed): _____

Next Appointment Scheduled For: _____

Date Faxed Back to PCP: _____ By: _____

*** Per LCPA Policy Specialist Notes Must Be Faxed Back to PCP within 1 Week from Date of Service***

Outpatient Test, MRI/MRA, CT, PET, Ultrasound, EKG, Xray

- ☐ ALL outpatient test/procedures goes to our In-network facility **Vista Medical Center**
- ☐ ALL MRI/MRA, PET Scan, Ultrasound guided biopsy, CT guided biopsy – Needs to be reviewed by UM Department for authorization or denial. **ALL supporting documents to support medical necessity must be attached for review**
- ☐ Exceptions = Procedure not done at Vista may be approved to our **tertiary facility** (*Northwestern or NorthShore*) – must meet criteria. We will verify if Vista does not provide test.
- ☐ CT Scan, Ultrasound, EKG, PFT and Xray at Vista will auto approve in EZnet
- ☐ Please refer to Vista Outpatient Order Form - tests that will auto approve vs needs UM review for authorization (*highlighted tests require UM review and authorization approval*)

Behavioral Health Specialist

- ☐ For extension or more visits request please email us: referrals@lakecountyphysicians.com
 - Authorization # *(copy & paste auth # from EZnet)*
 - Providers name
 - Member name & dob
 - Extension date and/or # of visits needed
- ☐ Send LCPA an Outpatient Behavioral Treatment Form when requesting more visits
- ☐ Please respond to LCPA's request – to avoid delay your claim(s) payment.

BH Specialist – please email Raissa (rmagpantay@lakecountyphysicians.com) with your contact information

Lake County Physicians' Association

Outpatient Behavioral Health Treatment Request Form

Fax To: 847-625-6225

IS THIS AN URGENT REQUEST? If yes, please call 847-360-2616 prior to submitting this form.

Patient Name	DOB	Patient ID/Plan	Primary Care Physician
Behavioral Health Provider (BHP)	BHP Phone	BHP Fax	
Diagnosis:		Serious Mental Illness (SMI) _____ Substance Use Disorder (SUD) _____ Non Serious Mental Illness (Non-SMI) _____	
Primary Diagnosis(s) / ICD-9/10 (required)	Axis I	_____	
Secondary Diagnosis (If Applicable)	Axis II	_____	
Medical Conditions	Axis III	_____	
Current Stressors	Axis IV	_____	
Current Functioning (GAF) (required)	Axis V	_____	
How many prior providers has patient had?	0	1	2
	3	4	5
	>5		
How long has patient been in treatment (circle)?	<1 year	1-2 years	3-4 years
	>5 years	# of IP treatments: _____	
Risk Level (circle):	None	Ideation/passive	Ideation/active
			Ideation/impulse
			Plan
			Gesture
			Attempt
			self/other
Impairment:	0/none	1/mild	2/moderate
			3/severe
Mood Disturbance:	0	1	2
Anxiety:	0	1	2
Impulsive/Reckless/Aggressive:	0	1	2
Job/School Performance:	0	1	2
Social Relations/Marital/Family:	0	1	2
Medical/Physical (includes wt change):	0	1	2
Psychosis/Hallucinations/Delusions:	0	1	2
Substance Use/Abuse/Dependence:	0	1	2
			3
			n/a
Type:	Depression	Mania	Mixed
Type & Frequency:	_____		
Current Medications:	_____		
Treatment Progress (circle):	No Improvement	Some Improvement	Moderate Improvement
			Marked Improvement

Please submit TREATMENT PLAN and/or OFFICE NOTES with this form

Type of Service Requested: 90862 90805 90806 90847 Other: _____ # of Sessions Requested: _____

Current Frequency of Sessions: _____ week / month / year (circle)

Date of 1st visit with patient: _____ Date of last visit with patient: _____

Total visits this year: _____ Total visits to date (from start of care): _____

Provider Signature: _____ Date: _____

**Referral is not a guarantee of payment and does not authorize benefits for non-covered services * Eligibility and benefits will be determined at the time the claim is submitted * Members are responsible for knowing their benefits * Any services not indicated on this form will need additional authorization. **



How Specialists Retrieve Authorizations

- 1.) Log in to EZnet Portal - <https://eznet.innovistaportal.com/Login>
- 2.) Click on first tab on the upper left side “Main”
- 3.) Go to third tab from the left “Auth/Referral”
- 4.) Scroll down to “Inquiry”
- 5.) Go to "Auth Action Date, from & to" - FROM *(any date)* and TO *(present date or you can leave it blank)*
- 6.) Go to Performing Provider, click magnifying glass and look for your provider.
For Example: Last name “Mouse”, First name “Mickey”. Then search, then click OK
- 7.) It will take you back to the "Auth/Referral Search" page. Click Search
It will populate ALL referrals from LCPA’s PCPs to the provider you are searching.

Auth/Referral Search

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

Company ID: LCPA - LAKE COUNTY PHYSICIANS
Auth/Referral #:
Requested Date From: 12/1/2020 To:
Auth Action Date From: To:
Auth Exp Date From: To:
HP Authorization #:

REQUEST TYPE
☒ Authorization ☐ Referral ☐ Both
Member ID:
Status: NONE SELECTED
Performing Provider ID: 2270053
Referring Provider ID:
Auth Priority Status:
Sort By: AUTH #

Search

Clear

View Report

Auth/Referral Number	Request Type	Status	Memb ID	Memb Name	Gender	DOB	Healthplan
21030526711105200001	A	APPROVED					
21030426711041900001	A	APPROVED					
21030226710827800012	A	APPROVED					
21030126710827800007	A	APPROVED					
21022826710811700027	A	APPROVED					
21022626711041900001	A	APPROVED					
21022626710821900002	A	APPROVED					
21022526710839200004	A	APPROVED					
21022426710839200002	A	APPROVED					
21022426710827800009	A	APPROVED					

LAKE COUNTY PHYSICIANS ASSOCIATION

P.O. BOX 7669,
WESTCHESTER, IL 60154-7669
P: (800)894-7789 F:

AUTHORIZATION

Receipt: 02/12/2021
Auth Effective: 02/12/2021
Auth Expiration: 05/14/2021

AUTH # : 21021226710816000001
Status: **APPROVED**
Priority: **NORMAL**

PATIENT INFORMATION

Health Plan: IL BCBS BLUE ADVANTAGE COMMERCIAL
Benefit: QMH30
SEX : F

Referring Provider

Requested Provider

Requested Facility

Diagnosis:

N17.9-ACUTE KIDNEY FAILURE, UNSPECIFIED

Proc Code Qty/Visits Description

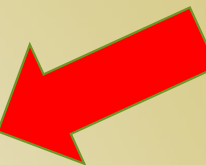
99215 1 OFFICE O/P EST HI 40-54 MIN

SPECIAL INSTRUCTIONS:

F/U WITH DR JOSEPH LEVENTHAL

IMPORTANT NOTICE

This form is an authorization to perform only those specific covered services listed above. Any additional services including but not limited to hospitalization, diagnostic procedures, authorizations to other provider(s), must first be authorized by your participating physician who must complete another authorization request form for the additional services to be provided. Reimbursement for services is subject and limited to member eligibility and benefit coverage at the time of service and what is specifically indicated on the authorization form. Tampering will void this form. Authorizing provider must send or fax a copy of the authorization to the referring provider.



**This is approved
Authorization**

LAKE COUNTY PHYSICIANS ASSOCIATION

P.O. BOX 7669,
WESTCHESTER, IL 60154-7669
P: (800)894-7789 F:

AUTHORIZATION

Receipt: 01/18/2021
Auth Effective: 01/18/2021
Auth Expiration: 02/17/2021

AUTH # : 21011826710839200004
Status: **CLOSED**
Priority: **NORMAL**

PATIENT INFORMATION

Health Plan: IL BCBS BLUE ADVANTAGE COMMERCIAL
Benefit: QLH30
SEX : M

Referring Provider

Requested Provider

Diagnosis:

M54.5-LOW BACK PAIN

Proc Code Qty/Visits Description

97110 1 THERAPEUTIC EXERCISES
99204 1 OFFICE/OUTPATIENT VISIT NEW

IMPORTANT NOTICE

This form is an authorization to perform only those specific covered services listed above. Any additional services including but not limited to hospitalization, diagnostic procedures, authorizations to other provider(s), must first be authorized by your participating physician who must complete another authorization request form for the additional services to be provided. Reimbursement for services is subject and limited to member eligibility and benefit coverage at the time of service and what is specifically indicated on the authorization form. Tampering will void this form. Authorizing provider must send or fax a copy of the authorization to the referring provider.

THIS AUTHORIZATION DOES NOT INCLUDE NON-COVERED SERVICES



This is NOT
approved. This is a
“closed”
Authorization



4189 Grove Avenue * Gurnee, IL 60031 * Fax 847-625-6225 www.lakecountvphysicians.com

Vaccination Process - PCPs

If your office does not stock all vaccines, know that there is a wide variety of providers in network with LCPA that offer vaccination services. To ensure that your patients are receiving the vaccines they need, please see below for the recommended referral process.

PCP Office – Preferred Process

1. If you don't have the vaccine available in your office, you will need to contact other PCP's in network to see if they have the vaccine available. Please see the physician roster on the LCPA website.
2. Once you find a PCP that has the needed vaccine, you will submit a referral through EzNet to LCPA for authorization. Once authorized, provide to the patient the office information of where they will receive their vaccine. Note – there must be an authorization in the system so that the rendering PCP will be paid appropriately.

Walgreens – Last Resort!

3. If there are no providers in network with LCPA that have the vaccine, then you can refer the patient to Walgreens to get the vaccine. A referral must be submitted through EzNet to LCPA for Walgreens for authorization. Once the referral is approved, the patient can go to Walgreens to get the vaccine. This should be a last resort!
4. The patient will pay upfront for the vaccine. Then the patient will send a reimbursement letter request (must have: name, date of birth, insurance id number), along with original paid receipt and copy of the Walgreens vaccine form and send to Innovista, they will process the claim and pay the patient directly.

The claim address is:

**Lake County Physicians' Association
PO BOX 7669
Westchester, IL 60154**

PLEASE NOTE

If you direct your patient to Walgreens and/or another PCP office without following the above steps, **this may result in a penalty. Walgreens should always be the last resort for the patient to receive their vaccine.**



Sleep Study

Two options for Home Sleep Study: Both Need Authorization

1. DRW

- ☐ At Home Sleep Study - Machine will be delivered or mailed to members address.
- ☐ Able to do at Home CPAP Titration
- ☐ Requested Provider & Facility: DRW

2. Vista Home Sleep Study

- ☐ Consultation with Pulmonologist first
- ☐ At Home Sleep Machine to be picked up at Sleep Lab (Vista or Lindenhurst)
- ☐ Not capable of doing at Home CPAP
- ☐ Vista offers inpatient (in lab)overnight sleep study. This is for complex patients only
- ☐ Requested Provider: Pulmonologist's providers name or Vista
- ☐ Facility: Vista

Note: In-Lab (at Vista) sleep study will be reviewed for medical necessity

Chemo & Radiation Therapy

- ☐ The same authorization is to be used throughout the calendar year for the same diagnosis. Do not enter a new request when the initial authorization expires within the calendar year.
- ☐ The initial authorization can be extended for dates and additional visits if medically appropriate. **Must attach supporting documents to the existing authorization.**
- ☐ Radiation Oncology – Dr. Kurup and Dr. Y Mehta (Uropartners) – send member(s) that are starting a new radiation treatment

DME Rentals and Supplies

- ☐ DME - supporting documents must be current. For example: **Do not use a document from 6 months ago. Member must be recently seen by PCP**

NORTH SHORE ALLERGY AND ASTHMA, S.C.
ANTHONY DADDONO, M.D.
PARTHIV SHAH, M.D.

Date _____
PCP: _____
PCP PHONE: _____

PATIENT: _____
PATIENT DOB: _____

Dear Dr. _____,

Your patient above has a diagnosis of _____ ICD-10
code: _____ and we would like to begin treatment with a biologic medication,
_____ and the J Code is: _____.

We will require a referral from you for this medication which is filled through a specialty
pharmacy and delivered to our practice.

We have been advised by LCPA to request a separate referral with only the J Code listed on it.
LCPA has advised us to inform you to list Alliance Walgreens Prime as the provider. If you are
unable to choose the specialty pharmacy as the provider, LCPA suggests that you type this in
the "note" section of the referral.

On an additional referral, we will need CPT 96401 for the administration of the biologic, which
is administered in our practice every _____ weeks.

If you should have any questions regarding the coordination of the referral, please feel free to
call LCPA or our practice to speak with a member of our nursing team.

Thank you for your time in this matter.

Dr. Anthony Daddono and Dr. Parthiv Shah

☐ Allergist Visit and/or Injections

- We give qty 4 for 4 months max

☐ After the initial visit, the Allergist office will
send request to PCP office if needed: 2 separate
request must be entered:

- The actual medicine (Xolair – J2357) to
Walgreens Specialty Pharmacy
- Visit/Administration for biologics (96401)

Please note: The specialist office fills out the
Walgreens Specialty Form and sends it to
Walgreens together with the approved
authorization

[illegible]

- ❑ **Specialty Injectable Medication (*not stocked in office*)** – Goes to Walgreens Specialty Pharmacy
 - PCP office must enter authorization request in EZnet and attach all supporting documents
 - Authorization request should only have the medication cpt code (J), with quantity of 4.
 - once approve we will extend the auth to 4 months.
 - **Specialist office fills out the Walgreens specialty form and sends it to the number on the form and copy of the approved authorization**
 - Another authorization must be entered for the administration visits.



4189 Grove Avenue * Gurnee, IL 60031 * Fax 847-625-6225 www.lakecountypphysicians.com

Infertility Checklist

PLEASE INCLUDE FOR BOTH PARTNERS:	DATE
• History and Physical Within Last 6 Months	
• Semen Analysis	
• Pap Smear	
• Cervical Cultures	
• Medical Endocrine Workup (such as thyroid functions and protection)	
• Chlamydia Cultures	
• Women older than 36 (6 month time-frame instead of 1 yr applies)	YES / NO
• The presence of voluntary sterilization (such as vasectomy or tubal ligation) for either partner	YES / NO
• Successful Reversal of Sterilization <ul style="list-style-type: none"> • Female: Evidence of dye penetrating at least one fallopian tube on a, hysterosalpingogram • Male: Sperm count: ≥ 39 million/ml; motility: $\geq 40\%$, normal morphology: $\geq 4\%$ 	YES / NO
• Inability to conceive after one year of unprotected sexual intercourse. Unprotected sexual intercourse means sexual union between a male and female, without the use of any process, device, or method that prevents conception, including but not limited to oral contraceptives, chemicals, physical or barrier contraceptives, natural abstinence, or voluntary permanent surgical procedures. Such union should include appropriate measures to ensure the health and safety of sexual partners.	YES / NO

Infertility Request

- ☐ PCP /Obgyn office must enter the request in EZnet & attach all supporting documents
- ☐ UM Department must review authorization request to see if meets criteria
- ☐ Must use Winfertility specialists only
- ☐ PCP/Obgyn office must follow the Infertility Checklist
- ☐ All documents must be within 6 months from the date of authorization request
- ☐ Include the completed Infertility Checklist with your attachments
- ☐ Use correct service type code 83



MRI Authorization Request Process

- ❑ LCPA has total of 5 days to review non expedited authorizations for approval or denial of authorization request
- ❑ LCPA has 72 hours for expedited authorization requests
- ❑ Our Utilization Management team will review and determine whether the request meets criteria or not
- ❑ Please do not enter authorization request if you do not have all necessary supporting clinical documents
- ❑ Authorization request without proper documentations will delay and put your request on hold until all clinical documents are received within 5 days
- ❑ It is crucial to check the note section for any messages from LCPA regarding your request

Supporting documents are:

- Recent PCP clinical notes (*Relevant history & Physical Examination*)
- Recent Specialist Clinical Notes (*Related to authorization request*)
- Prior Imaging results (*X-rays, CT, or US; that are related to authorization request*)
- Conservative Treatment notes (*Physical therapy or Pain management notes*)

All supporting documents must be from at least 3 months from requested date of authorization



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MRI Authorization Request Guide

LCPA Clinical Staff review all MRI requests to ensure that medical criteria is met. LCPA uses Apollo, CMS and Insurance Carrier guidelines and criteria. Criteria is available upon request. To ensure that MRI requests include all pertinent criteria, please be sure to attach all supporting documents described below.

Do not enter an authorization request if you do not have all necessary supporting clinical documents! Offices with more than 3 requests per month without documentation, i.e., closed, will receive a penalty.

Supporting Document Description	Notes Attached Yes/No
Reason/diagnosis for request is clearly documented	
Most recent PCP clinical notes (Relevant History & Physical Examination)	
Most recent Specialist Clinical Notes & Order. Evaluation/Clinical notes by Ortho/Pain Management/Neurosurgeon	
Prior Imaging results (has patient had an X-ray or MRI previously)	
Conservative Treatment notes (NSAIDs, physical therapy, home exercise program)	

PLEASE NOTE: MRI requests should be submitted prior to the member receiving services

- LCPA has total of 5 days to review, approve or deny authorization request
- LCPA has 72 hours for expedited authorization requests
- Authorization requests without proper documentations will delay and put your request on hold until all clinical documents are received within 5 days
- It is crucial to check the note section for any message from LCPA regarding your request
- Most recent means within the past three months



Organ or Tissue Transplant Authorization Process

a.) Initial consultation and evaluation needs an authorization. PCP needs to enter authorization request and attach all supporting documents (*PCP and/or Specialist notes*)

b.) **All imaging and/or lab tests ordered by transplant surgeon must be done in network** (*Vista or Quest*)

Once, Transplant Facility accepts the member as a candidate for transplant surgery:

a.) They need to provide a letter indicating specified type of transplant, candidate meeting criteria and acceptance, diagnosis and cpt code. Must be on a facility letterhead, sign and dated.

b.) PCP will need to write a letter regarding his/her approval with the transplant surgery. Must indicate the type of transplant and the facility name. This must be on a letter head, signed and dated.

c.) PCP must enter an authorization request for the actual surgery. ALL notes, test results, letter from facility and PCP must be attached to the request. **Missing information will delay the process**

Bariatric Surgery Authorization Process

For a member to be considered eligible for benefit coverage of bariatric surgery to treat morbid obesity, the member must meet the following **three criteria**:

1. Diagnosis of Morbid Obesity, defined as a:

- Body mass index (BMI) equal or greater than 40kgs **or**
- BMI equal or greater than 35kg with at least 1 of the clinically significant obesity-related diseases or complication: HTN, Dyslipidemia, Diabetes, Coronary Heart Disease, Sleep Apnea, Osteoarthritis in weight bearing joints

2. Documentation from the requesting surgical program

- Documentation from the surgeon attesting that the patient has been educated in and understands the post-operative regimen, which should include ALL of the following components:
 - Nutrition program, which may include a very low calorie diet or a recognized commercial diet-based weight loss program; AND
 - Behavior modification or behavioral health interventions; AND
 - Counseling and instruction on exercise and increased physical activity; AND
 - Ongoing support for lifestyle changes to make and maintain appropriate choices that will reduce health risk factors and improve overall health; AND
- Patient has completed an evaluation by a master's level or higher behavioral healthcare provider acting within the scope of their licensure under applicable state law, within the 12 months preceding the request for surgery

3. Documentation of weight loss of at least 9-10lbs since the initial evaluation for consideration of bariatric surgery

- **Adult evaluation** should document:
 - The absence of significant psychopathology that would hinder the ability of an individual to understand the procedure and comply with medical/surgical recommendations, AND
 - The absence of any psychological comorbidity that could contribute to weight mismanagement or a diagnosed eating disorder, AND
 - The patient's willingness to comply with preoperative and postoperative treatment plans.
 - 6 months weight loss log by PCP

Authorization Denial Process

- ☐ An authorization request is sent by PCP office and reviewed by the UM department. The office will be notified if it did not meet criteria. LCPA will notify PCP office via message on EZnet for the request.
- ☐ Possible denial reasons are:
 - Not meeting criteria
 - Out of network
 - Not met medical necessity
 - Noncovered benefit
- ☐ The PCP must be in agreement with the denial before it can be processed. PCP will need to document that they are in agreement with the denial. If PCP does not agree with a denial decision, then the denial cannot be issued. A possible peer to peer with LCPA medical director may be needed.
- ☐ The statement “PCP is in agreement with the denial of services to...” should be placed in the notes section in EZnet that is documented by PCP staff. It can also be documented in the PCP clinical notes from the member’s visit.
- ☐ All clinical documents from PCP for the most current visit and Specialist notes must pertaining to the requested referral/denial, must be attached to the authorization for review and processing.

Continuation...

- ☐ LCPA will provide notification of the denial within the required timeframe to the member and the PCP office
 - BCBS - 5 calendar days for a standard referral
- ☐ If LCPA has requested more information and it is not provided in the required time frame, the authorization will be closed due to insufficient information. A new request for authorization will need to be submitted. A denial cannot be processed without PCP being in agreement and clinical attached for review.
- ☐ Please make sure staff is aware and complies with this process. A penalty may be issued for staff or office not following the UM process.
- ☐ LCPA will mail the denial letter to the member. The PCP office will receive a copy of the letter in the documentation section of EZNet to provide to the member for review.

Examples of Denial

- ❑ Out of network provider requested when in network provider is available
 - Reasons for using out of network:
 - Member seen provider **or** had surgery in the past – prior to being effective with LCPA insurance
 - Member research and found provider of their choice
 - Member refused to see our in network provider(s)
 - Using workers comp policy
 - Want to personally pay out of pocket

- ❑ Non covered services or not in benefit such as cosmetic surgery



How to Guide for Denials

LCPA must meet NCQA and BCBSIL denial requirements. This guide is meant to be a reference to help staff meet audit requirements for denials. LCPA Clinical Staff review authorization requests to ensure medical criterion is met using Apollo, CMS or Insurance Carrier criteria. All criterion is available upon request. A denial will be issued if the PCP is in agreement that criteria has not been met. To ensure that denial requests include all pertinent information, please be sure to attach all supporting documents and follow the steps described in the table below.

Please note: requests MUST be submitted PRIOR to the member receiving services!

Supporting Document Description	Check
<p>Reason/diagnosis for request is clearly documented.</p> <p>Examples of some, but not all, denial reasons; services did not meet medical criteria, services were from an out of network provider, member wants to use workers compensation insurance, member wants to use auto insurance coverage, member is requesting coverage for a service that is not a covered benefit, member wants to pay out of pocket, member was court ordered to obtain services, etc.</p>	
<p>Most recent PCP and Specialist clinical notes that reference the requested services are uploaded to the case in <u>EZcap</u>.</p> <p>Relevant History & Physical Examination of most recent visit within the occurred within the past three months.</p> <p>All clinical documents from PCP's most current visit, i.e., within the past three months and Specialist notes, if applicable, pertaining to the requested referral/denial, must be attached to the authorization for review and processing.</p>	
<p>In the <u>EZcap</u> notes section it states that "PCP is in agreement for a denial to" by the requesting PCP office.</p> <p>The PCP <u>must</u> be in agreement with the denial before it can be issued. PCP will need to document that they are in agreement with the denial in <u>EZcap</u> note. If PCP does not agree with a denial decision, then the denial cannot be issued. A possible peer to peer with LCPA medical director may be needed if the PCP is not in agreement.</p> <p>The statement "PCP is in agreement with the denial of services to," should be typed in the notes section in <u>EZcap</u> - this is documented by PCP staff.</p>	

Timing: LCPA has 72 hours for urgent requests and 5 days for standard requests to review, approve or deny.

Notification: LCPA will provide notification of the denial to the member and the PCP office.

Insufficient Information: If LCPA has requested additional information and it is not provided in the required time frame, the authorization will be closed. A new request will need to be submitted.

Penalty: Please make sure staff is aware and complies with this process. A penalty may be issued for staff not following the UM process.



Member Initiated Referral

A member initiated referral is when the member is requesting for a provider, facility or services. These can be in-network or out of network requests.

- a) PCP must review the request and agree or disagree with the medical necessity to the member-initiated request.
- b) Authorization Request needs to be entered in EZnet.
- c) PCP office must identify that the authorization request is a member-initiated referral by putting it on the notes section.
- d) If the PCP does not agree with the request, the referral will go through the denial process. The PCP office needs to write on the notes in EZnet that “PCP is in agreement with denial for this request.”

Examples of Member Initiated Referral Requests:

- Member requested to see an out-of-network provider that they have been seeing before being effective with LCPA Insurance plan
- Member requested to see out-of-network provider because they do not like the in-network providers we have
- Member requested to have their test/procedures done in an out of network facility because they had all their previous test and procedures done there
- Member requested to have an Imaging rather than following providers order of conservative treatment
- The member has been going to an out-of-network provider and PCP DID NOT write an order or direct the Care, PCP office should not try to enter in a retro request. They can, however, put a request for us to deny all future dates. *(By entering Retro request, PCP was aware of the situation prior to member going or getting test done from an out of network provider/facility – if this is the case go to the information about the penalty process)*

Reasons why provider gets penalty

- ☐ Not following the UM process
- ☐ Member was given a hand written script or generic referral order – member used an out of network provider, facility or lab company.
- ☐ Member was given a generic order for Diagnostic Radiology (MRI or guided CT or US guided) member received service but the requested auth got closed (*no supporting document or no response from PCP*)
- ☐ PCP office entered authorization request for MRI, Pet Scan, or out of network provider but request got closed
- ☐ PCP assuming authorization request are being approve without verifying in EZnet.
- ☐ When member(s) lab test was drawn in office but sent to an OON Lab company
- ☐ Specialist office not checking whether the procedure they are ordering/requesting needs an Authorization.
- ☐ Scheduled surgery in an out of network facility without an approved authorization

Other reason(s) why LCPA Providers may receive a penalty

Note: If a member was mistakenly given an order to an OON provider for any of the 1-5 reason(s) listed below, please put authorization request in EZnet & request for us to deny, **BEFORE member receives the service.**

PCP Orders to a nonparticipating LCPA Provider for the following reasons:

1. Member stated they have workers comp - but then workers comp doesn't pay the claim
2. Other primary insurance, but then primary insurance doesn't pay claim
3. Member says they will pay out of pocket but then changes their mind after receiving the bill
4. Motor Vehicular Accident (MVA) - but then auto insurance doesn't pay the claim
5. Provider thought member was covered under PPO or other medical group/other insurance company and didn't realize they were LCPA

Important Information to share

- ☐ Always check your member's eligibility and existing authorization prior to requesting authorization and/or extension
- ☐ Dialysis Authorization – We do not give 1 year authorization; after 6 months please send dialysis notes for more visits
- ☐ Any out of network specialist/tertiary facility approved authorizations only covers services in the timeframe on the authorization.
- ☐ We do not extend Authorizations that expired over a year ago
- ☐ Request your patient to call you after their visit to the OON Provider. We need to ensure the OON provider hasn't ordered imaging or is trying to refer them to another OON specialty or facility.
- ☐ Behavioral Health Specialists - Alan Hirsch MD and Shiraz Butt MD are hospital based only. They do not see members in office. Details are provided within the provider roster.
- ☐ DME (Cpap, Oxygen, Nebulizer):
 - Home Medical Express
 - Total Home Health (WI members)
- ☐ Diabetes Supply Company:
 - Edgepark Medical Supplies
 - Byram Health Care

❑ **Member(s) in need of Hearing Aid** – PCP office must enter authorization request in EZnet & attach all supporting documents

❑ **New LCPA Specialist Providers:**

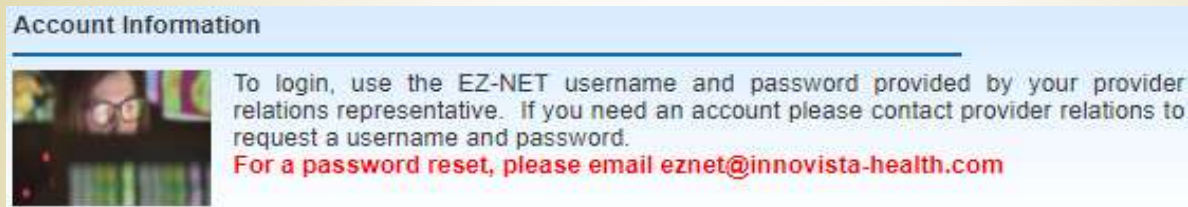
- Stacey Van Zeyl – Exercise Physiologist at Vista
- Julie Palumbo, LCSW – Therapy Tree
- Elizabeth Fetscher - Audiologist with Hearing Associates
- Mia Galioto, MD – Psychiatrist with Ray of Hope (5years & up)
- Dan Levin, MD – IBIJ, specialized in Pain Management

❑ **Endocrinologist** – *We are looking for a new provider at this time.* For now, we can use Northwestern Medical Group Endocrinologist (list below) and Pediatric Endocrinology – refer to Lurie.

- Disha Narang, MD
- Harjyot Sandhu, MD
- Jacqueline Leigh Cartier, MD
- Wenyu Huang, MD

EZNet user login issues: Locked out or Password reset

- ❑ **Do not call or email LCPA, we are not able to help.** Email Innovista: eznet@innovista-health.com include your username in the email
- ❑ Password resets are typically completed within 1-3 hours



New user EZnet access

- ❑ Email: referrals@lakecountyphysicians.com - an excel form will be sent to you to fill out and return
- ❑ New user requests are typically completed within 5-7 business days

EZNET ACCESS FORM

[illegible]



OFFICE STAFF MEETING – DEC 10, 2022 AT 10 AM

EACH PROVIDER MUST ATTEND 1 OUT OF 3 MEETING PER YEAR
OFFICE STAFF MUST ATTEND 3 OUT OF 9 MEETINGS PER YEAR

