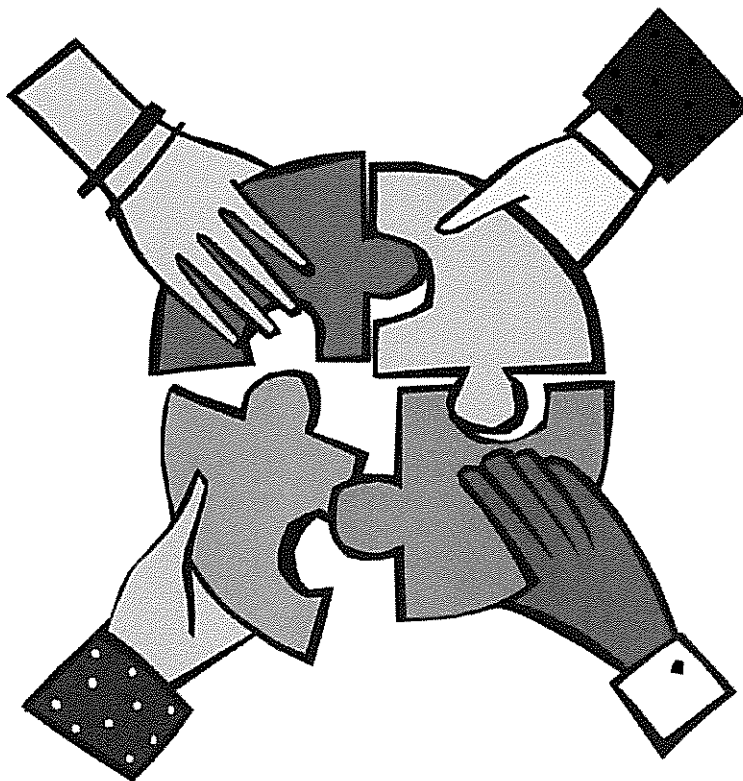


Lake County Physicians' Association



Referral Guide 2017

Updated 8/21/2017

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****LCPA Website Password: lcpa2012 ****

Lake County Physicians' Association (LCPA) Introduction

In this guide, you will find helpful reference documents involving the LCPA Referral Process. Some less referenced medical policies are not included in this guide, so please contact LCPA for additional information.

LCPA's Utilization Management (UM) Department Contact Information:

Carrie Hayes - Referral Coordinator

Phone: 847-360-2616

Fax: 847-625-6229

chayes@lakecountyphysicians.com

Barb Loeffler –UM Coordinator/ Operations Support

Phone: 847-625-6007

Fax: 847-625-6229

bloeffler@lakecountyphysicians.com

Neemisha Gandhi BSN, RN, CCM- Inpatient Nurse Case Manager

Phone: 847-360-2341

Fax: 847-625-6232

ngandhi@lakecountyphysicians.com

Karen Momberger RN- Outpatient Nurse Case Manager

Phone: 847-360-2358

Fax: 847-625-6232

kmomberger@lakecountyphysicians.com

Kim Reich - Privacy & Compliance Officer

Phone: 847-360-2883

Fax: 847-625-6232

kreich@lakecountyphysicians.com

Brittany Harlow MJ, BSN, RN, CCM – Director of Medical Management

Phone: 847-360-2436

Fax: 847-625-6232

bharlow@lakecountyphysicians.com

Karen Kness – Executive Director

Phone: 847-625-6062

Fax: 847-625-6225

kkness@lakecountyphysicians.com

LCPA UM Referral Role Function

Barb Loeffler – Provider Credentialing/ BCBS Chart Pre-Audit/ UM/QI Study Support
When to reach out to Barb: BCBS notifies your doctor of an on-site chart audit, Your Provider is retiring/ Changing contact information, Follow-up call to member after ER/Immediate Care visit

Carrie Hayes – Referral Coordinator
When to reach out to Carrie: Referral Question, Authorization Adjustment Request, and Request for More Information, Finding an In-Network or Higher Level of Care Provider, Request additional copies of LCPA Referrals

Karen Momberger RN– Outpatient Nurse Case Manager
When to reach out to Karen: PCP wants to refer BCBS member to LCPA Complex Case Management, Case Management or Disease Management Program (Care Coordination)

Neemisha Gandhi BSN, RN, CCM- Inpatient Nurse Case Manager
When to reach out to Neemisha: Member is inpatient at a hospital and needs discharge planning referrals, Member calls to let PCP know they are at an out-of-network hospital

Kim Reich - Privacy & Compliance Officer
When to reach out to Kim: Member Complaints, HIPAA breaches, Member is noncompliant with PCP plan of care and PCP would like to start ask out process.

Brittany Harlow MJ, BSN, RN, CCM – Director of Medical Management
When to reach out to Brittany: Medically Urgent Referrals, Complex Patient Situations, Complex Time Sensitive Member Needs, and Inpatient Hospital Needs

****If your doctor would like a copy of LCPA's
UM Plan or Apollo Medical Criteria, please
contact Brittany Harlow****

For any needs not addressed above, please contact Barb Loeffler, and she will direct you to the appropriate person. Thank you!!

LCPA Referral/Information Guidelines

The information below is an overview of the forms that LCPA uses in order to review, process, and authorize all referrals.

LCPA Referrals 101 Guide – Basics of LCPA, what referral information is needed, and how to complete a referral. The more information we have, the better patient care we can give. LCPA does not do referrals for HMOx/ Humana Gold. You must go to Humana directly.

Preferred Provider Grid – List of in-network preferred providers that LCPA has contracted with by medical plan.

Pre-Certification Protocol and Contact Grid – A cheat sheet indicating if an authorization is required or paper referral only. Explains what medical record documentation the PCP office must submit for LCPA to authorize the referral depending upon the service and medical plan.

LCPA Referral Process Letter to HMO Member – A letter that the offices can give to their members regarding their HMO, the referral process, and the time involved in getting the referral authorized.

Specialist Additional Referral Request Form –The specialist sends this form to the PCP for additional testing/procedures after the visit. LCPA created this document to help clarify the additional services being recommended by the specialist to the PCP. As of 9/1/2017 this form is required to be submitted to the PCP. **Specialists please fax this form to PCP, not LCPA.**

Behavioral Health Treatment Request Form – This form is completed by the BH provider to request additional sessions. This form can be faxed to the PCP, if there is a signed consent from the member, and then submitted to LCPA. It can also be submitted directly to LCPA if the member does not want PCP involved in mental health/Substance Use Disorder care.

Vista Outpatient Order Form – This form is completed by the doctor and given to the patient. The starred items will need to be submitted to LCPA with a referral and clinical notes for authorization.

Authorization Adjustment Request– This form is completed by the PCP when there is already an LCPA authorization and the authorization needs to be extended, date of service needs to be changed, codes need to be added or removed, or the place of service or provider has changed.

Request for Information – This form is completed when the PCP is unsure of where to direct care and would like LCPA to make in-network suggestions. Example: In-network DME company, higher level of care, or second opinion specialist.

Home Medical Express Form – To be completed by the PCP and faxed to HME. If products or equipment are not on form, please send the referral with clinical notes to LCPA for authorization to ensure the DME is a covered benefit and criteria is met.

Byram Healthcare Breast Pump Form– Information on Breast Pumps and the order form that needs to be completed and faxed to Byram. The product is shipped to the patient. A referral with clinical notes also needs to be submitted to LCPA.

Edgepark Diabetes Testing Supplies – (Covered under the member's DME benefit) Edgepark will supply glucose meters and DM testing supplies. The PCP office will need to use the fax cover sheet on page 33 and order form on page 34. No authorization from LCPA is needed.

Referral Closure Letter- If LCPA does not receive the additional information or medical notes requested to be able to complete a referral, a Referral Closure Letter will be sent to the PCP and the member. It does not authorize or deny services. The PCP may resubmit a new referral with clinical notes after a case has been closed.

Bariatric Surgery Log/Guidelines – The member's plan of care, progress, and changes should be documented on the log per the guidelines and submitted to LCPA with all clinical notes. It is recommended to contact LCPA at the beginning of the member's bariatric workup to ensure compliance with the Bariatric Policy.

MRI Policy – These are guidelines that need to be met before an MRI can be authorized by LCPA.

Genetic Testing Referral Pathway- Invitae is LCPA's preferred lab for genetic testing. The pathway to getting genetic testing will need to be authorized by LCPA.

LCPA No-Precertification Policy – Infusions have been removed from the no-precertification list and now need LCPA authorization.

Varicose Vein Management Policy – PCP is now required to submit documentation of conservative treatment prior to sending to a vascular surgeon.

Standing Referral Policy – PCP can request a referral for up 3 months for in-network chronic disease management.

****NEW** Primary Care Physician and Specialist Referral Communication** – As of 9/1/2017 the specialists are required to submit the **LCPA Specialist Additional Request Form** back to the PCP for any additional services within 7 days, unless the specialist EMR contains ALL of the information on the LCPA Specialist Additional Request Form.

****NEW** Imaging for Low Back Pain Policy** – There is currently a BCBS QI Study monitoring any imaging (i.e., X-ray, CT scans, MRI) done within the first 28 days for a diagnosis of lower back pain. Avoiding imaging for patients when there is no clinical necessity can prevent unnecessary harm and unintended consequences to patients and reduce health care costs.

****NEW** In-Office Injection Policy** – Injectable medications costing greater than or equal to \$1000.00 injected in the doctor's office shall require prior authorization by Lake County Physicians' Association.

****UPDATED** LCPA Penalty Policy** – Penalty Policy was updated to reflect new \$100 monetary value upon receipt of first penalty.

Please fax or email any questions you have to LCPA Referral Department.

For any referral questions and concerns, please contact:

Carrie Hayes, LCPA Referral Coordinator

Phone: 847-360-2616

Fax: 847-625-6229

Email Address: Chayes@lakecountyphysicians.com

SIGN UP FOR ACCESS TO ARCADIA TO VIEW STATUS OF LCPA REFERRALS

When you sign up for access to Arcadia your office will be able to see if a referral has been processed by LCPA and you will be able to print a copy referrals.

Step 1: Go to <http://www.arcadiasolutions.com/> and click on **Provider Login** in the upper right corner of the screen.

Step 2: Click on **Register Now**.

Step 3: Enter Primary Tax ID.

Step 4: Fill out Provider Registration Form. Medical Group Access Request = Lake County Physicians' Association. You will need an email address to be connected to your account.

Step 5: Review submitted information and confirm request for access. You will get then get the following message: "Thank you for registering with Arcadia Healthcare Solutions to access your IPA provider account information. Your registration is almost complete. Your Provider Relations Network Consultant needs to connect your account to the appropriate medical group. You are only a few steps away from obtaining access to your account 24 hours a day 7 days a week. You will receive a registration confirmation via email once your login has been activated."

CUSTOMER SERVICE/ CLAIMS (BILLING ISSUES)/ ELIGIBILITY

Please contact Arcadia: (800) 894-7789

Fax Numbers to Arcadia Appeals and Claims: (815) 962-5990



Lake County Physicians' Association Referrals 101

www.lakecountypphysicians.com

What is an IPA?

- ▶ An IPA is an Independent Physician Organization that is a legal entity organized and directed by physicians in private practice to negotiate contracts with insurance companies on their behalf. Participating physicians are usually paid on a capitated or modified fee-for-service basis.
- ▶ A Health Maintenance Organization (HMO) is a type of health plan that gives members access to certain doctors, hospitals, and service providers that have contracted with the HMO, often called an in-network provider.
- ▶ Lake County Physicians' Association is an IPA contracted with BlueCross BlueShield and Humana to do Utilization Management (UM) for their HMO members to help keep the members in-network when appropriate.
- ▶ Humana does an annual audit and BlueCross BlueShield does biannual audits of our UM Process. LCPSA must pass these audits so that our doctors can continue to see our members.

Who Sets the Audit Rules?

There are many quality control entities for health care in the United States. The Federal Government is often the leader to set quality standards that are ever evolving.

Example: BCBS follows NCQA guidelines. When NCQA sets a new higher standard, BCBS and all its contracted entities (**LCPA**) must change with it to continue to work in the health care arena.

What is a referral, and who can do them?

- ▶ A referral is a document from the PCP requesting additional services for patients such as a specialist consult, diagnostic testing, DME, and other medical services. Some referrals are paper referrals only, and other referrals need to be sent to LCPA for authorization. There is a 5 calendar day turn around time for referrals.

(Please reference LCPA Referral Form and Referral Process Letter to Member)

Q: In LCPA HMO does every covered referral have to come from the PCP?

A: YES! The PCP is the “gatekeeper” and directs all patient care.

Q: Will a retro referral be approved?

A: A Retro Referral Policy is being reviewed by our UM Committee currently, and these referrals will be handled on a case by case basis.

How do I know what needs an LCPA AUTH?

LCPA created a 2017 Pre-Certification Protocol and Contact Grid as a cheat sheet.
If you have additional questions please contact Carrie at 847-360-2616.

(Please reference Grid)

- ▶ Q1: Does an MRI need an LCPA auth?
- ▶ Q2: Does referral to in-network cardiologist need an auth?
- ▶ Q3: Does referral to in-network neuro need an auth?
- ▶ Q4: Does Substance Use Disorder need an auth?
- ▶ Q5: Does Physical Therapy need an auth?

How do I know what providers are in-network?

- ▶ Please use LCPA Roster for in-network providers. LCPA also created a 2017 Preferred Provider List and Substance Use Disorder Grid as a cheat sheet. If you have additional questions please contact Carrie at 847-360-2616.
- ▶ (Please reference Grids)
- ▶ Q1: A 20 yo needs a higher level of care than Vista. What hospital would we look at next? If it was a 2 yo?
- ▶ Q2: Pt needs CBC. Where is in-network?
- ▶ Q3: Pt needs CPAP Machine. Who is in-network?
- ▶ Q4: Pt needs colonoscopy. Where is in-network?
- ▶ Q5: Pt needs compression stockings. Where is in-network?

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Still unsure of what to do?

- ▶ **LCPA Request for More Information Form-** Fill this out and fax it to LCPA with MD notes and LCPA will do the research. We are here to support you and help make the process easier!! We will research the LCPA Policy and send it to you. Ex: Bariatric Sx
- ▶ Ex: Jane Doe 45 yo F has seen Dr. Chow and Dr. Jajeh for her hypertension. She has taken her meds appropriately and is still uncontrolled. PCP wants another opinion at this point. Where should we send? To which doctor would I possibly make the referral? Would higher level of care be approved?
- ▶ Instead of filling out an incorrect referral, the PCP office can send LCPA a Request for More Information Form. LCPA found Dr. Salinger at NSU and would suggest him to the PCP. The PCP office got agreement from PCP and sent over an LCPA Referral Form to Dr. Salinger at NSU.

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So now we know who and where to put on the LCPA Referral. Let's start filling it out!!

All Areas on Referral Must be filled out

- ▶ 1) Date- The date written on the referral should be within 24 hours of it being faxed in to LCPA. If it is longer than that, there could be a quality issue.
Please keep fax confirmations when you fax a referral to LCPA Dates should not be crossed out and redated.
- ▶ 2) PCP Signature- The assigned PCP or an LCPA MD. If the assigned PCP is different than ordering MD, LCPA is calling the member to confirm who they want as assigned PCP. If unable to get ahold of member, LCPA will call ordering office to let them know they are not currently assigned.
- ▶ 3) PCP Referral Coordinator- Please fill out your name when you write a referral so if we have questions, we know who to ask for at the office.

So now we know who and where to put on the LCPA Referral, lets start filling it out!!

- ▶ 4) Plan Name: HMOI, BLADV, BP, HUMANA
- ▶ 5) Patient Information: Every line MUST be filled out, PCP office more likely to have current phone number/ address.
- ▶ 6) Primary Insurance: if not LCPA do they have Medicare? PPO?
- ▶ 7) Condition Related to: Employment/ Auto Accident/ Other Accident
- ▶ 8) Provider Information: PCP Name/ Phone/ Fax MUST be filled out.
- ▶ 9) Referred to: Please try to use a specific doctor so we know we have a contract with that provider. We try not to send to an Independent Practitioner. If you do not know the address, you can reach out to that office to ask. If you do not know the phone number, you can google that provider or look at LCPA Provider Roster.
- ▶ 10) Type of Service: MUST be selected. Eval/ Single Consult Only- Ex: Second opinion on treatment plan. Eval and Specific Procedure- Ex: Dr. Dubin and Allergy Shots. Specific Test/ Procedure- Ex: MRI at Vista



So now we know who and where to put on the LCPA Referral, lets start filling it out!!

- ▶ 10) continued: Reason for Consult and Clinical Documentation Must accompany Referral- A short summary of member's hx for that dx. Ex: 6 week hx of back pain with PT and NSAID treatment or Pt has seen Dr. Zaya and Dr. Desai and needs tertiary second opinion.
- ▶ 11) ICD- 10 codes: Book/ System/ Google
- ▶ 12) CPT codes: Not Needed for Office Visit/ Ask specialist or provider what CPT code they will bill with or Google test ordered and get CPT code.
- ▶ 13) Diagnoses: Found in MD notes/ Should support what is being ordered
- ▶ 14) Procedures: What specific procedure is being ordered. Ex: Left TKA/ MRI W/WO Contrast
- ▶ 15) DOS: If known, please indicate. Can leave blank and will update when scheduled.

So now we know who and where to put on the LCPA Referral, lets start filling it out!!

- ▶ 16) POS: Please specify where the service is to take place. Ex: Left TKA= Vista Inpt. Neurology Consult: Office Visit, Cardiac Cath: Outpatient. If you do not know the level of service, please reach out to the office ordering the procedure.
- ▶ 17) Attached clinical documentation: There should always be clinical documentation attached to every referral. This would include notes from PCP and specialist, or the PCP can sign off on specialist notes if health issue is not directly addressed in PCP notes. PCP must direct all care.

▶Questions?

Now the Completed Referral is sent to LCPA ... what happens?

- ▶ LCPA will confirm this member is an LCPA member and the assigned PCP is ordering it.
- ▶ LCPA will confirm the service is covered and in-network. If no in-network service is available for that condition, LCPA will try to find a provider to contract with for that specific member.
- ▶ If Referral is incomplete LCPA will fax back an Incomplete Authorization Form specifying what is missing and to please resubmit.
- ▶ LCPA will Authorize/ Deny/ Request More Information within 5 CALENDAR DAYS and fax back.

How do I get more Information?

- ▶ Please reach out to us! We are here to help our providers and members get the needed services! We are here to help you navigate through the referral process! Sometimes even we are unsure of specific coverage and have to send it to BCBS for a Benefit Determination.
- ▶ Carrie Hayes- Referral Coordinator- 847-360-2616
- ▶ Brittany Harlow- Director of Medical Management- 847-360-2436

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2017 Pre-Certification Protocol and Contact Grid

Service	Humana Main: 800-626-2698 Authorization Line: 800-523-0023	HMOI/Blue Advantage 800-892-2803	Blue Precision
Referrals to all LCPA Specialists (excluding: Neurosurgery/ Neurology/ Chiropractic see grid)	Paper Referral only	Paper Referral Only	Paper Referral Only
Abortion	Contact Humana	Contact LCPA- Will submit to BCBS for benefit determination/ No referral needed from PCP	Contact LCPA-Elective abortions are not a covered benefit
Allergy Testing and Serum Shots (90 days)	Paper Referral only	Paper Referral Only	Paper Referral Only
Ambulance Services	Contact LCPA	Contact LCPA	Contact LCPA
Audiogram (in-office)	Paper Referral only	Paper Referral Only	Paper Referral Only
Bariatric Surgery	1. Submit to Humana 2. Submit with clinicals to LCPA with Humana auth on referral ***Note: Humana auth required ***	1. Submit with clinicals to LCPA for Auth Baratric Log & 6 mths of PCP treatment 2. Path of Bariatric Surgery Letter Signed (See Bariatric Policy)	1. Submit with clinicals to LCPA for Auth Baratric Log & 6 mths of PCP treatment 2. Path of Bariatric Surgery Letter Signed (See Bariatric Policy)
Behavioral Health	Contact APS 800-331-9040	Submit to LCPA for Auth and Give Member Paper Referral for Start of Care (For Appropriate Level of Care Questions, Please Contact Dr. Okoli at 847-672-7432).	Submit to LCPA for Auth and Give Member Paper Referral for Start of Care (For Appropriate Level of Care Questions, Please Contact Dr. Okoli at 847-672-7432).

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2017 Pre-Certification Protocol and Contact Grid

Service	Humana Main: 800-626-2698 Authorization Line: 800-523-0023	HMOI/Blue Advantage 800-892-2803	Blue Precision
Bone Density Scan	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for auth	Submit with clinicals to LCPA for auth
Breast Pump	1. Submit to Humana 2. Submit with clinicals to LCPA with Humana auth on referral	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Cardiac Rehabilitation (9 visits at a time)	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Cardiac Surgical Services (i.e. Cath, Angioplasty, CABG, TEE)	1. Submit to Humana 2. Submit with clinicals to LCPA with Humana auth on referral	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Chiropractic Treatment	Submit to LCPA with documentation, after conservative measures have failed (see chiro policy)	Submit to LCPA with documentation, after conservative measures have failed (see chiro policy)	Submit to LCPA with documentation, after conservative measures have failed (see chiro policy)
Colonoscopy (at NSEC)	1. Submit to Humana for auth 2. Submit to LCPA with humana auth and clinicals	Paper Referral Only	Paper Referral Only
Colonoscopy (at hospital level)	1. Submit to Humana for auth 2. Submit to LCPA with humana auth and clinicals	Submit with clinicals to LCPA for auth (must meet medical necessity)	Submit with clinicals to LCPA for auth (must meet medical necessity)
CT Scan	Paper Referral and Vista Outpatient Order Form Only	Paper Referral and Vista Outpatient Order Form only	Paper Referral and Vista Outpatient Order Form only

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2017 Pre-Certification Protocol and Contact Grid

Service	Humana Main: 800-626-2698 Authorization Line: 800-523-0023	HMOI/Blue Advantage 800-892-2803	Blue Precision
CTA	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for auth	Submit with clinicals to LCPA for auth
Dermatology (in-office, non cosmetic procedures)	Paper Referral only	Paper Referral Only	Paper Referral Only
Dialysis	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Durable Medical Equipment (DME)	1. Submit to Humana 2. Submit with clinicals to LCPA with Humana auth on referral ***Note: Humana auth required for ALL DME	Home Medical Express (HME) Fax DME Express form directly to HME (For items not on DME Express please submit referral to LCPA) **for Medicare primary members contact LCPA	Submit with clinicals to LCPA for Auth
(DME) Diabetic Supplies	1. Submit to Humana 2. Submit with clinicals to LCPA with Humana auth on referral ***Note: Humana auth required for ALL DME	Fax Edgepark DME Diabetic Supplies Sheet WITH COVERPAGE to Sam R (no LCPA Auth needed)	Fax Edgepark DME Diabetic Supplies Sheet WITH COVERPAGE to Sam R (no LCPA Auth needed)
Doppler Studies	Paper Referral and Vista Outpatient Order Form only	Paper Referral and Vista Outpatient Order Form only	Paper Referral and Vista Outpatient Order Form only
EEG	Paper Referral and Vista Outpatient Order Form only	Paper Referral and Vista Outpatient Order Form only	Paper Referral and Vista Outpatient Order Form only
EGD (at NSEC)	1. Submit to Humana 2. Submit to LCPA with Humana Auth	Paper Referral Only	Paper Referral Only
EGD (at Vista Health)	1. Submit to Humana 2. Submit to LCPA with Humana auth	Submit with clinicals to LCPA for auth (must meet medical necessity)	Submit with clinicals to LCPA for auth (must meet medical necessity)

2017 Pre-Certification Protocol and Contact Grid

Service	Humana Main: 800-626-2698 Authorization Line: 800-523-0023	HMO/Blue Advantage 800-892-2803	Blue Precision
Echo	Paper referral with Vista Outpatient Order Form Only	Paper referral with Vista Outpatient Order Form Only	Paper Referral with Vista Outpatient Order Form Only
EKG/ECG (at Vista Health)	Paper referral with Vista Outpatient Order Form Only	Paper referral with Vista Outpatient Order Form Only	Paper Referral with Vista Outpatient Order Form Only
EMG's & NCV's	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
ENT procedures (in-office)	Paper Referral only	Paper Referral Only	Paper Referral Only
EUS	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for auth	Submit with clinicals to LCPA for auth
General Surgery (in-office procedure or consultation)	Paper Referral only	Paper Referral Only	Paper Referral Only
Genetic Testing (BRCA 1 and 2/ Lynch Testing)	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Holter Monitor/EKG event monitor	Paper referral with Vista Outpatient Order Form Only	Paper referral with Vista Outpatient Order Form Only	Paper Referral with Vista Outpatient Order Form Only
Home Health Care/ Hospice (if referred from PCP)	1. Submit to Humana 2. Submit clinical to LCPA	Submit clinical to LCPA	Submit clinical to LCPA
Home Health Care/ Hospice (if part of discharge plan from hospital)	NO action required from PCP office	NO action required from PCP office	NO action required from PCP office
Infertility Treatment	Submit directly to WINFERTILITY Preauth: 1-844-846-0346	Submit with clinical to LCPA	Submit with clinical to LCPA

2017 Pre-Certification Protocol and Contact Grid

Service	Humana Main: 800-626-2698 Authorization Line: 800-523-0023	HMO/Blue Advantage 800-892-2803	Blue Precision
Infusion Therapy (In-Office, Hospital, or Infusion Center)	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Inpatient Rehabilitation	No action required from PCP office if part of hospital discharge plan. If referred from PCP submit only clinicals to LCPA	No action required from PCP office if part of hospital discharge plan. If referred from PCP submit only clinicals to LCPA	No action required from PCP office if part of hospital discharge plan. If referred from PCP submit only clinicals to LCPA
Inpatient/OBS Scheduled Surgical Admissions (Vista or Tertiary)	1. Submit to Humana 2. Submit with clinicals to LCPA with Humana auth on referral	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Lab Work	Paper Referral (If Quest can't do lab work or it is STAT- Submit to LCPA for Auth)	Paper Referral (If Quest can't do lab work or it is STAT - Submit to LCPA for Auth)	Paper Referral (If Quest can't do lab work or it is STAT - Submit to LCPA for Auth)
Lap Band Adjustment (if done in facility) <i>In office=paper referral only</i>	1. Submit to Humana 2. Submit with clinicals to LCPA with Humana auth on referral	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Lithotripsy	1. Submit to Humana 2. Submit with clinicals to LCPA with Humana auth on referral	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
MRI, MRA	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Neurology & Neurosurgery -all services	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Non-Participating Provider	1. Submit ONLY clinicals to LCPA for review 2. If deemed medically necessary, submit to LCPA for auth	1. Submit ONLY clinicals to LCPA for review 2. If deemed medically necessary, submit to LCPA for auth	1. Submit ONLY clinicals to LCPA for review 2. If deemed medically necessary, submit to LCPA for auth
Nuclear Med Imaging	Paper referral with Vista Outpatient Order Form Only	Paper referral with Vista Outpatient Order Form Only	Paper Referral with Vista Outpatient Order Form Only

2017 Pre-Certification Protocol and Contact Grid

Service	Humana Main: 800-626-2698 Authorization Line: 800-523-0023	HMOI/Blue Advantage 800-892-2803	Blue Precision
Obstetrics (High - Risk)	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Oral Surgery Procedures (Eval = Paper referral only)	1. Contact Humana to verify benefits 2. Submit with clinicals to LCPA for Auth, if in benefit	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Outpatient Radiation / Chemotherapy	1. Submit to Humana 2. Submit to LCPA with Humana auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Outpatient Surgery (Vista or Tertiary)	1. Submit to Humana 2. Submit to LCPA with Humana auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Outpatient Therapies - ADULTS (PT, ST, OT)	1. Submit to Humana 2. Submit with clinicals to LCPA for Auth and Give Member Paper Referral for Eval + 6	Submit with clinicals to LCPA for Auth and Give Member Paper Referral for Eval + 5	Submit with clinicals to LCPA for Auth and Give Member Paper Referral for Eval + 5
Outpatient Therapies - PEDS (PT, ST, OT)	1. Submit to Humana 2. Submit with clinicals to LCPA for Auth and Give Member Paper Referral for Eval + 6	Submit with clinicals to LCPA for Auth and Give Member Paper Referral for Eval + 6	Submit with clinicals to LCPA for Auth and Give Member Paper Referral for Eval + 6
Pain Management	Evaluation / In-Office Procedures: Submit to LCPA w/clinical Outpt Procedures (in facility): Submit to Humana THEN submit to LCPA with Humana auth on referral. **Outpt Procedures in a facility will only be authorized if <u>medically</u> necessary, and will be reviewed by a physician advisor.	Office Visits and In-Office Procedures: Submit w/clinical to LCPA for auth Outpt Procedures (in facility): Submit w/clinical to LCPA for auth **Outpt Procedures in a facility will only be authorized if <u>medically</u> necessary, and will be reviewed by a physician advisor.	Office Visits and In-Office Procedures: Submit w/clinical to LCPA for auth Outpt Procedures (in facility): Submit w/clinical to LCPA for auth **Outpt Procedures in a facility will only be authorized if <u>medically</u> necessary, and will be reviewed by a physician advisor.
PET Scan	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for auth	Submit with clinicals to LCPA for auth

2017 Pre-Certification Protocol and Contact Grid

Service	Humana Main: 800-626-2698 Authorization Line: 800-523-0023	HMOI/Blue Advantage 800-892-2803	Blue Precision
Plastic Surgery Office Visits and Procedures	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Podiatry (in office procedures- no x-rays or orthotics allowed)	Paper Referral only	Paper Referral only	Paper Referral only
Prosthetics and Orthotics	1. Submit to Humana 2. Submit to LCPA with Humana auth on referral	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Semen Analysis	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Skilled Nursing Facility (if part of discharge plan from hospital)	No action required from PCP office	No action required from PCP office	No action required from PCP office
Skilled Nursing Facility (if referred from PCP)	1. Submit to Humana 2. Submit to LCPA with Humana auth on referral with clinicals	Submit only clinicals to LCPA	Submit only clinicals to LCPA
Sleep Study	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for auth	Submit with clinicals to LCPA for auth
Sterilization	Contact Humana	Contact LCPA- Will submit to BCBS for benefit determination	Contact LCPA- Will submit to BCBS for benefit determination
Stress Test (at Vista Health)	Paper referral with Vista Outpatient Order Form Only	Paper referral with Vista Outpatient Order Form Only	Paper Referral with Vista Outpatient Order Form Only
Substance Use Disorder	Contact Humana at 800-777-6330	Submit to LCPA for Auth and Give Member Paper Referral for Start of Care (For Appropriate Level of Care Questions, Please Contact Dr. Okoli at 847-672-7432)	Submit to LCPA for Auth and Give Member Paper Referral for Start of Care (For Appropriate Level of Care Questions, Please Contact Dr. Okoli at 847-672-7432).
Tertiary (higher level of care) Services	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for auth	Submit with clinicals to LCPA for auth
Transplant Services	Contact Humana	Contact LCPA	Contact LCPA

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2017 Pre-Certification Protocol and Contact Grid

Service		Humana Main: 800-626-2698 Authorization Line: 800-523-0023	HMOI/Blue Advantage 800-892-2803	Blue Precision
Ultrasound		Paper Referral and Vista Outpatient Order Form only	Paper Referral and Vista Outpatient Order Form only	Paper Referral and Vista Outpatient Order Form only
Ultrasound Guided Biopsy		1. Submit to Humana for auth 2. Submit to LCPA with humana auth and clinicals	Submit with clinicals to LCPA for auth	Submit with clinicals to LCPA for auth
Urology		In-Office Procedures: Paper Referral Only Outpt Procedures (in facility): Submit to Humana <u>THEN</u> submit to LCPA with Humana auth on referral.	In-Office Procedures: Paper Referral Only Outpt Procedures (in facility): Submit Clinicals to LCPA for Auth.	In-Office Procedures: Paper Referral Only Outpt Procedures (in facility): Submit Clinicals to LCPA for Auth.
Vascular Surgery		Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for auth	Submit with clinicals to LCPA for auth
Wound Care Clinic		Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Wound Care Supplies		1. Submit to Humana 2. Submit with clinicals to LCPA with Humana auth on referral	Submit with clinicals to LCPA for Auth	Submit with clinicals to LCPA for Auth
Xrays		Paper Referral and Vista Outpatient Order Form only	Paper Referral and Vista Outpatient Order Form only	Paper Referral and Vista Outpatient Order Form only
URGENT referrals should be faxed in and FOLLOWED BY a phone call to LCPA to inform of incoming referral. Please call 847-360-2436				
For Non-Medically Urgent Referral Questions Please Contact LCPA Referral Coordinator Carrie at Chayes@lakecountyphysicians.com				
NOTE: Referrals should be written to the specific provider name and not the group practice name. Incomplete referrals WILL BE RETURNED. Every referral MUST HAVE doctor signature (Stamps Not Accepted), COMPLETE patient address and ICD codes, as well as CPT codes, if applicable. ALL REFERRALS MUST BE DATED THE DATE OF SUBMISSION TO LCPA. DO NOT CROSS OFF OR ADD DATES TO ANY REFERRAL. REFERRALS THAT ARE NOT COMPLIANT WILL BE RETURNED.				

2017 Preferred Provider List

Service	Humana 800-626-2698	HMO/Blue Advantage 800-892-2803	Blue Precision 800-538-8833
Abortion	Contact Humana	Advantage Health Care LTD in Woodale	Advantage Health Care LTD in Woodale
Ambulance Services	Murphy 847-816-4600	Superior 847-832-2000 or Murphy 847-816-4600	Superior 847-832-2000 or Murphy 847-816-4600
Behavioral Health	LifeSynch 800-331-9040 <u>LCPA DOES NOT MANAGE</u>	Vista West or LCPA Provider Roster (For Substance Use Disorder See Attached Grid) For Appropriate Level of Care Questions Please Contact Dr. Okoli at (847) 672-7432	Vista West or LCPA Provider Roster (For Substance Use Disorder See Attached Grid) For Appropriate Level of Care Questions Please Contact Dr. Okoli at (847) 672-7432
Breast Pumps	Apria Healthcare 800-277-4288	Bryam Healthcare 877-773-1972	Bryam Healthcare 877-773-1972
Cardiac / Pulmonary Rehabilitation	Vista Health	Vista Health	Vista Health
Cardiac Services (Cardiac Cath, Angioplasty, CABG, Ablations, TEE, Cardiac Event Monitors) *EKG can be done in-office *	1. Vista Health 2. Northshore University Health (for higher level of care)	1. Vista Health 2. Northshore University Health (for higher level of care)	1. Vista Health 2. Northshore University Health (for higher level of care)
Enroll Patient in Case Management	1-800-448-6262	Karen Momberger RN 847-360-2358	Karen Momberger RN 847-360-2358
Dialysis	Fresenius Waukegan Harbor 847- 599-1346 Neomedica Gurnee 847-249-5555 Neomedica Round Lake 847-740-5281 Fresenius Antioch 847-395-5854	Fresenius Waukegan Harbor 847- 599-1346 Neomedica Gurnee 847-249-5555 Neomedica Round Lake 847-740-5281 Fresenius Antioch 847-395-5854	Fresenius Waukegan Harbor 847- 599-1346 Neomedica Gurnee 847-249-5555 Neomedica Round Lake 847-740-5281 Fresenius Antioch 847-395-5854
Disposable Durable Medical Equipment (DME) Ostomy, Wound, Incontinence	Apria Healthcare 800-277-4288	Bryam Healthcare 877-902-9726	Bryam Healthcare 877-902-9726

2017 Preferred Provider List

Service	Humana 800-626-2698	HMO/Blue Advantage 800-892-2803	Blue Precision 800-538-8833
Durable Medical Equipment (DME) Diabetes Supplies	Apria Healthcare 800-277-4288	Edgepark Medical Supplies P: 855-450-2505 Fax: 330-963-6172	Edgepark Medical Supplies P: 855-450-2505 Fax: 330-963-6172
Durable Medical Equipment (DME)	Apria Healthcare 800-277-4288	Home Medical Express (HME) p 630-530-9777 f 630-832-9777 Total Home Health for WI members 847-931-9300	Apria Healthcare 800-277-4288
EEG	Vista Hospital East	Vista Hospital East	Vista Hospital East
EGD/Colonoscopy	Northshore Endoscopy Center (NSEC) Vista Health Sites- ** Only if medically necessary**	Northshore Endoscopy Center (NSEC) Vista Health Sites- ** Only if medically necessary**	Northshore Endoscopy Center (NSEC) Vista Health Sites- ** Only if medically necessary**
EMG's & NCV's	Any LCPA Neurologist's Office or Greenleaf EMG, LLC 847-918-1442	Any LCPA Neurologist's Office or Greenleaf EMG, LLC 847-918-1442	Any LCPA Neurologist's Office or Greenleaf EMG, LLC 847-918-1442
Home Health Care	Vista Home Health (RN, PT, OT & ST) 847-360-2220	Vista Home Health (RN, PT, OT & ST) 847-360-2220	Vista Home Health (RN, PT, OT & ST) 847-360-2220
Hospice	Vista Hospice 847-360-2220	Vista Hospice 847-360-2220	Vista Hospice 847-360-2220
Travel Shots	Walgreens	Walgreens	Walgreens
Infertility Treatment	Contact Humana	WINFERTILITY INC.	WINFERTILITY INC.
Inpatient Admissions	Vista Hospital East	Vista Hospital East	Vista Hospital East
Inpatient Rehabilitation	Vista Hospital West	Vista Hospital West	Vista Hospital West
Laboratory Services	QUEST Laboratories Vista Hospital East - STAT/ANY Lab work Quest can't process	QUEST Laboratories Vista Hospital East - STAT/ANY Lab work Quest can't process	QUEST Laboratories Vista Hospital East - STAT/ANY Lab work Quest can't process
Lithotripsy	Vista Hospital East	Vista Hospital East	Vista Hospital East

2017 Preferred Provider List

Service	Humana 800-626-2698	HMO/Blue Advantage 800-892-2803	Blue Precision 800-538-8833
MRI, MRA, PET, CTA	Vista Health Sites	Vista Health Sites	Vista Health Sites
Obstetrics	See LCPA Provider List	See LCPA Provider List	See LCPA Provider List
Obstetrics (High - Risk)	Northshore University Health	Northshore University Health	Northshore University Health
Oral Surgeon	Dr. John Brunetti 847-367-4190	Dr. John Brunetti 847-367-4190	Dr. John Brunetti 847-367-4190
Outpatient Chemotherapy	Vista Cancer Center 847-336-6111	Vista Cancer Center 847-336-6111	Vista Cancer Center 847-336-6111
Outpatient Radiation Therapy	Advanced Radiation Oncology 847-623-2114	Advanced Radiation Oncology 847-623-2114	Advanced Radiation Oncology 847-623-2114
Outpatient Surgery	Vista Health Sites, Lindenhurst Surgery Center	Vista Health Sites, Lindenhurst Surgery Center	Vista Health Sites, Lindenhurst Surgery Center
Outpatient Therapies - ADULTS (PT, ST, OT)	Vista Hospital East Vista Physical Medicine	Vista Hospital East Vista Physical Medicine	Vista Hospital East Vista Physical Medicine
Outpatient Therapies - CHILDREN (PT, ST, OT)	Kid's Therapy 847-573 9486 or The Therapy Tree 847-265-7300	Kid's Therapy 847-573 9486 or The Therapy Tree 847-265-7300	Kid's Therapy 847-573 9486 or The Therapy Tree 847-265-7300
Pain Management	See LCPA Provider List	See LCPA Provider List	See LCPA Provider List
Plastic Surgery (TERTIARY)	Dr. Aras Tijunelis 847-968-2401	Dr. Aras Tijunelis 847-968-2401	Dr. Aras Tijunelis 847-968-2401
Podiatry	See LCPA Provider List	See LCPA Provider List	See LCPA Provider List
Prosthetics and Orthotics	Hanger 847-623-6080	Hanger 847-623-6080	Hanger 847-623-6080
Skilled Nursing Facility	Glenlake Terrace Waukegan 847-249-2400 Rolling Hills Manor-Zion 847-746-8382	Glenlake Terrace -Zion 847-746-8382 The Grove at the Lake-Zion 847-746-8435	Glenlake Terrace -Zion 847-746-8382 The Grove at the Lake-Zion 847-746-8435
Semen Analysis	Contact Humana	Reproductive Medicine Institute	Reproductive Medicine Institute
Sleep Studies	Vista Health	DRW 773-805-1871 (Home Study)	DRW 773-805-1871 (Home Study)
Cpap Titration			

2017 Preferred Provider List

Service	Humana 800-626-2698 Contact Humana	HMO/Blue Advantage 800-892-2803 Vista Health	Blue Precision 800-538-8833 Vista Health
Sterilization			
Substance Abuse	<u>LCPA DOES NOT MANAGE</u>	See Attached Grid- For Appropriate Level of Care Questions Please Contact Dr. Okoli at (847) 672-7432	See Attached Grid- For Appropriate Level of Care Questions Please Contact Dr. Okoli at (847) 672-7432
Tertiary Services (Inpatient/Outpatient)	Northshore University Health Children's Hospital of Wisconsin	Northshore University Health Children's Hospital of Wisconsin	Northshore University Health Children's Hospital of Wisconsin
Wound Care Supplies	Walgreens/Optioncare 800-323-2828	Medline 866-356-4997	Byram Healthcare 877-902-9726

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Lake County Physicians' Association

2615 N. Washington Street, Suite 6000 * Waukegan, IL 60085 * Telephone 847-360-2475 * Facsimile 847-625-6225

Lake County Physicians' Association Referral Process

Dear Managed Care Member:

On behalf of the physicians and staff of Lake County Physicians' Association, your medical group, I would like to thank you for being a valued member of our organization. We would like to offer some general information regarding your HMO and the Referral Process to ensure that we all work as a team, so you can receive the highest quality of care in a timely manner.

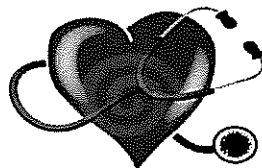
A Health Maintenance Organization (HMO) is a type of health plan that gives you access to certain doctors and hospitals that have contracted with the HMO, often called a provider network or just network. Your Primary Care Physician (PCP) will provide you with a referral to a specialist or other medical services needed. Always contact your PCP first for any care you need. **It is your responsibility that you have a referral each time you go to any provider (except in emergent situations) outside your primary care physician.**

Per Lake County Physicians' Association referral process you and your PCP will be notified within **5 calendar days** after receipt of request if the referral has been authorized, denied or additional information is needed. You and your PCP will also receive a Referral Closure Letter if the additional information requested from the PCP was not received. For denied referrals, the member and PCP will be notified in writing within the **5 calendar days**.

These **5 calendar days** allow Lake County Physicians' Association to assess for medical necessity of the requested service and that the referral is handled appropriately. Certain types of referrals must be reviewed by Dr. Frank, our Medical Director or Brittany Harlow BSN, RN, CCM, our Director of Medical Management.

If your PCP determines that your referral is a medically urgent referral and you need urgent medical attention, your referral will then be addressed on a case by case basis to ensure you receive the highest quality of care.

Thank you for your partnership and if you have any questions regarding a referral please call your PCP office.

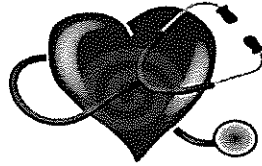


I have read this letter and understand I need to obtain a referral each time I go to a provider other than my Primary Care Physician:

X_____ Date: _____

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LCPA 2017 In-Network Provider Roster



In an effort to conserve paper, and as providers are constantly being added or retiring, we ask that you please visit our website at:

www.lakecountphysicians.com

On the left hand side, please click on providers. The roster is password protected. The password is lcpa2012.

Barb Loeffler can also email you an electronic copy at bloeffler@lakecountphysicians.com

Thank you!!

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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: _____

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*

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Lake County Physicians' Association

Outpatient Behavioral Health Treatment Request Form

Fax To: 815-962- 5090

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) _____ 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	3	n/a	Type:	Depression	Mania	Mixed
Anxiety:	0	1	2	3	n/a				
Impulsive/Reckless/Aggressive:	0	1	2	3	n/a				
Job/School Performance:	0	1	2	3	n/a				
Social Relations/Marital/Family:	0	1	2	3	n/a				
Medical/Physical (includes wt change):	0	1	2	3	n/a				
Psychosis/Hallucinations/Delusions:	0	1	2	3	n/a				
Substance Use/Abuse/Dependence:	0	1	2	3	n/a	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. ****

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All portions of this form **must** be completed to constitute a valid authorization for release of health information under the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. If any field is left blank, the authorization will be considered defective.



Handwritten notes: "mailed", "Health", "number", "CP"

Patient's Name			Date of Birth		Medical Record Number																			
Address		City	State	Zip	Telephone Number	Email Address																		
I authorize the use and disclosure of health information about me as described below:																								
Facility Authorized to Release my Health Information																								
Address		City	State	Zip	Telephone Number																			
Agency or Individual(s) Authorized to Receive my Health Information																								
Address		City	State	Zip	Telephone Number																			
Health Information that may be used / disclosed is limited to the following: <table border="0"> <tr> <td><input type="checkbox"/> Discharge Summary</td> <td><input type="checkbox"/> History and Physical</td> <td><input type="checkbox"/> Consultation(s)</td> <td><input type="checkbox"/> Lab</td> <td><input type="checkbox"/> Progress Notes</td> <td><input type="checkbox"/> Emergency Room Record</td> </tr> <tr> <td><input type="checkbox"/> Operative Note(s)</td> <td><input type="checkbox"/> Imaging/X-Ray Films</td> <td><input type="checkbox"/> X-Ray Reports</td> <td><input type="checkbox"/> Entire Record</td> <td><input type="checkbox"/> Pathology Report</td> <td><input type="checkbox"/> Fetal Heart Monitor Strips</td> </tr> <tr> <td colspan="6"><input type="checkbox"/> Other (specify) _____</td> </tr> </table>							<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> History and Physical	<input type="checkbox"/> Consultation(s)	<input type="checkbox"/> Lab	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Emergency Room Record	<input type="checkbox"/> Operative Note(s)	<input type="checkbox"/> Imaging/X-Ray Films	<input type="checkbox"/> X-Ray Reports	<input type="checkbox"/> Entire Record	<input type="checkbox"/> Pathology Report	<input type="checkbox"/> Fetal Heart Monitor Strips	<input type="checkbox"/> Other (specify) _____					
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> History and Physical	<input type="checkbox"/> Consultation(s)	<input type="checkbox"/> Lab	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Emergency Room Record																			
<input type="checkbox"/> Operative Note(s)	<input type="checkbox"/> Imaging/X-Ray Films	<input type="checkbox"/> X-Ray Reports	<input type="checkbox"/> Entire Record	<input type="checkbox"/> Pathology Report	<input type="checkbox"/> Fetal Heart Monitor Strips																			
<input type="checkbox"/> Other (specify) _____																								
Health Information that may be used / disclosed is limited to the following periods of healthcare:																								
From (date): _____		To (date): _____		Account Number: _____																				
From (date): _____		To (date): _____		Account Number: _____																				
Health information to be released to the above named agency / individual is to be used / disclosed for the following purpose(s):																								
<input type="checkbox"/> Treatment/Consultation <input type="checkbox"/> At Request of Patient <input type="checkbox"/> Research <input type="checkbox"/> Marketing <input type="checkbox"/> Billing or Claims Payment																								
<input type="checkbox"/> At Request of Employer <input type="checkbox"/> Other _____																								

"Health Information" identifies you (the patient) by name, and includes other demographic information about you. "Health Information" may include, but is not limited to: medical records, X-Ray films, slides, tracings, strips, etc.

I hereby discharge the releasing facility, its agents and employees from any and all liabilities, responsibilities, damages, and claims which might arise from the release of information authorized herein, **to include alcohol, drug abuse, communicable disease including HIV status, and/or psychiatric diagnoses** compiled during my visit, encounter or hospitalization, or make copies thereof in accordance with the policies of this facility.

☐ Yes ☐ No If applicable, I agree to the release of my medical or billing records containing the **sensitive information** listed above.

Protected Health Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and is no longer protected by this privacy rule. If research-related Health Information is used or disclosed for continued research purposes, an expiration date or event does not apply.

This authorization will automatically expire 60 days after the date of signature below (except as indicated below), unless an earlier date is specified, or at the conclusion of a specified event. I understand that I have a right to revoke this authorization at any time, in writing, as stated in the Notice of Privacy Practices, except where the facility has already made disclosures in reliance upon my prior authorization.

Treatment, payment, enrollment or eligibility for benefits may not be conditioned on obtaining an authorization if the HIPAA prohibits such conditioning. If conditioning is permitted, refusal to sign the authorization may result in denial of care or coverage.

NOTICE TO RECEIVING AGENCY OR INDIVIDUAL: This information is to be treated in accordance with (HIPAA) privacy regulations.

Patient's or Authorized Personal Representative's Signature*			Date	Time
Relationship to Patient / Authority to Act on Patient's Behalf			Interpreter, if Utilized	
Witness's Signature	Date	Time	Expiration Date or Event	

☐ *Signature validated against driver's license or signature in Medical Record. There may be a charge for copying Medical Records.
☐ Electronic copy requested.

Authorization to Use and Disclose Protected Health Information

HIM-1401GHMS

(Revised 11/10, 02/12, 05/14, 08/14, 04/15)

Patient Label

Handwritten number: 39



OUTPATIENT ORDERS - Central Scheduling Phone: 847-360-4184 Fax: 847-360-4232

Scheduling hours of operation: Monday- Friday 8am-7pm & Saturday 8am-2pm

To schedule a PET scan please call: 800-500-4014 Fax: 800-900-8952

Vista Medical Center East
1324 N. Sheridan Road
Waukegan, IL 60085

Vista Imaging Center

Vernon Hills

565 Lakeview Pkwy, Ste 100

Vernon Hills, IL 60061

Vista Surgery Center

1050 Red Oak Lane

Lindenhurst, IL 60048

Vista MRI Institute

60 S. Greenleaf

Gurnee, IL 60031

Vista Imaging Center

Gurnee

95 N. Greenleaf Street

Gurnee, IL 60031

Vista Medical Center West

2615 W. Washington Street

Waukegan, IL 60085

****Please make sure to bring Photo ID, Insurance cards, and order on the day of exam.****

Patient's: Last Name First Name MI Birth Date Phone number

Physician Signature

Printed Physician Name

Date

DX/ICD-9 CODE(S)

STAT

ROUTINE

Delivery of Images

PCP

CD with patient

Report copy to

Physician/Prescriber Notification: Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for tests when documentation, including patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test orderer considers the tests appropriate for the patient. For payments likely to be denied by Medicare, an explanation has been given to the patient who has agreed to pay for the tests personally by signing the attached Advanced Beneficiary Notice (ABN).

Appointment required

No food/drink

Prep required

Medical necessity required or ABN process must be initiated

ULTRASOUND

- Abdomen 76700 ☐
- Aorta 76770 ☐
- Breast 76645 ☐ LT RT BIL
- Gall Bladder 76705 ☐
- Kidney 76770 ☐
- Liver 76705 ☐
- Thyroid 76536 ☐
- Pancreas 76705 ☐
- Spleen 76705 ☐
- Pelvis (non-OB w transvag) 76856 & 76830 ☐
- Pelvis (non-OB Follow up) 76857
- Pelvis (OB <14wks) 76801 ☐
- Pelvis (OB >14wks) 76805 ☐
- Pelvis (OB > 14wks w Del/Measurements) 76811 ☐
- Note: 76811 is NOT a covered service by Aetna
- Fetal Biophysical Profile (with NST) 76818 ☐
- Fetal Biophysical Profile (without NST) 76819 ☐
- Umbilical Doppler 76820 ☐

Other: If Extremity: LT RT BIL

DOPPLER STUDIES

- Carotid 93860 ☐
- If Extremity, Choose One: LT RT BIL
- Lower Arterial 93923 ☐
- Upper Arterial 93923 ☐
- Lower Venous (93971 uni 93970 bil) ☐
- Upper Venous (93971 uni 93970 bil) ☐
- ABI (Ankle Brachial Index) 93922 ☐

NUCLEAR MEDICINE

- Bone Scan (specify area) _____
- Total Bone 78306 & A9503 ☐
- Spect Bone 78320 & A9503 ☐
- Triple Phase 78315 & A9503 ☐
- Hepatobiliary (HIDA) 78223 & A9537 ☐
- Hepatobiliary with CCK 78223, A9537 w J2805 ☐
- Liver/Spleen 78215 & A9541 ☐
- Muga Scan 78472 & A9560 ☐
- Renal Scan/ Renogram 78708 & A9562 ☐
- w/ Captopril w/ Lasix
- Thyroid Scan & Uptake 78006 & A9516 ☐

Additional: _____

CARDIOLOGY

- EKG 93005 ☐
- EKG 93041 ☐
- EKG Event Monitor 93270 ☐
- Holter Monitor 93231
- Tilt Table 93660 *potential clinical review policy ☐
- ECHO (Complete Inc doppler & color) 93306 ☐
- ECHO (wDoppler) 93307 & 93320 ☐
- ECHO (wColor Imaging) 93307 & 93325 ☐
- Stress ECHO 93017 & 93350 ☐
- Cardiac Stress wIsotope (MPSS) ☐
- 93017/ 78465/ 78478/ 78480 & Isotope: A9502
- w/ Persantine w/ Lexiscan w/ Dobutamine
- Cardiac stress w/ Isotope 93017(Treadmill) ☐
- Other ☐ (be specific) _____

X-RAY

- Abdominal Series 74022
- Chest 2 views 71020 ☐
- KUB 74000
- Mammography Screening 77057 & 77052 ☐
- Mammography Dx (77055 uni/ 77056 bi/ & 77051) ☐
- Choose One: LT RT BIL
- w/ ultrasound if recommended by Radiologist
- DEXA (Only available at Vista Imaging Center) ☐
- DEXA without full spine image 77080 ☐
- DEXA with full spine image 77080 & 76499
- Spine Band Adj(scheduled by surgeon) 76000 & S2083 ☐
- Other: If Extremity: LT RT BIL

MRI - Check Test & Contrast

Choose Without Contrast
Contrast & Body Part With and Without Contrast

- Brain (wo 70551 w 70552 wwo 70553) ☐
- L.A.C.'s(wo 70551 w 70552 wwo 70553) ☐
- Orbits (wo 70540 w 70542 wwo 70543) ☐
- Pituitary (wo 70551 w 70552 wwo 70553) ☐
- Sinuses (wo 70540 w 70542 wwo 70543) ☐
- Neck (soft tissue) (wo 70540 w 70542 wwo 70543) ☐
- Cervical Spine (wo 72141 w 72142 wwo 72156) ☐
- Thoracic Spine (wo 72148 w 72147 wwo 72157) ☐
- Lumbar Spine (wo 72148 w 72149 wwo 72158) ☐
- Pelvis (wo 72195 w 72196 wwo 72197) ☐
- Abdomen (wo 74181 w 74182 wwo 74183) ☐

Be specific: _____

Other: If Extremity: LT RT BIL

PET Scans

All - MR ANGIOGRAPHY

- Abdomen & Pelvis 74185 & 72196 ☐
- Carotids (Extra/ Neck) 70549 ☐
- Cerebral (Intra/ Brain) 70546 ☐
- Extremities/Run-off (with Abdomen) 74185 & 73725 ☐
- Renal 74185 ☐
- Chest 71555 ☐

CT SCAN - Check Test & Contrast

Choose Without Contrast
Contrast & Body Part With and Without Contrast

- Abdomen (wo 74150 w 74160 wwo 74170) ☐
- Note: Barium will be given unless otherwise specified
- Brain (wo 70450 w 70460 wwo 70470) ☐
- Chest (wo 71250 w 71260 wwo 71270) ☐
- Note: If for PE or Aneurysm order CTA
- Facial Bones (wo 70486 w 70487 wwo 70488) ☐
- Neck (wo 70490 w 70491 wwo 70492) ☐
- Orbits (wo 70480 w 70481 wwo 70482) ☐
- Pelvis (wo 72192 w 72193 wwo 72194) ☐
- Note: Barium will be given unless otherwise specified
- Sinus (wo 70486 w 70487 wwo 70488) ☐
- Cervical Spine (wo 72125 w 72126 wwo 72127) ☐
- Lumbar Spine (wo 72131 w 72132 wwo 72133) ☐
- Thoracic Spine(wo 72128 w 72129 wwo 72130) ☐

Other: If Extremity: LT RT BIL

CT Guided Biopsy

All - CT ANGIOGRAPHY W & WO CONTRAST

- Abdomen & Pelvis (74175 & 72191) ☐
- Carotids (Extra/ Neck) 70498 ☐
- Cerebral (Intra/ Brain) 70496 ☐
- Run-Off (Lower Extremities w/ Abd) 75635 ☐
- Cardiac (CCTA) 01477 ☐
- Chest 71275 ☐

PULMONARY

- EEG 95819 ☐
- Sleep Study 95810 ☐
- Sleep Study w Cpap 95811 ☐
- Pulmonary Function Test 94720, 94740, 94380, 94080 & 94766 ☐
- Methacholine Challenge 94070 ☐
- Other _____

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Lake County Physicians' Association

2615 N. Washington Street, Suite 6000 • Waukegan, IL 60085-4988 • Telephone 847-625-6062 • Fax 847-625-6225 • kkness@lakecountyphysicians.com

Authorization Adjustment Request

Fax to: 815-962-5090

Member Name: _____

ID#: _____

Member DOB: _____

PCP: _____

Referral Date: _____

Service Requested: _____

LCPA Prior Authorization #: _____

Reason for Request of Authorization Adjustment: _____

Please attach medically relevant updated clinical on member if appropriate

Extending/Changing Dates of Service, MD/Facility changes, Adding/Changing CPT codes

LCPA STAFF TO ATTACH THIS REQUEST TO UM MODULE CASE

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Lake County Physicians' Association

2615 N. Washington Street, Suite 6000 * Waukegan, IL 60085 * Telephone 847-360-2616 * Facsimile 847-625-6229

REQUEST FOR INFORMATION

Fax to: 815-962-5090

Patient Information:

Date: _____

Member Name: _____

Member DOB: _____

Member ID #: _____

Provider Information:

PCP Name: _____

Phone: _____

Fax: _____

PCP Office Contact: _____

Clinical Information:

Diagnosis: _____

Service Being Requested/ Detailed Information: (Please include MD notes if appropriate)

Please fax to 815-962-5090/ Call Carrie H at 847-360-2616

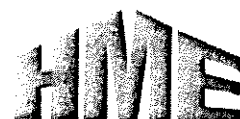
42

Lake County Physicians' Association

DME EXPRESS

24 HOUR REFERRAL LINE (630) 530 9777

Fax (630)832 9777 (Mon-Fri 8:30 – 5:00)



HOME MEDICAL

Express

Medical Necessity Statement

Patient Name:		Insurance Name:	
Address		Policy #:	Group #:
Home Phone #:	City	State	Zip
Alt Phone #:	Height	Weight	
Date of Birth	Diagnosis		
Physician Information		Order faxed by:	
Physician Name Printed:		Special Instructions:	
Physician Signature & Date		Equipment Length of need 1- 99 _____	
NPI #			

Respiratory Products

- ☐ CPAP (attach current sleep study w/titration) @ _____ CMH20 with mask, tubing, headgear and heated humidity
- ☐ BIPAP (attach current sleep study w/titration) @ _____ CMH20 IPAP pressure and _____ CMH20 EPAP pressure with mask, tubing, headgear and heated humidity
- ☐ Oxygen @ _____ lpm Bled into CPAP or BIPAP Test Date _____ SaO2 on Ra @ rest _____ w/exer _____ onO2 w/exer _____
- ☐ Nebulizer Set Up (Equipment only NO Medications Provided) Medication _____ Frequency _____
- ☐ Oral Suction Machine & Supplies
- ☐ Trach Set Up & Supplies (attach specific list of Trach supplies needed)
- ☐ Oxygen @ _____ lpm _____ hours/day via nasal cannula Test Date _____ SaO2 on Ra @ rest _____ w/exer _____ onO2 w/exer _____
- ☐ RT to evaluate patient for Home Fill / Oxygen Conserving Device (attach Dr's order)

Ambulatory Aids

- ☐ Straight Cane ☐ Quad Cane – Small Base ☐ Quad Cane – Large Base ☐ Sidestepper Cane ☐ Crutches
- ☐ Folding Walker ☐ Walker w/ 3" wheels ☐ Walker w/ 5" wheels ☐ Hemi/Stroke Walker
- ☐ Platform Attachment for Walker (indicate which side: right or left) _____
- ☐ Standard Wheelchair ☐ Footrests for Wheelchair ☐ Elevating Leg Rests for Wheelchair
- ☐ Evaluate patient for power wheelchair (done by ATS) ☐ Evaluate patient for Custom Manual Wheelchair

Enteral Nutrition

- ☐ Feeding Pump & Supplies ☐ Gravity Feeding & Supplies ☐ Bolus Feeding and Supplies
- Is the patient NPO? _____

* attach feeding orders as well as calorie count per day & food to be used *

Durable Medical Equipment

- ☐ Hospital Bed semi-electric w/ Rails & std mattress ☐ Gel Over –Lay Mattress ☐ Alternating Pressure Pad
- ☐ Low Air Loss Mattress ☐ Hoyer/ Patient Lift with Sling ☐ Trapeze Bar and Base
- ☐ Commode - 3 in 1 ☐ Commode - drop arm (room bound patients) ☐ Other _____

Contact Lake County Physicians' Associates at (847) 360-2475 for Equipment not listed, additional Vendors, Inpatient and Home Health Authorization.

Contact – Giovanni Portogallo (847) 567-4580 regarding any DME questions

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Breast Pump Order Form

Referral #: 178871

Patient Information

Mother's Name: _____
Street: _____
City/State/ZIP: _____
Email Address: _____
Primary Insurance: _____
Group #: _____
PO Box #: _____
Member ID #: _____ (Include 3 letter prefix for BCBS members)

Phone: (____) _____
Baby Date of Birth or Due date: _____
Mother's Date of Birth: _____
Primary Insurance Holder Name: _____
Primary Insurance Holder Date of Birth: _____
Provider Services Phone #: _____

Doctor Information

Name (First and Last): _____
Street: _____
City/State/ZIP: _____

Phone: (____) _____
Fax: (____) _____
NPI #: _____

Product Information – Please check one of the following

☐

Hygela Q Breast Pump (HG100056)

- Independently Adjustable Speed & Suction Controls
- Hospital Grade performance in a personal use pump
- Allows For Double & Single Pumping
- Closed system with a bacteriostatic filter to prevent contaminants

☐

Ameda Purely Yours Ultra™ Personal Double Electric Breast Pump (AD17085M)

- Personal-use pump
- Dual HygienKIM® Milk Collection System includes: (2) 25.0mm breast flanges, (2) diaphragms, (4) valves, (2) tubing, (2) adapter caps, (1) white connector for single or dual pumping
- Ultra Suede/Faux Leather Stylish Tote
- CustomFit Breast Flanges, (2) 30.5mm flanges and (2) 28.5mm reducing inserts
- Cool'n Carry™ Tote: (1) insulated carry bag, (6) 4 oz. bottles with lock-tight lids, (3) cooling elements, Milk Storage Guidelines card
- NoShow Premium™ Disposable Nursing Pads and Store 'N Pour™ StoreMilk Storage Bags 2 pk Samples
- AC Power Adapter and Car Adapter
- Instructional DVD

☐

Medela PUMP In Style Advanced Breast Pump Starter Set (MY57081)

- Personal-use pump
- 2-Phase Expression® technology with one-touch let-down button
- Adjustable vacuum settings
- Compact motor unit in a soft bag
- Compatible with Medela Battery Pack
- Double pumping kit with: Medium (24mm) breast shields, 2- 6oz/150 ML breast milk bottles

☐

Freemie Freedom Standard HANDS FREE Concealable Collection Cups (DAFG017)

- Includes standard 25mm funnels, extra pump protection filter, and tubing connection kit.
- Pump connection kit allows you to interrupt and resume pumping at your convenience.
- Includes setup for single or double pumping and pump vacuum is adjustable
- Cups are made without latex rubber, BPA or DEHP.
- Each cup with integrated breast funnel holds 8 ounces of milk, and can be supported by a variety of ordinary or nursing bras.
- Breast Pump with 64-inch integrated power cord (120-volt AC).

☐

Spectra 9 Plus Advanced Breast Pump with Rechargeable Battery (SBUSP10L1)

- Slimline and lightweight, with an inbuilt rechargeable battery that lasts for up to 3 hours on a full charge!
- Hygienic closed system
- One-touch adjustable suction/cycle, bright LCD display with timer and advanced massage/expression technology
- BPA- and DEHP-free
- Double collection kit with 24mm flanges, two sets of tubing, two hygienic backflow protectors, two wide-neck collection bottles, two collection bottle caps and two slow-flow nipples
- Weighs less than 1 lb. and has a one-year warranty

Additional information for these breast pumps can be found on each of the manufacturer's websites.

Hygela: www.hygelainc.com Ameda: www.ameda.com Medela: www.medelabreastfeedingus.com

Freemie: www.freemie.com Spectra www.spectrababyusa.com

Fax or email this form to Byram Healthcare or visit us online at Byramhealthcare.com/breastpumps

Fax: 1-800-521-6291

Email: breast-pumps@byramhealthcare.com

Phone: 877-773-1972

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What you need, when you need it.®

1810 Summit Commerce Park
Twinsburg, Ohio 44087

Edgepark is the nationwide leader in home-delivered medical supplies for diabetes, ostomy, wound care, urological, incontinence and more. We are contracted with more than 1,000 private insurance plans and accept Medicare assignment on most items.



LAKE COUNTY PHYSICIANS (REF. CODE LCPIL)

TO:

Sam Ruckman

From:

LAKE COUNTY PHYSICIANS

COMPANY:

Edgepark Medical Supplies

DATE:

FAX NUMBER:

614-652-7292

FAX NUMBER:

PHONE NUMBER:

800-321-0591 x 3141

PHONE NUMBER:

RE:

Member Supplies

E-MAIL:

Samuel.ruckman@edgepark.com

TOTAL NO. OF PAGES INCLUDING COVER: 2

INTERNAL USE ONLY REFERRAL CODE: LCPIL

***Please use referral code LCPIL for Physicians
group reporting.***

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1810 Summit Commerce Park
Twinsburg, OH 44087
p 1-855-450-2505 f 330-963-6172
w www.edgepark.com

Physician's Written Order

Glucometer and Diabetes Testing Supplies



Start Date ____/____/____

All fields are required to process an order.

patient	First: _____ Last: _____ MI: _____ Patient DOB: ____/____/____ Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Address: _____ Phone #: _____
	City: _____ State: _____ ZIP: _____

doctor	Physician Name _____	insurance	Primary Insurance: LAKE COUNTY PHYSICIANS' ASSOCIATION
	NPI # _____		Policy/ID #: _____
	Address: _____		Group #: _____
	City: _____ State: _____ Zip: _____		Phone #: _____
	Phone: _____ Fax: _____		Secondary Insurance: _____
			Policy/ID #: _____
			Group #: _____
			Phone #: _____

diagnosis	Type 1 Diabetes <input type="checkbox"/> E10.9 No Complications <input type="checkbox"/> E10.8 With Complications (unspecified) <input type="checkbox"/> E10.85 With Hyperglycemia (uncontrolled) <input type="checkbox"/> E10.849 Hypoglycemia Without Coma <input type="checkbox"/> Other: _____		Type 2 Diabetes <input type="checkbox"/> E11.9 No Complications <input type="checkbox"/> E11.8 With Complications (unspecified) <input type="checkbox"/> E11.85 With Hyperglycemia (uncontrolled) <input type="checkbox"/> E11.849 Hypoglycemia Without Coma <input type="checkbox"/> Other: _____		products	Dispense the Following Supplies (per 90 days): <input type="checkbox"/> Blood Glucose Monitor (ED607) qty 1 Preferred Meter _____ <input type="checkbox"/> Syringes (A4206 or 68490)* Size: _____ Gauge: _____ cc: _____ (1 unit per injection) <input type="checkbox"/> Pen Needles (A4215)* Size: _____ Gauge: _____ (1 unit per injection) *Times Injecting Daily _____ <input type="checkbox"/> Replacement Battery for Monitor (A4233 or A4235) - qty. 2 <input type="checkbox"/> Lancing Device (A4258) - qty. 1/180 days <input type="checkbox"/> Ketone Strips - qty. 90/90 days <input type="checkbox"/> Urine (A4250) <input type="checkbox"/> Blood (A4252) <input type="checkbox"/> Control Solution (A4256) qty _____ <input type="checkbox"/> Lancets (A4258)** <input type="checkbox"/> Test Strips (A4253)** <input type="checkbox"/> Alcohol Wipes (A4425)** <input type="checkbox"/> Other _____ **Quantity to dispense based on patient's times testing daily _____		Frequency of Use
	Gestational Diabetes <input type="checkbox"/> O24.414 Insulin-Controlled <input type="checkbox"/> O24.410 Diet-Controlled <input type="checkbox"/> Other: _____		<input type="checkbox"/> O99.810 Abnormal Glucose (tolerance) ED0 ____/____/____					
	Quantity to dispense of strips, lancets and alcohol wipes per 90 days. (**Based on patient's frequency of use/times testing per day.) <input type="checkbox"/> 1x/day - 100 <input type="checkbox"/> 3x/day - 300 <input type="checkbox"/> 5x/day - 450 <input type="checkbox"/> 2x/day - 200 <input type="checkbox"/> 4x/day - 400							
	Times Testing: _____ x Testing Per Day							
	Is the patient currently being treated with daily insulin injections? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ X Injecting Per Day							
	Is the patient currently on insulin pump therapy? <input type="checkbox"/> No <input type="checkbox"/> Yes							
	Estimated duration of need: _____ months (99 = Lifetime)							
	Has the patient been seen and had his or her diabetes evaluated in the last six months? <input type="checkbox"/> No <input type="checkbox"/> Yes							
	Medicare Exceeded Limit Guidelines: If patient's testing exceeds Medicare guidelines (greater than 1x/day non-insulin-treated or 3x/day insulin-treated testing), please complete the following: I have documented in the patient's medical record the times testing and the reason(s) for high testing as: <input type="checkbox"/> Fluctuating Blood Sugar <input type="checkbox"/> Poor Glycemic Control <input type="checkbox"/> Other: _____							
	insulin therapy	Indicate Insulin Pump Type: _____ 1. <input type="checkbox"/> Infusion Sets (Type): _____ 2. <input type="checkbox"/> Reservoir/Cartridges (Size): _____ 3. <input type="checkbox"/> PODs: _____ Continuous Glucose Monitor Type: _____ <input type="checkbox"/> Transmitter _____ 1 _____ 180 days <input type="checkbox"/> Receiver _____ 1 _____ 365 days <input type="checkbox"/> Sensors 3 boxes = 84 day supply _____ 3 _____ 84 days		Quantity to be Dispensed Frequency of Change				

I certify that I am the physician/practitioner identified on this form. I have reviewed the Physician's Written Order. Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information is true, accurate and complete, to the best of my knowledge. I certify I am qualified, under CMS guidelines, to sign and prescribe medical equipment and supplies. I certify that the patient/caregiver is capable and has successfully completed training or will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation that substantiates the utilization and medical necessity of the products listed and physician notes and other supporting documentation will be provided to Edgepark upon request. I understand any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability. A copy of this order will be retained as part of the patient's medical record.

Physician Signature: _____ Date: ____/____/____
(Stamps are not acceptable)

Printed Name: _____

This fax message and any attachments may contain confidential information. If you are not the intended recipient and have received this message in error, please inform sender and delete the contents without copying, distributing or forwarding. By faxing this form you are acknowledging that the patient is aware that an Edgepark Representative may be contacting them for any additional information to process this order. Thank you.

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Choice Meters Are Available to You

BCBSIL is offering you a choice of the blood glucose meters below at no additional charge for a limited time to help you manage your condition. **This offer is available through December 31, 2017.**

If you have BCBSIL prescription drug coverage, CONTOUR[®]NEXT test strips for the meters below are listed as preferred brands on your drug list (also known as a formulary). Coverage and payment levels for non-preferred brand test strips may vary, depending on your pharmacy benefit plan.

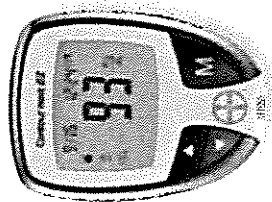
Please review these options and ask your doctor which meter best fits your needs.

CONTOUR[®]NEXT Blood Glucose Monitoring Systems

To order a CONTOUR NEXT meter to be shipped directly to you, call **800-401-8440**. Be sure to identify yourself as a BCBSIL member and mention ID code "BDC-BIL." Or you can visit ContourNextFreeMeter.com.

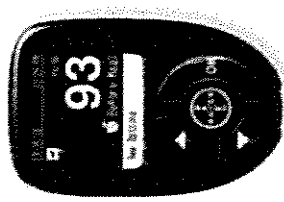
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM

- The easy-to-use features you want with the proven accuracy you expect
- Ready to test, right out of the box
- Easy-to-read display
- No Coding[™] technology makes testing easy by automatically setting the correct code each time a test strip is inserted into the meter
- Proven accuracy: CONTOUR NEXT test strips deliver results close to those obtained in a professional lab



CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM

- Use AutoLog to see the effect of food choices on your blood sugar levels with pre-meal, post-meal and fasting markers
- Set audible reminders to help you remember to test after eating
- Personalize high or low target settings to identify trouble spots and get clear summaries and patterns
- View 7-, 14-, 30- and 90-day trends to get more tracking knowledge and an overview of averages
- Set your meter to English, Spanish or any of 12 other languages



Visit contournext.com for more detailed descriptions on these meters.

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Date

Patient Name:

Address

City, State, Zip:

IMPORTANT NOTICE

Group/ID Number:

Primary Care Physician:

Service(s) Requested:

Dear:

(IPA name) Utilization Management Department has received a request for authorization for services for the member listed above.

This letter is to inform you and your Primary Care Physician that your case has been closed.

We have not received adequate information to support the request for service to process the referral. Your Primary Care Physician has been faxed a copy of this letter.

This letter is NOT a denial or approval of services.

Please discuss the need for these services with your Primary Care Physician. Your Primary Care Physician may issue **another referral form along with the supporting clinical documentation** to (IPA name) for review and processing. Once the referral form and all medical information are received, the request for service will be reviewed. You and your Primary Care Physician will be notified of the outcome of the review.

If you, or your Primary Care Physician, have any questions regarding this information, please call (name) at (telephone number).

Sincerely,

Name

IPA

cc: Primary Care Physician

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BARIATRIC SURGERY GUIDELINES

BLUE CROSS BLUE SHIELD

- ✓ Patient must have a BMI (body mass Index) equal to or greater than 40; or BMI equal to or greater than 35 with at least 2 of the listed comorbid conditions related to obesity which have not responded to maximum medical management and are expected to improve or be reversed with the bariatric treatment:
 - Hypertension, OR
 - Dyslipidemia, OR
 - Diabetes mellitus, OR
 - Coronary heart disease, OR
 - Sleep apnea, OR
 - Osteoarthritis
- ✓ Documentation of at least 6 months consecutively in a non-surgical weight loss program. A program will be considered as appropriate if it includes ALL of the following:
 1. Nutrition program; AND
 2. Behavior modification or behavioral health interventions; AND
 3. Counseling and instruction on exercise and increased physical activity; AND
 4. Ongoing support for lifestyle changes to make and maintain appropriate choices that will reduce health risk factors and improve health overall
- ✓ Patient is done growing (generally completed by age 18)
- ✓ Evaluation by a behavioral health provider which must document:
 - Absence of significant psychopathology that would hinder a patient's ability to understand the procedure as well as comply with recommendations, AND
 - Absence of any psychological comorbidity that may contribute to a diagnosed eating disorder or weight mismanagement
 - The patient's willingness to comply with preoperative and postoperative treatment plans

HUMANA

- ✓ Humana approves and authorizes bariatric surgery for their members. The provider (PCP) should call Humana's Disease Management Program 1-800-521-8836 to determine if a patient meets criteria and obtain authorization.

Prior to submitting a referral for BCBS patients to have bariatric surgery you must submit the following documentation:

- ✓ At least 6 months of documentation showing active participation in a weight loss program
- ✓ Evaluation/consultation from behavioral health provider
- ✓ Surgical consultation
- ✓ Completed Dietary History form; to be completed by the patient (see attached)

Once the above listed documentation has been reviewed by LCPA's Medical Director the PCP office will be notified and advised of the next step(s). Additional documentation may be requested as needed.

Lake County Physicians' Association

2615 N. Washington Street , Suite 6000 * Waukegan, IL 60085-4988 * Telephone 847-360-2358 * Facsimile 847-625-6232

Lake County Physicians' Association Path to Bariatric Surgery

Congratulations on taking the next steps to your possible bariatric surgery!

Vista Medical Center East is a Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) Accredited Bariatric Surgery Center. MBSAQIP works to advance safe, high-quality care for bariatric surgical patients through the national accreditation of bariatric surgical centers.

Bariatric surgery is an advanced surgical procedure designed to promote weight loss and reduce the complications associated with morbid obesity. Bariatric surgery, as with any surgery, is a serious procedure that can have multiple complications. To help reduce some of these possible complications Lake County Physicians' Association (LCPA) created a Bariatric Surgery Policy. This policy focuses on evidence based care before, during, and after your surgery to ensure quality outcomes for your health. Your primary care physician (PCP) and you will be active participants in your treatment plan to make certain your health goals are met.

LCPA requires 6 months of a PCP directed comprehensive multidisciplinary program. This program includes pre-operative medical visits, exercise counseling, nutritional and behavioral health evaluations, and post-operative follow-up including nutritional and exercise counseling. Your PCP is responsible for prescribing, documenting and overseeing your pre-surgical multidisciplinary care program. These 6 months of comprehensive care and goals must be met before you are approved for bariatric surgery.

Your PCP will be given a LCPA Bariatric Surgery Documentation Log that must be filled out monthly on your progress toward the health goals set for you.

Each month your PCP will document the date of your office visit, weight, BMI, Nutrition Program/ Diet plan and current caloric intake, Behavior Modifications/ Interventions, Exercise Counseling plan and your participation, Recommended Lifestyle Changes and your compliance, and any specialists recommendations that you were referred to such as Surgeon, Dietitian, Exercise Therapist, Psychologist, Weight-Loss Support Groups, and Behavioral Therapist. All of these multidisciplinary professionals should be sending notes back to your PCP! To avoid delay in approval of your surgery please encourage them to give you notes from your session or fax notes to your PCP! You can also ask your PCP for a copy of your monthly updated Bariatric Surgery Documentation Log.

Literature has shown that by taking some of these steps you are reducing your risk for post surgical complications.* There are nurse case managers available to help assist you and your PCP during this program. Please contact Nelie RN at 847-360-2358. We are all partners in making sure you have the best health care possible and encourage you to work with one of our nurse case managers!

I have read this and am in agreement X _____ Date: _____

Weight Loss Before Bariatric Surgery and Postoperative Complications: Data From the Scandinavian Obesity Registry (SOREg) Anderin, Claes MD, PhD; Gustafsson, Ulf O. MD, PhD*; Heijbel, Niklas MD†; Thorell, Anders MD, PhD* Annals of Surgery: May 2015 - Volume 261 - Issue 5 - p 909-913

Lake County Physicians' Association

2615 N. Washington Street, Suite 6000 * Waukegan, IL 60085-4988 * Telephone 847-360-2358 * Facsimile 847-625-6232

Lake County Physicians' Association Suggested Bariatric Timeline

PCP completes the following steps:

MONTH 1 –

- Send member to Vista Bariatric Program
- Member signs LCPA Bariatric letter
- Fill out Month #1 of Bariatric Log.
- Make PCP monthly follow up appt.
- Possible Referrals: LCPA Bariatric Surgeon, Vista Dietitian (Jasmine Kapoor), Vista Exercise Physiologist (Stacey Van Zeyl) and Bariatric Psych Eval (Dr. Mark Solomon or Linda Hochfeld).

MONTH 2 –

- Fill out Month #2 of Bariatric Log.
- Make PCP monthly follow up appt.

MONTH 3 –

- Fill out Month #3 of Bariatric Log.
- Make PCP monthly follow up appt.

MONTH 4 –

- Fill out Month #4 of Bariatric Log.
- Make PCP monthly follow up appt.

MONTH 5–

- Fill out Month #5 of Bariatric Log.
- Make PCP monthly follow up appt.

MONTH 6 –

- Fill out Month #6 of Bariatric Log.
- PCP sends referral to LCPA for surgery approval.

*Please see attached reference documents: LCPA Bariatric Surgery Letter, LCPA Bariatric Surgery Log, LCPA Bariatric Surgery Policy

**Suggestions- Please get LCPA authorization for surgery prior to member starting liquid diet or scheduling time off of work. Member can see Vista Dietitian as many times as PCP deems appropriate during 6 month Bariatric workup. If PCP deems Vista Dietitian is more appropriate to oversee monthly diet goals visits will be approved by LCPA.

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LCPA Bariatric Surgery Documentation Log

Patient Name:

DOB:

PCP Name:

Co-morbidity Diagnosis: (circle applicable) Hypertension, Dyslipidemia, Diabetes Mellitus, Coronary Heart Disease, Sleep Apnea, Osteoarthritis

Month # 1

Month # 2

Date of Office Visit:

Weight:

BMI:

*Nutrition Program/Diet Plan/Caloric Intake:

*Behavior Modification/Intervention:

*Counseling on Exercise/Physical Activity:

*Recommendation of Lifestyle Changes:

Referred to Specialist Name/Date:

Month # 3

Date of Office Visit:

Weight:

BMI:

*Nutrition Program/Diet Plan/Caloric Intake:

*Behavior Modification/Intervention:

*Counseling on Exercise/Physical Activity:

*Recommendation of Lifestyle Changes:

Referred to Specialist Name/Date:

Month # 5

Date of Office Visit:

Weight:

BMI:

*Nutrition Program/Diet Plan/Caloric Intake:

*Behavior Modification/Intervention:

*Counseling on Exercise/Physical Activity:

*Recommendation of Lifestyle Changes:

Referred to Specialist Name/Date:

Referred to Specialist Name/Date:

Surgical WorkUp to include 2nd Quest Screens:
Recommended the member see the Dietitian, Exercise Therapist, Psychologist by the 3rd Month of Bariatric Pathway*

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Lake County Physicians' Association

2615 N. Washington Street , Suite 6000 * Waukegan, IL 60085-4988 * Telephone 800-894-7789 * Facsimile 800-747-2264

MRI Policy

Please refer to the following guidelines for MRI's (per criteria set forth by Apollo Managed Care, Milliman, and the American Academy of Radiology):

For MRI:

1. The patient is failing to improve after 6 weeks of conservative therapy and the pain is interfering with activities of daily living
2. There is evidence of spinal cord compression or cauda equina syndrome
3. There is a history of trauma associated with the back pain
4. There is the suspicion of metastatic disease to the spine
5. There is the suspicion of spinal infections, such as osteomyelitis, discitis or epidural abscess
6. The patient has acute, severe back pain unresponsive to high-dose analgesics
7. The patient has persistent or progressive neurologic deficits associated with the pain
8. The patient has other concomitant disorders of the spine, including autoimmune conditions or developmental abnormalities
9. Multiple Sclerosis or other demyelinating diseases or
10. Post-operative evaluation, with new neurologic

Patients who do not meet these criteria may have self-limited acute low back pain. The PCP can always call LCPA or our Medical Director if he or she has questions or concerns regarding specific members.

LCPA Director of Medical Management: Brittany Harlow RN, BSN, CCM 847-360-2436

LCPA Medical Director: Dr. Gerald Frank 847-623-8818

*Milliman Care Guidelines. Criteria ACG:A-0059, available only by subscription

*"Does Back Pain Always Require an MRI?", by Frank L. Urbano, MD, FACP: Retrieved from the world wide web at http://primeinc.org/casestudies/physician/study/788/Does_Back_Pain_Always_Require_an_MRI

Waukegan Immediate Care

1075 N Green Bay Rd, Waukegan, IL
60085
(847) 782-7120
Waukeganic.com

Hours:

Mon-Fri 8AM-8PM; Sat/Sun 9AM-3PM

Walmart Walk-In Clinics

LCPA has contracted with the following locations:

1. ROUND LAKE BEACH - 2680 N. IL ROUTE 83 Phone: (224) 372-7780
2. MOUNT PROSPECT PLAZA 930 MOUNT PROSPECT PLAZA – Phone: (847) 797-1962
3. ZION - 4000 ROUTE 173 Phone: (847) 731-9617
4. JOHNSBURG - 3801 RUNNING BROOK FARM Phone: (815) 344-7741

Hours of Operation:

M-F: 9AM to 9PM, Sat: 9AM to 5PM and Sun: 10AM to 2PM

Se

Clinic Details

- Staffed by Nurse Practitioners and Physician Assistants
- Urgent services only
- Faxed clinicals within 24 hours of visit to LCPA; LCPA then faxes to PCP office
- 9AM – 5PM patients referred back to PCP
- No Referrals Required (Not applicable since after hours)
- PCP copayment
- Emergencies referred to Vista Facilities

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Lake County Physicians' Association BCBS Substance Use Disorder Facilities

Type of Service	Facility	Contact Information
Detox - Inpatient (D-IP) - Medically detoxing inpatient at hospital (Vista). Usually 2-3 inpt days.	Vista	Follow normal inpatient case management procedures. Apollo criteria applies. PCP to follow inpatient hospital stay.
Residential - Inpatient (R-IP) - Patient live in health care facility providing therapies in group and individual setting.	1. Gateway Foundation - Lake Villa (Males - 13yo+ / Females- 18yo+) 2. Gateway Foundation Carbondale - Carbondale, IL (Females under 18yo)	1. April Hurley Gateway Lake Villa- 847-356-8292 ext. 3227 2. Gateway Carbondale - 618- 529-1151 PCP to Contact LCPA for Authorization: Brittany Harlow 847-360-2436 ASAM criteria applies.
Partial Hospitalization - (PHP) - commonly referred to as "day treatment" therapies that usually last from 9 - 5 provided in group and individual setting.	1. Gateway Foundation - Lake Villa *if patient agrees to pay room and board* . (Males 13yo+ / Females 18 yo+) 2. Kiva Recovery - Vernon Hills (M/F 18yo+) 3. Gateway Foundation Carbondale - Carbondale, IL (Females under 18yo)	1. Gateway = April Hurley - 847-356-8292 ext. 32271. 2. Gateway Carbondale= 618- 529-1151 PCP to Contact LCPA for Authorization: Brittany Harlow 847-360-2436 ASAM criteria applies.
Intensive Outpatient - (IOP) - structured treatment by addiction professionals up to 3 times per week occurring in the evenings in a group setting.	1. Weckler & Associates - Gurnee (M/F 18yo+) 2. The Child, Adolescent and Family Recovery Center, LLC (Less than 18 yo)- Lake Bluff	1. Weckler & Associate= 847-662-5588 2. The Child, Adolescent and Family Recovery Center, LLC = 847- 457-6730 PCP to Contact LCPA for Authorization: Brittany Harlow 847-360-2436 ASAM criteria applies.
Outpatient - (OP) - private therapy sessions with licensed professional	LCPA current network of behavioral health providers. Ex. Linda Hochfeld, LCPC - 224-730-2725 Jerry Blecha, LCPC CADC 843-833-3194	See OP Provider Detail Spreadsheet: Paper Referral for Eval + 6 visits to Specialist Provider . 7+ Visits Specialist Provider to contact LCPA for continued services.

* If PCP would like to discuss treatment plan options please contact Dr. Okoli Behavioral Health Director at (847) 672-6478.

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Susan White, LSW - Life Skills Counselor

2319843

Nancy Wehrabe, L.C.S.W., is Home Counseling for Seniors

B:30-6

184

18-100

English

English

25W, Crest Life
Crest Life Enjoys
Sessions, Laguna Ther.

665.23

X

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✕

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Lake County Physicians' Association

Policy/Procedure Title: **NO PRE-CERTIFICATION POLICY**

Effective Date: 12/17/2016

Revised Date: 11/17/2016

Reviewed Date: 01/17/08, 01/21/10, 01/11/11, 01/19/12, 01/17/13, 01/16/14, 01/15/15

I. POLICY :

Certain procedures, as determined by contractual agreements, shall not require prior authorization when provided by LCPA member physicians.

II. OBJECTIVES

The objective of this policy is to promote the timely access to services and facilitate the care coordination process and referral process for LCPA members and participating physicians.

III. PROCEDURE

The following procedures do not require pre-certification:

In-Office Procedures

- ENT procedures / Audiogram
- Urology
- Podiatry
- Ophthalmology
- Dermatology (non-cosmetic)
- Orthopedic (incl. x-ray)
- Allergy Testing /Serum/Shots
- General surgery

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~~Outpatient Therapies—Physical Therapy, Occupational Therapy, Speech Therapy~~

- ~~• Initial Evaluation plus an additional 5 visits require paper referral only~~

Outpatient Hospital Services

- X-ray
- CT (with and w/o contrast)
- Ultrasound
- Nuclear Medicine (Excludes MRI/MRA/PET Scans/CTA/Ultrasonic Guided Biopsies)
- Doppler Studies
- Cardiology Diagnostics and Services
- Pulmonary (excluding sleep studies)

Outpatient (Not at Hospital) Procedures (BCBS Only)

- EGD
- Colonoscopy
- ERCP
- ~~• Infusions 2 RN visits per week x one month (REMOVE)~~

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Lake County Physicians' Association

Policy/Procedure Title: VARICOSE VEIN MANAGEMENT POLICY

Effective Date: 12/02/2016

Reviewed Date: 12/02/2016

Signature of Reviewing
And Approving Authority: _____

I. POLICY :

Consultation to vascular surgeon, as determined by contractual agreements, for varicose vein management shall require prior conservative treatment by LCPA primary care physicians prior to authorization.

II. OBJECTIVES

The objective of this policy is to promote the appropriate access to varicose vein management services and facilitate the care coordination process between the vein specialist and the LCPA PCP.

III. PROCEDURE

LCPA PCP has followed a program of conservative treatment (*see EXCEPTION) for a minimum of six (6) weeks, consisting of Grade II or higher compression stockings, walking, leg elevation when possible, analgesics or NSAIDS prior to sending out for varicose vein management.

*EXCEPTION

Class 4, 5, or 6 on the CEAP Clinical Findings table. (Photos required)

CEAP Clinical Findings (Clinical, Etiologic, Anatomic and Pathophysiologic) Classification of Chronic Venous Disease of the Lower Extremities:	
Class	Definition
0	No visible or palpable signs of venous disease.
1	Telangiectases or reticular veins.
2	Varicose veins.
3	Edema.
4	Skin changes ascribed to venous disease (for example, pigmentation, venous eczema, and lipodermatosclerosis).
5	Skin changes (as defined above) in conjunction with healed ulceration.
6	Skin changes (as defined above) in conjunction with active ulceration varicose veins.

Lake County Physicians' Association

2615 N. Washington Street , Suite 6000 * Waukegan, IL 60085-4988 * Telephone 847-625-6007* Facsimile 847-625-6232

Lake County Physicians' Association Genetic Testing Referral Pathway 2017

1) Member sees PCP.

LCPA is an HMO, so patient's PCP MUST direct all care for it to be a covered benefit. At this time the PCP could recommend genetic testing. The PCP would send over a referral directly to LCPA with attached notes documenting medical necessity of genetic testing requested (SKIP TO STEP 5) OR PCP directs to Genetic Counselor for further genetic testing recommendations.

2) Patient gets referral from PCP to see Genetic Counselor.

Sometimes the PCP will defer to a Genetic Counselor to see if genetic testing would be recommended. The PCP office must send member to genetic counselor. If PCP is recommending a Genetic Counselor Out-of-Network, an LCPA Authorization must be done. If in-network to Vista Genetic Counselor, only a paper referral from PCP needed. Member cannot direct their own care if services are to be covered.

3) Member sees Genetic Counselor.

Member sees Genetic Counselor, and the genetic counselor takes a detailed history and may recommend genetic testing. All medical notes are sent back to the PCP. If the Genetic Counselor IS recommending genetic testing that recommendation is included in the medical notes and SENT BACK TO THE PCP. NO LABS ARE DRAWN AT THIS TIME.

4) PCP receives notes back from Genetic Counselor.

PCP receives the medical notes back from Genetic Counselor and reviews them. If PCP is in agreement with the genetic test being ordered, then the PCP office faxes over a referral to LCPA to obtain LCPA authorization.

If PCP is NOT in agreement to the genetic testing being ordered, then the PCP office sends over a referral marked "Member Initiating Request for Services- (PCP Does Not Sign)". A denial is then be issued by LCPA for the genetic testing.

5) PCP office sends referral to LCPA.

LCPA has 5 days to process this referral. LCPA uses Apollo, BCBS LCPA, and Medicare Criteria to make sure the patient meets medical necessity criteria for genetic testing.

6) LCPA Approves/ Denies genetic testing referral.

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If a Denial is issued, the patient receives a copy via certified mail, and the PCP receives a copy of the denial as well. Genetic Counselor will log into Arcadia or will contact the PCP to confirm status of genetic testing requested.

If the genetic testing is approved LCPA faxes an authorization to the PCP office and Invitae. This authorization will include what genetic test is being approved, members information, and LCPA case authorization number. Genetic Counselor will log into Arcadia or will contact the PCP to confirm status of genetic testing requested.

7) The lab/ sample is taken from the patient and sent to Invitae.

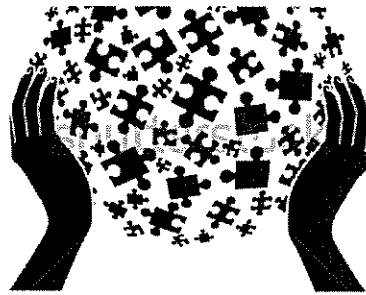
The lab draw will occur after authorization or denial is received. The lab draw will be done at Vista Hospital, Vista Cancer Center (Gurnee or Lindenhurst) or PCP/OB office. Genetic Counselor/ PCP office will package the sample in the Invitae laboratory kits and send off to the lab.

***For further information or to speak with and/or set up an in-person meeting about Invitae's services, please contact Invitae Representative, Mike Zuba at (815) 871-6360, or via email at mike.zuba@invitae.com or visit the company at www.invitae.com.**

****If your PCP/OB does in office blood draws please order testing kits through Invitae to stock in office, so there will not be a delay. If your provider does NOT do blood draws in office please send member to Vista to have the lab drawn there and sent out to Invitae.**

Lake County Physicians' Association

Case Management Hours



Hope you are well! We want to make our doctors aware that LCPA Case Management is available on weekends and holidays. LCPA strives to ensure our members are receiving appropriate coordinated care and that their discharge needs are being met. You can contact the on-call LCPA nurse case manager by calling **224-399-7775**. We appreciate your teamwork!

If you have any questions or suggestions on improving the LCPA Case Management delivery system please call Brittany Piermattei, LCPA Director of Medical Management at 847-360-2436.

Thank you!

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LAKE COUNTY PHYSICIANS' ASSOCIATION STANDING REFERRAL POLICY

POLICY:

A member having a disease or condition requiring an ongoing course of treatment from an in-network specialist may request a standing referral from his/her Primary Care Physician. Out-of-Network providers will be considered on a case by case basis.

PURPOSE:

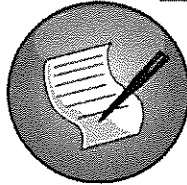
To facilitate the referral process for a member with a chronic or ongoing disease or condition.

PROCEDURE:

- The PCP initiates the referral at his/her discretion or at the request of a member.
- The duration, type and frequency of the services are specified by the PCP.
- The standing referral is valid for a maximum period of three (3) months.
- The PCP may renew a standing referral if the member continues to need specialist services for an ongoing course of treatment.

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Policy Updates



Hello!

Hope you are doing well! During the July Board Meeting some policy changes were implemented. This a summary of the changes made:

- 1) **LCPA Penalty Policy** – Penalty Policy was updated to reflect new \$100 monetary value upon receipt of first penalty.
- 2) ***NEW* Primary Care Physician and Specialist Referral Communication Policy-** In an effort to bolster communication between the PCP and Specialist offices, it is now required for Specialist offices to fill out the 2017 Specialist Additional Referral Request Form when additional services are needed. If the specialist's medical record includes ALL of the information on the 2017 Specialist Additional Referral Request Form, then the Specialist office does not have to fill out the form and can just fax back the medical record to the PCP. A copy of this form is located at <http://www.lakecountyphysicians.com/providers>.

If you or your physician would like any additional information or to discuss the above, please call Brittany Piermattei at 847-360-2436. We appreciate all of your efforts to ensure our members receive excellent health care!

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Lake County Physicians' Association

Policy/Procedure Title:

Primary Care Physician and Specialist Referral Communication

Effective Date: 9/1/2017

Reviewed Date:

Revised Date:

Signature of Reviewing

And Approving Authority: _____

I. POLICY

Lake County Physicians' Association ("LCPA") has established this policy to enhance communication between the primary care physicians (PCP) and specialists regarding the member's recommended treatment plan. LCPA has created the 2017 Specialist Additional Referral Request Form. This form will be filled out within one (1) week from specialist date of service and faxed back to the PCP. If the specialist's medical record includes all of the information listed on the 2017 Specialist Additional Referral Request Form, then the specialist does not have to fill out the form and can just fax back the medical record to the PCP. If specialist does not fill out the 2017 Specialist Additional Referral Request Form and/or return medical record within one (1) week to PCP, then the specialist may be penalized in accordance with LCPA Penalty Policy.

II. OBJECTIVES

The objectives of the PCP and specialist communication policy are as follows:

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1. To ensure LCPA members are receiving the appropriate treatment recommended by the PCP and specialist in a timely manner;
2. To identify pertinent health information and confirm this information is being communicated clearly to all members of the treatment team;
3. To improve quality of care for LCPA members by reducing misperception and miscommunication between health care providers.

III. PROCEDURE

PCP will direct member to a specialist. Within one (1) week from the member's date of service with the specialist, the specialist will fax the PCP the following:

- 1) No Additional Services Needed– If the specialist is not recommending any additional labs, testing, or follow up visits, then the specialist office note is faxed back to the PCP within two (2) weeks of the date of service.
- 2) Additional Services Are Needed- If the specialist is recommending further follow-up, testing, or lab work, then the specialist office fills out the 2017 Specialist Additional Referral Request Form and faxes the clinical notes and form back to PCP within one (1) week. The 2017 Specialist Additional Referral Request Form can be found at <http://www.lakecountyphysicians.com/providers>.
- 3) Additional Services Are Needed- The following information is included in the medical record notes and faxed back to the PCP within one (1) week from date of service:
 - a. Patient's Name
 - b. Patient's Date of Birth
 - c. Patient's Insurance ID
 - d. Insurance Plan
 - e. Patient's PCP
 - f. Specialist Name
 - g. Clinical Diagnosis Code (ICD-10)
 - h. Description of Code

- i. CPT Code(s)
- j. Place of Service being Recommended
- k. Number of Additional Visits Requested
- l. Additional information including but not limited to: Quest or
Invitae Lab Codes/ DME codes or specific model/ conservative
treatment already performed)
- m. Date of Next Appointment

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Lake County Physicians' Association

Policy/Procedure Title: Lake County Physicians' Association (LCPA) Low Back Pain Policy

Effective Date: 5/20/2017

Reviewed Date:

Revised Date:

Signature of Reviewing

And Approving Authority: _____

I. POLICY

Low back pain affects three-quarters of adults at some time in their lives.¹ Each year, 25–50 percent of American adults experience low back pain, making it one of the most common reasons for seeking health care services.² Evidence shows that many patients diagnosed with low back pain receive excessive imaging which can lead to unnecessary worry and unneeded surgery. For the great majority of individuals who experience severe low back pain, pain improves within the first two weeks of onset.³ Avoiding imaging (i.e., X-ray, MRI, CT scans) for patients when there is no clinical necessity can prevent unnecessary harm and unintended consequences to patients and reduce health care costs.

II. OBJECTIVES

Assesses members with a primary diagnosis of low back pain who are requesting an imaging study (plain X-ray, MRI or CT scan) within 28 days of the diagnosis.

III. PROCEDURE

The PCP office will submit a referral to LCPA following the standard LCPA referral process including submitting clinical that demonstrates possible exclusions such as: cancer, recent trauma, intravenous drug abuse and/or neurologic impairment.

References

1. Chou R., R.A. Deyo, J.G. Jarvik. 2012. "Appropriate Use of Lumbar Imaging for Evaluation of Low Back Pain." Radiologic Clinics of North America. Vol. 50, No. 4: 569–85.
2. Haldeman S., S. Dagenais. 2008. "A supermarket approach to the evidence informed management of chronic low back pain." Spine Journal. 8: 1–7.
<http://www.heritagechiropractic.ca/docs/Haldeman%20LBP%20article.pdf>
3. Institute for Clinical Systems Improvement. 2012. Adult Acute and Subacute Low Back Pain. Available at https://www.icsi.org/_asset/bjvqrj/LBP.pdf
- See more at: <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/low-back-pain#sthash.iCQrc6ZU.dpuf>
4. <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2016-table-of-contents/low-back-pain>

Lake County Physicians' Association

Policy/Procedure Title: **IN-OFFICE INJECTION POLICY**

Effective Date: 04/23/2017

Revised Date:

Reviewed Date:

I. POLICY :

Injectable medications costing greater than or equal to \$1000.00 injected in the doctor's office shall require prior authorization by Lake County Physicians' Association.

II. OBJECTIVES

The objective of this policy is to ensure appropriate guidelines regarding specific medications are upheld and to facilitate the use of in-network providers for medication distribution.

III. PROCEDURE

The PCP/OB office will submit a referral following the standard LCPA referral process including submitting clinical that demonstrates medical necessity for the medication and any other prior treatment plans, including other medications tried.

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