MEMORIALCARE MEDICAL GROUP

Important Information Regarding Authorized Visits on Referral Authorizations

Soon you will notice the format of certain Referral Authorizations will change slightly to include a section ***"Authorized Number of Visits: ____"***

Authorized Number of visits: 1

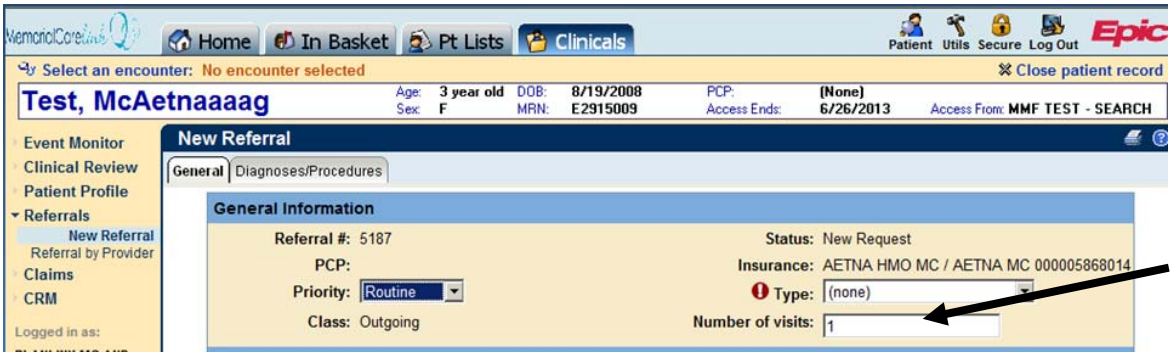
Procedure codes and APP QTY (approved quantity) listed below need to be performed within the specified number of authorized visits and valid dates.

CODE	PROC NAME	PROC TYPE	APP QTY
99213	OFFICE OUTPATIEN V *	CPT®	1

Note: APP QTY is for informational purposes only

Diagnoses:
788.0 (ICD-9-CM) - Kidney pain

On our online portal, **MemorialCare Link**, under the "New Referral" page, there is a field labeled "Number of visits". See screen shot below. It is prepopulated with "5" visits. This number number needs to be edited on your referral submissions. Your office will need to calculate the appropriate number of visits needed for treatment on your valid (90 day) referral, i.e. biopsy and follow up would be 2 visits. These visits would need to be completed during the 90 day authorization period for payment. If the patient is seen 3 times and 2 visits were requested and authorized, the 3rd visit will be denied.



On the second page of the "New Referral" request you will also be entering procedure codes and quantity. Claims are paid based on the number of authorized visits, procedures/services authorized and services performed during that 90 day authorization period.

On "New Referral" requests, please edit the number of visits to correspond with the number of visit encounters you will need along with the codes/quantity utilized for that valid 90 day referral. Please note that codes, number of visits and quantities are all subject to clinical review and are not automatically authorized as requested.

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Important Information Regarding Authorized Visits on Referral Authorizations Continued…

Your actual authorized number of visits may be less than what you requested. Please refer to the final referral authorization.

If you do not change the "Number of visits" and leave the field at the default of "5", the system will automatically change the number to "2". Therefore you will need to scrutinize your referrals to ensure you have the correct number of visits authorized or you will be at risk for services being denied due to insufficient authorized visits.

You will notice that some referral authorizations will not have the number of visits displayed. This is mainly designed for surgery/procedure and global billing purposes. An example would be OB Care and Delivery referrals which are billed with one global CPT code and covers numerous visits.

We understand that this change may pose questions for your office.

We would like to request that your office send us your questions as soon as possible so that we can compile a FAQ (frequently asked questions) document to send out later this week.

Please send your questions to: ProviderRelations@memorialcare.org

Provider Services
Phone: (714) 665-1674