



Dear Provider:

This letter is to inform iCircle's network of providers of the upcoming format changes to our service authorizations.

As you may be aware, iCircle is transitioning to new platforms to further enhance our processes in regards to the clinical oversight of our membership, add additional functionality / access for our providers, and add all-around process improvements to iCircle operations.

As a part of those systemic changes that are occurring within iCircle, our new system will generate newly templated authorizations that will look different from our historic service authorizations.

Rest assured, all pertinent and needed information for the provision of the service, and for billing purposes, will remain on the new authorization format. Likewise, our authorization revision process will remain unchanged, and can be found on our website at <https://www.icircleny.org/>

**PLEASE NOTE:**

Providers should continue to bill with the active authorization they have, until a NEW authorization is sent to your organization. With the new authorization, an END-DATED Authorization will also be sent to indicate the specific end-date of the current (prior template) authorization that your organization has been utilizing. The new authorization and end-dated authorization may be sent separately. If you do not receive your new authorization after receiving the end-dated auth, please contact iCircle's clinical team at 844-694-2273.

Regardless of which authorization version your organization has, our clearinghouse information will change effective 4/1/21. For more information on this change to our clearinghouse (Including changes to our Payer ID which should be relayed to your clearinghouse affiliate), please contact our Provider Network Team at [ProviderService@iCircleny.org](mailto:ProviderService@iCircleny.org) or via phone at 1-844-283-2884. iCircle Providers should always utilize an ACTIVE authorization for billing purposes. If you do not have an active authorization for ongoing services, please contact our clinical team at 844-694-2273.

**PLEASE NOTE:**

As seen on the new authorization template, the Member's iCircle ID will be their Medicaid ID number. This will be the Member ID number utilized for claim submission moving forward.

Attached to this letter for your convenience are examples of our current authorization template, and the NEW authorization template so you can see the difference in format.

Thank you for your continued partnership with iCircle Services.

Best Regards,

A handwritten signature in black ink, appearing to read "James F. Mullane III".

James F. Mullane III  
Director of Provider Relations  
iCircle Services of the Finger Lakes, Inc.

Previous iCircle Authorization Template:



**FROM:** iCircle Care  
860 Hard Road  
Webster, NY 14580  
Phone: 8442832884

**Service Authorization**

**Authorization #:** 0189-000-183-1265  
**Effective Date:** 04/01/2020  
**Expiration Date:** 09/30/2020

**TO:** PROVIDER

**Member:** CASE TEST  
811 Winney Hill Rd.  
Oneonta, NY 13820

**Phone:** 1234567890

**DOB:** 12/08/1940

**Acct #/ID:** 8337

**Medicaid ID:** XXXX

**Payer ID:** 33884

**Group:** IC

**Alt Member ID #:**

**Medicare ID:**

**Gender:** F

**Preferred Language:** ENGLISH

The following authorization request has been Certified In Total as a(n) In Network Approval.

**Case Event:**

CDPAS (Home Health > Consumer Directed Personal Care: Level 2) Monday through Sunday

- Dates of Service: 04/01/2020- 09/30/2020

- Facility: PROVIDER

**Service Lines**

- Code: T1019 (U6) Quantity: 104  
- 1 Hour(s) per every 1 Week(s) on Monday
- Code: T1019 (U6) Quantity: 104  
- 1 Hour(s) per every 1 Week(s) on Tuesday
- Code: T1019 (U6) Quantity: 108  
- 1 Hour(s) per every 1 Week(s) on Wednesday
- Code: T1019 (U6) Quantity: 104  
- 1 Hour(s) per every 1 Week(s) on Thursday
- Code: T1019 (U6) Quantity: 104  
- 1 Hour(s) per every 1 Week(s) on Friday
- Code: T1019 (U6) Quantity: 104  
- 1 Hour(s) per every 1 Week(s) on Saturday
- Code: T1019 (U6) Quantity: 104  
- 1 Hour(s) per every 1 Week(s) on Sunday
- Total Quantity: 732**

**PCP:** PCP Info

**Consultant Please Note:**

\*\*\*\*\*Authorization Does Not Guarantee Payment\*\*\*\*\*

\* Referral is authorized for this Visit, Procedure, and/or Tests indicated ONLY, unless otherwise noted.

\* Call immediately for medication orders and/or changes in patient condition

\* Please fax completed form to the above fax number and mail DICTATION to the address above

**Requester:** Ioennissen, Anna  
860 Hard Road  
Webster, NY 14580

**Phone:** 585-347-8261

NEW Authorization Template:



Service Authorization

iCircle Care  
860 Hard Road  
Webster, NY 14580  
Phone: 844-283-2884

Servicing Provider:

Provider Information (Address, Phone, Etc.)

Member Information:

Name: Arvnfbfbltt Vfcyxsedppvlnrznaci  
Address: , ,  
Medicaid #: 3WPD7EVZ  
Medicare #:  
Gender: Male  
Phone#: 555-555-5555

Authorization Details:

Authorization #: 0309TLWOT  
Procedure Code: T1019  
Procedure Description: PERSONAL CARE SERVICES PER 15 MINS  
Modifier: -  
Start date: 03/01/2021  
End date: 03/31/2021  
Approved Units: 50  
Member Dx: G35 MULTIPLE SCLEROSIS  
Notes to Performer:

(Additional Clinical Notes as needed)

**Note to Provider: Authorization Does not Guarantee Payment**