



Primary Care Physician Referral Form (DMS-2610)

The Primary Care Physician referral form was recently updated to indicate if the referral is for a diagnostic or corrective treatment identified during an initial or periodic EPSDT screening service. Primary care physicians (PCP) should use the new form when referring beneficiaries for services. The [updated DMS-2610 form](#) can be accessed in section V of the Arkansas Medicaid manual.

[This form](#), according to policy ([Section 171.410](#)) is to be completed, dated, and signed by the PCP. PCP referrals may also be verbal, by note or by letter and must contain all components of the DMS-2610 referral form. Medicaid requires the PCP office to retain a copy of the referral as well as placed in the patient's chart by the provider to whom the referral is made.

EPSDT Reason Codes – Billing for services

Primary Care Physicians (PCP) - PCPs are required to enter a reason code when submitting a claim for an EPSDT screening. PCPs should use only the applicable reason code when submitting their claims. Do not check the EPSDT box or choose "yes" in the EPSDT dropdown box (options depend on billing system).

EPSDT Reason Codes are required for EPSDT services. Please enter the appropriate 2-byte reason code on the claim.

- AV – Available – Not Used (patient refused referral)
- NU – Not Used (used when no EPSDT patient referral was given)
- S2 – Under Treatment (patient is currently under treatment for referred diagnostic or corrective health problem)
- ST – New Service Requested (Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service, not including dental referrals.)

Specialist/provider delivering service – If a provider delivers services as a result of a referral from an EPSDT screening, the EPSDT box should be checked in the Medicaid portal, or choose "yes" under the EPSDT tab if billing through an individual vendor.

Please contact your [AFMC Provider Relations outreach specialist](#) if you have any questions.

Sincerely,

AFMC Provider Relations

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