

171.400 PCP Referrals

4-1-06

- A. Referrals may be only for medically necessary services, supplies or equipment.
- B. Enrollee free choice by naming two or more providers of the same type or specialty.
- C. PCPs are not required to make retroactive referrals.
- D. Since PCPs are responsible for coordinating and monitoring all medical and rehabilitative services received by their enrollees, they must accept co-responsibility for the ongoing care of patients they refer to other providers.
- E. PCP referrals expire on the date specified by the PCP, upon receipt of the number or amount of services specified by the PCP or in six months, whichever occurs first. (This requirement varies somewhat in some programs; applicable regulations are clearly set forth in the appropriate Arkansas Medicaid Provider Manuals.)
- F. There is no limit on the number of times a referral may be renewed, but renewals must be medically necessary and at least every six months (with exceptions as noted in part E, above).
- G. An enrollee's PCP determines whether it is necessary to see the enrollee before making or renewing a referral.
- H. Medicaid beneficiaries and ARKids First-B participants are responsible for any charges they incur for services obtained without PCP referrals except for the services listed in Section 172.100.

171.410 PCCM Referrals and Documentation

7-1-05

- A. Medicaid provides an optional referral form, form DMS-2610, to facilitate referrals. [View or print form DMS-2610.](#)
 - 1. Additionally, PCP referrals may be oral, by note or by letter.
 - 2. Referrals may be faxed.
- B. Regardless of the means by which the PCP makes the referral, Medicaid requires documentation of the referral in the enrollee's medical record.
 - 1. Medicaid also requires documentation in the patient's chart by the provider to whom the referral is made.
 - 2. Providers of referred services must correspond with the PCP to the extent necessary to coordinate patient care and as requested by the PCP.

172.100 Services not Requiring a PCP Referral

9-15-09

The services listed in this section do not require a PCP referral.

- A. Alternatives for Adults with Physical Disabilities (Alternatives Program) waiver services
- B. Anesthesia services, excluding outpatient pain management
- C. Assessment (including the physician's assessment) in the emergency department of an acute care hospital to determine whether an emergency condition exists. The physician

and facility assessment services do not require a PCP referral (if the Medicaid beneficiary is enrolled with a PCP)

- D. Dental services
- E. DDS Alternative Community Services (ACS) Waiver services
- F. Developmental Day Treatment Clinic Services (DDTCS) core services
- G. Disease control services for communicable diseases, including testing for and treating sexually transmitted diseases such as HIV/AIDS
- H. Domiciliary care
- I. ElderChoices waiver services
- J. Emergency services in an acute care hospital emergency department, including emergency physician services
- K. Family Planning services
- L. Gynecological care
- M. Inpatient hospital admissions on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment
- N. Mental health services, as follows:
 - 1. Psychiatry for services provided by a psychiatrist enrolled in Arkansas Medicaid and practicing as an individual practitioner.
 - 2. Rehabilitative services for persons with mental illness (RSPMI Program) aged 21 or older, or for specified procedures for persons under age 21 as listed in the RSPMI provider manual, Section 216.000.
 - 3. Rehabilitative Services for Youth and Children (RSYC) Program.
- O. Obstetric (antepartum, delivery and postpartum) services.
 - 1. Only obstetric-gynecologic services are exempt from the PCP referral requirement.
 - 2. The obstetrician or the PCP may order home health care for antepartum or postpartum complications.
 - 3. The PCP must perform non-obstetric, non-gynecologic medical services for a pregnant woman or refer her to an appropriate provider.
- P. Nursing facility services and intermediate care facility for mentally retarded (ICF/MR) services
- Q. Ophthalmology services, including eye examinations, eyeglasses, and the treatment of diseases and conditions of the eye
- R. Optometry services
- S. Pharmacy services
- T. Physician services for inpatients in an acute care hospital. This includes:
 - 1. Direct patient care (initial and subsequent evaluation and management services, surgery, etc.), and
 - 2. Indirect care (pathology, interpretation of X-rays, etc.)
- U. Hospital non-emergency or outpatient clinic services on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment.
- V. Physician visits (except consultations) in the outpatient departments of acute care hospitals:

1. Medicaid will cover these services without a PCP referral only if the Medicaid beneficiary is enrolled with a PCP and the services are within applicable benefit limitations.
 2. Consultations require PCP referral.
- W. Professional components of diagnostic laboratory, radiology and machine tests in the outpatient departments of acute care hospitals. Medicaid covers these services without a PCP referral only:
1. If the Medicaid beneficiary is enrolled with a PCP and
 2. The services are within applicable benefit limitations.
- X. Targeted Case Management services provided by the Division of Youth Services or the Division of Children and Family Services under an inter-agency agreement with the Division of Medical Services
- Y. Transportation (emergency and non-emergency) to Medicaid-covered services
- Z. Other services, such as sexual abuse examinations, when the Medicaid Program determines that restricting access to care would be detrimental to the patient's welfare or to program integrity, or would create unnecessary hardship.