

Non-Emergent ED Visits – PCP Referrals

Non-emergent treatment occurs after an assessment has been performed and the beneficiary is deemed non-emergent, but elects to receive treatment in the Emergency Department (ED) rather than seeing their primary care provider (PCP) after being discharged from the ED. **A referral is required from the Medicaid beneficiary's PCP for non-emergent treatment. Without a referral, Arkansas Medicaid will not reimburse the ED/hospital.**

The PCP referral can be verbal or written (*see Section 171.410 of the Hospital Manual*). Both verbal and written referrals should be entered and kept in the Medicaid beneficiary's medical record. If the referral is verbal, the date of service, time of referral, name of the referring provider and the PCP's employee who gave the referral, should be entered in the beneficiary's medical record, along with the referral instructions. **The non-emergent PCP referral rule applies to Medicaid beneficiaries of all ages.** It is at the discretion of the PCP whether to give a referral. Furthermore, a PCP is not required to make any referral simply because it is requested.

The only time Medicaid will reimburse for non-emergent treatment in the ED without a PCP referral is when non-emergent treatment is rendered on the same day the Medicaid beneficiary is assigned to a PCP by the ED. This will be done by using the Voice Response System (*see Section 213.400 of the Hospital Manual*) on the same date of the service provided. The PCP assignment charge must be billed on the same claim form as the non-emergent treatment. The hospital will receive a \$5 fee for assigning the PCP selected by the Medicaid beneficiary. The outpatient hospital PCP enrollment fee is billed using revenue code 960.

If a verbal or written referral is not received from the beneficiary's assigned PCP for a non-emergent visit, a hospital cannot list a referring provider on their billing claim form.

171.410 PCCM Referrals and Documentation

7-1-05

1. Medicaid provides an optional referral form, form DMS-2610, to facilitate referrals. [View or print form DMS-2610.](#)



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1. Additionally, PCP referrals may be oral, by note or by letter.
2. Referrals may be faxed.

2. 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.

213.400 PCP Enrollment in the Hospital Outpatient Department

10-13-03

Medicaid covers emergency services only for beneficiaries with no PCP.

1. Staff at participating hospitals may facilitate beneficiaries' PCP selections.
 1. A Medicaid beneficiary must complete a form DMS-2609, *Primary Care Physician Selection and Change Form*, in order to enroll with a PCP. [View or print form DMS-2609.](#)
 2. Hospital personnel enter the PCP selection via the Voice Response System (VRS). [View or print VRS contact information.](#)
 3. The enrollment is effective immediately and its effective date is the date of entry.
 4. The hospital staff must forward a copy of the form DMS-2609 to the PCP entered on the VRS and give a copy to the enrollee.
2. Arkansas Medicaid reimburses hospitals (PCP Enrollment Fee—see Section 272.400 for special billing instructions) for the enrollment assistance.

If you have any questions, please [contact your provider relations outreach specialist.](#)