

172.100 Services not Requiring a PCP Referral

12-1-19

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

- A.** Adult Developmental Day Treatment (ADDT) core services
- B.** ARChoices waiver services
- C.** Anesthesia services, excluding outpatient pain management
- D.** 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)
- E.** Chiropractic Services
- F.** Dental services
- G.** Developmental Disabilities Services Community and Employment Support
- H.** Disease control services for communicable diseases, including testing for and treating sexually transmitted diseases such as HIV/AIDS
- I.** Emergency services in an acute care hospital emergency department, including emergency physician services
- J.** Family Planning services
- K.** Gynecological care
- L.** Inpatient hospital admissions on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment
- M.** 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 Youth and Children (RSYC) Program.
- N.** 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.
- O.** Nursing facility services and intermediate care facility for individuals with intellectual disabilities (ICF/IID) services
- P.** Ophthalmology services, including eye examinations, eyeglasses, and the treatment of diseases and conditions of the eye
- Q.** Optometry services



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- R.** Pharmacy services
- S.** 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.)
- T.** 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.
- U.** 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.
- V.** 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.
- W.** 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
- X.** Transportation (emergency and non-emergency) to Medicaid-covered services
- Y.** 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.