



# Arkansas Department of Human Services Division of Medical Services

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## OFFICIAL NOTICE

**DMS-2002-N-3**

**TO: Health Care Provider – Inpatient Psychiatric Services For Under Age 21**

**DATE:**

**SUBJECT: Primary Care Physician Referral**

### I. General Information

Effective for dates of service on or after October 1, 2002, a primary care physician (PCP) referral will be required for each Medicaid recipient under age twenty-one for whom an inpatient psychiatric service claim for reimbursement is presented to Arkansas Medicaid.

See section 182.40 of the provider manual for PCP verification procedures. If a PCP is required but not listed, the recipient must choose a PCP.

Section 181 contains a list of Medicaid recipients that are exempt from the PCP requirement with one exception. Children's Medical Services 9cms) clients **must** choose a PCP.

Section 185.40 explains the form a PCP referral may take.

### II. Medicaid Eligible at Admission

A PCP referral is required prior to each admission to an inpatient psychiatric facility for Medicaid eligible children.

III. Ineligible for Medicaid at Admission

- A. When a child who is not eligible for Medicaid enters an inpatient psychiatric facility, whether voluntarily or by court order, an application for Medicaid eligibility may be filed on behalf of the child.
- B. A PCP referral is not required for the period from the date of admission to the authorization date for Medicaid. Any part of that period that is approved for Medicaid coverage is considered retroactive eligibility and does not require a referral.
- C. A PCP referral is required no later than five (5) calendar days after the authorization date for Medicaid for reimbursement for the date of authorization to the date of the PCP referral. If the PCP referral is not obtained within five (5) days of the authorization date, reimbursement will begin, if all other requirements are met, the date of the PCP referral. To verify the authorization date, call the EDS telephone number in this notice.

IV. Renewal of PCP Referral

If a recipient continues to require outpatient mental health services for six months or more, the PCP referral must be renewed every 6 months.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-8307 (voice) or at (501) 682-6789 and 1-877-708-8191 (TDD).

**If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501)-376-2211.**

Thank you for your participation in the Arkansas Medicaid Program.

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Ray Hanley, Director

*Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).*