

Primary Care Case Management (PCCM) Referral Guide

Most North Dakota Medicaid Recipients must enroll with a Primary Care Provider (PCP) within the Primary Care Case Management Program. This program requires the PCP to provide referrals for specialty care and other services/medical equipment.

What Requires a Referral?

- ✦ Most services provided by those other than the Primary Care Provider require a referral. This also includes services such as Durable Medical Equipment.
- ✦ There are some services exempt from PCP requirements such as Emergency Services for valid emergencies and services provided by OB/GYN's. For a listing of all services requiring PCP referrals-please refer to the Managed Care Chapter of the *General Information for Providers Manual*.
- ✦ Referrals do not supersede any other North Dakota Medicaid program requirements such as: medical necessity, eligibility, prior authorization requirements and service limits.

Referral Documentation

Referrals may be made in a number of different ways:

- ✦ The ND Medicaid PCCM Referral Form (located at www.nd.gov/dhs/services/medicalserv/medicaid/managedcare.html)
- ✦ A statement in a patient's medical records dictated and recorded by the designated PCP
- ✦ Telephone referrals which are documented in the patient's medical record
- ✦ Referral letters or customized referral forms
- ✦ Electronically signed referral forms
- ✦ Other insurance referral forms

Referrals should be documented in the recipient's medical record (both PCP and Referred to Provider). The Department may request a copy of the referral for auditing purposes.

Referral Information

- ✦ Recipient's Name/Medicaid ID Number
- ✦ Referred to Provider's Name
- ✦ Diagnosis
- ✦ Requested Services
- ✦ Time frame/Number of Visits
 - PCP Referrals expire upon the date specified by the PCP, upon completion of services or number of visits specified by the PCP or one year, whichever occurs first
- ✦ PCP Name/Signature
- ✦ Date of Signature
- ✦ NPI (National Provider Identifier) Number

PCP Substitutes

- ✚ Referrals are not required for those recipients seen by a covering provider in the absence of their PCP. The covering provider must be of a specialty that may serve as a PCP and be located within the same clinic as the PCP.
- ✚ In the absence of the recipients PCP, referrals for specialty services may be provided by the covering provider of the designated PCP.
- ✚ The referral should include the recipient's PCP and reason for PCP unavailability (i.e. PCP on vacation).

Secondary Referrals

- ✚ The Original Referral may cover additional referral services should these services be needed to complete the original referring treatment/service. An example is:
 - Patient is referred to an Oncologist for diagnosis and treatment. A surgical biopsy is needed to confirm the diagnosis. The original referral would cover the secondary referral to the surgeon to complete the biopsy as the results of the biopsy are needed to proceed with the treatment.
- ✚ Further referrals cannot be made by the "referred to" provider for unrelated services. The recipient must return to their PCP.
- ✚ Secondary referrals are effective for the time frame indicated in the original referral or one year, whichever comes first.

Retroactive Referrals

- ✚ Retroactive Referrals are not allowed for Medicaid services within the PCCM program, with the exception of walk-in and urgent care.
- ✚ For walk-in and urgent care, the provider must have a referral before the claim is submitted for payment. A grace period of 15 working days from the date of service is allowable in these situations.

Out-of-State Referrals:

- ✚ Refer to the Prior Authorization for Out-of-State Services chapter of the *General Information for Providers Manual* for Out-of-State Guidelines.

Coordinated Services Program (CSP) Referrals:

- ✚ Refer to the CSP Chapter of the *General Information for Providers Manual* for CSP Guidelines.

Resources

- ✚ DHS Website: www.nd.gov/dhs/
- ✚ Medicaid Provider Information: www.nd.gov/dhs/services/medicalserv/medicaid/provider-all.html
- ✚ Medical Services: 328-2321 or toll free: 1-800-755-2604
- ✚ Provider Relations: 328-4043