
Primary Care Case Management (PCCM) Referral Guide

Most North Dakota Medicaid members must enroll with a Primary Care Provider (PCP) within the Primary Care Case Management (PCCM) 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 (PCP) 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.
- Referrals do not supersede any other North Dakota Medicaid program requirements such as: medical necessity, eligibility, service authorization requirements and service limits.

Referrals should be documented in the member's medical record (at both the PCP and Referred to Provider's offices).

The Department may request a copy of the referral for auditing purposes.

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

Referral Information

- Date referral was ordered
- PCP Name/Signature
- PCP's NPI (National Provider Identifier) Number
- Member's Name/Medicaid ID Number
- Referred Services Provider's Name (The referred to provider)
- Diagnosis and/or reason for referral
- 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 Substitutes

- Referrals are not required for those members 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 member's PCP, referrals for specialty services may be provided by the covering provider of the designated PCP.
- The referral should include the member's PCP and reason for PCP unavailability (e.g., 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 member 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.
- Walk-in/Urgent Care/After-Hours clinics are “exempt” from PCP referrals only when both of the following conditions are met:
 1. The Walk-in clinic must be associated with the Primary Care Provider’s clinic by having the same Medicaid Provider Identification number as the PCP’s clinic when submitting a claim.
 2. The Medical Center/Walk-in clinic has an electronic health record system in which the Walk-in clinic provider is able to access the member’s medical records immediately upon assessing the medical member.
- When both of these apply during the date of service the member is seen, a referral is not required.
- All other Walk-in/Urgent Care/After-Hours clinics not associated with the Primary Care Provider’s clinic must have a referral before the claim is submitted for payment. A grace period of 15 (fifteen) working days from the date of service is allowable in these situations.

Out-of-State Referrals

- Refer to the Out of State Referrals guide available at <http://www.nd.gov/dhs/info/pubs/docs/out-of-state-requirements.pdf>

Coordinated Services Program (CSP) Referrals

- Refer to the Coordinated Services program guide available at <http://www.nd.gov/dhs/info/mmis/docs/coordinated-services-program.pdf>

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: 1-877-328-7098